

CVS Caremark Formulary Exclusions for PEBTF and Non-Medicare Eligible REHP Members

Below is a list of medicines by drug class that will not be covered without a prior authorization for medical necessity. If you continue using one of these drugs without prior approval for medical necessity, you may be required to pay the full cost. If the prior authorization is denied, you will pay the full cost of the drug.

If you are currently using one of the drugs requiring prior authorization for medical necessity, ask your doctor to choose one of the generic or brand formulary options listed below.

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Acromegaly	SANDOSTATIN LAR SIGNIFOR LAR SOMAVERT	SOMATULINE DEPOT
Allergies Nasal Steroids / Combinations	BECONASE AQ DYMISTA OMNARIS QNASL ZETONNA	azelastine-fluticasone, flunisolide, fluticasone, mometasone
Anti-infectives, Antibacterials Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	erythromycins
Anti-infectives, Antibacterials Tetracyclines	doxycycline hyclate delayed-rel tablet doxycycline hyclate tablet 50 mg doxycycline hyclate tablet 75 mg doxycycline hyclate tablet 150 mg doxycycline monohydrate capsule 75 mg doxycycline monohydrate capsule 150 mg minocycline ext-rel CoreMino Mondoxyne NL capsule 75 mg Targadox ACTICLATE DORYX DORYX MPC	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
Anti-infectives, Antibacterials Miscellaneous	nitrofurantoin (NDC* 16571074024 only) MACRODANTIN	nitrofurantoin (except NDC* 16571074024)
Anti-infectives, Antifungals	flucytosine capsule 500 mg	fluconazole
	posaconazole delayed-rel tablet NOXAFIL	fluconazole, itraconazole
	CRESEMBA	itraconazole
	tavorole	terbinafine tablet
Anti-infectives, Antiretroviral Agents Combination Agents	COMPLERA	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, STRIBILD, SYMTUZA, TRIUMEQ
	TRUVADA	abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, CIMDUO, DESCOVY
Anti-infectives, Antiretroviral Agents Fusion Inhibitors	SELZENTRY	maraviroc
	APTIVUS	Talk to your doctor

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<i>Anti-infectives, Antiretroviral Agents</i> Protease Inhibitors	LEXIVA VIRACEPT	atazanavir, EVOTAZ, PREZCOBIX, PREZISTA
<i>Anti-infectives, Antivirals</i> Cytomegalovirus †	VALCYTE	valganciclovir
<i>Anti-infectives, Antivirals</i> Hepatitis B †	BARACLUDE TABLET	entecavir, lamivudine, VEMLIDY
<i>Anti-infectives, Antivirals</i> Hepatitis C †	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
	VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<i>Anti-infectives, Antivirals</i> Herpes †	acyclovir cream VALTREX	acyclovir capsule, acyclovir tablet, valacyclovir
<i>Anti-infectives</i> Miscellaneous	DARAPRIM	pyrimethamine
<i>Antiseizure Agents</i>	topiramate ext-rel capsule (generics for QUDEXY XR only) LAMICTAL LAMICTAL ODT	carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, rufinamide, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
	BANZEL SUSPENSION ONFI	clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR
	SABRIL	vigabatrin
	DEPAKOTE DEPAKOTE ER DEPAKOTE SPRINKLE	carbamazepine, carbamazepine ext-rel, clonazepam, divalproex sodium, divalproex sodium ext-rel, ethosuximide, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
	DILANTIN KEPPRA KEPPRA XR LAMICTAL XR TEGRETOL TEGRETOL XR TRILEPTAL ZONEGRAN	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
<i>Anxiety †</i> Benzodiazepines	ATIVAN XANAX XANAX XR	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
<i>Asthma †</i> Beta Agonists, Short-Acting	albuterol sulfate CFC-free aerosol (NDC* 66993001968 only) PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol
<i>Asthma †</i> Leukotriene Modulators	zileuton ext-rel SINGULAIR	montelukast, zafirlukast

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<i>Asthma</i> † Steroid Inhalants	ALVESCO ARNUITY ELLIPTA ASMANEX ASMANEX HFA FLOVENT DISKUS QVAR REDIHALER	FLOVENT HFA, PULMICORT FLEXHALER
<i>Asthma</i> † or <i>Chronic Obstructive Pulmonary Disease (COPD)</i> † Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA**, BREO ELLIPTA**, SYMBICORT
<i>Asthma</i> † Severe Asthma	NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR
<i>Attention Deficit Hyperactivity Disorder</i> †	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	ADDERALL XR ADZENYS XR-ODT APTENSIO XR CONCERTA DAYTRANA FOCALIN XR QUILLICHEW ER QUILLIVANT XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexmethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, QELBREE, VYVANSE</i>
<i>Autoimmune Agents Physician-Administered Agents</i>	ACTEMRA INTRAVENOUS ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
	AVSOLA CIMZIA LYOPHILIZED POWDER INFLECTRA RENFLEXIS	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
	ENTYVIO (For Crohn's Disease Only)	REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
<i>Autoimmune Agents Self-Administered Agents</i>	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET	ENBREL, HUMIRA, RINVOQ, XELJANZ, XELJANZ XR
	CIMZIA PREFILLED SYRINGE ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR
Botulinum Toxins	BOTOX	Talk to your doctor
<i>Cancer Antimetabolites</i>	ALIMTA	<i>pemetrexed</i>
<i>Cancer Biosimilars</i>	RIABNI TRUXIMA	RUXIENCE
<i>Cancer Chronic Myelogenous Leukemia † Kinase Inhibitors</i>	GLEEVEC ICLUSIG TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
<i>Cancer Follicular Lymphoma † PI3K Inhibitors</i>	ALIQOPA	Talk to your doctor

