

Hyperinflation Management

Medications Requiring Prior Authorization for Medical Necessity

Below is a list of medicines by drug class that will not be covered without a prior authorization for medical necessity. If you continue using one of these drugs without prior approval for medical necessity, you may be required to pay the full cost.

If you are currently using one of the drugs requiring prior authorization for medical necessity, ask your doctor to choose one of the generic or brand formulary options listed below.

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Allergies Antihistamines	dexchlorpheniramine RyClora CARBINOXAMINE TABLET 6 MG	levocetirizine
Anticonvulsants	ZONEGRAN	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT
Anti-infectives, Antibacterials Erythromycins/Macrolides	E.E.S GRANULES ERYPED	erythromycins
Anti-infectives, Antibacterials Tetracyclines	CoreMino doxycycline hydiate delayed-rel tablet 200 mg doxycycline hydiate tablet 50 mg (NDC [®] 72143021160 only) doxycycline hydiate tablet 75 mg doxycycline hydiate tablet 150 mg doxycycline monohydrate capsule 75 mg doxycycline monohydrate capsule 150 mg minocycline ext-rel tablet Modoxyne NL capsule 75 mg Okebo MINOCIN	doxycycline hydiate 20 mg, doxycycline hydiate capsule, minocycline, tetracycline
Anti-infectives, Antibacterials Miscellaneous	MACRODANTIN	nitrofurantoin
Anti-infectives, Antifungals	flucytosine capsule 500 mg	fluconazole
	posaconazole delayed-rel tablet	fluconazole, itraconazole
Anti-infectives, Antivirals Herpes *	acyclovir cream	acyclovir capsule, acyclovir tablet, valacyclovir
Anti-inflammatory Steroidal, Ophthalmic	PRED FORTE FML LIQUIFILM	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD
Cancer Prostate * Hormonal Agents, Antiandrogens	NILANDRON	abiraterone, bicalutamide, XTANDI, YONSA
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	sotalol
Cardiovascular Antilipemics Fibrates	fenofibrate tablet 120 mg FENOGLIDE TABLET 120 MG	fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Cardiovascular</i> Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	digoxin
<i>Cardiovascular</i> Diuretics	DYRENium	amiloride, triamterene
<i>Cardiovascular</i> <i>Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations</i>	CONSENSI	amlodipine WITH celecoxib
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	levocarnitine
<i>Depression *</i> <i>Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)</i>	fluoxetine tablet 60 mg	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX, VIIBRYD
<i>Depression and/or Schizophrenia *</i> <i>Antipsychotics, Atypicals</i>	FANAPT	ariprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR
<i>Depression/Antidepressants*</i> <i>Miscellaneous Agents</i>	bupropion ext-rel tablet 450 mg	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
<i>Dermatology</i> Acne *	clindamycin gel (NDC [^] 68682046275 only) Vanoxide-HC	adapalene, benzoyl peroxide, clindamycin gel (except NDC [^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC
<i>Dermatology</i> Antipsoriatics	calcipotriene cream calcitriol ointment VECTICAL	calcipotriene ointment, calcipotriene solution
<i>Dermatology</i> Atopic Dermatitis *	doxepin cream	desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA
<i>Dermatology</i> Scars	CICATRACE POLYTOZA SCARSILK PAD SILIVEX SILTREX	Consult doctor
<i>Dermatology</i> Seborrheic Dermatitis *	ketoconazole foam 2% Ketodan	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
<i>Dermatology</i> Seborrheic Dermatitis *	XOLEGEL	ciclopirox, ketoconazole cream 2%
<i>Dermatology</i> Skin Inflammation and Hives * Corticosteroids	flurandrenolide lotion (NDC [^] 24470092112 only) hydrocortisone 1% in absorbase (NDCs [^] 69499032210, 69499034325 only)	desonide, hydrocortisone
	fluocinonide cream 0.1%	clobetasol cream
	flurandrenolide ointment hydrocortisone butyrate lipophilic cream 0.1%	hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	<i>triamcinolone acetonide aerosol 0.2% CORDRAN OINTMENT</i>	<i>butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>
	<i>diflorasone cream diflorasone ointment PSORCON</i>	<i>desoximetasone, fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
Dermatology Warts	VEREGEN	<i>imiquimod</i>
Dermatology Wound Care Products	<i>Alevycin solution ALEVICYN GEL ALEVYICYN KIT ALEVICYN SG</i>	<i>desonide, hydrocortisone</i>
	<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
Dermatology Miscellaneous Skin Conditions	<i>ALCORTIN A ATOPADERM BENSAL HP NOVACORT SYNERDERM</i>	<i>desonide, hydrocortisone</i>
Diabetes * Biguanides	metformin ext-rel (generics FORTAMET and GLUMETZA)	<i>metformin, metformin ext-rel (except generic FORTAMET or GLUMETZA)</i>
Dietary Supplements	<i>FOSTEUM FOSTEUM PLUS</i>	<i>alendronate, ibandronate, risedronate</i>
	<i>Dexifol Folika-T Genicin Vita-S HylaVite Lorid TronVite Xvite FERIVA 21/7 FOLIC-K FOLIKA-V NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT</i>	<i>folic acid</i>
	<i>Activite Vitasure Folvite-D NICADAN</i>	<i>folic acid, folic acid-vitamin B6-vitamin B12</i>
	<i>PRODIGEN VASCULERA</i>	Consult doctor
Erectile Dysfunction * Phosphodiesterase Inhibitors	STENDRA	<i>sildenafil, tadalafil</i>
Gastrointestinal Anticholinergics	<i>chlordiazepoxide-clidinium (NDC[^] 42494040901 only) GLYCOPYRROLATE TABLET 1.5 MG</i>	<i>dicyclomine</i>

