

# Medications Requiring Prior Authorization for Medical Necessity

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

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Asthma * or 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, APTENSIO XR, QUILLIVANT XR, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel, APTENSIO XR, QUILLIVANT XR, VYVANSE</i>
<i>Autoimmune Conditions</i>	ACTEMRA KINERET XELJANZ XELJANZ XR	ENBREL, HUMIRA, KEVZARA
	CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS
	ENTYVIO	HUMIRA, STELARA SUBCUTANEOUS
	TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA SUBCUTANEOUS
<i>Cancer Chronic Myelogenous Leukemia *</i>	GLEEVEC TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
<i>Cancer Prostate *</i> Hormonal Agents, Antiandrogens	NILANDRON	<i>bicalutamide, XTANDI, ZYTIGA</i>
<i>Cardiovascular Antiarrhythmics</i>	BETAPACE BETAPACE AF	<i>sotalol</i>
<i>Cardiovascular Antilipemics Cholesterol Absorption Inhibitors</i>	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular Antilipemics Fibrates</i>	TRICOR	<i>fenofibrate, fenofibric acid</i>
<i>Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations <sup>3</sup></i>	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular Digitalis Glycosides</i>	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular Diuretics</i>	DYRENIUM	<i>amiloride</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
<i>Cystic Fibrosis *</i> Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Depression *</i> Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet (except 225 mg)</i> 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, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
<i>Dermatology</i> Acne *	VANOXIDE-HC	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, ATRALIN, BENZAACLIN, 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, ZYCLARA</i>
<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> Miscellaneous Skin Conditions	ALCORTIN A ALOQUIN BENSAL HP NOVACORT	<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 OSENII	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
<i>Diabetes *</i> Injectable Incretin Mimetics	BYDUREON BYETTA TANZEUM	TRULICITY, VICTOZA

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Diabetes</i> * Insulins	APIDRA HUMALOG	NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 <sup>4</sup>	NOVOLIN 70/30 <sup>4</sup>
	HUMULIN N <sup>4</sup>	NOVOLIN N <sup>4</sup>
	HUMULIN R <sup>4</sup>	NOVOLIN R <sup>4</sup>
	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
<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 <sup>5</sup>	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 <sup>5</sup>	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 <sup>6, 7</sup>	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 <sup>6</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>6</sup>
<i>Erectile Dysfunction</i> * Phosphodiesterase Inhibitors	STENDRA VIAGRA	CIALIS
<i>Fertility Regulators</i> Follicle-Stimulating Hormones	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, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
Gaucher Disease	ELELYSO	CERDELGA, CEREZYME
Genitourinary Interstitial Cystitis	RIMSO-50	Consult doctor
Growth Hormones	GENOTROPIN NUTROPIN AQ OMNITROPE SAIZEN	HUMATROPE, NORDITROPIN
Hematologic Anticoagulants (oral)	PRADAXA	<i>warfarin</i> , ELIQUIS, XARELTO
Hematologic Hemophilia	HELIXATE FS	KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
Hematologic Neutropenia Colony Stimulating Factors	NEUPOGEN	ZARXIO
Hematologic Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel</i> , <i>prasugrel</i> , BRILINTA
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND BENICAR DIOVAN EDARBI	<i>candesartan</i> , <i>eprosartan</i> , <i>irbesartan</i> , <i>losartan</i> , <i>olmesartan</i> , <i>telmisartan</i> , <i>valsartan</i>
High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	<i>candesartan-hydrochlorothiazide</i> , <i>irbesartan-hydrochlorothiazide</i> , <i>losartan-hydrochlorothiazide</i> , <i>olmesartan -hydrochlorothiazide</i> , <i>telmisartan-hydrochlorothiazide</i> , <i>valsartan-hydrochlorothiazide</i>
High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	<i>amlodipine-olmesartan</i> , <i>amlodipine-telmisartan</i> , <i>amlodipine-valsartan</i>
High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide</i> , <i>olmesartan-amlodipine-hydrochlorothiazide</i>
High Blood Pressure * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel</i> <b>WITH</b> <i>hydrochlorothiazide</i>
High Blood Pressure * Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) <i>Matzim LA</i>	<i>diltiazem ext-rel</i> (except generic of CARDIZEM LA)
Huntington's Disease	XENAZINE	<i>tetrabenazine</i>
Inflammatory Bowel Disease (IBD) Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide</i> , <i>sulfasalazine</i> , <i>sulfasalazine delayed-rel</i> , APRISO, LIALDA, PENTASA
	COLAZAL	<i>balsalazide</i>
Kidney Disease * Phosphate Binders	FOSRENOL	<i>calcium acetate</i> , PHOSLYRA, RENVELA, VELPHORO
Multiple Sclerosis	EXTAVIA	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA, TYSABRI

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Musculoskeletal</i>	AMRIX	<i>cyclobenzaprine</i>
<i>Narcolepsy Wakefulness Promoters</i>	NUVIGIL	<i>armodafinil</i>
<i>Opioid Reversal</i>	EVZIO	<i>naloxone injection, NARCAN NASAL SPRAY</i>
<i>Osteoarthritis * Viscosupplements</i>	EUFLEXXA HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC ONE	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
<i>Osteoporosis *</i>	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
<i>Overactive Bladder / Incontinence * Urinary Antispasmodics</i>	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> CAFERGOT FIORICET CAPSULE	<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>	PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
<i>Pain and Inflammation * Corticosteroids</i>	DEXPAK MILLIPRED RAYOS	<i>dexamethasone, methylprednisolone, prednisolone solution, prednisone</i>
<i>Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations</i>	ARTHROTEC	<i>celecoxib; diclofenac sodium, meloxicam or naproxen WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
	PENNSAID	<i>diclofenac sodium, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL</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	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>
<i>Testosterone Replacement * Androgens</i>	<i>testosterone gel 1% <sup>8</sup></i> ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel 2%, testosterone solution, ANDRODERM, ANDROGEL 1.62%</i>

