

Medications Requiring Prior Authorization for Medical Necessity for Standard Option, High Option and High Deductible Health Plan (HDHP) Members - Chart

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

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	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>
Anti-infectives, Antiretroviral Agents Protease Inhibitors	APTIVUS	Talk to your doctor
	LEXIVA VIRACEPT	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
Anti-infectives, Antivirals Cytomegalovirus [†]	VALCYTE	<i>valganciclovir</i>
Anti-infectives, Antivirals Hepatitis B [†]	BARACLUDE TABLET EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
Anti-infectives, Antivirals 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)
Anti-infectives, Antivirals Herpes [†]	<i>acyclovir cream</i> VALTREX	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
Anti-infectives Miscellaneous	DARAPRIM	<i>pyrimethamine</i>
Antiobesity	CONTRACE XENICAL	<i>orlistat, QSYMIA, SAXENDA, WEGOVY</i>
Antiseizure Agents	<i>topiramate ext-rel capsule</i> (generics for QUDEXY XR only)	<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, FYCOMPA, OXTELLAR XR, TROKENDI XR, XCOPRI</i>
	BANZEL SUSPENSION ONFI	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
	SABRIL	<i>vigabatrin</i>
	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, FYCOMPA, OXTELLAR XR, TROKENDI XR, XCOPRI</i>
Anxiety [†] Benzodiazepines	ATIVAN XANAX XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
Asthma [†] Beta Agonists, Short-Acting	<i>albuterol sulfate CFC-free aerosol</i> (NDC* 66993001968 only) PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol</i>
Asthma [†] Leukotriene Modulators	<i>zileuton ext-rel</i> SINGULAIR	<i>montelukast, zafirlukast</i>
Asthma [†] Steroid Inhalants	ALVESCO ASMANEX ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER

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<i>Asthma † or Chronic Obstructive Pulmonary Disease (COPD) †</i> Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA**, BREO ELLIPTA**, SYMBICORT
<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	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexmethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel, AZSTARYS, MYDAYIS, VYVANSE</i>
<i>Autoimmune Agents Physician-Administered Agents</i>	ACTEMRA INTRAVENOUS ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
	AVSOLA CIMZIA LYOPHILIZED POWDER INFLECTRA RENFLEXIS	REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
	ENTYVIO (For Crohn's Disease Only)	REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
	ILUMYA	REMICADE
<i>Autoimmune Agents Self-Administered Agents Ankylosing Spondylitis †</i>	CIMZIA PREFILLED SYRINGE SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, RINVOQ
<i>Autoimmune Agents Self-Administered Agents Crohn's Disease †</i>	CIMZIA PREFILLED SYRINGE	HUMIRA, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS
<i>Autoimmune Agents Self-Administered Agents Psoriasis †</i>	CIMZIA PREFILLED SYRINGE COSENTYX ENBREL	HUMIRA, OTEZLA, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
<i>Autoimmune Agents Self-Administered Agents Psoriatic Arthritis †</i>	CIMZIA PREFILLED SYRINGE ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ TREMFYA XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI SUBCUTANEOUS
<i>Autoimmune Agents Self-Administered Agents Rheumatoid Arthritis †</i>	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS CIMZIA PREFILLED SYRINGE KINERET SIMPONI	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
<i>Autoimmune Agents Self-Administered Agents Ulcerative Colitis †</i>	SIMPONI	HUMIRA, RINVOQ, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR
<i>Autoimmune Agents Self-Administered Agents All Other Conditions †</i>	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET	ENBREL, HUMIRA

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	ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	
Cancer Biosimilars	RIABNI TRUXIMA	RUXIENCE
Cancer Chronic Myelogenous Leukemia † Kinase Inhibitors	GLEEVEC TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
Cancer Follicular Lymphoma † PI3K Inhibitors Cancer Monoclonal Antibodies	ALIQUOPA	Talk to your doctor
	ZYDELIG	COPIKTRA
	AVASTIN	ZIRABEV
	HERCEPTIN HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
	RITUXAN	RUXIENCE
Cancer Multiple Myeloma † Proteasome Inhibitors	BORTEZOMIB KYPROLIS	NINLARO, VELCADE
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
Cardiovascular Antiarrhythmics Cardiovascular Antilipemics Cholesterol Absorption Inhibitors	BETAPACE BETAPACE AF	<i>sotalol</i>
	NORPACE	<i>disopyramide</i>
	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</i> (except <i>fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg</i> ; <i>fenofibrate tablet 40 mg, 120 mg</i>), <i>fenofibric acid delayed-rel</i>
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ³	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin</i> , <i>ezetimibe-simvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>rosuvastatin</i> , <i>simvastatin</i>
Cardiovascular Antilipemics Niacins	<i>niacin tablet 500 mg</i> <i>Niacor</i>	<i>niacin ext-rel</i>

