

Medications Requiring Prior Authorization for Medical Necessity for Clients with Advanced Control Specialty Formulary[®]

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 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
<i>Acromegaly</i>	SANDOSTATIN LAR SIGNIFOR LAR SOMAVERT	SOMATULINE DEPOT
<i>Allergies</i> Antihistamines	<i>dexchlorpheniramine</i> <i>Diphen Elixir</i> <i>RyClora</i> CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
<i>Allergies</i> Nasal Steroids / Combinations	BECONASE AQ DYMISTA OMNARIS QNASL ZETONNA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
<i>Anti-infectives, Antibacterials</i> Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials</i> Tetracyclines	<i>doxycycline hyclate delayed-rel tablet</i> <i>doxycycline hyclate tablet 50 mg</i> <i>doxycycline hyclate tablet 75 mg</i> <i>doxycycline hyclate tablet 150 mg</i> <i>doxycycline monohydrate capsule 75 mg</i> <i>doxycycline monohydrate capsule 150 mg</i> <i>minocycline ext-rel</i> <i>CoreMino</i> <i>Mondoxyne NL capsule 75 mg</i> <i>Targadox</i> DORYX DORYX MPC	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
<i>Anti-infectives, Antibacterials</i> Miscellaneous	<i>nitrofurantoin (NDC* 16571074024 only)</i> MACRODANTIN	<i>nitrofurantoin (except NDC* 16571074024)</i>
<i>Anti-infectives, Antifungals</i>	<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>
	<i>posaconazole delayed-rel tablet</i> NOXAFIL	<i>fluconazole, itraconazole</i>
	CRESEMBA	<i>itraconazole</i>
	<i>tavorole</i>	<i>terbinafine tablet</i>
<i>Anti-infectives, Antiretroviral Agents</i> Combination Agents	COMPLERA STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>

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<i>Anti-infectives, Antiretroviral Agents</i> Fusion Inhibitors	SELZENTRY	<i>maraviroc</i>
<i>Anti-infectives, Antiretroviral Agents</i> Protease Inhibitors	APTIVUS	Talk to your doctor
	LEXIVA VIRACEPT	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
<i>Anti-infectives, Antivirals</i> Cytomegalovirus †	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals</i> Hepatitis B †	BARACLUDE TABLET EPIVIR HBV VELLDY	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i>
<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 †	<i>acyclovir cream</i> VALTREX	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
<i>Anti-infectives</i> Miscellaneous	DARAPRIM	<i>pyrimethamine</i>
<i>Antiobesity</i>	CONTRAVE XENICAL	<i>orlistat, QSYMIA, SAXENDA, WEGOVY</i>
<i>Antiseizure Agents</i>	<i>topiramate ext-rel capsule</i> (generics for QUDEXY XR only) LAMICTAL LAMICTAL ODT	<i>carbamazepine, carbamazepine ext-rel, clobazam, clonazepam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, 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, XCOPRI</i>
	BANZEL FINTEPLA ONFI	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
	SABRIL	<i>vigabatrin</i>
	DEPAKOTE DEPAKOTE ER DEPAKOTE SPRINKLE	<i>carbamazepine, carbamazepine ext-rel, clonazepam, divalproex sodium, divalproex sodium ext-rel, ethosuximide, gabapentin, lacosamide, 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, XCOPRI</i>
	DILANTIN KEPPRA KEPPRA XR LAMICTAL XR TEGRETOL TEGRETOL XR TRILEPTAL VIMPAT ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, 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, XCOPRI</i>
	DIACOMIT	Talk to your doctor
<i>Anxiety †</i> Benzodiazepines	ATIVAN XANAX XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>

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<i>Asthma</i> † Beta Agonists, Short-Acting	<i>albuterol sulfate CFC-free aerosol</i> (NDC* 66993001968 only) PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol</i> (except NDC* 66993001968), <i>levalbuterol tartrate CFC-free aerosol</i>
<i>Asthma</i> † Leukotriene Modulators	<i>zileuton ext-rel</i> SINGULAIR	<i>montelukast, zafirlukast</i>
<i>Asthma</i> † Steroid Inhalants	ALVESCO ARNUITY ELLIPTA ASMANEX ASMANEX HFA FLOVENT DISKUS FLOVENT HFA QVAR REDIHALER ³	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 DYANAVEL XR FOCALIN XR JORNAY PM MYDAYIS QUILLICHEW ER QUILLIVANT XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexmethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel, AZSTARYS, QELBREE</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 Ankylosing Spondylitis</i> †	SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, RINVOQ
<i>Autoimmune Agents Self-Administered Agents Crohn's Disease</i> †	None	HUMIRA, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS
<i>Autoimmune Agents Self-Administered Agents Non-Radiographic Axial Spondyloarthritis</i> †	TALTZ	CIMZIA PREFILLED SYRINGE, COSENTYX, RINVOQ