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Gastrointestinal</i> Antidiarrheals	ENTERAGAM	alosetron, VIBERZI, XIFAXAN 550 MG
<i>Gastrointestinal</i> Laxatives	lactulose pak	lactulose solution
<i>Gastrointestinal</i> Proton Pump Inhibitors (PPIs)	omeprazole-sodium bicarbonate ZEGERID	esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT
<i>Genitourinary</i> Interstitial Cystitis	RIMSO-50	Consult doctor
<i>High Blood Pressure</i> * Beta-blocker Combinations	DUTOPROL	metoprolol succinate ext-rel WITH hydrochlorothiazide
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis * Aminosalicylates	COLAZAL	balsalazide
<i>Kidney Disease</i> * Phosphate Binders	lanthanum carbonate	calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO
<i>Musculoskeletal</i>	chlorzoxazone 250 mg chlorzoxazone 375 mg chlorzoxazone 750 mg cyclobenzaprine ext-rel capsule cyclobenzaprine tablet 7.5 mg Fexmid Lorzone orphenadrine-aspirin-caffeine Orphengesic Forte AMRIX NORGESIC FORTE	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg),
<i>Ophthalmic</i> Glaucoma	bimatoprost solution 0.03%	latanoprost, LUMIGAN, TRAVATAN Z
<i>Osteoporosis</i> *	MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS
	MIACALCIN NASAL SPRAY	calcitonin-salmon
<i>Pain</i> Headache*	butalbital-acetaminophen (NDC^ 69499034230 only)	diclofenac sodium, ibuprofen, naproxen (except CR, susp)
	dihydroergotamine spray ergotamine-caffeine Migergot CAFERGOT	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
	sumatriptan-naproxen	diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY
<i>Pain</i> Opioid Analgesics	LAZANDA	fentanyl transmucosal lozenge, SUBSYS
	levorphanol	fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, OXYCONTIN, XTAMPZA ER

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
	<i>tramadol (NDC[^] 52817019610 only)</i>	<i>tramadol (except NDC 52817019610), tramadol ext-rel</i>
Pain Topical Local Anesthetics	LIDOCaine-TETRACaine CREAM LIDOTREX	<i>lidocaine-prilocaine</i>
Pain and Inflammation * Corticosteroids	DEXPAK MILLIPRED	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs)/Combinations	<i>diclofenac sodium gel 1% (NDC[^] 69499031866 only) Dicloflex DC (NDC[^] 51021037201 only) Diclosaicin Inflamacin NuDiclo SoluPak NuDiclo TabPak Xeltral</i>	<i>diclofenac sodium, diclofenac sodium gel 1% (except NDC[^] 69499031866), diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>fenoprofen capsule ketoprofen 25mg capsule ketoprofen ext-rel capsule naproxen CR FENOPROFEN CAPSULE INDOCIN SPRIX ZORVOLEX</i>	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>naproxen-esomeprazole</i>	<i>diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
	<i>naproxen suspension</i>	<i>ibuprofen</i>
Prostate Condition * Benign Prostatic Hyperplasia	UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
Respiratory Cough	<i>benzonatate (NDCs[^] 69336012615, 69499032915 only)</i>	<i>benzonatate (except NDCs[^] 69336012615, 69499032915)</i>
Sleep Disorder Hypnotics, Non-benzodiazepines	ZOLPIMIST	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>

The listed formulary options are subject to change.

Formulary options listed above may be subject to prior authorization or other plan benefit requirements. Drugs not included in this communication may also be subject to prior authorization or other plan benefit requirements. Please consult your plan benefit materials 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](#) 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 indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

1 If your doctor believes you have a specific clinical need for one of these products, he or she should contact the Prior Authorization department.

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

This document contains proprietary information and may not be reproduced or distributed without written permission from CVS Caremark. CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed formulary products are for informational purposes only and are not intended to replace the clinical judgment of the doctor.

©2020 CVS Caremark. All rights reserved. 106-40024A 051420

[Caremark.com](#)

