

# Medications Requiring Prior Authorization for Medical Necessity for Clients with Advanced Control Specialty Formulary<sup>®</sup>

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<br>Drug Class                                               | Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup> | Formulary Options                                                                                                                                                                                                                                                                                                                                         |
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| <i>Acromegaly</i>                                                    | SANDOSTATIN LAR                                                        | SOMATULINE DEPOT, SOMAVERT                                                                                                                                                                                                                                                                                                                                |
| <i>Allergies</i><br>Antihistamines                                   | <i>carbinoxamine tablet 6 mg</i>                                       | <i>levocetirizine</i>                                                                                                                                                                                                                                                                                                                                     |
| <i>Allergies</i><br>Nasal Steroids / Combinations                    | BECONASE AQ<br>OMNARIS<br>QNASL<br>ZETONNA                             | <i>flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA</i>                                                                                                                                                                                                                                                               |
| <i>Anticonvulsants</i>                                               | LAMICTAL<br>LAMICTAL ODT<br>LAMICTAL XR<br>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, primidone, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</i> |
|                                                                      | ONFI                                                                   | <i>clobazam, lamotrigine, topiramate, TROKENDI XR</i>                                                                                                                                                                                                                                                                                                     |
|                                                                      | SABRIL                                                                 | <i>vigabatrin</i>                                                                                                                                                                                                                                                                                                                                         |
| <i>Anti-infectives, Antibacterials</i><br>Erythromycins / Macrolides | E.E.S. GRANULES<br>ERYPED                                              | <i>erythromycins</i>                                                                                                                                                                                                                                                                                                                                      |
| <i>Anti-infectives, Antibacterials</i><br>Tetracyclines              | ACTICLATE<br>DORYX<br>DORYX MPC<br>MINOCIN<br>TARGADOX                 | <i>doxycycline hyclate, minocycline, tetracycline</i>                                                                                                                                                                                                                                                                                                     |
| <i>Anti-infectives, Antibacterials</i><br>Miscellaneous              | MACRODANTIN                                                            | <i>nitrofurantoin</i>                                                                                                                                                                                                                                                                                                                                     |
| <i>Anti-infectives, Antivirals</i><br>Cytomegalovirus *              | VALCYTE                                                                | <i>valganciclovir</i>                                                                                                                                                                                                                                                                                                                                     |
| <i>Anti-infectives, Antivirals</i><br>Hepatitis B *                  | BARACLUDE TABLET<br>EPIVIR HBV<br>HEPSERA                              | <i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>                                                                                                                                                                                                                                                                  |
| <i>Anti-infectives, Antivirals</i><br>Hepatitis C *                  | MAVYRET                                                                | EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>                                                                                                                                                                                                                                                                 |
|                                                                      | VIEKIRA PAK<br>ZEPATIER                                                | EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)                                                                                                                                                                                                                                                                                      |
| <i>Anti-infectives, Antivirals</i><br>Herpes *                       | VALTREX                                                                | <i>acyclovir, valacyclovir</i>                                                                                                                                                                                                                                                                                                                            |
| <i>Anti-infectives, Antivirals</i><br>HIV                            | COMPLERA<br>STRIBILD                                                   | ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, TRIUMEQ                                                                                                                                                                                                                                                                                             |

| <b>Category<br/>Drug Class</b>                                                                                  | <b>Drugs Requiring Prior<br/>Authorization for<br/>Medical Necessity <sup>1</sup></b>                                                           | <b>Formulary Options</b>                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Antiobesity</i>                                                                                              | CONTRACE<br>QSYMIA                                                                                                                              | BELVIQ, BELVIQ XR, SAXENDA                                                                                                               |
| <i>Anxiety *</i><br>Benzodiazepines                                                                             | XANAX<br>XANAX XR                                                                                                                               | <i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>                                                                             |
| <i>Asthma *</i><br>Beta Agonists, Short-Acting                                                                  | PROAIR HFA<br>PROAIR RESPICLIK<br>PROVENTIL HFA<br>VENTOLIN HFA<br>XOPENEX HFA                                                                  | <i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>                                                        |
| <i>Asthma *</i><br>Leukotriene Modulators                                                                       | SINGULAIR                                                                                                                                       | <i>montelukast, zafirlukast, zileuton ext-rel</i>                                                                                        |
| <i>Asthma *</i><br>Steroid Inhalants                                                                            | ALVESCO<br>ASMANEX<br>ASMANEX HFA                                                                                                               | ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA,<br>PULMICORT FLEXHALER, QVAR REDIHALER                                                     |
| <i>Asthma * or Chronic Obstructive<br/>Pulmonary Disease (COPD) *</i><br>Steroid / Beta Agonist<br>Combinations | DULERA                                                                                                                                          | ADVAIR DISKUS, ADVAIR HFA, BREO ELLIPTA, SYMBICORT                                                                                       |
| <i>Attention Deficit Hyperactivity<br/>Disorder *</i>                                                           | EVEKEO                                                                                                                                          | <i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>                                                                        |
|                                                                                                                 | INTUNIV                                                                                                                                         | <i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine,<br/>guanfacine ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i> |
| <i>Autoimmune Agents<br/>Ankylosing Spondylitis *</i>                                                           | CIMZIA<br>SIMPONI<br>TALTZ                                                                                                                      | COSENTYX, ENBREL, HUMIRA                                                                                                                 |
| <i>Autoimmune Agents<br/>Crohn's Disease *</i>                                                                  | CIMZIA<br>ENTYVIO                                                                                                                               | HUMIRA, STELARA SUBCUTANEOUS (after failure of HUMIRA)                                                                                   |
| <i>Autoimmune Agents<br/>Psoriasis *</i>                                                                        | CIMZIA<br>COSENTYX<br>ENBREL                                                                                                                    | HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMFYA                                                                            |
| <i>Autoimmune Agents<br/>Psoriatic Arthritis *</i>                                                              | CIMZIA<br>ORENCIA CLICKJECT<br>ORENCIA INTRAVENOUS<br>ORENCIA SUBCUTANEOUS<br>SIMPONI<br>STELARA SUBCUTANEOUS<br>TALTZ<br>XELJANZ<br>XELJANZ XR | COSENTYX, ENBREL, HUMIRA, OTEZLA                                                                                                         |
| <i>Autoimmune Agents<br/>Rheumatoid Arthritis *</i>                                                             | ACTEMRA<br>CIMZIA<br>KINERET<br>ORENCIA INTRAVENOUS<br>SIMPONI                                                                                  | ENBREL, HUMIRA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS,<br>RINVOQ, XELJANZ, XELJANZ XR                                                  |
| <i>Autoimmune Agents<br/>Ulcerative Colitis *</i>                                                               | ENTYVIO<br>SIMPONI                                                                                                                              | HUMIRA, XELJANZ (after failure of HUMIRA)                                                                                                |
| <i>Autoimmune Agents<br/>All Other Conditions *</i>                                                             | ACTEMRA<br>KINERET<br>ORENCIA CLICKJECT<br>ORENCIA INTRAVENOUS<br>ORENCIA SUBCUTANEOUS                                                          | ENBREL, HUMIRA                                                                                                                           |
| <i>Cancer<br/>Breast</i>                                                                                        | VERZENIO                                                                                                                                        | IBRANCE, KISQALI                                                                                                                         |