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Cancer Melanoma † BRAF/MEK Inhibitors	MEKINIST	COTELLIC, MEKTOVI
	TAFINLAR	BRAFTOVI, ZELBORAF
Cancer Monoclonal Antibodies	AVASTIN	ZIRABEV
	HERCEPTIN HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
	RITUXAN	RUXIENCE
Cancer mTOR Inhibitors	AFINITOR AFINITOR DISPERZ	<i>everolimus</i>
Cancer Multiple Myeloma † Proteasome Inhibitors	BORTEZOMB KYPROLIS	<i>bortezomib</i> , NINLARO
Cancer Non-Small Cell Lung Cancer † ALK Inhibitors	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
Cancer PARP Inhibitor	RUBRACA	LYNPARZA, ZEJULA
Cancer Prostate † Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone</i> , <i>bicalutamide</i> , ERLEADA, XTANDI, YONSA
Cancer Prostate † Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT TRELSTAR MIXJECT ZOLADEX	ELIGARD, FIRMAGON
Cancer Renal Cell Carcinoma Kinase Inhibitors	SUTENT VOTRIENT	<i>sunitinib</i> , CABOMETYX, INLYTA, LENVIMA, NEXAVAR
Cancer Miscellaneous	TARGRETIN	<i>bexarotene</i>
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	MULTAQ NEXTERONE	<i>amiodarone</i>
	NORPACE	<i>disopyramide</i>
Cardiovascular Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
Cardiovascular Antilipemics Fibrates	<i>fenofibrate capsule 30 mg</i> <i>fenofibrate capsule 50 mg</i> <i>fenofibrate capsule 90 mg</i> <i>fenofibrate capsule 130 mg</i> <i>fenofibrate tablet 40 mg</i> <i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>

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<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ³	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular</i> Antilipemics MTP Inhibitors	JUXTAPID	PRALUENT
<i>Cardiovascular</i> Antilipemics Niacins	<i>niacin tablet 500 mg</i> <i>Niacor</i>	<i>niacin ext-rel</i>
<i>Cardiovascular</i> Antilipemics Omega-3 Fatty Acids	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters, VASCEPA</i>
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	REPATHA	PRALUENT
<i>Cardiovascular</i> Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular</i> Diuretics	DYRENIUM	<i>amiloride, triamterene</i>
<i>Cardiovascular</i> Nitrates	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN	<i>treprostinil</i>
	TYVASO DPI	Talk to your doctor
<i>Cardiovascular</i> Miscellaneous	NORTHERA	<i>midodrine</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) †</i> Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA
<i>Chronic Obstructive Pulmonary Disease (COPD) †</i> Anticholinergic / Beta Agonist Combinations Long Acting	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
<i>Contraceptives</i> Oral	BALCOLTRA BEYAZ MINASTRIN 24 FE SEASONIQUE TAYTULLA YASMIN YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>

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Contraceptives Vaginal	<i>ethinyl estradiol-etonogestrel</i> <i>EluRyng</i>	ANNOVERA, NUVARING
Cystic Fibrosis † Inhaled Antibiotics	CAYSTON TOBI TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS
Depression † Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>fluoxetine tablet 60 mg</i> <i>paroxetine HCl ext-rel</i> (NDC* 60505367503 only) LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD ZOLOFT	<i>citalopram</i> , <i>escitalopram</i> , <i>fluoxetine</i> (except <i>fluoxetine tablet 60 mg</i> , <i>fluoxetine tablet</i> [generics for SARAFEM]), <i>paroxetine HCl</i> , <i>paroxetine HCl ext-rel</i> (except NDC* 60505367503), <i>sertraline</i> , TRINTELLIX
Depression † Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet</i> (except 225 mg) CYMBALTA EFFEXOR XR PRISTIQ	<i>desvenlafaxine ext-rel</i> , <i>duloxetine</i> , <i>venlafaxine</i> , <i>venlafaxine ext-rel capsule</i>
Depression † Antidepressants, Miscellaneous Agents	<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion</i> , <i>bupropion ext-rel</i> (except <i>bupropion ext-rel tablet 450 mg</i>)
Depression and/or Schizophrenia † Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole</i> , <i>clozapine</i> , <i>olanzapine</i> , <i>quetiapine</i> , <i>quetiapine ext-rel</i> , <i>risperidone</i> , <i>ziprasidone</i> , CAPLYTA, LATUDA, VRAYLAR
Dermatology Acne †	<i>adapalene pad</i> <i>clindamycin gel</i> (NDC* 68682046275 only) <i>Vanoxide-HC</i> ACANYA ACZONE AZELEX DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	<i>adapalene</i> (except <i>adapalene pad</i>), <i>benzoyl peroxide</i> , <i>clindamycin gel</i> (except NDC* 68682046275), <i>clindamycin solution</i> , <i>clindamycin-benzoyl peroxide</i> , <i>dapsone</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI
Dermatology Actinic Keratosis †	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%</i> , <i>fluorouracil solution</i> , <i>imiquimod</i> , ZYCLARA
Dermatology Anti-infective / Anti-inflammatory	NEO-SYNALAR	<i>desonide</i> (except <i>desonide gel</i>) or <i>hydrocortisone WITH gentamicin</i>
Dermatology Antibiotics	<i>mupirocin cream</i>	<i>gentamicin</i> , <i>mupirocin ointment</i>
Dermatology Antipsoriatics	<i>calcipotriene cream</i> <i>calcipotriene foam</i> <i>calcitriol ointment</i> CALCIPOTRIENE FOAM SORILUX TAZORAC VECTICAL	<i>calcipotriene ointment</i> , <i>calcipotriene solution</i>
	<i>calcipotriene-betamethasone</i> DUOBRII	<i>calcipotriene ointment</i> or <i>calcipotriene solution WITH</i> <i>desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i>), <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i>) or BRYHALI; ENSTILAR
Dermatology Atopic Dermatitis †	<i>doxepin cream</i>	<i>desonide</i> (except <i>desonide gel</i>), <i>hydrocortisone</i> , <i>pimecrolimus</i> , <i>tacrolimus</i> , EUCRISA
	ELIDEL	<i>pimecrolimus</i> , <i>tacrolimus</i> , EUCRISA

