

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	SOMATULINE DEPOT, SOMAVERT
<i>Allergies</i> Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA</i>
<i>Anticonvulsants</i>	ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</i>
<i>Anti-infectives, Antibacterials</i> Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials</i> Tetracyclines	MINOCIN	<i>minocycline</i>
	DORYX DORYX MPC	<i>doxycycline hyclate</i>
<i>Anti-infectives, Antibacterials</i> Miscellaneous	MACRODANTIN	<i>nitrofurantoin</i>
<i>Anti-infectives, Antivirals</i> Cytomegalovirus *	VALCYTE	<i>valganciclovir</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
	DAKLINZA OLYSIO TECHNIVIE VIEKIRA PAK VIEKIRA XR ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<i>Anti-infectives, Antivirals</i> Herpes *	VALTREX	<i>acyclovir, valacyclovir</i>
<i>Anti-inflammatory</i> Steroidal, Ophthalmic	PRED FORTE	<i>dexamethasone, prednisolone acetate 1%, DUREZOL, FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
<i>Antiobesity</i>	QSYMIA	BELVIQ, BELVIQ XR, CONTRAVE, SAXENDA
<i>Asthma *</i> Beta Agonists, Short-Acting	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>levalbuterol tartrate CFC-free aerosol, PROAIR HFA, PROAIR RESPICLICK</i>

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<i>Asthma</i> * Steroid Inhalants	AEROSPAN ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR, QVAR REDIHALER
<i>Asthma</i> * or <i>Chronic Obstructive Pulmonary Disease (COPD)</i> * Steroid / Beta Agonist Combinations	DULERA	ADVAIR, BREO ELLIPTA, SYMBICORT
<i>Attention Deficit Hyperactivity Disorder</i> *	ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>
<i>Autoimmune Agents</i> Ankylosing Spondylitis *	CIMZIA SIMPONI	COSENTYX, ENBREL, HUMIRA
<i>Autoimmune Agents</i> Crohn's Disease *	ENTYVIO STELARA	CIMZIA (after failure of HUMIRA), HUMIRA
<i>Autoimmune Agents</i> Psoriasis *	CIMZIA COSENTYX ENBREL OTEZLA	HUMIRA, STELARA SUBCUTANEOUS (after failure of HUMIRA), TALTZ (after failure of HUMIRA)
<i>Autoimmune Agents</i> Psoriatic Arthritis *	CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, OTEZLA
<i>Autoimmune Agents</i> Rheumatoid Arthritis *	ACTEMRA CIMZIA KINERET ORENCIA INTRAVENOUS SIMPONI XELJANZ XELJANZ XR	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS
<i>Autoimmune Agents</i> Ulcerative Colitis *	ENTYVIO XELJANZ	HUMIRA, SIMPONI (after failure of HUMIRA)
<i>Autoimmune Agents</i> All Other Conditions*	ACTEMRA KINERET ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS	ENBREL, HUMIRA
<i>Cancer</i> Chronic Myelogenous Leukemia *	GLEEVEC TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<i>Cancer</i> Prostate * Hormonal Agents, Antiandrogens	NILANDRON	<i>bicalutamide</i> , XTANDI, ZYTIGA
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>

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<i>Cardiovascular</i> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular</i> Antilipemics Fibrates	TRICOR	<i>fenofibrate, fenofibric acid</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ³	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	PRALUENT	REPATHA
<i>Cardiovascular</i> Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular</i> Diuretics	DYRENIUM	<i>amiloride</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension * Phosphodiesterase Inhibitors	ADCIRCA REVATIO	<i>sildenafil</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
<i>Contraceptives</i> Progestin Intrauterine Devices	LILETTA	KYLEENA, MIRENA, SKYLA
<i>Cystic Fibrosis *</i> Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Depression *</i> Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet</i> (except 225 mg) CYMBALTA EFFEXOR XR VENLAFAXINE EXT-REL TABLET (except 225 MG)	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<i>Depression *</i> Antidepressants, Miscellaneous Agents	OLEPTRO	<i>trazodone</i>
<i>Depression and/or Schizophrenia *</i> Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
<i>Dermatology</i> Acne *	<i>Vanoxide-HC</i>	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, ATRALIN, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC</i>
<i>Dermatology</i> Actinic Keratosis *	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>