| <b>Category<br/>Drug Class</b>                                                                                         | <b>Drugs Requiring Prior<br/>Authorization for<br/>Medical Necessity <sup>1</sup></b> | <b>Formulary Options</b>                                                                                                                                                  |
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| <i>Cancer</i><br>Chronic Myelogenous Leukemia *                                                                        | GLEEVEC<br>TASIGNA                                                                    | <i>imatinib mesylate</i> , BOSULIF, SPRYCEL                                                                                                                               |
| <i>Cancer</i><br>Prostate *<br>Hormonal Agents, Antiandrogens                                                          | NILANDRON<br>ZYTIGA                                                                   | <i>abiraterone, bicalutamide</i> , XTANDI, YONSA                                                                                                                          |
| <i>Cancer</i><br>Prostate *<br>Hormonal Agents,<br>Luteinizing Hormone-Releasing<br>Hormone (LHRH) Agonists            | LUPRON DEPOT<br>(For Prostate Cancer Only)                                            | ELIGARD                                                                                                                                                                   |
| <i>Cardiovascular</i><br>Antiarrhythmics                                                                               | BETAPACE<br>BETAPACE AF                                                               | <i>sotalol</i>                                                                                                                                                            |
| <i>Cardiovascular</i><br>Antilipemics<br>Cholesterol Absorption Inhibitors                                             | ZETIA                                                                                 | <i>ezetimibe</i>                                                                                                                                                          |
| <i>Cardiovascular</i><br>Antilipemics<br>Fibrates                                                                      | <i>fenofibrate tablet 120 mg</i><br>FENOGLIDE TABLET 120 MG<br>TRICOR                 | <i>fenofibrate</i> (except <i>fenofibrate tablet 120 mg</i> ), <i>fenofibric acid</i>                                                                                     |
| <i>Cardiovascular</i><br>Antilipemics<br>HMG-CoA Reductase Inhibitors<br>(HMGs or Statins) / Combinations <sup>3</sup> | ALTOPREV<br>CRESTOR<br>LESCOL XL<br>LIPITOR<br>LIVALO                                 | <i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>                                                               |
| <i>Cardiovascular</i><br>Antilipemics<br>PCSK9 Inhibitors                                                              | PRALUENT                                                                              | REPATHA                                                                                                                                                                   |
| <i>Cardiovascular</i><br>Digitalis Glycosides                                                                          | LANOXIN TABLET<br>(125 MCG and 250 MCG only)                                          | <i>digoxin</i>                                                                                                                                                            |
| <i>Cardiovascular</i><br>Diuretics                                                                                     | DYRENIUM                                                                              | <i>amiloride</i>                                                                                                                                                          |
| <i>Cardiovascular</i><br>Pulmonary Arterial Hypertension *<br>Phosphodiesterase Inhibitors                             | ADCIRCA<br>REVATIO                                                                    | <i>sildenafil, tadalafil</i>                                                                                                                                              |
| <i>Carnitine Deficiency</i>                                                                                            | CARNITOR<br>CARNITOR SF                                                               | <i>levocarnitine</i>                                                                                                                                                      |
| <i>Chronic Obstructive Pulmonary<br/>Disease (COPD) *</i><br>Anticholinergics                                          | TUDORZA                                                                               | INCRUSE ELLIPTA, SPIRIVA                                                                                                                                                  |
| <i>Chronic Obstructive Pulmonary<br/>Disease (COPD) *</i><br>Anticholinergic / Beta Agonist<br>Combinations            | COMBIVENT RESPIMAT                                                                    | <i>ipratropium-albuterol inhalation solution</i> , ANORO ELLIPTA,<br>BEVESPI AEROSPHERE, STIOLTO RESPIMAT                                                                 |
| <i>Contraceptives</i><br>Monophasic                                                                                    | BEYAZ<br>MINASTRIN 24 FE<br>TAYTULLA<br>YAZ                                           | <i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i> |

| <b>Category<br/>Drug Class</b>                                                                     | <b>Drugs Requiring Prior<br/>Authorization for<br/>Medical Necessity <sup>1</sup></b>     | <b>Formulary Options</b>                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Contraceptives</i><br>Biphasic                                                                  | LO LOESTRIN FE                                                                            | <i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate</i> |
| <i>Contraceptives</i><br>Triphasic                                                                 | ORTHO TRI-CYCLEN LO                                                                       | <i>ethinyl estradiol-norgestimate</i>                                                                                                                                                                                                       |
| <i>Contraceptives</i><br>Four Phase                                                                | NATAZIA                                                                                   | <i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate</i> |
| <i>Contraceptives</i><br>Progestin Intrauterine Devices                                            | LILETTA                                                                                   | KYLEENA, MIRENA, SKYLA                                                                                                                                                                                                                      |
| <i>Cystic Fibrosis</i> *<br>Inhaled Antibiotics                                                    | TOBI<br>TOBI PODHALER                                                                     | <i>tobramycin inhalation solution, BETHKIS</i>                                                                                                                                                                                              |
| <i>Dental</i><br>Cavity/Caries Prevention                                                          | PREVIDENT                                                                                 | Consult doctor                                                                                                                                                                                                                              |
| <i>Depression</i> *<br>Antidepressants, Selective<br>Serotonin Reuptake Inhibitors<br>(SSRIs)      | LEXAPRO<br>PROZAC                                                                         | <i>citalopram, escitalopram, fluoxetine, paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX, VIIBRYD</i>                                                                                                                        |
| <i>Depression</i> *<br>Antidepressants, Serotonin<br>Norepinephrine Reuptake Inhibitors<br>(SNRIs) | <i>venlafaxine ext-rel tablet</i><br>(except 225 mg)<br>CYMBALTA<br>EFFEXOR XR<br>PRISTIQ | <i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>                                                                                                                                                         |
| <i>Depression</i> *<br>Antidepressants,<br>Miscellaneous Agents                                    | OLEPTRO                                                                                   | <i>trazodone</i>                                                                                                                                                                                                                            |
| <i>Depression and/or Schizophrenia</i> *<br>Antipsychotics, Atypicals                              | ABILIFY<br>FANAPT<br>SEROQUEL XR                                                          | <i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>                                                                                                                       |
| <i>Dermatology</i><br>Acne *                                                                       | <i>Vanoxide-HC</i><br>ACANYA<br>BENZACLIN<br>ONEXTON<br>VELTIN<br>ZIANA                   | <i>adapalene, benzoyl peroxide, clindamycin gel, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, TAZORAC</i>                                                   |
| <i>Dermatology</i><br>Actinic Keratosis *                                                          | <i>fluorouracil cream 0.5%</i><br>CARAC                                                   | <i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>                                                                                                                                                      |
| <i>Dermatology</i><br>Antibiotics                                                                  | <i>mupirocin cream</i>                                                                    | <i>gentamicin, mupirocin ointment</i>                                                                                                                                                                                                       |
| <i>Dermatology</i><br>Antipsoriatics                                                               | <i>calcipotriene cream</i><br><i>calcitriol ointment</i><br>SORILUX<br>VECTICAL           | <i>calcipotriene ointment, calcipotriene solution</i>                                                                                                                                                                                       |
| <i>Dermatology</i><br>Atopic Dermatitis *                                                          | <i>doxepin cream</i>                                                                      | <i>desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>                                                                                                                                                                          |
| <i>Dermatology</i><br>Rosacea *                                                                    | FINACEA GEL<br>NORITATE                                                                   | <i>azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>                                                                                                                                                                             |