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<i>Autoimmune Agents</i> Self-Administered Agents Psoriasis †	COSENTYX ENBREL	HUMIRA, OTEZLA, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
<i>Autoimmune Agents</i> Self-Administered Agents Psoriatic Arthritis †	ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TREMFYA
<i>Autoimmune Agents</i> Self-Administered Agents Rheumatoid Arthritis †	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET SIMPONI	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
<i>Autoimmune Agents</i> Self-Administered Agents Ulcerative Colitis †	SIMPONI	HUMIRA, RINVOQ, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR, ZEPOSIA
<i>Autoimmune Agents</i> Self-Administered Agents All Other Conditions †	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ENBREL, HUMIRA
Botulinum Toxins	BOTOX	Talk to your doctor
<i>Cancer</i> Antimetabolites	ALIMTA	<i>pemetrexed</i>
<i>Cancer</i> Biosimilars	RIABNI TRUXIMA	RUXIENCE
<i>Cancer</i> Chronic Myelogenous Leukemia † Kinase Inhibitors	GLEEVEC ICLUSIG TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<i>Cancer</i> Follicular Lymphoma † PI3K Inhibitors	ALIQOPA	Talk to your doctor
<i>Cancer</i> Melanoma † BRAF/MEK Inhibitors	MEKINIST	COTELLIC, MEKTOVI
	TAFINLAR	BRAFTOVI, ZELBORAF
<i>Cancer</i> Monoclonal Antibodies	AVASTIN	ZIRABEV
	HERCEPTIN HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
	RITUXAN	RUXIENCE
<i>Cancer</i> mTOR Inhibitors	AFINITOR AFINITOR DISPERZ	<i>everolimus</i>
<i>Cancer</i> Multiple Myeloma † Proteasome Inhibitors	BORTEZOMIB KYPROLIS	<i>bortezomib</i> , NINLARO
<i>Cancer</i> Non-Small Cell Lung Cancer † ALK Inhibitors	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA

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<i>Cancer</i> PARP Inhibitor	RUBRACA	LYNPARZA, ZEJULA
<i>Cancer</i> Prostate † Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>
<i>Cancer</i> Prostate † Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	FIRMAGON LUPRON DEPOT TRELSTAR MIXJECT ZOLADEX	ELIGARD
<i>Cancer</i> Renal Cell Carcinoma Kinase Inhibitors	SUTENT VOTRIENT	<i>sunitinib, CABOMETYX, INLYTA, LENVIMA, NEXAVAR</i>
<i>Cancer</i> Miscellaneous	TARGRETIN	<i>bexarotene</i>
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	MULTAQ NEXTERONE	<i>amiodarone</i>
	NORPACE	<i>disopyramide</i>
<i>Cardiovascular</i> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular</i> Antilipemics Fibrates	<i>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 TRICOR</i>	<i>fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ⁴	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular</i> Antilipemics MTP Inhibitors	JUXTAPID	REPATHA
<i>Cardiovascular</i> Antilipemics Niacins	<i>niacin tablet 500 mg Niacor</i>	<i>niacin ext-rel</i>
<i>Cardiovascular</i> Antilipemics Omega-3 Fatty Acids	<i>icosapent ethyl LOVAZA</i>	<i>omega-3 acid ethyl esters, VASCEPA</i>
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	PRALUENT	REPATHA

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<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 Phosphodiesterase Inhibitors	ADCIRCA REVATIO	<i>sildenafil, tadalafil</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>
<i>Contraceptives</i> Progestin Intrauterine Devices	LILETTA	KYLEENA, MIRENA, SKYLA
<i>Contraceptives</i> Vaginal	<i>ethinyl estradiol-etonogestrel</i> <i>EluRyng</i>	ANNOVERA, NUVARING
<i>Cushing's Syndrome</i>	KORLYM	Talk to your doctor
<i>Cystic Fibrosis †</i> Inhaled Antibiotics	BETHKIS CAYSTON KITABIS PAK TOBI TOBI PODHALER	<i>tobramycin inhalation solution</i>
<i>Dental</i> Cavity/Caries Prevention	PREVIDENT	Talk to your doctor