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Cardiovascular Antilipemics Omega-3 Fatty Acids	icosapent ethyl	omega-3 acid ethyl esters, VASCEPA
Cardiovascular Antilipemics PCSK9 Inhibitors	PRALUENT	REPATHA
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	digoxin
Cardiovascular Diuretics	DYRENIUM	amiloride, triamterene
Cardiovascular Nitrates	isosorbide dinitrate 40 mg	isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate
Cardiovascular Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS TRACLEER	ambrisentan, bosentan, OPSUMIT
Cardiovascular Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors	ADCIRCA REVATIO	sildenafil, tadalafil
Cardiovascular Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN	treprostinil
Carnitine Deficiency	CARNITOR CARNITOR SF	levocarnitine
Central Precocious Puberty	LUPRON DEPOT-PED	SUPPRELIN LA, TRIPTODUR
Chronic Obstructive Pulmonary Disease (COPD) † Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA
Chronic Obstructive Pulmonary Disease (COPD) † Anticholinergic / Beta Agonist Combinations Long Acting	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
Contraceptives Oral	BALCOLTRA BEYAZ MINASTRIN 24 FE NATAZIA SEASONIQUE TAYTULLA YASMIN YAZ	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
Contraceptives Progestin Intrauterine Devices	LILETTA	KYLEENA, MIRENA, SKYLA
Contraceptives Vaginal	NUVARING	ethinyl estradiol-etonogestrel, ANNOVERA
Cystic Fibrosis † Inhaled Antibiotics	TOBI TOBI PODHALER	tobramycin inhalation solution

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Dental Cavity/Caries Prevention	PREVIDENT	Talk to your doctor
Depression † Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	fluoxetine tablet 60 mg paroxetine HCl ext-rel (NDC* 60505367503 only) LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC TRINTELLIX 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
Depression † 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
Depression † Antidepressants, Miscellaneous Agents	bupropion ext-rel tablet 450 mg APLENZIN WELLBUTRIN XL	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
Depression and/or Schizophrenia † Antipsychotics, Atypicals	ABILIFY FANAPT LATUDA SEROQUEL XR	aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR
Dermatology Acne †	adapalene pad clindamycin gel (NDC* 68682046275 only) Vanoxide-HC ACANYA AZELEX DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	adapalene (except adapalene pad), adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ONEXTON
Dermatology Actinic Keratosis †	fluorouracil cream 0.5% CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA
Dermatology Anti-infective / Anti-inflammatory	NEO-SYNALAR	desonide (except desonide gel) or hydrocortisone WITH gentamicin
Dermatology Antibiotics	mupirocin cream	gentamicin, mupirocin ointment
Dermatology Antipsoriatics	calcipotriene cream calcipotriene foam calcitriol ointment CALCIPOTRIENE FOAM SORILUX TAZORAC VECTICAL	calcipotriene ointment, calcipotriene solution
	calcipotriene-betamethasone	calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI
Dermatology Atopic Dermatitis †	doxepin cream	desonide (except desonide gel), hydrocortisone, pimecrolimus, tacrolimus, EUCRISA
	ELIDEL	pimecrolimus, tacrolimus, EUCRISA
	doxycycline monohydrate delayed-rel capsule	ORACEA