| Category<br>Drug Class                                                 | Drugs Requiring Prior<br>Authorization for<br>Medical Necessity <sup>1</sup>                                         | Formulary Options                                                         |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Dermatology<br>Scars                                                   | BEAU RX                                                                                                              | Consult doctor                                                            |
|                                                                        | RECEDO<br>SIL-K PAD                                                                                                  | <i>imiquimod</i>                                                          |
| Dermatology<br>Seborrheic Dermatitis *                                 | XOLEGEL                                                                                                              | <i>ciclopirox, ketoconazole</i>                                           |
| Dermatology<br>Skin Inflammation and Hives *<br>Corticosteroids        | <i>clobetasol spray</i><br>CLOBEX SPRAY<br>OLUX-E                                                                    | <i>clobetasol foam</i>                                                    |
|                                                                        | <i>fluocinonide cream 0.1%</i>                                                                                       | <i>clobetasol cream</i>                                                   |
|                                                                        | <i>flurandrenolide ointment</i><br>CORDRAN OINTMENT                                                                  | <i>hydrocortisone butyrate, mometasone, triamcinolone</i>                 |
|                                                                        | <i>diflorasone cream</i><br><i>diflorasone ointment</i><br>APEXICON E<br>PSORCON                                     | <i>desoximetasone, fluocinonide (except fluocinonide cream 0.1%)</i>      |
| Dermatology<br>Wound Care Products                                     | <i>Alevicyn solution</i><br>ALEVICYN GEL<br>ALEVICYN KIT<br>ALEVICYN SG                                              | <i>desonide, hydrocortisone</i>                                           |
| Dermatology<br>Miscellaneous Skin Conditions                           | ALCORTIN A<br>BENSAL HP<br>EPICERAM<br>KAMDOY<br>NOVACORT<br>SYNERDERM                                               | <i>desonide, hydrocortisone</i>                                           |
| Diabetes *<br>Biguanides                                               | FORTAMET (and its generics)<br>GLUMETZA (and its generics)<br>RIOMET                                                 | <i>metformin, metformin ext-rel (except generic FORTAMET or GLUMETZA)</i> |
| Diabetes *<br>Dipeptidyl Peptidase-4<br>(DPP-4) Inhibitors             | NESINA<br>ONGLYZA<br>TRADJENTA                                                                                       | JANUVIA                                                                   |
| Diabetes *<br>Dipeptidyl Peptidase-4<br>(DPP-4) Inhibitor Combinations | JENTADUETO<br>JENTADUETO XR<br>KAZANO<br>KOMBIGLYZE XR                                                               | JANUMET, JANUMET XR                                                       |
|                                                                        | OSENI                                                                                                                | JANUMET, JANUMET XR; JANUVIA <b>WITH</b> <i>pioglitazone</i>              |
| Diabetes *<br>Injectable Incretin Mimetics                             | BYDUREON<br>BYETTA                                                                                                   | OZEMPIC, TRULICITY, VICTOZA                                               |
| Diabetes *<br>Insulins                                                 | APIDRA<br>HUMALOG                                                                                                    | FIASP, 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> |                                                                           |

| <b>Category<br/>Drug Class</b>                                                                                                          | <b>Drugs Requiring Prior<br/>Authorization for<br/>Medical Necessity <sup>1</sup></b>                                                                                                                                                         | <b>Formulary Options</b>                                                                                                                                                                                           |
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| <i>Diabetes</i> *<br>Long Acting Insulins                                                                                               | LANTUS                                                                                                                                                                                                                                        | BASAGLAR, LEVEMIR                                                                                                                                                                                                  |
|                                                                                                                                         | TOUJEO                                                                                                                                                                                                                                        | TRESIBA                                                                                                                                                                                                            |
| <i>Diabetes</i> *<br>Insulin Sensitizers                                                                                                | ACTOS                                                                                                                                                                                                                                         | <i>pioglitazone</i>                                                                                                                                                                                                |
| <i>Diabetes</i> *<br>Sodium-Glucose<br>Co-transporter 2 (SGLT2) Inhibitors                                                              | INVOKANA                                                                                                                                                                                                                                      | FARXIGA, JARDIANCE                                                                                                                                                                                                 |
| <i>Diabetes</i> *<br>Sodium-Glucose<br>Co-transporter 2 (SGLT2) Inhibitor /<br>Biguanide Combinations                                   | INVOKAMET<br>INVOKAMET XR                                                                                                                                                                                                                     | SYNJARDY, SYNJARDY XR, XIGDUO XR                                                                                                                                                                                   |
| <i>Diabetes</i> *<br>Sodium-Glucose<br>Co-transporter 2 (SGLT2) Inhibitor /<br>Dipeptidyl Peptidase-4 (DPP-4)<br>Inhibitor Combinations | QTERN                                                                                                                                                                                                                                         | GLYXAMBI                                                                                                                                                                                                           |
| <i>Diabetes</i> *<br>Supplies, Needles <sup>5</sup>                                                                                     | NOVO NORDISK NEEDLES<br>OWEN MUMFORD NEEDLES<br>PERRIGO NEEDLES<br>ULTIMED NEEDLES<br>All other insulin needles that are not<br>BD ULTRAFINE brand                                                                                            | BD ULTRAFINE NEEDLES                                                                                                                                                                                               |
| <i>Diabetes</i> *<br>Supplies, Syringes <sup>5</sup>                                                                                    | ALLISON MEDICAL INSULIN SYRINGES<br>TRIVIDIA INSULIN SYRINGES<br>ULTIMED INSULIN SYRINGES<br>All other insulin syringes that are not<br>BD ULTRAFINE brand                                                                                    | BD ULTRAFINE INSULIN SYRINGES                                                                                                                                                                                      |
| <i>Diabetes</i> *<br>Supplies, Test Strips and Kits <sup>6, 7</sup>                                                                     | BREEZE 2 STRIPS AND KITS<br>CONTOUR NEXT STRIPS AND KITS<br>CONTOUR STRIPS AND KITS<br>FREESTYLE STRIPS AND KITS<br>ONETOUCH ULTRA STRIPS AND KITS<br>ONETOUCH VERIO STRIPS AND KITS<br>All other test strips that are not<br>ACCU-CHEK brand | ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>6</sup> ,<br>ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>6</sup> ,<br>ACCU-CHEK GUIDE STRIPS AND KITS <sup>6</sup> ,<br>ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>6</sup> |
|                                                                                                                                         | ENLITE CONTINUOUS<br>GLUCOSE MONITORING SYSTEM<br>FREESTYLE LIBRE CONTINUOUS<br>GLUCOSE MONITORING SYSTEM<br>GUARDIAN CONNECT CONTINUOUS<br>GLUCOSE MONITORING SYSTEM                                                                         | DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM                                                                                                                                                                        |