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

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<i>Dermatology</i> Rosacea †	<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA
	<i>ivermectin cream</i> FINACEA GEL MIRVASO NORITATE	<i>azelaic acid gel, brimonidine gel, metronidazole, FINACEA FOAM, RHOFADE, SOOLANTRA</i>
<i>Dermatology</i> Scars	CICATRACE POLYTOZA RECEDO SCARSILK PAD SILIVEX SILTREX	Talk to your doctor
<i>Dermatology</i> Seborrheic Dermatitis †	<i>ketoconazole foam 2%</i> Ketodan	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
<i>Dermatology</i> Skin Inflammation and Hives † Low Potency Corticosteroids	<i>desonide gel</i> DesRx <i>flurandrenolide cream</i> <i>flurandrenolide lotion</i> CORDRAN CREAM CORDRAN LOTION	<i>desonide (except desonide gel), hydrocortisone</i>
<i>Dermatology</i> 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> Trianex 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>
<i>Dermatology</i> 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>
<i>Dermatology</i> Skin Inflammation and Hives † Very High Potency Corticosteroids	<i>clobetasol emollient foam</i> <i>clobetasol spray</i> <i>fluocinonide cream 0.1%</i> Tovet 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>
<i>Dermatology</i> Warts	VEREGEN	<i>imiquimod</i>
<i>Dermatology</i> Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide (except desonide gel), hydrocortisone</i>
<i>Dermatology</i> 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>

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<i>Diabetes</i> † 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)
<i>Diabetes</i> † Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
<i>Diabetes</i> † 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>
<i>Diabetes</i> † Injectable Incretin Mimetics	BYDUREON BCISE BYETTA	MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
<i>Diabetes</i> † Insulins	APIDRA HUMALOG	FIASP, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 ⁵	NOVOLIN 70/30 ⁵
	HUMULIN N ⁵	NOVOLIN N ⁵
	HUMULIN R ⁵	NOVOLIN R ⁵
	NOTE: <i>Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.</i>	
<i>Diabetes</i> † Long Acting Insulins ⁶	LANTUS	BASAGLAR, LEVEMIR
<i>Diabetes</i> † Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes</i> † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
<i>Diabetes</i> † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
<i>Diabetes</i> † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
<i>Diabetes</i> † Supplies, Needles ⁷	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Diabetes</i> † Supplies, Syringes ⁷	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
<i>Diabetes</i> † Supplies, Test Strips and Kits ^{8,9}	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS All other test strips that are not ACCU-CHEK or ONETOUCH brand	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ⁸ , ACCU-CHEK GUIDE STRIPS AND KITS ⁸ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ⁸ , ONETOUCH ULTRA STRIPS AND KITS ⁸ , ONETOUCH VERIO STRIPS AND KITS ⁸
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM All other continuous glucose monitoring systems that are not DEXCOM brand	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
<i>Dietary Supplements</i>	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Activite</i> ¹⁰ <i>Dexifol</i> ¹⁰ <i>Genicin Vita-S</i> ¹⁰ <i>HylaVite</i> ¹⁰ <i>MultiPro</i> ¹⁰ <i>TronVite</i> ¹⁰ <i>Vitasure</i> ¹⁰ FERIVA 21/7 ¹⁰ FLORIVA ¹⁰ FLORIVA PLUS ¹⁰ NICADAN ¹⁰ NICAPRIN ¹⁰ NICAZEL ¹⁰ NICAZEL FORTE ¹⁰ NICOMIDE ¹⁰ POLY-VI-FLOR ¹⁰ POLY-VI-FLOR WITH IRON ¹⁰ RHEUMATE ¹⁰ TALIVA ¹⁰ TRI-VI-FLOR ¹⁰ XYZBAC ¹⁰ All other brand multivitamins ¹⁰	<i>generic multivitamins</i>
	<i>Folvite-D</i> ¹⁰ ORTHO D ¹⁰ ORTHO DF ¹⁰	<i>folic acid, generic multivitamins</i>
	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> <i>Millipred</i> BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone,</i> <i>prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL),</i> <i>prednisone</i>
<i>Endocrine and Metabolic Hereditary Tyrosinemia Type 1 Agents</i>	NITYR	ORFADIN