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Dermatology Rosacea †	FINACEA GEL MIRVASO NORITATE	azelaic acid gel, brimonidine gel, ivermectin cream, metronidazole, FINACEA FOAM, SOOLANTRA
Dermatology Scars	CICATRACE POLYTOZA RECEDO SCARSILK PAD SILIVEX SILTREX	Talk to your doctor
Dermatology Seborrheic Dermatitis †	ketoconazole foam 2% Ketodan	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
Dermatology Skin Inflammation and Hives † Low Potency Corticosteroids	desonide gel DesRx flurandrenolide cream flurandrenolide lotion CORDRAN CREAM CORDRAN LOTION	desonide (except desonide gel), hydrocortisone
Dermatology Skin Inflammation and Hives † Medium Potency Corticosteroids	clocortolone cream desoximetasone ointment 0.05% flurandrenolide ointment hydrocortisone butyrate lipophilic cream 0.1% hydrocortisone butyrate lotion triamcinolone aerosol 0.2% triamcinolone ointment 0.05% Trianex CORDRAN OINTMENT	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
Dermatology Skin Inflammation and Hives † High Potency Corticosteroids	betamethasone dipropionate ointment 0.05% diflorasone cream diflorasone ointment halcinonide cream APEXICON E HALOG	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI
Dermatology Skin Inflammation and Hives † Very High Potency Corticosteroids	clobetasol emollient foam clobetasol spray fluocinonide cream 0.1% Tovet CLOBEX SPRAY CORDRAN TAPE OLUX-E ULTRAVATE	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment
Dermatology Warts	VEREGEN	imiquimod
Dermatology Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	desonide (except desonide gel), hydrocortisone
Dermatology Miscellaneous Skin Conditions	ATOPADERM BENSAL HP EPICERAM KAMDOY SYNERDERM	desonide (except desonide gel), hydrocortisone
	luliconazole oxiconazole (NDCs* 00168035830, 51672135902 only)	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN
Diabetes † Biguanides	metformin ext-rel (generics for FORTAMET and GLUMETZA only) FORTAMET GLUMETZA RIOMET	metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)

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<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	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 ⁴	NOVOLIN 70/30 ⁴
	HUMULIN N ⁴	NOVOLIN N ⁴
	HUMULIN R ⁴	NOVOLIN R ⁴
	NOTE: Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.	
<i>Diabetes</i> [†] Long Acting Insulins ⁵	LANTUS	BASAGLAR, LEVEMIR
<i>Diabetes</i> [†] Long Acting Insulins ⁶	TOUJEO	TRESIBA
<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
<i>Diabetes</i> [†] Supplies, Syringes ⁷	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES	BD ULTRAFINE INSULIN SYRINGES

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	All other insulin syringes that are not BD ULTRAFINE brand	
Diabetes [†] 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 ONETOUGH brand	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ⁸ , ACCU-CHEK GUIDE STRIPS AND KITS ⁸ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ⁸ , ONETOUGH ULTRA STRIPS AND KITS ⁸ , ONETOUGH 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
Endocrine and Metabolic Corticosteroids	<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>
Endocrine and Metabolic Progestins	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
Endometriosis [†]	LUPRON DEPOT ZOLADEX	ORILISSA
Gastrointestinal 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>
Gastrointestinal Antidiarrheals	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
Gastrointestinal Antiemetics	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
Gastrointestinal Irritable Bowel Syndrome [†]	AMITIZA	<i>lubiprostone, LINZESS, MOVANTIK, SYMPROIC</i>
	TRULANCE	<i>lubiprostone, LINZESS, MOTEGRITY</i>
Gastrointestinal Laxatives	LACTULOSE PAK	<i>lactulose solution</i>
	<i>peg 3350-electrolytes</i> (generics for MOVIPREP only) GOLYTELY MOVIPREP OSMOPREP SUPREP	<i>peg 3350-electrolytes (except generics for MOVIPREP),</i> <i>sodium sulfate-potassium sulfate-magnesium sulfate, CLENPIQ</i>
Gastrointestinal Pancreatic Enzymes	PANCREAZE PERTZYE	CREON, VIOKACE, ZENPEP

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Gastrointestinal Proton Pump Inhibitors (PPIs)	lansoprazole delayed-rel orally disintegrating tablet omeprazole-sodium bicarbonate ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID	dexlansoprazole delayed-rel, esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
Gastrointestinal Ulcer Treatment	sucralfate suspension CARAFATE	sucralfate tablet
Gaucher Disease	ELELYSO	CERDELGA, CEREZYME
Genitourinary Interstitial Cystitis	ELMIRON RIMSO-50	Talk to your doctor
Genitourinary Miscellaneous	LITHOSTAT	Talk to your doctor
	THIOLA THIOLA EC	tiopronin
Gout †	colchicine capsule COLCRYS	colchicine tablet, MITIGARE
	ULORIC	allopurinol
Growth Hormones	HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	GENOTROPIN, NORDITROPIN
Hematologic Anticoagulants Injectable	HEPARIN SODIUM IN 5% DEXTROSE	enoxaparin, fondaparinux
Hematologic Anticoagulants Oral	PRADAXA	warfarin, ELIQUIS, XARELTO
Hematologic Chelating Agents	CUPRIMINE	penicillamine
	DESFERAL EXJADE FERRIPROX JADENU	deferasirox, deferiprone, deferoxamine
	SYPRINE	trientine
Hematologic Erythropoiesis-Stimulating Agents	EPOGEN PROCRIT	ARANESP, RETACRIT
Hematologic Hemophilia B	ALPROLIX	REBINYN
Hematologic Neutropenia Colony Stimulating Factors	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA	ZIEXTENZO
	GRANIX NEUPOGEN ZARXIO	NIVESTYM
	PLAVIX	clopidogrel, prasugrel, BRILINTA