| <b>Category<br/>Drug Class</b>                                | <b>Drugs Requiring Prior<br/>Authorization for<br/>Medical Necessity <sup>1</sup></b>                                                                                                                                                                                                                  | <b>Formulary Options</b>                                              |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <i>Dietary Supplements</i>                                    | FOSTEUM<br>FOSTEUM PLUS                                                                                                                                                                                                                                                                                | <i>alendronate, ibandronate, risedronate</i>                          |
|                                                               | <i>Dexifol<br/>Folika-T<br/>Genicin Vita-S<br/>HylaVite<br/>Lorid<br/>TronVite<br/>Xvite<br/>FERIVA 21/7<br/>FOLIC-K<br/>FOLIKA-D<br/>FOLIKA-V<br/>MEBOLIC<br/>NICAPRIN<br/>NICAZEL<br/>NICAZEL FORTE<br/>OMNIVEX<br/>ORTHO D<br/>ORTHO DF<br/>RHEUMATE<br/>RIBOZEL<br/>TALIVA<br/>XYZBAC<br/>ZVIT</i> | <i>folic acid</i>                                                     |
|                                                               | VASCULERA                                                                                                                                                                                                                                                                                              | Consult doctor                                                        |
| <i>Erectile Dysfunction *</i><br>Phosphodiesterase Inhibitors | CIALIS<br>STENDRA<br>VIAGRA                                                                                                                                                                                                                                                                            | <i>sildenafil, tadalafil</i>                                          |
| <i>Estrogen Replacement *</i>                                 | MINIVELLE<br>VIVELLE-DOT                                                                                                                                                                                                                                                                               | <i>estradiol, DIVIGEL, EVAMIST</i>                                    |
| <i>Fertility *</i>                                            | FOLLISTIM AQ                                                                                                                                                                                                                                                                                           | GONAL-F                                                               |
|                                                               | CHORIONIC GONADOTROPIN<br>NOVAREL<br>PREGNYL                                                                                                                                                                                                                                                           | OVIDREL                                                               |
| <i>Gastrointestinal<br/>Anticholinergics</i>                  | GLYCOPYRROLATE TABLET 1.5 MG                                                                                                                                                                                                                                                                           | <i>dicyclomine</i>                                                    |
| <i>Gastrointestinal<br/>Antiemetics</i>                       | TRANSDERM SCOP                                                                                                                                                                                                                                                                                         | <i>meclizine, scopolamine transdermal</i>                             |
|                                                               | ZUPLENZ                                                                                                                                                                                                                                                                                                | <i>granisetron, ondansetron, SANCUSO</i>                              |
| <i>Gastrointestinal<br/>Laxatives</i>                         | <i>lactulose pak</i>                                                                                                                                                                                                                                                                                   | <i>lactulose solution</i>                                             |
|                                                               | MOVIPREP<br>OSMOPREP                                                                                                                                                                                                                                                                                   | <i>peg 3350-electrolytes, SUPREP</i>                                  |
| <i>Gastrointestinal<br/>Proton Pump Inhibitors (PPIs)</i>     | <i>omeprazole-sodium bicarbonate<br/>ACIPHEX<br/>ACIPHEX SPRINKLE<br/>NEXIUM<br/>PREVACID<br/>PROTONIX<br/>ZEGERID</i>                                                                                                                                                                                 | <i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i> |
| <i>Gastrointestinal<br/>Ulcer Treatment</i>                   | CARAFATE                                                                                                                                                                                                                                                                                               | <i>sucralfate</i>                                                     |
| <i>Gaucher Disease</i>                                        | ELELYSO                                                                                                                                                                                                                                                                                                | CERDELGA, CEREZYME                                                    |
| <i>Genitourinary<br/>Interstitial Cystitis</i>                | RIMSO-50                                                                                                                                                                                                                                                                                               | Consult doctor                                                        |