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Endocrine and Metabolic</i> Potassium-Removing Agents	LOKELMA	VELTASSA
<i>Endocrine and Metabolic</i> Progestins	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
<i>Endocrine and Metabolic</i> Severe Hypoglycemia	GLUCAGEN HYPOKIT GLUCAGON EMERGENCY KIT	<i>glucagon, human recombinant; BAQSIMI; GVOKE; ZEGALOGUE</i>
<i>Endocrine and Metabolic</i> Vasopressin Receptor Antagonists	JYNARQUE	Talk to your doctor
<i>Endocrine and Metabolic</i> Miscellaneous	CARBAGLU	<i>carglumic acid</i>
	CYSTADANE	<i>betaine</i>
<i>Endometriosis</i> †	ZOLADEX	MYFEMBREE, ORLISSA
<i>Erectile Dysfunction</i> † Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
<i>Fertility Regulators</i> Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F
	CHORIONIC GONADOTROPIN NOVAREL PREGNYL	OVIDREL
<i>Gastrointestinal</i> Anticholinergics	<i>chlordiazepoxide-clidinium</i> (NDCs* 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) <i>hyoscyamine sulfate ext-rel</i> GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	<i>dicyclomine</i>
<i>Gastrointestinal</i> Antidiarrheals	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
<i>Gastrointestinal</i> Antiemetics	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
<i>Gastrointestinal</i> Irritable Bowel Syndrome †	AMITIZA	<i>lubiprostone, LINZESS, SYMPROIC</i>
<i>Gastrointestinal</i> Laxatives	LACTULOSE PAK	<i>lactulose solution</i>
	<i>peg 3350-electrolytes</i> (generics for MOVIPREP only) GOLYTELY MOVIPREP OSMOPREP SUPREP	<i>peg 3350-electrolytes</i> (except generics for MOVIPREP), CLENPIQ
<i>Gastrointestinal</i> Opioid-Induced Constipation	MOVANTIK	<i>lubiprostone, SYMPROIC</i>
<i>Gastrointestinal</i> Probiotics	ZELAC	Talk to your doctor

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Gastrointestinal</i> Proton Pump Inhibitors (PPIs)	<i>dexlansoprazole delayed-rel</i> <i>lansoprazole delayed-rel</i> <i>orally disintegrating tablet</i> <i>omeprazole-sodium bicarbonate</i> <i>pantoprazole delayed-rel suspension</i> ACIPHEX ACIPHEX SPRINKLE DEXILANT NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule,</i> <i>omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
<i>Gastrointestinal</i> Ulcer Treatment	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CEREZYME
<i>Genitourinary</i> Interstitial Cystitis	ELMIRON RIMSO-50	Talk to your doctor
<i>Genitourinary</i> Miscellaneous	LITHOSTAT	Talk to your doctor
	THIOLA THIOLA EC	<i>tiopronin</i>
<i>Gout †</i>	<i>colchicine capsule</i> COLCRYS	<i>colchicine tablet, MITIGARE</i>
	ULORIC	<i>allopurinol</i>
<i>Growth Hormones</i>	HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	GENOTROPIN, NORDITROPIN
<i>Hematologic</i> Anticoagulants Injectable	HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin, fondaparinux</i>
<i>Hematologic</i> Anticoagulants Oral	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
<i>Hematologic</i> Chelating Agents	CUPRIMINE	<i>penicillamine</i>
	DESFERAL EXJADE FERRIPROX JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
	SYPRINE	<i>trientine</i>
<i>Hematologic</i> Erythropoiesis-Stimulating Agents	EPOGEN	ARANESP, PROCRIT, RETACRIT
<i>Hematologic</i> Hemophilia B	BENEFIX IXINITY RIXUBIS	ALPROLIX, REBINYN
<i>Hematologic</i> Miscellaneous Bleeding Disorders Agents	FEIBA	NOVOSEVEN RT, SEVENFACT