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (May Require Prior Authorization)
<i>Hematologic</i> Platelet Aggregation Inhibitors	ZONTIVITY	Talk to your doctor
<i>Hematologic</i> Thrombocytopenia Agents	PROMACTA	DOPTELET, TAVALISSE
<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	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 (except generics for CARDIZEM LA)</i>
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine, AUSTEDO, AUSTEDO XR</i>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP RASUVO	<i>methotrexate</i>
<i>Immunology</i> Hereditary Angioedema	BERINERT	<i>icatibant, RUCONEST</i>
	TAKHZYRO	Talk to your doctor
<i>Immunology</i> Immune Globulins	CUVITRU GAMMAGARD HYQVIA	CUTAQUIG

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (May Require Prior Authorization)
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis †	ASACOL HD COLAZAL DELZICOL LIALDA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA</i>
<i>Interferons</i> †	PEGASYS	Talk to your doctor
<i>Kidney Disease</i> † Phosphate Binders	<i>lanthanum carbonate</i> FOSRENOL	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
<i>Menopausal Symptom Agents</i> Oral	<i>paroxetine mesylate capsule 7.5 mg</i>	<i>paroxetine HCl</i>
	MENEST OSPHEA PREMARIN	<i>estradiol</i>
<i>Menopausal Symptom Agents</i> Transdermal	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
<i>Menopausal Symptom Agents</i> Vaginal	<i>estradiol vaginal tablet</i> Yuvafem ESTRING FEMRING INTRAROSA PREMARIN CREAM	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
<i>Multiple Sclerosis</i>	AUBAGIO AVONEX EXTAVIA GILENYA PLEGRIDY TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, 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</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> Fexmid Lorzone Orphengesic Forte AMRIX NORGESIC FORTE	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
<i>Narcolepsy</i>	NUVIGIL PROVIGIL	<i>armodafinil, modafinil, SUNOSI</i>
	XYREM	SODIUM OXYBATE
<i>Nephropathic Cystinosis</i>	PROCYSBI	CYSTAGON
<i>Ophthalmic</i> Allergies	ALREX BEPREVE LASTACAPT ZERVIAE	<i>azelastine, bepotastine, cromolyn sodium, <u>olopatadine</u></i>
<i>Ophthalmic</i> Anti-infectives	AZASITE CILOXAN	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (May Require Prior Authorization)
<i>Ophthalmic</i> Anti-infective / Anti-inflammatory	TOBRADEX ST ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone</i> , <i>neomycin-polymyxin B-dexamethasone</i> , <i>tobramycin-dexamethasone</i> , TOBRADEX OINTMENT
<i>Ophthalmic</i> Anti-inflammatory, Nonsteroidal	ACUVAIL BROMSITE NEVANAC	<i>bromfenac</i> , <i>diclofenac</i> , <i>ketorolac</i> , ILEVRO, PROLENSA
<i>Ophthalmic</i> Anti-inflammatory, Steroidal	FLAREX FML FORTE FML LIQUIFILM INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	<i>dexamethasone</i> , <i>difluprednate</i> , <i>loteprednol</i> , <i>prednisolone acetate 1%</i>
<i>Ophthalmic</i> Antivirals	ZIRGAN	<i>trifluridine</i>
<i>Ophthalmic</i> Artificial Tears	LACRISERT	RESTASIS SINGLE DOSE, RESTASIS MULTIDOSE, XIIDRA
<i>Ophthalmic</i> Glaucoma	TRAVATAN Z	<i>bimatoprost</i> , <i>latanoprost</i> , <i>tafluprost</i> , <i>travoprost</i> , LUMIGAN, ZIOPTAN
	BETIMOL TIMOPTIC OCUDOSE	<i>timolol maleate solution</i> , BETOPTIC S
<i>Ophthalmic</i> Miscellaneous	AVENOVA	Talk to your doctor
<i>Opioid Dependency</i>	SUBOXONE	<i>buprenorphine-naloxone sublingual</i> , ZUBSOLV
<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</i> , <i>calcitonin-salmon</i> , <i>ibandronate</i> , <i>risedronate</i> , FORTEO, PROLIA, TYMLOS
<i>Otic</i> Anti-infective / Anti-inflammatory	<i>ciprofloxacin-fluocinolone</i> CIPRO HC CIPRODEX	<i>ciprofloxacin-dexamethasone</i> , <i>ofloxacin otic</i>
<i>Overactive Bladder / Incontinence</i> † Urinary Antispasmodics	DETROL LA OXYTROL TOVIAZ	<i>darifenacin ext-rel</i> , <i>fesoterodine ext-rel</i> , <i>oxybutynin ext-rel</i> , <i>solifenacin</i> , <i>tolterodine</i> , <i>tolterodine ext-rel</i> , <i>trospium</i> , <i>trospium ext-rel</i> , MYRBETRIQ
<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</i> , <i>ibuprofen</i> , <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)
	<i>dihydroergotamine spray</i> <i>ergotamine-caffeine</i> <i>Migergot</i> CAFERGOT	<i>eletriptan</i> , <i>naratriptan</i> , <i>rizatriptan</i> , <i>sumatriptan</i> , <i>zolmitriptan</i> , NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (May Require Prior Authorization)
	MAXALT MAXALT-MLT	
	sumatriptan-naproxen TREXIMET	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, ZOMIG NASAL SPRAY
Pain Migraine CGRP Inhibitors	AIMOVIG	AJOVY, EMGALITY, QULIPTA
Pain Neuropathic Pain †	LYRICA	duloxetine, pregabalin, pregabalin ext-rel
Pain Opioid Analgesics	BUTRANS	buprenorphine transdermal, BELBUCA
	SUBSYS	fentanyl transmucosal lozenge
	levorphanol oxymorphone ext-rel HYSINGLA ER OXYCONTIN	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER
	PERCOCET	hydrocodone-acetaminophen, oxycodone-acetaminophen
	tramadol (NDC* 52817019610 only) tramadol ext-rel capsule	tramadol (except NDC* 52817019610), tramadol ext-rel tablet
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 dexlansoprazole delayed-rel, 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% Capsinac Diclofex DC Diclosaicin Iclofenac CP Inflammacin Kapzin DC NuDiclo SoluPak NuDiclo TabPak Pennsaicin Sure Result DSS Premium Pack Ziclocin Pak Ziclopro	diclofenac sodium, 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)