| Category Drug Class                                                                                        | Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup> | Formulary Options                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Gout *                                                                                                     | COLCRYS                                                                | colchicine tablet                                                                                                                                                                             |
| Growth Hormones                                                                                            | GENOTROPIN<br>NORDITROPIN<br>NUTROPIN AQ<br>OMNITROPE<br>SAIZEN        | HUMATROPE                                                                                                                                                                                     |
| Hematologic Anticoagulants (oral)                                                                          | COUMADIN                                                               | warfarin                                                                                                                                                                                      |
|                                                                                                            | PRADAXA                                                                | warfarin, ELIQUIS, XARELTO                                                                                                                                                                    |
| Hematologic Erythropoiesis-Stimulating Agents                                                              | EPOGEN<br>PROCRIT                                                      | ARANESP, RETACRIT                                                                                                                                                                             |
| Hematologic Hemophilia A *                                                                                 | ELOCTATE<br>HELIXATE FS                                                | ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ                                                                                                                                      |
| Hematologic Hemophilia B *                                                                                 | ALPROLIX                                                               | Consult doctor                                                                                                                                                                                |
| Hematologic Hereditary Angioedema *                                                                        | BERINERT                                                               | FIRAZYR, RUCONEST                                                                                                                                                                             |
| Hematologic Neutropenia Colony Stimulating Factors                                                         | FULPHILA                                                               | NEULASTA, UDENYCA                                                                                                                                                                             |
|                                                                                                            | GRANIX<br>NEUPOGEN<br>ZARXIO                                           | NIVESTYM                                                                                                                                                                                      |
| Hematologic Platelet Aggregation Inhibitors                                                                | PLAVIX                                                                 | clopidogrel, prasugrel, BRILINTA                                                                                                                                                              |
| High Blood Pressure * Angiotensin II Receptor Antagonists                                                  | ATACAND<br>BENICAR<br>DIOVAN<br>EDARBI                                 | candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan                                                                                                             |
| High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations                           | ATACAND HCT<br>BENICAR HCT<br>DIOVAN HCT<br>EDARBYCLOR                 | candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide |
| High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations            | EXFORGE                                                                | amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan                                                                                                                           |
| High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations | EXFORGE HCT                                                            | amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide                                                                                                           |
| High Blood Pressure * Beta-blockers                                                                        | TOPROL-XL                                                              | atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC                          |
| High Blood Pressure * Beta-blocker Combinations                                                            | DUTOPROL                                                               | metoprolol succinate ext-rel WITH hydrochlorothiazide                                                                                                                                         |
| High Blood Pressure * Calcium Channel Blockers                                                             | NORVASC                                                                | amlodipine                                                                                                                                                                                    |
|                                                                                                            | Matzim LA<br>CARDIZEM<br>CARDIZEM CD<br>CARDIZEM LA (and its generics) | diltiazem ext-rel (except generic of CARDIZEM LA)                                                                                                                                             |



| <b>Category<br/>Drug Class</b>                                                        | <b>Drugs Requiring Prior<br/>Authorization for<br/>Medical Necessity <sup>1</sup></b> | <b>Formulary Options</b>                                                                                                                            |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Huntington's Disease</i>                                                           | XENAZINE                                                                              | <i>tetrabenazine, AUSTEDO</i>                                                                                                                       |
| <i>Immunology<br/>Antimetabolites</i>                                                 | CELLCEPT<br>MYFORTIC                                                                  | <i>mycophenolate mofetil, mycophenolate sodium</i>                                                                                                  |
|                                                                                       | RAPAMUNE<br>ZORTRESS                                                                  | <i>sirolimus</i>                                                                                                                                    |
| <i>Immunology<br/>Calcineurin Inhibitors</i>                                          | ASTAGRAF XL<br>ENVARUSUS XR                                                           | <i>cyclosporine; cyclosporine, modified; tacrolimus</i>                                                                                             |
| <i>Immunology<br/>Disease Modifying Antirheumatic<br/>Agents</i>                      | OTREXUP                                                                               | RASUVO                                                                                                                                              |
| <i>Inflammatory Bowel Disease (IBD)<br/>Ulcerative Colitis *<br/>Aminosalicylates</i> | ASACOL HD<br>DELZICOL<br>LIALDA                                                       | <i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, PENTASA</i>                                                                       |
|                                                                                       | COLAZAL                                                                               | <i>balsalazide</i>                                                                                                                                  |
| <i>Interferons *</i>                                                                  | PEGASYS                                                                               | Consult doctor                                                                                                                                      |
| <i>Kidney Disease *<br/>Phosphate Binders</i>                                         | FOSRENOL                                                                              | <i>calcium acetate, lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>                                                                |
| <i>Multiple Sclerosis</i>                                                             | AVONEX<br>EXTAVIA<br>PLEGRIDY                                                         | <i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI</i>                                                        |
| <i>Musculoskeletal</i>                                                                | AMRIX<br>CHLORZOXAZONE 250 MG<br>(NDCs <sup>A</sup> 46672086046, 69499033060 only)    | <i>cyclobenzaprine</i>                                                                                                                              |
| <i>Narcolepsy<br/>Wakefulness Promoters</i>                                           | NUVIGIL                                                                               | <i>armodafinil, SUNOSI</i>                                                                                                                          |
| <i>Nephropathic Cystinosis</i>                                                        | PROCYSBI                                                                              | CYSTAGON                                                                                                                                            |
| <i>Ophthalmic<br/>Allergies</i>                                                       | ALREX                                                                                 | <i>azelastine, cromolyn sodium, olopatadine, LASTACFT, PAZEO</i>                                                                                    |
| <i>Ophthalmic<br/>Anti-infective / Anti-inflammatory</i>                              | ZYLET                                                                                 | <i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT, TOBRADEX ST</i> |
| <i>Ophthalmic<br/>Anti-inflammatory, Steroidal</i>                                    | FLAREX<br>FML LIQUIFILM<br>LOTEMAX<br>LOTEMAX SM<br>PRED FORTE                        | <i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>                                      |
| <i>Ophthalmic<br/>Glaucoma</i>                                                        | TIMOPTIC OCUDOSE                                                                      | <i>timolol maleate solution, BETIMOL, BETOPTIC S</i>                                                                                                |
| <i>Ophthalmic<br/>Miscellaneous</i>                                                   | AVENOVA                                                                               | Consult doctor                                                                                                                                      |
| <i>Opioid Dependency</i>                                                              | SUBOXONE                                                                              | <i>buprenorphine-naloxone sublingual, ZUBSOLV</i>                                                                                                   |
| <i>Opioid Reversal</i>                                                                | EVZIO                                                                                 | <i>naloxone injection, NARCAN NASAL SPRAY</i>                                                                                                       |