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<i>Dermatology</i> Rosacea *	NORITATE	<i>metronidazole, FINACEA, SOOLANTRA</i>
<i>Dermatology</i> Skin Inflammation and Hives * Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	APEXICON E	<i>desoximetasone, fluocinonide</i>
<i>Dermatology</i> Wound Care Products	ALEVICYN GEL ALEVICYN KIT ALEVICYN SG <i>Alevicyn solution</i>	<i>desonide, hydrocortisone</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ALCORTIN A ALOQUIN BENSAL HP NOVACORT SYNERDERM	<i>desonide, hydrocortisone</i>
<i>Diabetes</i> * Biguanides	FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i>
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA	JANUVIA, TRADJENTA
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	KAZANO KOMBIGLYZE XR OSENİ	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
<i>Diabetes</i> * Injectable Incretin Mimetics	BYDUREON BYETTA TANZEUM	OZEMPIC, 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: <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	LANTUS TOUJEO	BASAGLAR, LEVEMIR, TRESIBA
<i>Diabetes</i> * Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	JARDIANCE	FARXIGA, INVOKANA

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<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	SYNJARDY SYNJARDY XR	INVOKAMET, INVOKAMET XR, XIGDUO XR
<i>Diabetes</i> * Supplies, Needles ⁵	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 ⁵	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 ^{6,7}	ACCU-CHEK STRIPS AND KITS 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 ONETOUCH brand	ONETOUCH ULTRA STRIPS AND KITS ⁶ , ONETOUCH VERIO STRIPS AND KITS ⁶
<i>Erectile Dysfunction</i> * Phosphodiesterase Inhibitors	STENDRA VIAGRA	<i>sildenafil</i> , CIALIS
<i>Fertility</i> *	BRAVELLE FOLLISTIM AQ	GONAL-F
<i>Gastrointestinal</i> Opioid-induced Constipation	RELISTOR	MOVANTIK
<i>Gastrointestinal</i> Proton Pump Inhibitors (PPIs)	NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole</i> , <i>lansoprazole</i> , <i>omeprazole</i> , <i>pantoprazole</i> , DEXILANT
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CERAZYME
<i>Genitourinary</i> Interstitial Cystitis	RIMSO-50	Consult doctor
<i>Growth Hormones</i>	GENOTROPIN NORDITROPIN NUTROPIN AQ OMNITROPE SAIZEN	HUMATROPE
<i>Hematologic</i> Anticoagulants (oral)	PRADAXA	<i>warfarin</i> , ELIQUIS, XARELTO
<i>Hematologic</i> Hemophilia *	HELIXATE FS	KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
<i>Hematologic</i> Hereditary Angioedema *	BERINERT	RUCONEST
<i>Hematologic</i> Neutropenia Colony Stimulating Factors	NEUPOGEN	ZARXIO
<i>Hematologic</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel</i> , <i>prasugrel</i> , BRILINTA

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<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonists	ATACAND BENICAR DIOVAN EDARBI	<i>candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	<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	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-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) Matzim LA	<i>diltiazem ext-rel (except generic of CARDIZEM LA)</i>
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine, AUSTEDO</i>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP	RASUVO
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA</i>
	COLAZAL	<i>balsalazide</i>
<i>Interferons</i> *	PEGASYS	Consult doctor
<i>Kidney Disease</i> * Phosphate Binders	FOSRENOL	<i>calcium acetate, lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
<i>Multiple Sclerosis</i>	EXTAVIA	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA, TYSABRI</i>
<i>Musculoskeletal</i>	AMRIX	<i>cyclobenzaprine</i>
<i>Narcolepsy</i> Wakefulness Promoters	NUVIGIL	<i>armodafinil</i>
<i>Nephropathic Cystinosis</i>	PROCYSBI	CYSTAGON
<i>Opioid Reversal</i>	EVZIO	<i>naloxone injection, NARCAN NASAL SPRAY</i>
<i>Osteoarthritis</i> * Viscosupplements	EUFLEXXA HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3