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options (May Require Prior Authorization)
	<i>naproxen-esomeprazole</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH dextansoprazole delayed-rel, esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet</i>
Parkinson's Disease	APOKYN	INBRIJA, KYNMOBI
	NOURIANZ	<i>entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO</i>
	RYTARY	<i>carbidopa-levodopa, carbidopa-levodopa ext-rel</i>
Phenylketonuria	KUVAN	<i>sapropterin</i>
Postherpetic Neuralgia	HORIZANT	<i>gabapentin, pregabalin, pregabalin ext-rel, GRALISE</i>
Premenstrual Dysphoric Disorder (PMDD)	<i>fluoxetine tablet</i> (generics for SARAFEM only)	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC* 60505367503), sertraline</i>
Prenatal Vitamins ¹⁰	AZESCO PRENATAL PLUS VITAFOL-ONE ZALVIT All other brand prenatal vitamins that are not CITRANATAL	<i>generic prenatal vitamins, CITRANATAL</i>
Prostate Condition 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>
Respiratory Alpha-1 Antitrypsin Deficiency	ARALAST NP GLASSIA ZEMAIRA	PROLASTIN-C
Respiratory Cough	<i>benzonatate</i> (NDCs* 69336012615, 69499032915 only)	<i>benzonatate</i> (except NDCs* 69336012615, 69499032915)
Respiratory Xanthines	THEO-24	<i>formoterol inhalation solution, ipratropium inhalation solution, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI</i>
Sleep Disorder Hypnotics, Non-benzodiazepines	<i>quazepam zolpidem sublingual LUNESTA ROZEREM SILENOR ZOLPIMIST</i>	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</i>
Testosterone Replacement [†] 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>
Thyroid Supplements	CYTOMEL	<i>levothyroxine, liothyronine, SYNTHROID</i>
	TIROSINT	<i>levothyroxine, SYNTHROID</i>
Urea Cycle Disorders	BUPHENYL RAVICTI	<i>sodium phenylbutyrate</i>
Uterine Fibroids [†]	LUPRON DEPOT	ORIAHNN