<b>Category Drug Class</b>	<b>Formulary Options</b>
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 <sup>1</sup>	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 <sup>7</sup>            ACTEMRA            ACTOS            ADDERALL XR            AEROSPAN            ALCORTIN A            ALLISON MEDICAL INSULIN SYRINGES <sup>5</sup>            ALOQUIN            ALTOPREV            ALVESCO            AMRIX            ANDROGEL 1%            APEXICON E            APIDRA            ARTHROTEC            ASACOL HD            ATACAND            ATACAND HCT            BECONASE AQ            BENICAR            BENICAR HCT            BENSAL HP            BETAPACE            BETAPACE AF            BREEZE 2 STRIPS AND KITS <sup>7</sup>  <i>butalbital-acetaminophen-caffeine capsule</i>            BYDUREON            BYETTA            CAFERGOT            CARAC            CARDIZEM            CARDIZEM CD            CARDIZEM LA (and its generics)            CARNITOR            CARNITOR SF            CIMZIA  <i>clobetasol spray</i>            CLOBEX SPRAY            COLAZAL            CONTOUR NEXT STRIPS AND KITS <sup>7</sup>            CONTOUR STRIPS AND KITS <sup>7</sup>            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            EXFORGE            EXFORGE HCT         </p>	<p>           EXTAVIA            FANAPT            FIORICET CAPSULE  <i>fluorouracil cream 0.5%</i>            FOLLISTIM AQ            FORTAMET            FORTESTA            FOSRENOL            FREESTYLE STRIPS AND KITS <sup>7</sup>            GENOTROPIN            GLEEVEC            GLUMETZA            HELIXATE FS            HORIZANT            HUMALOG            HUMALOG MIX 50/50            HUMALOG MIX 75/25            HUMULIN 70/30 <sup>4</sup>            HUMULIN N <sup>4</sup>            HUMULIN R <sup>4</sup>            HYALGAN            INDOCIN            INTERMEZZO            INTUNIV            JALYN            JARDIANCE            KAZANO            KINERET            KOMBIGLYZE XR            LANOXIN TABLET (125 MCG and 250 MCG only)            LANTUS            LESCOL XL            LIPITOR            LIVALO            LUNESTA            MACRODANTIN  <i>Matzim LA</i>            MAVYRET            MIACALCIN INJECTION            MIACALCIN NASAL SPRAY            MILLIPRED            MINOCIN            MONODOX            MONOVISC            NAPRELAN            NATESTO            NESINA            NEUPOGEN            NEXIUM            NILANDRON            NORITATE            NORVASC            NOVACORT            NOVO NORDISK NEEDLES <sup>5</sup>            NUTROPIN AQ            NUVIGIL            OLEPTRO            OLUX-E            OLYSIO            OMNARIS            OMNITROPE            ONGLYZA            ORENCIA CLICKJECT            ORENCIA INTRAVENOUS            ORENCIA SUBCUTANEOUS            ORTHOVISC            OSENI         </p>	<p>           OWEN MUMFORD NEEDLES <sup>5</sup>            OXYTROL            PENNSAID            PERRIGO NEEDLES <sup>5</sup>            PLAVIX            PRADAXA            PRED FORTE            PREVACID            PRIMLEV            PROTONIX            PROVENTIL HFA            QNASL            QSYMIA            RAYOS            RELISTOR            RHINOCORT AQUA            RIMSO-50            RIOMET            ROZEREM            SAIZEN            SEROQUEL XR            SIMPONI            SPRIX            STENDRA            SUMAVEL DOSEPRO            SYNJARDY            SYNJARDY XR            SYNVISC            SYNVISC-ONE            TALTZ            TANZEUM            TASIGNA            TECHNIVIE            TESTIM  <i>testosterone gel 1% <sup>8</sup></i>            TOBI            TOBI PODHALER            TOUJEO            TRICOR            TRIVIDIA INSULIN SYRINGES <sup>5</sup>            TUDORZA            ULTIMED INSULIN SYRINGES <sup>5</sup>            ULTIMED NEEDLES <sup>5</sup>            UROXATRAL            VALCYTE            VALTREX            VANOXIDE-HC  <i>venlafaxine ext-rel tablet (except 225 mg)</i>            VENLAFAXINE EXT-REL TABLET (except 225 MG)            VENTOLIN HFA            VIAGRA            VIEKIRA PAK            VOGELXO            XELJANZ            XELJANZ XR            XENAZINE            XOPENEX HFA            ZEGERID            ZEPATIER            ZETIA            ZETONNA            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](http://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.
- <sup>1</sup> 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.
- <sup>2</sup> 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).
- <sup>3</sup> If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.
- <sup>4</sup> Rebranded or private label formulations are not covered without a prior authorization for medical necessity (i.e., RELION).
- <sup>5</sup> BD ULTRAFINE syringes and needles are the only preferred options.
- <sup>6</sup> 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.
- <sup>7</sup> ONETOUCH brand test strips are the only preferred options.
- <sup>8</sup> Listing reflects the authorized generics for TESTIM and VOGELXO.

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