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Dermatology Rosacea †	<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA
	<i>ivermectin cream</i> FINACEA GEL MIRVASO NORITATE	<i>azelaic acid gel, metronidazole, FINACEA FOAM, RHOFADE, SOOLANTRA</i>
Dermatology Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SILIVEX SILTREX	Talk to your doctor
Dermatology Seborrheic Dermatitis †	<i>ketoconazole foam 2%</i> <i>Ketodan</i>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
	XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</i>
Dermatology Skin Inflammation and Hives † Low Potency Corticosteroids	<i>desonide gel</i> <i>DesRx</i> <i>flurandrenolide cream</i> <i>flurandrenolide lotion</i> CORDRAN CREAM CORDRAN LOTION	<i>desonide (except desonide gel), hydrocortisone</i>
Dermatology Skin Inflammation and Hives † Medium Potency Corticosteroids	<i>clocortolone cream</i> <i>desoximetasone ointment 0.05%</i> <i>flurandrenolide ointment</i> <i>hydrocortisone butyrate lipophilic cream 0.1%</i> <i>hydrocortisone butyrate lotion</i> <i>triamcinolone aerosol 0.2%</i> <i>triamcinolone ointment 0.05%</i> <i>Trianex</i> CORDRAN OINTMENT	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
Dermatology Skin Inflammation and Hives † High Potency Corticosteroids	<i>betamethasone dipropionate ointment 0.05%</i> <i>diflorasone cream</i> <i>diflorasone ointment</i> <i>halcinonide cream</i> APEXICON E HALOG	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
Dermatology Skin Inflammation and Hives † Very High Potency Corticosteroids	<i>clobetasol emollient foam</i> <i>clobetasol spray</i> <i>fluocinonide cream 0.1%</i> <i>Tovet</i> CLOBEX SPRAY CORDRAN TAPE OLUX-E ULTRAVATE	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
Dermatology Warts	VEREGEN	<i>imiquimod</i>
Dermatology Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide (except desonide gel), hydrocortisone</i>

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Dermatology Miscellaneous Skin Conditions	ATOPADERM BENSAL HP EPICERAM KAMDOY SYNERDERM	<i>desonide (except desonide gel), hydrocortisone</i>
	<i>luliconazole</i> <i>oxiconazole</i> (NDCs* 00168035830, 51672135902 only)	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>
Diabetes † Biguanides	<i>metformin ext-rel</i> (generics for FORTAMET and GLUMETZA only) FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i> (except generics for FORTAMET and GLUMETZA)
Diabetes † Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
Diabetes † Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR
	OSENI	JANUMET, JANUMET XR; JANUVIA WITH <i>pioglitazone</i>
Diabetes † Injectable Incretin Mimetics	BYDUREON BCISE BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
Diabetes † Insulins	APIDRA HUMALOG	FIASP, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 ⁴	NOVOLIN 70/30 ⁴
	HUMULIN N ⁴	NOVOLIN N ⁴
	HUMULIN R ⁴	NOVOLIN R ⁴
	NOTE: <i>Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.</i>	
Diabetes † Long Acting Insulins ⁵	LANTUS	BASAGLAR, LEVEMIR
Diabetes † Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
Diabetes † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
Diabetes † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR