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Hematologic</i> Neutropenia Colony Stimulating Factors	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA	ZIEXTENZO
	GRANIX LEUKINE NEUPOGEN ZARXIO	NIVESTYM
<i>Hematologic</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
	ZONTIVITY	Talk to your doctor
	NPLATE	DOPTELET, PROMACTA, TAVALISSE
<i>High Blood Pressure</i> † ACE Inhibitors	EPANED	<i>enalapril, fosinopril, lisinopril, quinapril, ramipril</i>
<i>High Blood Pressure</i> † ACE Inhibitor / Diuretic Combinations	ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>
<i>High Blood Pressure</i> † Angiotensin II Receptor Antagonists	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>High Blood Pressure</i> † Angiotensin II Receptor Antagonist / Diuretic Combinations	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</i> † Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	AZOR EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
<i>High Blood Pressure</i> † Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
<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> † Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	<i>diltiazem ext-rel</i> (generics for CARDIZEM LA only) <i>Matzim LA</i> CARDIZEM CARDIZEM CD CARDIZEM LA	<i>diltiazem ext-rel</i> (except generics for CARDIZEM LA)
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine, AUSTEDO, AUSTEDO XR</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP	RASUVO
<i>Immunology</i> Hereditary Angioedema	BERINERT FIRAZYR	<i>icatibant</i> , RUCONEST
	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>Interferons</i> †	PEGASYS	Talk to your doctor
<i>Kidney Disease</i> † Phosphate Binders	<i>lanthanum carbonate</i> FOSRENOL RENVELA	<i>calcium acetate, sevelamer carbonate</i> , AURYXIA, VELPHORO
<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</i> , DIVIGEL, EVAMIST
<i>Menopausal Symptom Agents</i> Vaginal	<i>estradiol vaginal tablet</i> <i>Yuvafem</i> ESTRING FEMRING INTRAROSA PREMARIN CREAM	<i>estradiol vaginal cream</i> , IMVEXXY, VAGIFEM
<i>Multiple Sclerosis</i>	AUBAGIO EXTAVIA GILENYA LEMTRADA TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
<i>Musculoskeletal</i>	<i>carisoprodol 250 mg</i> <i>chlorzoxazone 250 mg</i> <i>chlorzoxazone 375 mg</i> <i>chlorzoxazone 500 mg</i> (NDC* 73007001303 only) <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</i> (NDC* 69036091010 only) <i>methocarbamol 750 mg</i> (NDCs* 69036093090, 70868090190 only) <i>orphenadrine-aspirin-caffeine</i> <i>Fexmid</i> <i>Lorzone</i> <i>Orphengesic Forte</i> AMRIX NORGESIC FORTE	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Narcolepsy</i> Wakefulness Promoters	NUVIGIL PROVIGIL	<i>armodafinil, modafinil, SUNOSI, WAKIX, XYWAV</i>
<i>Nephropathic Cystinosis</i>	PROCYSBI	CYSTAGON
<i>Ophthalmic</i> Allergies	ALREX BEPREVE LASTACRAFT ZERVIAE	<i>azelastine, bepotastine, cromolyn sodium, olopatadine</i>
<i>Ophthalmic</i> Anti-infectives	AZASITE CILOXAN	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>
<i>Ophthalmic</i> Anti-infective / Anti-inflammatory	TOBRADEX ST ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>
<i>Ophthalmic</i> Anti-inflammatory, Nonsteroidal	ACUVAIL BROMSITE NEVANAC	<i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>
<i>Ophthalmic</i> Anti-inflammatory, Steroidal	FLAREX FML FORTE FML LIQUIFILM INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
<i>Ophthalmic</i> Antivirals	ZIRGAN	<i>trifluridine</i>
<i>Ophthalmic</i> Artificial Tears	LACRISERT	RESTASIS, XIIDRA
<i>Ophthalmic</i> Glaucoma	LUMIGAN RHOPRESSA ROCKLATAN TRAVATAN Z VYZULTA	<i>bimatoprost, latanoprost, travoprost, ZIOPTAN</i>
	BETIMOL TIMOPTIC OCUDOSE	<i>timolol maleate solution, BETOPTIC S</i>
	COMBIGAN	<i>brimonidine-timolol</i>
<i>Ophthalmic</i> Miscellaneous	AVENOVA	Talk to your doctor
<i>Opioid Dependency</i>	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
<i>Osteoarthritis †</i> Viscosupplements	GEL-ONE HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
<i>Osteoporosis †</i> Calcium Regulators	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
<i>Otic</i> Anti-infective / Anti-inflammatory	<i>ciprofloxacin-fluocinolone</i> CIPRO HC CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Overactive Bladder / Incontinence</i> † 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>
<i>Pain</i> 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>diclofenac potassium powder</i> <i>Bupap</i> BUTALBITAL-ACETAMINOPHEN (NDC* 69499034230 only) CAMBIA FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, 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 ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH</i>
	<i>sumatriptan-naproxen</i> TREXIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY or ZEMBRACE SYMTOUCH</i>
<i>Pain</i> Neuropathic Pain †	LYRICA	<i>duloxetine, pregabalin, pregabalin ext-rel</i>
<i>Pain</i> Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
	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, 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>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Pain and Inflammation</i> † Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>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</i>
	CELEBREX	<i>celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>diclofenac sodium solution 2% Capsinac Diclofenac DC Diclofenac Iclofenac CP Inflammacin Kapzin DC NuDiclo SoluPak NuDiclo TabPak Pennsaicin Sure Result DSS Premium Pack Ziclocin Pak Ziclopro PENNSAID</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>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</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>naproxen-esomeprazole</i>	<i>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</i>
<i>Parkinson's Disease</i>	APOKYN	INBRIJA, KYNMOBI
	NOURIANZ	<i>entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO</i>
<i>Phenylketonuria</i>	KUVAN	<i>sapropterin</i>
<i>Postherpetic Neuralgia</i>	HORIZANT	<i>gabapentin, pregabalin, pregabalin ext-rel, GRALISE</i>
<i>Premenstrual Dysphoric Disorder (PMDD)</i>	<i>fluoxetine tablet (generics for SARAFEM only)</i>	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC* 60505367503), sertraline</i>
<i>Prenatal Vitamins</i> ¹¹	AZESCO CITRANATAL PRENATAL PLUS VITAFOL-ONE ZALVIT All other brand prenatal vitamins	<i>generic prenatal vitamins</i>
<i>Prostate Condition Benign Prostatic Hyperplasia</i> †	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