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<i>Osteoporosis</i> * Calcium Regulators	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
<i>Overactive Bladder / Incontinence</i> * Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE</i>
<i>Pain Headache</i> *	<i>butalbital-acetaminophen-caffeine capsule</i> FIORICET CAPSULE	<i>diclofenac sodium, naproxen</i>
	CAFERGOT	<i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
	SUMAVEL DOSEPRO	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
<i>Pain Opioid Analgesics</i>	LAZANDA	<i>fentanyl transmucosal lozenge, FENTORA, SUBSYS</i>
	<i>levorphanol</i>	<i>fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel, HYSINGLA ER, NUCYNZA ER, OXYCONTIN</i>
	PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNZA</i>
<i>Pain and Inflammation</i> * Corticosteroids	DEXPAK MILLIPRED RAYOS	<i>dexamethasone, methylprednisolone, prednisolone solution, prednisone</i>
<i>Pain and Inflammation</i> * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, meloxicam or naproxen WITH esomeprazole, lansoprazole, omeprazole, pantoprazole, or DEXILANT</i>
	PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, meloxicam, naproxen</i>
	INDOCIN NAPRELAN	<i>celecoxib, diclofenac sodium, meloxicam, naproxen</i>
	SPRIX	<i>diclofenac sodium, meloxicam, naproxen</i>
<i>Postherpetic Neuralgia</i>	HORIZANT	<i>gabapentin, GRALISE</i>
<i>Prostate Condition Benign Prostatic Hyperplasia</i> *	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin, RAPAFLO</i>
	UROXATRAL	<i>alfuzosin ext-rel, doxazosin, tamsulosin, terazosin, RAPAFLO</i>
<i>Sleep Disorder Hypnotics, Non-benzodiazepines</i>	INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>
<i>Testosterone Replacement</i> * Androgens	<i>testosterone gel 1% ⁸</i> ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel, testosterone solution, ANDRODERM, ANDROGEL 1.62%</i>
<i>Transplant</i> * Immunosuppressants, Calcineurin Inhibitors	PROGRAF	<i>tacrolimus</i>
<i>Urea Cycle Disorders</i>	BUPHENYL RAVICTI	<i>sodium phenylbutyrate</i>

Category Drug Class	Formulary Options
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 without a medical exception.
Drugs for infusion into spaces other than the blood	A drug which must be infused into a space other than the blood will generally be excluded from the prescription benefit.
Generics	Limited source generics may be evaluated when appropriate and potentially removed from the formulary.
Hepatitis C	As new products launch in this class, all existing products in the class will be re-evaluated to determine appropriate formulary placement and potentially not covered without a medical exception, added back to formulary or not listed.
Hyperinflation	On a quarterly basis, products with significant cost inflation that have clinically appropriate and more cost-effective alternatives may be evaluated and potentially removed from the formulary.
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.
Specialty	As new specialty products launch, all existing products in the class will be re-evaluated to determine appropriate formulary placement and potentially not covered without a medical exception, added back to formulary or not listed.

The listed formulary options are subject to change.