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<i>Diabetes †</i> Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
<i>Dietary Supplements</i>	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Activite</i> <i>Dexifol</i> <i>Folvite-D</i> <i>Genicin Vita-S</i> <i>HylaVite</i> <i>TronVite</i> <i>Vitasure</i> <i>Xvite</i> FERIVA 21/7 NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC	<i>folic acid</i>
	<i>MultiPro</i> PRODIGEN VASCULERA	Talk to your doctor
<i>Endocrine and Metabolic Corticosteroids</i>	<i>prednisolone solution 10 mg/5 mL</i> <i>prednisolone solution 20 mg/5 mL</i> BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone,</i> <i>prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5</i> <i>mL), prednisone</i>
<i>Endocrine and Metabolic Hereditary Tyrosinemia Type 1 Agents</i>	NITYR	ORFADIN
<i>Endocrine and Metabolic Progestins</i>	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
<i>Endocrine and Metabolic Severe Hypoglycemia</i>	GLUCAGEN HYPOKIT GLUCAGON EMERGENCY KIT	<i>glucagon, human recombinant; BAQSIMI; GVOKE; ZEGALOGUE</i>
<i>Endocrine and Metabolic Miscellaneous</i>	CARBAGLU	<i>carglumic acid</i>
	CYSTADANE	<i>betaine</i>
<i>Endometriosis †</i>	ZOLADEX	MYFEMBREE, ORLISSA
<i>Gastrointestinal Anticholinergics</i>	<i>chlordiazepoxide-clidinium (NDCs* 11534019701,</i> <i>42494040901, 51293069601, 51293069610,</i> <i>67877073101, 70700018501 only)</i> <i>hyoscyamine sulfate ext-rel</i> GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	<i>dicyclomine</i>
<i>Gastrointestinal Antidiarrheals</i>	ENTERAGAM	<i>alose tron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Gastrointestinal Antiemetics</i>	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
<i>Gastrointestinal Irritable Bowel Syndrome †</i>	AMITIZA	<i>lubiprostone, LINZESS, SYMPROIC</i>
<i>Gastrointestinal Laxatives</i>	LACTULOSE PAK	<i>lactulose solution</i>
	<i>peg 3350-electrolytes (generics for MOVIPREP only) GOLYTELY MOVIPREP OSMOPREP SUPREP</i>	<i>peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ</i>
<i>Gastrointestinal Opioid-Induced Constipation</i>	MOVANTIK	<i>lubiprostone, SYMPROIC</i>
<i>Gastrointestinal Probiotics</i>	ZELAC	Talk to your doctor
<i>Gastrointestinal Proton Pump Inhibitors (PPIs)</i>	<i>dexlansoprazole delayed-rel lansoprazole delayed-rel orally disintegrating tablet omeprazole-sodium bicarbonate pantoprazole delayed-rel suspension ACIPHEX ACIPHEX SPRINKLE DEXILANT NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID</i>	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
<i>Gastrointestinal Ulcer Treatment</i>	<i>sucralfate suspension CARAFATE</i>	<i>sucralfate tablet</i>
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CEREZYME
<i>Genitourinary Interstitial Cystitis</i>	ELMIRON RIMSO-50	Talk to your doctor
<i>Genitourinary Miscellaneous</i>	LITHOSTAT	Talk to your doctor
	THIOLA THIOLA EC	<i>tiopronin</i>
<i>Gout †</i>	<i>colchicine capsule COLCRYS</i>	<i>colchicine tablet, MITIGARE</i>
	ULORIC	<i>allopurinol</i>
<i>Growth Hormones</i>	HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	GENOTROPIN, NORDITROPIN
<i>Hematologic Anticoagulants Injectable</i>	HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin, fondaparinux</i>
<i>Hematologic Anticoagulants Oral</i>	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
	CUPRIMINE	<i>penicillamine</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Hematologic Chelating Agents</i>	DESFERAL EXJADE FERRIPROX JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
	SYPRINE	<i>trientine</i>
<i>Hematologic Erythropoiesis-Stimulating Agents</i>	ARANESP EPOGEN PROCRIT	RETACRIT
<i>Hematologic Hemophilia B</i>	BENEFIX IXINITY RIXUBIS	ALPROLIX, REBINYN
<i>Hematologic Miscellaneous Bleeding Disorders Agents</i>	FEIBA	NOVOSEVEN RT, SEVENFACT
<i>Hematologic Neutropenia Colony Stimulating Factors</i>	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA	ZIEXTENZO
	GRANIX LEUKINE NEUPOGEN ZARXIO	NIVESTYM
<i>Hematologic Platelet Aggregation Inhibitors</i>	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
	ZONTIVITY	Talk to your doctor
	NPLATE	DOPTELET, PROMACTA, TAVALISSE
<i>High Blood Pressure † ACE Inhibitors</i>	EPANED	<i>enalapril, fosinopril, lisinopril, quinapril, ramipril</i>
<i>High Blood Pressure † ACE Inhibitor / Diuretic Combinations</i>	ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>
<i>High Blood Pressure † Angiotensin II Receptor Antagonists</i>	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>High Blood Pressure † Angiotensin II Receptor Antagonist / Diuretic Combinations</i>	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR HYZAAR MICARDIS HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
<i>High Blood Pressure † Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations</i>	AZOR EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
<i>High Blood Pressure † Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations</i>	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine- hydrochlorothiazide</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>High Blood Pressure</i> † Beta-blockers	BYSTOLIC COREG CR INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>
<i>High Blood Pressure</i> † Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
<i>High Blood Pressure</i> † Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	<i>diltiazem ext-rel</i> (generics for CARDIZEM LA only) Matzim LA CARDIZEM CARDIZEM CD CARDIZEM LA	<i>diltiazem ext-rel</i> (except generics for CARDIZEM LA)
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine, AUSTEDO</i>
<i>Immunology</i> Hereditary Angioedema	BERINERT FIRAZYR	<i>icatibant, RUCONEST</i>
	CINRYZE	ORLADEYO, TAKHZYRO
<i>Immunology</i> Miscellaneous	ARCALYST	ILARIS
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis †	<i>budesonide ext-rel tablet</i> ASACOL HD COLAZAL DELZICOL LIALDA PENTASA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>
<i>Kidney Disease</i> † Phosphate Binders	<i>lanthanum carbonate</i> FOSRENOL	<i>calcium acetate, sevelamer carbonate, AURYXIA, PHOSLYRA, VELPHORO</i>
<i>Menopausal Symptom Agents</i> Oral	<i>paroxetine mesylate capsule 7.5 mg</i>	<i>paroxetine HCl</i>
	MENEST OSPHENA PREMARIN	<i>estradiol</i>
<i>Menopausal Symptom Agents</i> Transdermal	CLIMARA (except CLIMARA PRO) MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
<i>Menopausal Symptom Agents</i> Vaginal	<i>estradiol vaginal tablet</i> Yuvaferm ESTRING FEMRING INTRAROSA PREMARIN CREAM	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
<i>Multiple Sclerosis</i>	EXTAVIA GILENYA TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
<i>Musculoskeletal</i>	<i>carisoprodol 250 mg</i> <i>chlorzoxazone 250 mg</i> <i>chlorzoxazone 375 mg</i> <i>chlorzoxazone 500 mg (NDC* 73007001303 only)</i> <i>chlorzoxazone 750 mg</i> <i>cyclobenzaprine ext-rel capsule</i> <i>cyclobenzaprine tablet 7.5 mg</i> <i>metaxalone 400 mg</i> <i>methocarbamol 500 mg (NDC* 69036091010 only)</i> <i>methocarbamol 750 mg</i> (NDCs* 69036093090, 70868090190 only)	<i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i>)