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Respiratory</i> Alpha-1 Antitrypsin Deficiency	ARALAST NP GLASSIA	PROLASTIN-C, ZEMAIRA
<i>Respiratory</i> Anaphylaxis Treatment Agents	ADRENALIN SYMJEPI	<i>epinephrine</i> , AUVI-Q, EPIPEN, EPIPEN JR
<i>Respiratory</i> Cough	<i>benzonatate</i> (NDCs* 69336012615, 69499032915 only)	<i>benzonatate</i> (except NDCs* 69336012615, 69499032915)
<i>Respiratory</i> Idiopathic Pulmonary Fibrosis	ESBRIET	<i>pirfenidone</i> , OFEV
<i>Respiratory</i> Phosphodiesterase-4 Inhibitors	DALIRESP	<i>roflumilast</i>
<i>Respiratory</i> Xanthines	THEO-24	<i>formoterol inhalation solution</i> , <i>ipratropium inhalation solution</i> , SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI
<i>Sleep Disorder</i> Hypnotics, Non-benzodiazepines	<i>quazepam</i> <i>zolpidem sublingual</i> EDLUAR LUNESTA ROZEREM SILENOR ZOLPIMIST	<i>doxepin</i> , <i>eszopiclone</i> , <i>ramelteon</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , BELSOMRA, DAYVIGO
<i>Testosterone Replacement</i> † Androgens	<i>testosterone gel 1%</i> (authorized generics for TESTIM and VOGELXO only) ANDROGEL FORTESTA TESTIM VOGELXO	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO), <i>testosterone solution</i> , NATESTO
<i>Thyroid Supplements</i>	CYOMEL	<i>levothyroxine</i> , <i>liothyronine</i> , SYNTHROID
	TIROSINT	<i>levothyroxine</i> , SYNTHROID
<i>Urea Cycle Disorders</i>	BUPHENYL RAVICTI	<i>sodium phenylbutyrate</i>

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 †	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
*Activite*¹⁰
 ACTOS
 ACUVAIL
acyclovir cream
 ACZONE
adapalene pad
 ADCIRCA
 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
 ALLISON MEDICAL INSULIN SYRINGES⁷
 ALREX
 ALTOPREV
 ALVESCO
 AMITIZA
 AMRIX
 ANDROGEL
 APEXICON E
 APIDRA
 APOKYN
 APTENSIO XR
 APTIVUS
 ARALAST NP
 ARCALYST
 ARNUITY ELLIPTA
 ARTHROTEC
 ASACOL HD
 ASMANEX
 ASMANEX HFA

ATACAND
 ATACAND HCT
 ATIVAN
 ATOPADERM
 AUBAGIO
 AVASTIN
 AVENOVA
 AVSOLA
 AZASITE
 AZELEX
 AZESCO¹¹
 AZOR
 BALCOLTRA
 BANZEL
 BARACLUDE TABLET
 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
 BETHKIS
 BETIMOL
 BEVESPI AEROSPHERE
 BEYAZ
 BORTEZOMIB
 BOTOX
 BREEZE 2 STRIPS AND KITS⁹
 BROMSITE
budesonide ext-rel tablet
Bupap
 BUPHENYL
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
Capsinac
 CARAC
 CARAFATE
 CARBAGLU
 CARBINOXAMINE TABLET 6 MG
 CARDIZEM
 CARDIZEM CD
 CARDIZEM LA
carisoprodol 250 mg
 CARNITOR
 CARNITOR SF
 CAYSTON
 CELEBREX
chlordiazepoxide-clidinium (NDCs* 11534019701,
 42494040901, 51293069601, 51293069610,
 67877073101, 70700018501 only)
chlorzoxazone 250 mg
chlorzoxazone 375 mg
chlorzoxazone 500 mg (NDC* 73007001303 only)
chlorzoxazone 750 mg
 CHORIONIC GONADOTROPIN
 CIALIS
 CICATRACE
 CILOXAN
 CIMZIA LYOPHILIZED POWDER
 CINRYZE
 CIPRO HC
 CIPRODEX
ciprofloxacin-fluocinolone
 CITRANATAL¹¹
 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
CONTOUR NEXT STRIPS AND KITS ⁹
CONTOUR STRIPS AND KITS ⁹
CONTRAVE
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 ¹⁰
DEXILANT
dexlansoprazole delayed-rel
DIACOMIT
diclofenac potassium capsule 25 mg
diclofenac potassium powder
diclofenac potassium tablet 25 mg
diclofenac sodium solution 2%
Diclofex DC
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
DYANAVEL XR
DYMISTA
DYRENIUM
EDARBI
EDARBYCLOR
EDLUAR
E.E.S. GRANULES
EFFEXOR XR
ELELYSO