List of Drugs Requiring Prior Authorization for Medical Necessity

<p> ABILIFY ACCU-CHEK STRIPS AND KITS ⁷ ACTEMRA ACTOS ADCIRCA ADDERALL XR AEROSPAN ALCORTIN A ALEVICYN GEL ALEVICYN KIT ALEVICYN SG <i>Alevicyn solution</i> ALLISON MEDICAL INSULIN SYRINGES ⁵ ALOQUIN ALTOPREV ALVESCO AMRIX ANDROGEL 1% APEXICON E APIDRA ARTHROTEC ASACOL HD ATACAND ATACAND HCT BECONASE AQ BENICAR BENICAR HCT BENSAL HP BERINERT BETAPACE BETAPACE AF BRAVELLE BREEZE 2 STRIPS AND KITS ⁷ BUPHENYL <i>butalbital-acetaminophen-caffeine capsule</i> BYDUREON BYETTA CAFERGOT CARAC CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) CARNITOR CARNITOR SF <i>clobetasol spray</i> CLOBEX SPRAY COLAZAL CONTOUR NEXT STRIPS AND KITS ⁷ CONTOUR STRIPS AND KITS ⁷ CRESTOR CYMBALTA DAKLINZA DELZICOL DETROL LA DEXPAK DIOVAN DIOVAN HCT DORYX DORYX MPC DULERA DUTOPROL DYRENIUM EDARBI EDARBYCLOR E.E.S. GRANULES EFFEXOR XR ELELYSO ENABLEX ENTYVIO ERYPED EUFLEXXA EVZIO </p>	<p> EXFORGE EXFORGE HCT EXTAVIA FANAPT FIORICET CAPSULE <i>fluorouracil cream 0.5%</i> FOLLISTIM AQ FORTAMET FORTESTA FOSRENOL FREESTYLE STRIPS AND KITS ⁷ GENOTROPIN GLEEVEC GLUMETZA HELIXATE FS HORIZANT HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 ⁴ HUMULIN N ⁴ HUMULIN R ⁴ HYALGAN INDOCIN INTERMEZZO INTUNIV JALYN JARDIANCE KAZANO KINERET KOMBIGLYZE XR LANOXIN TABLET (125 MCG and 250 MCG only) LANTUS LAZANDA LESCOL XL <i>levorphanol</i> LILETTA LIPITOR LIVALO LUNESTA MACRODANTIN <i>Matzim LA</i> MAVYRET MIACALCIN INJECTION MIACALCIN NASAL SPRAY MILLIPRED MINOCIN MONOVISC NAPRELAN NATESTO NESINA NEUPOGEN NEXIUM NILANDRON NORDITROPIN NORITATE NORVASC NOVACORT NOVO NORDISK NEEDLES ⁵ NUTROPIN AQ NUVIGIL OLEPTRO OLUX-E OLYSIO OMNARIS OMNITROPE ONGLYZA ORENCIA INTRAVENOUS ORTHOVISC </p>	<p> OSENI OTREXUP OWEN MUMFORD NEEDLES ⁵ OXYTROL PEGASYS PENNSAID PERRIGO NEEDLES ⁵ PLAVIX PRADAXA PRALUENT PRED FORTE PREVACID PRIMLEV PROCYSBI PROGRAF PROTONIX PROVENTIL HFA QNASL QSYMIA RAVICTI RAYOS RELISTOR REVATIO RIMSO-50 RIOMET ROZEREM SAIZEN SANDOSTATIN LAR SEROQUEL XR SPRIX STENDRA SUMAVEL DOSEPRO SYNERDERM SYNJARDY SYNJARDY XR SYNVISC SYNVISC-ONE TANZEUM TASIGNA TECHNIVIE TESTIM <i>testosterone gel 1% ⁸</i> TOBI TOBI PODHALER TOUJEO TRICOR TRIVIDIA INSULIN SYRINGES ⁵ TUDORZA ULTIMED INSULIN SYRINGES ⁵ ULTIMED NEEDLES ⁵ UROXATRAL VALCYTE VALTREX <i>Vanoxide-HC</i> <i>venlafaxine ext-rel tablet (except 225 mg)</i> VENLAFAXINE EXT-REL TABLET (except 225 MG) VENTOLIN HFA VIAGRA VIEKIRA PAK VIEKIRA XR VOGELXO XELJANZ XELJANZ XR XENAZINE XOPENEX HFA ZEGERID ZEPATIER ZETIA ZETONNA ZOLPIMIST ZONEGRAN </p>
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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 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.

¹ If your doctor believes you have a specific clinical need for one of these products, he or she 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 BD ULTRAFINE syringes and needles are the only preferred options.

⁶ A ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-800-588-4456.

⁷ ONETOUCH brand test strips are the only preferred options.

⁸ Listing reflects the authorized generics for TESTIM and VOGELXO.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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