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	<i>orphenadrine-aspirin-caffeine</i> Fexmid Lorzone Orphengesic Forte AMRIX NORGESIC FORTE	
Narcolepsy Wakefulness Promoters	NUVIGIL PROVIGIL	<i>amodafinil, modafinil, SUNOSI, WAKIX, XYWAV</i>
Ophthalmic Allergies	ALREX BEPREVE LASTACAFT ZERVIAE	<i>azelastine, bepotastine, cromolyn sodium, olopatadine</i>
Ophthalmic Anti-infectives	AZASITE CILOXAN	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>
Ophthalmic Anti-infective / Anti-inflammatory	TOBRADEX ST ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>
Ophthalmic Anti-inflammatory, Nonsteroidal	ACUVAIL BROMSITE NEVANAC	<i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>
Ophthalmic Anti-inflammatory, Steroidal	FLAREX FML FORTE FML LIQUIFILM FML S.O.P. INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
Ophthalmic Antivirals	ZIRGAN	<i>trifluridine</i>
Ophthalmic Artificial Tears	LACRISERT	RESTASIS, XIIDRA
Ophthalmic Glaucoma	<i>bimatoprost solution 0.03%</i> TRAVATAN Z	<i>latanoprost, travoprost, LUMIGAN, ZIOPTAN</i>
	BETIMOL TIMOPTIC OCUDOSE	<i>timolol maleate solution, BETOPTIC S</i>
	COMBIGAN	<i>brimonidine-timolol</i>
Ophthalmic Miscellaneous	AVENOVA	Talk to your doctor
Opioid Dependency	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
Osteoporosis † Calcium Regulators	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
Otic Anti-infective / Anti-inflammatory	<i>ciprofloxacin-fluocinolone</i> CIPRO HC CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
Overactive Bladder / Incontinence † Urinary Antispasmodics	DETROL LA MYRBETRIQ OXYTROL TOVIAZ	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Pain Headache †	<i>butalbital-acetaminophen capsule</i> <i>butalbital-acetaminophen tablet 25-325 mg</i> <i>butalbital-acetaminophen tablet 50-300 mg</i> <i>butalbital-acetaminophen-caffeine capsule</i> <i>Bupap</i> <i>Vtol LQ</i> BUTALBITAL-ACETAMINOPHEN (NDC* 69499034230 only) CAMBIA FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen,</i> <i>naproxen (except naproxen CR or naproxen suspension)</i>
	<i>dihydroergotamine spray</i> <i>ergotamine-caffeine</i> <i>Migergot</i> CAFERGOT MAXALT MAXALT-MLT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC</i> <i>ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH</i>
	<i>sumatriptan-naproxen</i> TREXIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or</i> <i>naproxen suspension) WITH eletriptan, naratriptan, rizatriptan,</i> <i>sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY or</i> <i>ZEMBRACE SYMTOUCH</i>
Pain Neuropathic Pain †	LYRICA	<i>duloxetine, pregabalin, pregabalin ext-rel</i>
Pain Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
	LAZANDA SUBSYS	<i>fentanyl transmucosal lozenge</i>
	<i>levorphanol</i> <i>oxymorphone ext-rel</i> HYSINGLA ER NUCYNTA ER OXYCONTIN	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel,</i> <i>methadone, morphine ext-rel, XTAMPZA ER</i>
	NUCYNTA	<i>hydromorphone, morphine, oxycodone</i>
	PERCOCET	<i>hydrocodone-acetaminophen, oxycodone-acetaminophen</i>
	<i>tramadol (NDC* 52817019610 only)</i> <i>tramadol ext-rel capsule</i>	<i>tramadol (except NDC* 52817019610), tramadol ext-rel tablet</i>
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM (NDC* 71800063115 only) LIDOTREX	<i>lidocaine-prilocaine</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Pain and Inflammation † Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet
	CELEBREX	celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	diclofenac sodium solution 2% CapsFenac Pak Capsinac Diclofex DC DicloHeal-60 Diclosaicin Iclofenac CP Inflammacin Kapzin DC NuDiclo SoluPak NuDiclo TabPak Pennsaicin Sure Result DSS Premium Pack Ziclocin Pak Ziclopro PENNSAID	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	diclofenac potassium capsule 25 mg diclofenac potassium tablet 25 mg fenoprofen indomethacin capsule 20 mg ketoprofen capsule 25 mg ketoprofen ext-rel capsule mefenamic acid (NDC* 69336012830 only) meloxicam capsule naproxen CR naproxen suspension Lofena FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	naproxen-esomeprazole	diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet
Parkinson's Disease	APOKYN	INBRIJA, KYNMOBI
	NOURIANZ	entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO
Phenylketonuria	KUVAN	sapropterin
Postherpetic Neuralgia	HORIZANT	gabapentin, pregabalin, pregabalin ext-rel, GRALISE
Premenstrual Dysphoric Disorder (PMDD)	fluoxetine tablet (generics for SARAFEM only)	fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC* 60505367503), sertraline
Prenatal Vitamins ⁶	AZESCO CITRANATAL PRENATAL PLUS VITAFOL-ONE ZALVIT All other brand prenatal vitamins	generic prenatal vitamins

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Prostate Condition</i> Benign Prostatic Hyperplasia †	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin</i>
	RAPAFLO UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
<i>Pseudobulbar Affect</i>	NUEDEXTA	Talk to your doctor
<i>Respiratory</i> Alpha-1 Antitrypsin Deficiency	ARALAST NP GLASSIA ZEMAIRA	PROLASTIN-C
<i>Respiratory</i> Anaphylaxis Treatment Agents	ADRENALIN SYMJEPI	<i>epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR</i>
<i>Respiratory</i> Cough	<i>benzonatate (NDCs* 69336012615, 69499032915 only)</i>	<i>benzonatate (except NDCs* 69336012615, 69499032915)</i>
<i>Respiratory</i> Idiopathic Pulmonary Fibrosis	ESBRIET	<i>pirfenidone, OFEV</i>
<i>Respiratory</i> Phosphodiesterase-4 Inhibitors	DALIRESP	<i>roflumilast</i>
<i>Respiratory</i> Xanthines	THEO-24	<i>formoterol inhalation solution, ipratropium inhalation solution, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI</i>
<i>Sleep Disorder</i> Hypnotics, Non-benzodiazepines	<i>quazepam zolpidem sublingual EDLUAR LUNESTA ROZEREM SILENOR ZOLPIMIST</i>	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO</i>
<i>Testosterone Replacement †</i> Androgens	<i>testosterone gel 1% (authorized generics for TESTIM and VOGELXO only) ANDROGEL FORTESTA TESTIM VOGELXO</i>	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO</i>
<i>Thyroid Supplements</i>	CYTOMEL	<i>levothyroxine, liothyronine, SYNTHROID</i>
	TIROSINT	<i>levothyroxine, SYNTHROID</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Category Drug Class	Other Considerations	
All Drugs	On a quarterly basis, new and existing products - including limited source generics, products with significant cost inflation, and specialty and non-specialty products - may be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options remain available on the formulary and may result in additional products not covered without a medical exception, addition or deletion of a product.	
Atopic Dermatitis †	As new atopic dermatitis products launch, all existing products in the class will be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options are available on the formulary and may result in additional products not covered without a medical exception, addition or deletion of a product on the first day of any calendar month.	
Autoimmune and Hepatitis C †	For some clients, an Indication-Based Formulary will be utilized for products in these classes and may result in additional products not covered for certain conditions without a medical exception.	
Drugs for Infusion Into Spaces Other Than the Blood	A drug that must be infused into a space other than the blood will generally not be covered under the prescription drug benefit.	
New-to-Market Agents ¹	New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark® National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval.	