| Category<br>Drug Class                                                                            | Drugs Requiring Prior<br>Authorization for<br>Medical Necessity <sup>1</sup>                                                                                                                                                                   | Formulary Options                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Osteoarthritis</i> *<br>Viscosupplements                                                       | DUROLANE<br>EUFLEXXA<br>HYALGAN<br>MONOVISC<br>ORTHOVISC<br>SYNVISC<br>SYNVISC-ONE                                                                                                                                                             | GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3                                                                                                                                                          |
| <i>Osteoporosis</i> *<br>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> *<br>Urinary Antispasmodics                              | DETROL LA<br>ENABLEX<br>OXYTROL                                                                                                                                                                                                                | <i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>                                                    |
| <i>Pain</i><br>Headache *                                                                         | <i>butalbital-acetaminophen</i><br>(NDC <sup>^</sup> 69499034230 only)<br><i>butalbital-acetaminophen-caffeine capsule</i><br>FIORICET CAPSULE<br>VANATOL LQ<br>VANATOL S                                                                      | <i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>                                                                                                       |
|                                                                                                   | <i>dihydroergotamine spray</i><br>CAFERGOT                                                                                                                                                                                                     | <i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>                                                |
| <i>Pain</i><br>Opioid Analgesics                                                                  | BUTRANS                                                                                                                                                                                                                                        | BELBUCA                                                                                                                                                                                         |
|                                                                                                   | LAZANDA                                                                                                                                                                                                                                        | <i>fentanyl transmucosal lozenge, SUBSYS</i>                                                                                                                                                    |
|                                                                                                   | <i>levorphanol</i><br>HYSINGLA ER<br>OXYCONTIN<br>ZOHYDRO ER                                                                                                                                                                                   | <i>fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel, EMBEDA, NUCYNTA ER, XTAMPZA ER</i>                                                                                 |
|                                                                                                   | PERCOCET<br>PRIMLEV                                                                                                                                                                                                                            | <i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>                                                                                                     |
| <i>Pain</i><br>Topical Local Anesthetics                                                          | LIDOCAINE-TETRACAINE CREAM<br>LIDOTREX                                                                                                                                                                                                         | <i>lidocaine-prilocaine</i>                                                                                                                                                                     |
| <i>Pain and Inflammation</i> *<br>Corticosteroids                                                 | <i>Dexpak</i><br>MILLIPRED<br>RAYOS                                                                                                                                                                                                            | <i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>                                                                                                     |
| <i>Pain and Inflammation</i> *<br>Nonsteroidal Anti-inflammatory<br>Drugs (NSAIDs) / Combinations | ARTHROTEC                                                                                                                                                                                                                                      | <i>celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole, or DEXILANT</i>        |
|                                                                                                   | <i>diclofenac sodium gel 1%</i><br>(NDC <sup>^</sup> 69499031866 only)<br><i>Diclofex DC</i><br>(NDC <sup>^</sup> 51021037201 only)<br><i>Diclosaicin</i><br><i>Inflammacin</i><br><i>NuDiclo SoluPak</i><br><i>NuDiclo TabPak</i><br>PENNSAID | <i>diclofenac sodium, diclofenac sodium gel 1% (except NDC<sup>^</sup> 69499031866), diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i> |
|                                                                                                   | <i>fenoprofen capsule</i><br><i>naproxen CR</i><br>CAMBIA<br>FENOPROFEN CAPSULE<br>INDOCIN<br>NAPRELAN<br>SPRIX<br>ZORVOLEX                                                                                                                    | <i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>                                                                                            |
|                                                                                                   | <i>naproxen suspension</i>                                                                                                                                                                                                                     | <i>ibuprofen</i>                                                                                                                                                                                |

| Category Drug Class                                           | Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>                             | Formulary Options                                                                                                                                                                           |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Postherpetic Neuralgia                                        | HORIZANT                                                                                           | <i>gabapentin</i> , GRALISE                                                                                                                                                                 |
| Prostate Condition<br>Benign Prostatic Hyperplasia *          | JALYN                                                                                              | <i>dutasteride-tamsulosin</i> ; <i>dutasteride</i> or <i>finasteride</i> <b>WITH</b> <i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>silodosin</i> , <i>tamsulosin</i> or <i>terazosin</i> |
|                                                               | RAPAFLO<br>UROXATRAL                                                                               | <i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>silodosin</i> , <i>tamsulosin</i> , <i>terazosin</i>                                                                                       |
| Respiratory<br>Alpha-1 Antitrypsin Deficiency                 | ZEMAIRA                                                                                            | PROLASTIN-C                                                                                                                                                                                 |
| Respiratory<br>Cough                                          | <i>benzonatate</i><br>(NDCs <sup>a</sup> 69336012615, 69499032915 only)                            | <i>benzonatate</i> (except NDCs <sup>a</sup> 69336012615, 69499032915)                                                                                                                      |
| Sleep Disorder<br>Hypnotics, Non-benzodiazepines              | INTERMEZZO<br>LUNESTA<br>ROZEREM<br>ZOLPIMIST                                                      | <i>eszopiclone</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , <i>zolpidem sublingual</i> , BELSOMRA, SILENOR                                                                             |
| Testosterone Replacement *<br>Androgens                       | <i>testosterone gel 1% <sup>®</sup></i><br>ANDROGEL 1%<br>FORTESTA<br>NATESTO<br>TESTIM<br>VOGELXO | <i>testosterone gel</i> , <i>testosterone solution</i> , ANDRODERM                                                                                                                          |
| Thyroid Supplements                                           | TIROSINT                                                                                           | <i>levothyroxine</i> , SYNTHROID                                                                                                                                                            |
| Transplant *<br>Immunosuppressants,<br>Calcineurin Inhibitors | PROGRAF                                                                                            | <i>tacrolimus</i>                                                                                                                                                                           |
| Urea Cycle Disorders                                          | BUPHENYL<br>RAVICTI                                                                                | <i>sodium phenylbutyrate</i>                                                                                                                                                                |

| Category/<br>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. |
| 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<br>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 <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.                                                                          |

The listed formulary options are subject to change.