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	ATOPADERM	<i>calcipotriene cream</i>
ACANYA	AUBAGIO	<i>calcipotriene foam</i>
ACIPHEX	AVASTIN	CALCIPOTRIENE FOAM
ACIPHEX SPRINKLE	AVENOVA	<i>calcipotriene-betamethasone</i>
ACTEMRA ACTPEN	AVONEX	<i>calcitriol ointment</i>
ACTEMRA INTRAVENOUS	AVSOLA	CAMBIA
ACTEMRA SUBCUTANEOUS	AZASITE	<i>Capsinac</i>
ACTOS	AZELEX	CARAC
ACUVAIL	AZESCO	CARAFATE
<i>acyclovir cream</i>	AZOR	CARBINOXAMINE TABLET 6 MG
<i>adapalene pad</i>	BALCOLTRA	CARDIZEM
ADCIRCA	BANZEL SUSPENSION	CARDIZEM CD
ADDERALL	BARACLUDE TABLET	CARDIZEM LA
ADDERALL XR	BECONASE AQ	<i>carisoprodol 250 mg</i>
ADZENYS XR-ODT	BENICAR	CARNITOR
AIMOVIG	BENICAR HCT	CARNITOR SF
<i>albuterol sulfate CFC-free aerosol</i>	BENSAL HP	CELEBREX
(NDC* 66993001968 only)	<i>benzonatate</i> (NDCs* 69336012615, 69499032915 only)	<i>chlordiazepoxide-clidinium</i> (NDCs* 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)
ALEVICYN GEL	BEPREVE	<i>chlorzoxazone 250 mg</i>
ALEVICYN SG	BERINERT	<i>chlorzoxazone 375 mg</i>
ALEVICYN SOLUTION	BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE	<i>chlorzoxazone 500 mg</i> (NDC* 73007001303 only)
ALIQOPA	<i>betamethasone dipropionate ointment 0.05%</i>	<i>chlorzoxazone 750 mg</i>
ALLISON MEDICAL INSULIN SYRINGES ⁷	BETAPACE	CICATRACE
ALPROLIX	BETAPACE AF	CILOXAN
ALREX	BETIMOL	CIMZIA LYOPHILIZED POWDER
ALTOPREV	BEVESPI AEROSPHERE	CIMZIA PREFILLED SYRINGE
ALVESCO	BEYAZ	CIPRO HC
AMITIZA	BORTEZOMIB	CIPRODEX
AMRIX	BREEZE 2 STRIPS AND KITS ⁹	<i>ciprofloxacin-fluocinolone</i>
ANDROGEL	BROMSITE	<i>clindamycin gel</i> (NDC* 68682046275 only)
APEXICON E	<i>Bupap</i>	<i>clobetasol emollient foam</i>
APIDRA	BUPHENYL	<i>clobetasol spray</i>
APLENZIN	<i>bupropion ext-rel tablet 450 mg</i>	CLOBEX SPRAY
APOKYN	<i>butalbital-acetaminophen capsule</i>	<i>clocortolone cream</i>
APTENSIO XR	<i>butalbital-acetaminophen tablet 25-325 mg</i>	COLAZAL
APTIVUS	<i>butalbital-acetaminophen tablet 50-300 mg</i>	<i>colchicine capsule</i>
ARALAST NP	BUTALBITAL-ACETAMINOPHEN	COLCRYS
ARTHROTEC	(NDC* 69499034230 only)	COMPLERA
ASACOL HD	<i>butalbital-acetaminophen-caffeine capsule</i>	CONCERTA
ASMANEX	BUTRANS	CONTOUR NEXT STRIPS AND KITS ⁹
ASMANEX HFA	BYDUREON BCISE	CONTOUR STRIPS AND KITS ⁹
ATACAND	BYETTA	CONTRAVE
ATACAND HCT	CAFERGOT	
ATIVAN		