The listed formulary options are subject to change.

List of Drugs Requiring Prior Authorization for Medical Necessity

ABILIFY
 ACANYA
 ACIPHEX
 ACIPHEX SPRINKLE
 ACTEMRA ACTPEN
 ACTEMRA INTRAVENOUS
 ACTEMRA SUBCUTANEOUS
 ACTICLATE
Activite
 ACTOS
 ACUVAIL
acyclovir cream
 ACZONE
adapalene pad
 ADDERALL
 ADDERALL XR
 ADRENALIN
 ADZENYS XR-ODT
 AFINITOR
 AFINITOR DISPERZ
albuterol sulfate CFC-free aerosol
 (NDC* 66993001968 only)
 ALEVICYN GEL
 ALEVICYN SG
 ALEVICYN SOLUTION
 ALIMTA
 ALIQOPA
 ALREX
 ALTOPREV
 ALVESCO
 AMITIZA
 AMRIX
 ANDROGEL
 APEXICON E
 APIDRA
 APOKYN
 APTENSIO XR
 APTIVUS
 ARALAST NP
 ARANESP

ARCALYST
 ARNUITY ELLIPTA
 ARTHROTEC
 ASACOL HD
 ASMANEX
 ASMANEX HFA
 ATACAND
 ATACAND HCT
 ATIVAN
 ATOPADERM
 AVASTIN
 AVENOVA
 AVSOLA
 AZASITE
 AZELEX
 AZESCO
 AZOR
 BALCOLTRA
 BANZEL SUSPENSION
 BARACLUDGE TABLET
 BEAU RX
 BECONASE AQ
 BENEFIX
 BENICAR
 BENICAR HCT
 BENSAL HP
benzonatate (NDCs* 69336012615, 69499032915 only)
 BEPREVE
 BERINERT
 BETAMETHASONE ACETATE-
 BETAMETHASONE SODIUM PHOSPHATE
betamethasone dipropionate ointment 0.05%
 BETAPACE
 BETAPACE AF
 BETIMOL
 BEVESPI AEROSPHERE
 BEYAZ
bimatoprost solution 0.03%
 BORTEZOMIB
 BOTOX

BROMSITE
budesonide ext-rel tablet
Bupap
bupropion ext-rel tablet 450 mg
butalbital-acetaminophen capsule
butalbital-acetaminophen tablet 25-325 mg
butalbital-acetaminophen tablet 50-300 mg
 BUTALBITAL-ACETAMINOPHEN
 (NDC* 69499034230 only)
butalbital-acetaminophen-caffeine capsule
 BUTRANS
 BYDUREON BCISE
 BYETTA
 BYSTOLIC
 CAFERGOT
calcipotriene cream
calcipotriene foam
 CALCIPOTRIENE FOAM
calcipotriene-betamethasone
calcitriol ointment
 CAMBIA
CapsFenac Pak
Capsinac
 CARAC
 CARAFATE
 CARBAGLU
 CARBINOXAMINE TABLET 6 MG
 CARDIZEM
 CARDIZEM CD
 CARDIZEM LA
carisoprodol 250 mg
 CARNITOR
 CARNITOR SF
 CAYSTON
 CELEBREX
chlorthalidopoxide-clidinium (NDCs* 11534019701,
 42494040901, 51293069601, 51293069610,
 67877073101, 70700018501 only)
chlorzoxazone 250 mg
chlorzoxazone 375 mg

chlorzoxazone 500 mg (NDC* 73007001303 only)
chlorzoxazone 750 mg
CICATRACE
CILOXAN
CIMZIA LYOPHILIZED POWDER
CIMZIA PREFILLED SYRINGE
CINRYZE
CIPRO HC
CIPRODEX
ciprofloxacin-fluocinolone
CITRANATAL
CLIMARA (except CLIMARA PRO)
clindamycin gel (NDC* 68682046275 only)
clobetasol emollient foam
clobetasol spray
CLOBEX SPRAY
clocortolone cream
COLAZAL
colchicine capsule
COLCRYS
COMBIGAN
COMPLERA
CONCERTA
CORDRAN CREAM
CORDRAN LOTION
CORDRAN OINTMENT
CORDRAN TAPE
COREG CR
CoreMino
COZAAR
CRESEMBA
CRESTOR
CUPRIMINE
cyclobenzaprine ext-rel capsule
cyclobenzaprine tablet 7.5 mg
CYMBALTA
CYSTADANE
CYTOMEL
DALIRESP
DARAPRIM
DAYTRANA
DELZICOL
DEPAKOTE
DEPAKOTE ER
DEPAKOTE SPRINKLE
DESFERAL
desonide gel
desoximetasone ointment 0.05%
DesRx
DETROL LA
dexchlorpheniramine
Dexifol
DEXILANT
dexlansoprazole delayed-rel
diclofenac potassium capsule 25 mg
diclofenac potassium tablet 25 mg
diclofenac sodium solution 2%
Diclofex DC
DicloHeal-60
Diclosaicin
DIFFERIN LOTION
diflorasone cream
diflorasone ointment
dihydroergotamine spray
DILANTIN
diltiazem ext-rel (generics for CARDIZEM LA only)
DIOVAN
DIOVAN HCT
Diphen Elixir
DORYX
DORYX MPC
doxepin cream
doxycycline hyclate delayed-rel tablet
doxycycline hyclate tablet 50 mg
doxycycline hyclate tablet 75 mg
doxycycline hyclate tablet 150 mg
doxycycline monohydrate capsule 75 mg
doxycycline monohydrate capsule 150 mg