## List of Drugs Requiring Prior Authorization for Medical Necessity

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| <p>                     ABILIFY<br/>                     ACANYA<br/>                     ACIPHEX<br/>                     ACIPHEX SPRINKLE<br/>                     ACTEMRA<br/>                     ACTICLATE<br/>                     ACTOS<br/>                     ADCIRCA<br/>                     ALCORTIN A<br/>                     ALEVICYN GEL<br/>                     ALEVICYN KIT<br/>                     ALEVICYN SG<br/> <i>Alevicyn solution</i><br/>                     ALLISON MEDICAL INSULIN SYRINGES <sup>5</sup><br/>                     ALPROLIX<br/>                     ALREX<br/>                     ALTOPREV<br/>                     ALVESCO<br/>                     AMRIX<br/>                     ANDROGEL 1%<br/>                     APEXICON E<br/>                     APIDRA<br/>                     ARTHROTEC<br/>                     ASACOL HD<br/>                     ASMANEX<br/>                     ASMANEX HFA<br/>                     ASTAGRAF XL<br/>                     ATACAND<br/>                     ATACAND HCT<br/>                     AVENOVA<br/>                     AVONEX<br/>                     BARACLUDE TABLET<br/>                     BEAU RX<br/>                     BECONASE AQ<br/>                     BENICAR<br/>                     BENICAR HCT<br/>                     BENSAL HP<br/>                     BENZACLIN<br/> <i>benzonatate</i> (NDCs<sup>a</sup> 69336012615, 69499032915 only)<br/>                     BERINERT<br/>                     BETAPACE<br/>                     BETAPACE AF<br/>                     BEYAZ<br/>                     BREEZE 2 STRIPS AND KITS <sup>7</sup><br/>                     BUPHENYL<br/> <i>butalbital-acetaminophen</i> (NDC<sup>a</sup> 69499034230 only)<br/> <i>butalbital-acetaminophen-caffeine capsule</i><br/>                     BUTRANS<br/>                     BYDUREON<br/>                     BYETTA<br/>                     CAFERGOT<br/> <i>calcipotriene cream</i><br/> <i>calcitriol ointment</i><br/>                     CAMBIA<br/>                     CARAC<br/>                     CARAFATE<br/> <i>carbinoxamine tablet 6 mg</i><br/>                     CARDIZEM<br/>                     CARDIZEM CD<br/>                     CARDIZEM LA (and its generics)<br/>                     CARNITOR<br/>                     CARNITOR SF<br/>                     CELLCEPT<br/>                     CHLORZOXAZONE 250 MG<br/>                     (NDCs<sup>a</sup> 46672086046, 69499033060 only)<br/>                     CHORIONIC GONADOTROPIN<br/>                     CIALIS<br/>                     CIMZIA<br/> <i>clobetasol spray</i><br/>                     CLOBEX SPRAY<br/>                     COLAZAL<br/>                     COLCRYS<br/>                     COMBIVENT RESPIMAT<br/>                     COMPLERA                 </p> | <p>                     CONTOUR NEXT STRIPS AND KITS <sup>7</sup><br/>                     CONTOUR STRIPS AND KITS <sup>7</sup><br/>                     CONTRAVE<br/>                     CORDRAN OINTMENT<br/>                     COUMADIN<br/>                     CRESTOR<br/>                     CYMBALTA<br/>                     DELZICOL<br/>                     DETROL LA<br/> <i>Dexifol</i><br/> <i>Dexpak</i><br/> <i>diclofenac sodium gel 1%</i> (NDC<sup>a</sup> 69499031866 only)<br/> <i>Diclofex DC</i> (NDC<sup>a</sup> 51021037201 only)<br/> <i>Diclosaicin</i><br/> <i>difflorasone cream</i><br/> <i>difflorasone ointment</i><br/> <i>dihydroergotamine spray</i><br/>                     DIOVAN<br/>                     DIOVAN HCT<br/>                     DORYX<br/>                     DORYX MPC<br/> <i>doxepin cream</i><br/>                     DULERA<br/>                     DUROLANE<br/>                     DUTOPROL<br/>                     DYRENIUM<br/>                     EDARBI<br/>                     EDARBYCLOR<br/>                     E.E.S. GRANULES<br/>                     EFFEXOR XR<br/>                     ELELYSO<br/>                     ELOCTATE<br/>                     ENABLEX<br/>                     ENLITE CONTINUOUS<br/>                     GLUCOSE MONITORING SYSTEM<br/>                     ENTYVIO<br/>                     ENVARSEM XR<br/>                     EPICERAM<br/>                     EPIVIR HBV<br/>                     EPOGEN<br/>                     ERYPED<br/>                     EUFLEXXA<br/>                     EVEKEO<br/>                     EVZIO<br/>                     EXFORGE<br/>                     EXFORGE HCT<br/>                     EXTAVIA<br/>                     FANAPT<br/> <i>fenofibrate tablet 120 mg</i><br/>                     FENOGLIDE TABLET 120 MG<br/> <i>fenoprofen capsule</i><br/>                     FENOPROFEN CAPSULE<br/>                     FERIVA 21/7<br/>                     FINACEA GEL<br/>                     FIORICET CAPSULE<br/>                     FLAREX<br/> <i>fluocinonide cream 0.1%</i><br/> <i>fluorouracil cream 0.5%</i><br/> <i>flurandrenolide ointment</i><br/>                     FML LIQUIFILM<br/>                     FOLIC-K<br/>                     FOLIKA-D<br/> <i>Folika-T</i><br/>                     FOLIKA-V<br/>                     FOLLISTIM AQ<br/>                     FORTAMET (and its generics)<br/>                     FORTESTA<br/>                     FOSRENOL<br/>                     FOSTEUM<br/>                     FOSTEUM PLUS<br/>                     FREESTYLE LIBRE CONTINUOUS<br/>                     GLUCOSE MONITORING SYSTEM<br/>                     FREESTYLE STRIPS AND KITS <sup>7</sup><br/>                     FULPHILA                 </p> | <p> <i>Genicin Vita-S</i><br/>                     GENOTROPIN<br/>                     GLEEVEC<br/>                     GLUMETZA (and its generics)<br/>                     GLYCOPYRROLATE TABLET 1.5 MG<br/>                     GRANIX<br/>                     GUARDIAN CONNECT CONTINUOUS<br/>                     GLUCOSE MONITORING SYSTEM<br/>                     HELIXATE FS<br/>                     HEPSERA<br/>                     HORIZANT<br/>                     HUMALOG<br/>                     HUMALOG MIX 50/50<br/>                     HUMALOG MIX 75/25<br/>                     HUMULIN 70/30 <sup>4</sup><br/>                     HUMULIN N <sup>4</sup><br/>                     HUMULIN R <sup>4</sup><br/>                     HYALGAN<br/> <i>HylaVite</i><br/>                     HYSINGLA ER<br/>                     INDOCIN<br/> <i>Inflamacin</i><br/>                     INTERMEZZO<br/>                     INTUNIV<br/>                     INVOKAMET<br/>                     INVOKAMET XR<br/>                     INVOKANA<br/>                     JALYN<br/>                     JENTADUETO<br/>                     JENTADUETO XR<br/>                     KAMDOY<br/>                     KAZANO<br/>                     KINERET<br/>                     KOMBIGLYZE XR<br/> <i>lactulose pak</i><br/>                     LAMICTAL<br/>                     LAMICTAL ODT<br/>                     LAMICTAL XR<br/>                     LANOXIN TABLET (125 MCG and 250 MCG only)<br/>                     LANTUS<br/>                     LAZANDA<br/>                     LESCOL XL<br/> <i>levorphanol</i><br/>                     LEXAPRO<br/>                     LIALDA<br/>                     LIDOCAINE-TETRACAINE CREAM<br/>                     LIDOTREX<br/>                     LILETTA<br/>                     LIPITOR<br/>                     LIVALO<br/>                     LO LOESTRIN FE<br/> <i>Lorid</i><br/>                     LOTEMAX<br/>                     LOTEMAX SM<br/>                     LUNESTA<br/>                     LUPRON DEPOT<br/>                     MACRODANTIN<br/> <i>Matzim LA</i><br/>                     MAVYRET<br/>                     MEBOLIC<br/>                     MIACALCIN INJECTION<br/>                     MIACALCIN NASAL SPRAY<br/>                     MILLIPRED<br/>                     MINASTRIN 24 FE<br/>                     MINIVELLE<br/>                     MINOCIN<br/>                     MONOVISC<br/>                     MOVIPREP<br/> <i>mupirocin cream</i><br/>                     MYFORTIC<br/>                     NAPRELAN<br/> <i>naproxen CR</i><br/> <i>naproxen suspension</i><br/>                     NATAZIA                 </p> |