ELIDEL
ELMIRON
EluRyng
ENLITE CONTINUOUS
GLUCOSE MONITORING SYSTEM
ENTERAGAM
ENTYVIO (For Crohn's Disease Only)
EPANED
EPICERAM
EPIVIR HBV
EPOGEN
ergotamine-caffeine
ERYPED
ESBRIET
estradiol vaginal tablet
ESTRING
ethinyl estradiol-etonogestrel
EVEKEO
EVERSENSE CONTINUOUS
GLUCOSE MONITORING SYSTEM
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 ¹⁰
FERRIPROX
Fexmid
FINACEA GEL
FINTEPLA
FIORICET CAPSULE
FIRAZYR
FIRMAGON
FLAREX
FLORIVA ¹⁰
FLORIVA PLUS ¹⁰
FLOVENT DISKUS
FLOVENT HFA
flucytosine capsule 500 mg
fluocinonide cream 0.1%
fluorouracil cream 0.5%
fluoxetine tablet (generics for SARAFEM only)
fluoxetine tablet 60 mg
flurandrenolide cream
flurandrenolide lotion
flurandrenolide ointment
FML FORTE
FML LIQUIFILM
FOCALIN XR
FOLLISTIM AQ
Folvite-D ¹⁰
FORTAMET
FORTESTA
FOSRENOL
FOSTEUM
FOSTEUM PLUS
FREESTYLE LIBRE CONTINUOUS
GLUCOSE MONITORING SYSTEM
FREESTYLE STRIPS AND KITS ⁹
FULPHILA
GEL-ONE
Genicin Vita-S ¹⁰
GILENYA
GLASSIA
GLEEVEC
GLUCAGEN HYPOKIT

GLUCAGON EMERGENCY KIT
GLUMETZA
GLYCOPYRROLATE TABLET 1.5 MG
GOLYTELY
GRANIX
GUARDIAN CONNECT CONTINUOUS
GLUCOSE MONITORING SYSTEM
GUARDIAN REAL-TIME CONTINUOUS
GLUCOSE MONITORING SYSTEM
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 ⁵
HUMULIN N ⁵
HUMULIN R ⁵
HYALGAN
hydrocortisone butyrate lipophilic cream 0.1%
hydrocortisone butyrate lotion
HylaVite ¹⁰
hyoscyamine sulfate ext-rel
HYSINGLA ER
HYZAAR
Iclofenac CP
ICLUSIG
icosapent ethyl
INCRUSE ELLIPTA
INDERAL LA
INDERAL XL
INDOCIN
indomethacin capsule 20 mg
Inflammacin
INFLECTRA
INNOPRAN XL
INTRAROSA
INTUNIV
INVELTYS
INVOKAMET
INVOKAMET XR
INVOKANA
isosorbide dinitrate 40 mg
ivermectin cream
IXINITY
JADENU
JALYN
JENTADUETO
JENTADUETO XR
JORNAY PM
JUXTAPID
JYNARQUE
KAMDOY
Kapzin DC
KAZANO
KEPPRA
KEPPRA XR
ketoconazole foam 2%
Ketodan
ketoprofen capsule 25 mg
ketoprofen ext-rel capsule
KINERET
KITABIS PAK
KOMBIGLYZE XR
KORLYM
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
LASTACRAFT
LATUDA
LEMTRADA
LESCOL XL
LETAIRIS
LEUKINE
levorphanol
LEXAPRO
LEXIVA
LIALDA
LIBRAX
LILETTA
LIPITOR
LITHOSTAT
LIVALO
Lofena
LOKELMA
Lorzone
LOTEMAX
LOTEMAX SM
LOVAZA
luliconazole
LUMIGAN
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
Mondoxylene NL capsule 75 mg
MONOVISC
MOVANTI
MOVIPREP
MULTAQ
*MultiPro*¹⁰
mupirocin cream
MYDAYIS
MYRBETRIQ
MYTESI
NAPRELAN
naproxen CR
naproxen suspension
naproxen-esomeprazole
NEO-SYNALAR
NESINA
NEULASTA
NEULASTA ONPRO
NEUPOGEN
NEVANAC
NEXIUM
NEXTERONE
niacin tablet 500 mg
Niacor
NICADAN¹⁰