doxycycline monohydrate delayed-rel capsule
DULERA
DUOBRII
DUTOPROL
DYMISTA
DYRENIUM
EDARBI
EDARBYCLOR
EDLUAR
E.E.S. GRANULES
EFFEXOR XR
ELELYSO
ELIDEL
ELMIRON
EluRyng
ENTERAGAM
ENTYVIO (For Crohn's Disease Only)
EPANED
EPICERAM
EPOGEN
ergotamine-caffeine
ERYPED
ESBRIET
estradiol vaginal tablet
ESTRING
ethinyl estradiol-etonogestrel
EVEKEO
EXFORGE
EXFORGE HCT
EXJADE
EXTAVIA
FABIOR
FANAPT
FEIBA
FEMRING
fenofibrate capsule 30 mg
fenofibrate capsule 50 mg
fenofibrate capsule 90 mg
fenofibrate capsule 130 mg
fenofibrate tablet 40 mg
fenofibrate tablet 120 mg
FENOGLIDE TABLET 120 MG
fenoprofen
FENOPROFEN CAPSULE
FERIVA 21/7
FERRIPROX
Fexmid
FINACEA GEL
FIORICET CAPSULE
FIRAZYR
FLAREX
FLOVENT DISKUS
flucytosine capsule 500 mg
fluocinonide cream 0.1%
flurouracil cream 0.5%
fluoxetine tablet (generics for SARAFEM only)
fluoxetine tablet 60 mg
flurandrenolide cream
flurandrenolide lotion
flurandrenolide ointment
FML FORTE
FML LIQUIFILM
FML S.O.P.
FOCALIN XR
Folvite-D
FORTAMET
FORTESTA
FOSRENOL
FOSTEUM
FOSTEUM PLUS
FULPHILA
Genicin Vita-S
GILENYA
GLASSIA
GLEEVEC
GLUCAGEN HYPOKIT
GLUCAGON EMERGENCY KIT
GLUMETZA

GLYCOPYRROLATE TABLET 1.5 MG
GOLYTELY
GRANIX
halcinonide cream
HALOG
HEPARIN SODIUM IN 5% DEXTROSE
HERCEPTIN
HERCEPTIN HYLECTA
HORIZANT
HUMALOG
HUMALOG MIX 50/50
HUMALOG MIX 75/25
HUMATROPE
HUMULIN 70/30 4
HUMULIN N 4
HUMULIN R 4
hydrocortisone butyrate lipophilic cream 0.1%
hydrocortisone butyrate lotion
HylaVite
hyoscyamine sulfate ext-rel
HYSINGLA ER
HYZAAR
Iclofenac CP
ICLUSIG
icosapent ethyl
INCRUSE ELLIPTA
INDERAL LA
INDERAL XL
INDOCIN
indomethacin capsule 20 mg
Inflamacin
INFLECTRA
INNOPRAN XL
INTRAROSA
INTUNIV
INVELTYS
INVOKAMET
INVOKAMET XR
INVOKANA
isosorbide dinitrate 40 mg
ivermectin cream
IXINITY
JADENU
JALYN
JENTADUETO
JENTADUETO XR
JUXTAPID
KAMDOY
Kapzin DC
KAZANO
KEPPRA
KEPPRA XR
ketoconazole foam 2%
Ketodan
ketoprofen capsule 25 mg
ketoprofen ext-rel capsule
KINERET
KOMBIGLYZE XR
KUVAN
KYPROLIS
LACRISERT
LACTULOSE PAK
LAMICTAL
LAMICTAL ODT
LAMICTAL XR
LANOXIN TABLET (125 MCG and 250 MCG only)
lansoprazole delayed-rel orally disintegrating tablet
lanthanum carbonate
LANTUS
LASTACAFIT
LAZANDA
LESCOL XL
LETAIRIS
LEUKINE
levorphanol
LEXAPRO
LEXIVA
LIALDA

LIBRAX
 LIDOCAINE-TETRACAINE CREAM
 (NDC* 71800063115 only)
 LIDOTREX
 LIPITOR
 LITHOSTAT
 LIVALO
Lofena
Lorzone
 LOTEMAX
 LOTEMAX SM
luliconazole
 LUNESTA
 LUPRON DEPOT
 LYRICA
 MACRODANTIN
Matzim LA
 MAVYRET
 MAXALT
 MAXALT-MLT
 MAXIDEX
mefenamic acid (NDC* 69336012830 only)
 MEKINIST
meloxicam capsule
 MENEST
metaxalone 400 mg
metformin ext-rel
 (generics for FORTAMET and GLUMETZA only)
methocarbamol 500 mg (NDC* 69036091010 only)
methocarbamol 750 mg
 (NDCs* 69036093090, 70868090190 only)
 MIACALCIN INJECTION
 MICARDIS
 MICARDIS HCT
Migergot
 MILLIPRED
 MINASTRIN 24 FE
 MINIVELLE
minocycline ext-rel
 MIRVASO
Mondoxyne NL capsule 75 mg
 MOVANTIK
 MOVIPREP
 MULTAQ
MultiPro
mupirocin cream
 MYRBETRIQ
 MYTESI
 NAPRELAN
naproxen CR
naproxen suspension
naproxen-esomeprazole
 NEO-SYNALAR
 NESINA
 NEULASTA
 NEULASTA ONPRO
 NEUPOGEN
 NEVANAC
 NEXIUM
 NEXTERONE
niacin tablet 500 mg
Niacor
 NICADAN
 NICAPRIN
 NICAZEL
 NICAZEL FORTE
 NICOMIDE
 NILANDRON
nitrofurantoin (NDC* 16571074024 only)
 NITYR
 NORGESIC FORTE
 NORITATE
 NORPACE
 NORTHERA
 NORVASC
 NOURIANZ
 NOXAFIL
 NPLATE

