

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 Diphen Elixir (NDC^ 69067009204 only) 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, , OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
Anti-infectives, Antibacterials Erythromycins/Macrolides	E.E.S GRANULES ERYPED	erythromycins
Anti-infectives, Antibacterials Tetracyclines	CoreMino doxycycline hyclate delayed-rel tablet 200 mg doxycycline hyclate tablet 50 mg (NDC^ 72143021160 only) doxycycline hyclate tablet 75 mg doxycycline hyclate tablet 150 mg doxycycline monohydrate capsule 75 mg doxycycline monohydrate capsule 150 mg minocycline ext-rel Mondoxyme NL capsule 75 mg Okebo MINOCIN	doxycycline hyclate 20 mg, doxycycline hyclate 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

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Anti-inflammatory Steroidal, Ophthalmic	PRED FORTE FML LIQUIFILM	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
Cancer Prostate * Hormonal Agents, Antiandrogens	NILANDRON	<i>abiraterone, bicalutamide, XTANDI, YONSA</i>
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
Cardiovascular Antilipemics Fibrates	<i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG	<i>fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel</i>
Cardiovascular Antilipemics Niacins	<i>niacin tablet 500 mg</i> Niacor	<i>niacin ext-rel</i>
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
Cardiovascular Diuretics	DYRENIUM	<i>amiloride, triamterene</i>
Cardiovascular Nitrates	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
Cardiovascular Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	<i>amlodipine WITH celecoxib</i>
Carnitine Deficiency	CARNITOR CARNITOR SF	<i>levocarnitine</i>
Depression * Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>fluoxetine tablet 60 mg</i>	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>
Depression and/or Schizophrenia * Antipsychotics, Atypicals	FANAPT	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
Depression/Antidepressants* Miscellaneous Agents	<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
Dermatology Acne *	<i>clindamycin gel (NDC^ 68682046275 only)</i> Vanoxide-HC	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Dermatology Antipsoriatics	<i>calcipotriene cream calcitriol ointment VECTICAL</i>	<i>calcipotriene ointment, calcipotriene solution</i>
	<i>calcipotriene-betamethasone</i>	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone, fluocinonide (except fluocinonide cream 0.1%) or BRYHALI</i>
Dermatology Atopic Dermatitis *	<i>doxepin cream</i>	<i>desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>
Dermatology Scars	CICATRACE POLYTOZA SCARSILK PAD SILIVEX SILTREX	Consult doctor
Dermatology Seborrheic Dermatitis *	<i>ketconazole foam 2% Ketodan</i>	<i>ketconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
Dermatology Seborrheic Dermatitis *	XOLEGEL	<i>ciclopirox, ketconazole cream 2%</i>
Dermatology Skin Inflammation and Hives * Corticosteroids	<i>flurandrenolide lotion (NDC^ 24470092112 only) hydrocortisone 1% in absorbase (NDCs^ 69499032210, 69499034325 only)</i>	<i>desonide, hydrocortisone</i>
	<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream</i>
	<i>flurandrenolide ointment hydrocortisone butyrate lipophilic cream 0.1% triamcinolone acetonide aerosol 0.2% CORDRAN OINTMENT</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone 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>Alevicyn solution ALEVICYN GEL ALEVICYN KIT ALEVICYN SG</i>	<i>desonide, hydrocortisone</i>
	<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
Dermatology Miscellaneous Skin Conditions	ALCORTIN A ATOPADERM BENSAL HP NOVACORT SYNERDERM	<i>desonide, hydrocortisone</i>