CORDRAN CREAM
 CORDRAN LOTION
 CORDRAN OINTMENT
 CORDRAN TAPE
 COREG CR
 CoreMino
 COZAAR
 CRESEMBA
 CRESTOR
 CUPRIMINE
 CUVITRU
 cyclobenzaprine ext-rel capsule
 cyclobenzaprine tablet 7.5 mg
 CYMBALTA
 CYTOMEL
 DARAPRIM
 DAYTRANA
 DELZICOL
 DESFERAL
 desonide gel
 desoximetasone ointment 0.05%
 DesRx
 DETROL LA
 dexchlorpheniramine
 diclofenac potassium capsule 25 mg
 diclofenac potassium powder
 diclofenac potassium tablet 25 mg
 diclofenac sodium solution 2%
 Diclofex DC
 Diclosaicin
 DIFFERIN LOTION
 difflorasone cream
 difflorasone ointment
 dihydroergotamine spray
 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
 DYRENIUM
 EDARBI
 EDARBYCLOR
 E.E.S. GRANULES
 EFFEXOR XR
 ELELYSO
 ELIDEL
 ELMIRON
 ENLITE CONTINUOUS
 GLUCOSE MONITORING SYSTEM
 ENTERAGAM
 ENTYVIO (For Crohn's Disease Only)
 EPICERAM
 EPIVIR HBV
 EPOGEN
 ergotamine-caffeine
 ERYPED
 estradiol vaginal tablet
 ESTRING
 EVEKEO
 EVERSENSE CONTINUOUS
 GLUCOSE MONITORING SYSTEM
 EXFORGE
 EXFORGE HCT
 EXJADE
 EXTAVIA
 FABIOR
 FANAPT

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
 FERRIPROX
 Fexmid
 FINACEA GEL
 FIORICET CAPSULE
 FLAREX
 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
 FORTAMET
 FORTESTA
 FOSRENOL
 FREESTYLE LIBRE CONTINUOUS
 GLUCOSE MONITORING SYSTEM
 FREESTYLE STRIPS AND KITS⁹
 FULPHILA
 GAMMAGARD
 GEL-ONE
 GILENYA
 GLASSIA
 GLEEVEC
 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 70/30⁴
 HUMULIN N⁴
 HUMULIN R⁴
 HYALGAN
 hydrocortisone butyrate lipophilic cream 0.1%
 hydrocortisone butyrate lotion
 hyoscyamine sulfate ext-rel
 HYQVIA
 HYSINGLA ER
 HYZAAR
 Iclofenac CP
 icosapent ethyl
 ILUMYA
 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
 JADENU
 JALYN
 JENTADUETO
 JENTADUETO XR
 KAMDOY
 Kapzin DC
 KAZANO
 ketoconazole foam 2%
 Ketodan
 ketoprofen capsule 25 mg
 ketoprofen ext-rel capsule
 KINERET
 KOMBIGLYZE XR
 KUVAN
 KYPROLIS
 LACRISERT
 LACTULOSE PAK
 LANOXIN TABLET (125 MCG and 250 MCG only)
 lansoprazole delayed-rel orally disintegrating tablet
 lanthanum carbonate
 LANTUS
 LASTACAFIT
 LATUDA
 LESCOL XL
 LETAIRIS
 levorphanol
 LEXAPRO
 LEXIVA
 LIALDA
 LIBRAX
 LILETTA
 LIPITOR
 LITHOSTAT
 LIVALO
 Lofena
 Lorzone
 LOTEMAX
 LOTEMAX SM
 luliconazole
 LUNESTA
 LUPRON DEPOT
 LUPRON DEPOT-PED
 LYRICA
 MACRODANTIN
 Matzim LA
 MAVYRET
 MAXALT
 MAXALT-MLT
 MAXIDEX
 mefenamic acid (NDC* 69336012830 only)
 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
 MONOVISC
 MOTEGITY