NUCALA LYOPHILIZED POWDER
 NUCYNTA
 NUCYNTA ER
NuDiclo SoluPak
NuDiclo TabPak
 NUEDEXTA
 NUTROPIN AQ
 NUVIGIL
 OLUX-E
omeprazole-sodium bicarbonate
 OMNARIS
 OMNITROPE
 OMNIVEX
 ONFI
 ONGLYZA
 ORENCIA CLICKJECT
 ORENCIA INTRAVENOUS
 ORENCIA SUBCUTANEOUS
orphenadrine-aspirin-caffeine
Orphengesic Forte
 ORTHO D
 ORTHO DF
 OSENI
 OSMOPREP
 OSPHENA
oxiconazole (NDCs* 00168035830, 51672135902 only)
 OXYCONTIN
oxymorphone ext-rel
 OXYTROL
pantoprazole delayed-rel suspension
paroxetine HCl ext-rel (NDC* 60505367503 only)
paroxetine mesylate capsule 7.5 mg
 PAXIL
 PAXIL CR
peg 3350-electrolytes (generics for MOVIPREP only)
Pennaicain
 PENNSAID
 PENTASA
 PERCOCET
 PEXEVA
 PLAVIX
 POLYTOZA
posaconazole delayed-rel tablet
 PRADAXA
 PRED FORTE
 PRED MILD
prednisolone solution 10 mg/5 mL
prednisolone solution 20 mg/5 mL
 PREMARIN
 PREMARIN CREAM
 PRENATAL PLUS
 PREVACID
 PRILOSEC
 PRISTIQ
 PROAIR HFA
 PROAIR RESPICLICK
 PROCIT
 PRODIGEN
 PROMETRIUM
 PROTONIX
 PROVENTIL HFA
 PROVIGIL
 PROZAC
 QNASL
 QTERN
quazepam
 QUILLICHEW ER
 QUILLIVANT XR
 QVAR REDIHALER
 RAPAFLO
 RAYOS
 RECEDO
 REMODULIN
 RENFLEXIS
 REPATHA
 RHEUMATE
 RIABNI
 RIBOZEL

RIMSO-50
 RIOMET
 RITUXAN
 RIXUBIS
 ROZEREM
 RUBRACA
RyClora
 SABRIL
 SAIZEN
 SANDOSTATIN LAR
 SCARSILK PAD
 SEASONIQUE
 SELZENTRY
 SEROQUEL XR
 SIGNIFOR LAR
 SILENOR
 SILIVEX
 SILTREX
 SIMPONI
 SINGULAIR
 SOMAVERT
 SORILUX
 SPRIX
 SUBOXONE
 SUBSYS
sucralfate suspension
sumatriptan-naproxen
 SUPREP
Sure Result DSS Premium Pack
 SUTENT
 SYMJEPI
 SYNERDERM
 SYPRINE
 TAFINLAR
 TALIVA
 TALTZ
Targadox
 TARGRETIN
 TASIGNA
tavaborole
 TAYTULLA
 TAZORAC
 TECFIDERA
 TEGRETOL
 TEGRETOL XR
 TESTIM
testosterone gel 1%
 (authorized generics for TESTIM and VOGELXO only)
 THEO-24
 THIOLA
 THIOLA EC
 TIMOPTIC OCUDOSE
 TIROSINT
 TOBI
 TOBI PODHALER
 TOBRADEX ST
topiramate ext-rel capsule (generics for QUDEXY XR only)
 TOPROL-XL
Tovet
 TOVIAZ
 TRACLEER
 TRAJENTA
tramadol (NDC* 52817019610 only)
tramadol ext-rel capsule
 TRANSDERM SCOP
 TRAVATAN Z
 TRELSTAR MIXJECT
 TREXIMET
triamcinolone aerosol 0.2%
triamcinolone ointment 0.05%
Trianex
 TRICOR
 TRILEPTAL
TronVite
 TRUVADA
 TRUXIMA
 TUDORZA
 TYVASO DPI

UDENYCA
ULORIC
ULTRAVATE
UROXATRAL
VALCYTE
VALTREX
Vanoxide-HC
VASCULERA
VECTICAL
VELTIN
venlafaxine ext-rel tablet (except 225 mg)
VENTOLIN HFA
VEREGEN
VIEKIRA PAK
VIIBRYD
VIRACEPT
VITAFOL-ONE
Vitasure
VIVELLE-DOT

VOGELXO
VOTRIENT
Vtol LQ
XALKORI
XANAX
XANAX XR
XENAZINE
XOLEGEL
XOPENEX HFA
Xvite
XYZBAC
YASMIN
YAZ
Yuvaferm
ZALVIT
ZARXIO
ZEGERID
ZELAC
ZEMAIRA

ZEPATIER
ZERVIAE
ZESTORETIC
ZETIA
ZETONNA
ZIANA
Ziclocin Pak
Ziclopro
zileuton ext-rel
ZIRGAN
ZOLADEX
ZOLOFT
zolpidem sublingual
ZOLPIMIST
ZONEGRAN
ZONTIVITY
ZORVOLEX
ZYLET
ZYTIGA

There may be additional drugs subject to prior authorization or other plan design restrictions. Please consult your plan for further information.

This list represents brand products in CAPS, branded generics in upper- and lowercase *italics*, and generic products in lowercase *italics*. This is not an all-inclusive list of available drug options. Log in to [Caremark.com](https://www.caremark.com) to check coverage and copay information for a specific drug. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change.

Subject to applicable laws and regulations.

† This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

* Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

** Listing does not include certain NDCs*.

¹ If your doctor believes you have a specific clinical need for one of these products, they should contact the Prior Authorization department at: 1-855-240-0536.

² For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

³ If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.

⁴ Rebranded or private label formulations are not covered without a prior authorization for medical necessity (i.e., RELION).

⁵ Long Acting Insulins - First Generation.

⁶ Generic prenatal vitamins are the only preferred options.

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