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	<i>oxiconazole</i> (NDCs^ 00168035830, 51672135902 only)	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole</i>
Diabetes * Biguanides	metformin ext-rel (generics FORTAMET and GLUMETZA)	<i>metformin, metformin ext-rel</i> (except generic FORTAMET or GLUMETZA)
Dietary Supplements	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>DaVtie Tab</i> <i>Dexifol</i> <i>Folika-T</i> <i>Genicin Vita-S</i> <i>HylaVite</i> <i>Lorid</i> <i>TronVite</i> <i>Xvite</i> FERIVA 21/7 FOLIC-K FOLIKA-V FOLVIK-D NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT	<i>folic acid</i>
	<i>Activite</i> <i>Vitasure</i> <i>Folvite-D</i> NICADAN	<i>folic acid, folic acid-vitamin B6-vitamin B12</i>
	PRODIGEN VASCULERA	Consult doctor
	Erectile Dysfunction * Phosphodiesterase Inhibitors	STENDRA
Gastrointestinal Anticholinergics	<i>chlordiazepoxide-clidinium</i> (NDC^ 42494040901 only) GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
Gastrointestinal Antidiarrheals	ENTERAGAM	<i>alosecron, VIBERZI, XIFAXAN 550 MG</i>
	<i>MYTESI</i>	<i>diphenoxylate-atropine, loperamide</i>
Gastrointestinal Laxatives	<i>lactulose pak</i>	<i>lactulose solution</i>
Gastrointestinal Probiotics	PROVAD ZELAC	Consult doctor

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Gastrointestinal Proton Pump Inhibitors (PPIs)	omeprazole-sodium bicarbonate ZEGERID	esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT
Gastrointestinal Ulcer Treatment	sucralfate suspension	sucralfate tablet
Genitourinary Interstitial Cystitis	RIMSO-50	Consult doctor
High Blood Pressure * Beta-blocker Combinations	DUTOPROL	metoprolol succinate ext-rel WITH hydrochlorothiazide
Inflammatory Bowel Disease (IBD) Ulcerative Colitis * Aminosalicylates	COLAZAL	balsalazide
Kidney Disease * Phosphate Binders	lanthanum carbonate	calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO
Musculoskeletal	chlorzoxazone 250 mg chlorzoxazone 375 mg chlorzoxazone 750 mg cyclobenzaprine ext-rel capsule cyclobenzaprine tablet 7.5 mg Fexmid Lorzone metaxalone 400 mg methocarbamol 500 mg (NDC [^] 69036091010 only) methocarbamol 750 mg (NDCs [^] 69036093090, 70868090190 only) orphenadrine-aspirin-caffeine Orphengesic Forte AMRIX NORGESIC FORTE	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg),
Ophthalmic Glaucoma	bimatoprost solution 0.03%	latanoprost, travoprost, LUMIGAN, ZIOPTAN
Osteoporosis *	MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS
	MIACALCIN NASAL SPRAY	calcitonin-salmon
Pain Headache*	Bupap butalbital-acetaminophen tablet 50-300 mg 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)

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
		WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY
Pain Opioid Analgesics	LAZANDA	<i>fentanyl transmucosal lozenge, SUBSYS</i>
	<i>levorphanol</i>	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
	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>Diclofex DC (NDC^ 51021037201 only)</i> <i>Diclosaicin</i> <i>Inflammacin</i> <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i> <i>Xeltral</i>	<i>diclofenac sodium, diclofenac sodium gel 1, diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>fenoprofen tab 600mg</i> <i>indomethacin capsule</i> <i>ketoprofen 25mg capsule</i> <i>ketoprofen ext-rel capsule</i> <i>mefenamic acid (NDC^ 69336012830 only)</i> <i>naproxen CR</i> <i>naproxen suspension</i> FENOPROFEN CAPSULE INDOCIN SPRIX ZORVOLEX	<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>
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>

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Sleep Disorder Hypnotics, Non-benzodiazepines	quazepam ZOLPIMIST	<i>doxepin, eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA</i>
Women's Health Premenstrual Dysphoric Disorder (PMDD)	fluoxetine tablet (generics for SARAFEM only)	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel, sertraline</i>
Women's Health Prenatal Vitamins	AZESCO ZALVIT	<i>prenatal vitamins, CITRANATAL</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](https://www.caremark.com) to check coverage and copay information for a specific drug. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark® assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information.

* This list 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.

Caremark.com