MOVIPREP
mupirocin cream
 MYTESI
 NAPRELAN
naproxen CR
naproxen suspension
naproxen-esomeprazole
 NATAZIA
 NEO-SYNALAR
 NESINA
 NEULASTA
 NEULASTA ONPRO
 NEUPOGEN
 NEVANAC
 NEXIUM
niacin tablet 500 mg
Niacor
 NILANDRON
nitrofurantoin (NDC 16571074024 only)*
 NORGESIC FORTE
 NORITATE
 NORPACE
 NORVASC
 NOURIANZ
 NOVO NORDISK NEEDLES ⁷
 NOXAFIL
NuDiclo SoluPak
NuDiclo TabPak
 NUTROPIN AQ
 NUVARING
 NUVIGIL
 OLUX-E
omeprazole-sodium bicarbonate
 OMNARIS
 OMNITROPE
 ONFI
 ONGLYZA
 ORENCIA INTRAVENOUS
orphenadrine-aspirin-cafeine
Orphengesic Forte
 ORTHOVISC
 OSENI
 OSMOPREP
 OSPHENA
 OTREXUP
 OWEN MUMFORD NEEDLES ⁷
oxiconazole (NDCs 00168035830, 51672135902 only)*
 OXYCONTIN
oxymorphone ext-rel
 OXYTROL
 PANCREAZE
paroxetine HCl ext-rel (NDC 60505367503 only)*
paroxetine mesylate capsule 7.5 mg
 PAXIL
 PAXIL CR
peg 3350-electrolytes (generics for MOVIPREP only)
 PEGASYS
Pennaicin
 PERCOCET
 PERRIGO NEEDLES ⁷
 PERTZYE
 PEXEVA
 PLAVIX
 PLEGRIDY
 POLYTOZA
posaconazole delayed-rel tablet
 PRADAXA
 PRALUENT
 PRED FORTE
 PRED MILD
prednisolone solution 10 mg/5 mL
prednisolone solution 20 mg/5 mL
 PREMARIN
 PREMARIN CREAM
 PRENATAL PLUS
 PREVACID

PREVIDENT
 PRISTIQ
 PROAIR RESPICLIK
 PROCRIT
 PROCYSBI
 PROMACTA
 PROMETRIUM
 PROTONIX
 PROVENTIL HFA
 PROVIGIL
 PROZAC
 QNASL
 QTERN
quazepam
 RAPAFLO
 RASUVO
 RAVICTI
 RECEDO
 REMODULIN
 RENFLEXIS
 REVATIO
 RIABNI
 RIMSO-50
 RIOMET
 RITUXAN
 ROZEREM
RyClora
 RYTARY
 SABRIL
 SAIZEN
 SANDOSTATIN LAR
 SCARSILK PAD
 SEASONIQUE
 SEROQUEL XR
 SIGNIFOR LAR
 SILENOR
 SILIVEX
 SILTREX
 SIMPONI
 SINGULAIR
 SOMAVERT
 SORILUX
 SPRIX
 STRIBILD
 SUBOXONE
 SUBSYS
sucralfate suspension
sumatriptan-naproxen
 SUPREP
Sure Result DSS Premium Pack
 SYNERDERM
 SYNVISC
 SYNVISC-ONE
 SYPRINE
 TAKHZYRO
Targadox
 TASIGNA
tavorole
 TAYTULLA
 TAZORAC
 TECFIDERA
 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
 TOUJEO
 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
 TRINTELLIX
 TRIVIDIA INSULIN SYRINGES ⁷
 TRULANCE
 TRUVADA
 TRUXIMA
 TUDORZA
 UDENYCA
 ULORIC
 ULTIMED INSULIN SYRINGES ⁷
 ULTIMED NEEDLES ⁷
 ULTRAVATE
 UROXATRAL
 VALCYTE
 VALTREX
Vanoxide-HC
 VECTICAL
 VELTIN
venlafaxine ext-rel tablet (except 225 mg)
 VENTOLIN HFA
 VEREGEN
 VIEKIRA PAK
 VIIBRYD
 VIRACEPT
 VISCO-3
 VITAFOL-ONE
 VIVELLE-DOT
 VOGELXO
 WELLBUTRIN XL
 XANAX
 XANAX XR
 XENAZINE
 XENICAL
 XOPENEX HFA
 XYREM
 YASMIN
 YAZ
Yuvaferm
 ZALVIT
 ZARXIO
 ZEGERID
 ZEMAIRA
 ZEPATIER
 ZERVIAE
 ZESTORETIC
 ZETIA
 ZETONNA
 ZIANA
Ziclocin Pak
Ziclopro
zileuton ext-rel
 ZIRGAN
 ZOLADEX
 ZOLOFT
zolpidem sublingual
 ZOLPIMIST
 ZONEGRAN
 ZONTIVITY
 ZORVOLEX
 ZYDELIG
 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 Long Acting Insulins - Second 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 prenatal vitamins and CITRANATAL are the only preferred options.

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