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|---------------------------------------------|---------------------------------------------------|--|
| NATESTO                                     | SABRIL                                            |  |
| NESINA                                      | SAIZEN                                            |  |
| NEUPOGEN                                    | SANDOSTATIN LAR                                   |  |
| NEXIUM                                      | SEROQUEL XR                                       |  |
| NICAPRIN                                    | SIL-K PAD                                         |  |
| NICAZEL                                     | SIMPONI                                           |  |
| NICAZEL FORTE                               | SINGULAIR                                         |  |
| NILANDRON                                   | SORILUX                                           |  |
| NORDITROPIN                                 | SPRIX                                             |  |
| NORITATE                                    | STENDRA                                           |  |
| NORVASC                                     | STRIBILD                                          |  |
| NOVACORT                                    | SUBOXONE                                          |  |
| NOVAREL                                     | SYNERDERM                                         |  |
| NOVO NORDISK NEEDLES <sup>5</sup>           | SYNVISC                                           |  |
| <i>NuDido SoluPak</i>                       | SYNVISC-ONE                                       |  |
| <i>NuDido TabPak</i>                        | TALIVA                                            |  |
| NUTROPIN AQ                                 | TARGADOX                                          |  |
| NUVIGIL                                     | TASIGNA                                           |  |
| OLEPTRO                                     | TAYTULLA                                          |  |
| OLUX-E                                      | TESTIM                                            |  |
| <i>omeprazole-sodium bicarbonate</i>        | <i>testosterone gel 1% <sup>8</sup></i>           |  |
| OMNARIS                                     | TIMOPTIC OCUDOSE                                  |  |
| OMNITROPE                                   | TIROSINT                                          |  |
| OMNIVEX                                     | TOBI                                              |  |
| ONETOUCH ULTRA STRIPS AND KITS <sup>7</sup> | TOBI PODHALER                                     |  |
| ONETOUCH VERIO STRIPS AND KITS <sup>7</sup> | TOPROL-XL                                         |  |
| ONEXTON                                     | TOUJEO                                            |  |
| ONFI                                        | TRADJENTA                                         |  |
| ONGLYZA                                     | TRANSDERM SCOP                                    |  |
| ORENCIA INTRAVENOUS                         | TRICOR                                            |  |
| ORTHO D                                     | TRIVIDIA INSULIN SYRINGES <sup>5</sup>            |  |
| ORTHO DF                                    | <i>TronVite</i>                                   |  |
| ORTHO TRI-CYCLEN LO                         | TUDORZA                                           |  |
| ORTHOVISC                                   | ULTIMED INSULIN SYRINGES <sup>5</sup>             |  |
| OSENI                                       | ULTIMED NEEDLES <sup>5</sup>                      |  |
| OSMOPREP                                    | UROXATRAL                                         |  |
| OTREXUP                                     | VALCYTE                                           |  |
| OWEN MUMFORD NEEDLES <sup>5</sup>           | VALTRES                                           |  |
| OXYCONTIN                                   | VANATOL LQ                                        |  |
| OXYTROL                                     | VANATOL S                                         |  |
| PEGASYS                                     | <i>Vanoxide-HC</i>                                |  |
| PENNSAID                                    | VASCULERA                                         |  |
| PERCOCET                                    | VECTICAL                                          |  |
| PERRIGO NEEDLES <sup>5</sup>                | VELTIN                                            |  |
| PLAVIX                                      | <i>venlafaxine ext-rel tablet (except 225 mg)</i> |  |
| PLEGRIDY                                    | VENTOLIN HFA                                      |  |
| PRADAXA                                     | VERZENIO                                          |  |
| PRALUENT                                    | VIAGRA                                            |  |
| PRED FORTE                                  | VIEKIRA PAK                                       |  |
| PREGNYL                                     | VIVELLE-DOT                                       |  |
| PREVACID                                    | VOGELXO                                           |  |
| PREVIDENT                                   | XANAX                                             |  |
| PRIMLEV                                     | XANAX XR                                          |  |
| PRISTIQ                                     | XENAZINE                                          |  |
| PROAIR HFA                                  | XOLEGEL                                           |  |
| PROAIR RESPICLICK                           | XOPENEX HFA                                       |  |
| PROCRIT                                     | <i>Xvite</i>                                      |  |
| PROCYSBI                                    | XYZBAC                                            |  |
| PROGRAF                                     | YAZ                                               |  |
| PROTONIX                                    | ZARXIO                                            |  |
| PROVENTIL HFA                               | ZEGERID                                           |  |
| PROZAC                                      | ZEMAIRA                                           |  |
| PSORCON                                     | ZEPATIER                                          |  |
| QNASL                                       | ZETIA                                             |  |
| QSYMIA                                      | ZETONNA                                           |  |
| QTERN                                       | ZIANA                                             |  |
| RAPAFLO                                     | ZOHYDRO ER                                        |  |
| RAPAMUNE                                    | ZOLPIMIST                                         |  |
| RAVICTI                                     | ZONEGRAN                                          |  |
| RAYOS                                       | ZORTRESS                                          |  |
| RECEDO                                      | ZORVOLEX                                          |  |
| REVATIO                                     | ZUPLENZ                                           |  |
| RHEUMATE                                    | ZYLET                                             |  |
| RIBOZEL                                     | ZYTIGA                                            |  |
| RIMSO-50                                    | ZYVIT                                             |  |
| RIOMET                                      |                                                   |  |
| ROZEREM                                     |                                                   |  |

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](http://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.

<sup>A</sup> 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.

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

<sup>7</sup> ACCU-CHEK brand test strips are the only preferred options.

<sup>8</sup> Listing reflects the authorized generics for TESTIM and VOGELXO.

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