NICAPRIN¹⁰
NICAZEL¹⁰
NICAZEL FORTE¹⁰
NICOMIDE¹⁰
NILANDRON
nitrofurantoin (NDC* 16571074024 only)
NITYR
NORGESIC FORTE
NORITATE
NORPACE
NORTHERA
NORVASC
NOURIANZ
NOVAREL
NOVO NORDISK NEEDLES⁷
NOXAFIL
NPLATE
NUCALA LYOPHILIZED POWDER
NUCYNTA
NUCYNTA ER
NuDiclo SoluPak
NuDiclo TabPak
NUEDEXTA
NUTROPIN AQ
NUVIGIL
OLUX-E
omeprazole-sodium bicarbonate
OMNARIS
OMNITROPE
ONFI
ONGLYZA
ORENCIA INTRAVENOUS
orphenadrine-aspirin-caffeine
Orphengesic Forte
ORTHO D¹⁰
ORTHO DF¹⁰
ORTHOVISC
OSENI
OSMOPREP
OSPHENA
OTREXUP
OWEN MUMFORD NEEDLES⁷
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)
PEGASYS
Pennaicain
PENNSAID
PENTASA
PERCOCET
PERRIGO NEEDLES⁷
PEXEVA
PLAVIX
POLYTOZA
POLY-VI-FLOR¹⁰
POLY-VI-FLOR WITH IRON¹⁰
posaconazole delayed-rel tablet
PRADAXA
PRALUENT
PRED FORTE
PRED MILD
prednisolone solution 10 mg/5 mL
prednisolone solution 20 mg/5 mL
PREGNYL
PREMARIN
PREMARIN CREAM
PRENATAL PLUS¹¹
PREVACID
PREVIDENT
PRILOSEC
PRISTIQ

PROAIR HFA
PROAIR RESPICLICK
PROCYSBI
PROMETRIUM
PROTONIX
PROVENTIL HFA
PROVIGIL
PROZAC
QNASL
QTERN
quazepam
QUILLICHEW ER
QUILLIVANT XR
QVAR REDHALER³
RAPAFLO
RAVICTI
RAYOS
RECEDO
REMODULIN
RENFLEXIS
RENVELA
REVATIO
RHEUMATE¹⁰
RHOPRESSA
RIABNI
RIMSO-50
RIOMET
RITUXAN
RIXUBIS
ROCKLATAN
ROZEREM
RUBRACA
RyClora
SABRIL
SAIZEN
SANDOSTATIN LAR
SCARSILK PAD
SEASONIQUE
SELZENTRY
SEROQUEL XR
SIGNIFOR LAR
SILENOR
SILIVEX
SILTREX
SIMPONI
SINGULAIR
SOMAVERT
SORILUX
SPRIX
STENDRA
STRIBILD
SUBOXONE
SUBSYS
sucralfate suspension
sumatriptan-naproxen
SUPREP
Sure Result DSS Premium Pack
SUTENT
SYMJEPI
SYNERDERM
SYNVISC
SYNVISC-ONE
SYPRINE
TAFINLAR
TALIVA¹⁰
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
TRADJENTA
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
TRI-VI-FLOR ¹⁰
TRIVIDIA INSULIN SYRINGES ⁷
TronVite ¹⁰
TRUVADA
TRUXIMA
TUDORZA
TYVASO DPI

UDENYCA
ULORIC
ULTIMED INSULIN SYRINGES ⁷
ULTIMED NEEDLES ⁷
ULTRAVATE
UROXATRAL
VALCYTE
VALTRES
Vanoxide-HC
VASCULERA
VECTICAL
VELTIN
VEMLIDY
venlafaxine ext-rel tablet (except 225 mg)
VENTOLIN HFA
VEREGEN
VIAGRA
VIEKIRA PAK
VIIBRYD
VIMPAT
VIRACEPT
VISCO-3
VITAFOL-ONE ¹¹
Vitasure ¹⁰
VIVELLE-DOT
VOGELXO
VOTRIENT
VYZULTA
XALKORI
XANAX
XANAX XR

XENAZINE
XENICAL
XOPENEX HFA
XYZBAC ¹⁰
YASMIN
YAZ
Yuvaferm
ZALVIT ¹¹
ZARXIO
ZEGERID
ZELAC
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 QVAR REDHALER covered for members 5 years of age and under.

⁴ If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.

⁵ Rebranded or private label formulations are not covered without a prior authorization for medical necessity (i.e., RELION).

⁶ Long Acting Insulins - First Generation.

⁷ BD ULTRAFINE syringes and needles are the only preferred options.

⁸ An ACCU-CHEK or ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK or ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

⁹ ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.

¹⁰ Generic multivitamins (except *Activite*, *Dexifol*, *Folvite-D*, *Genicin Vita-S*, *HylaVite*, *Multipro*, *TronVite*, *Vitasure*) are the only preferred options.

¹¹ Generic prenatal vitamins are the only preferred options.

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