

# 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 *<br>Drug Class  | Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>   | Formulary Options  |
|---|--|--|
| <b>Allergies</b><br><b>Antihistamines</b>                                 | Dexchlorpheniramine<br>Diphen Elixir (NDC <sup>^</sup> 69067009204 only)<br>RyClora<br>CARBINOXAMINE TABLET 6 MG   | levocetirizine   |
| <b>Anti-convulsants</b>   | topiramate ext-rel capsule<br>(generics for QUDEXY XR only)  | carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, rufinamide, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI |
|   | 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, XCOPRI                       |
| <b>Anti-infectives, Antibacterials</b><br><b>Erythromycins/Macrolides</b> | E.E.S GRANULES<br>ERYPED   | erythromycins  |
| <b>Anti-infectives, Antibacterials</b><br><b>Tetracyclines</b>            | CoreMino<br>doxycycline hyclate delayed-rel tablet 50 mg<br>doxycycline hyclate delayed-rel tablet 200 mg<br>doxycycline hyclate tablet 50 mg (NDC <sup>^</sup> 72143021160 only)<br>doxycycline hyclate tablet 75 mg<br>doxycycline hyclate tablet 150 mg<br>doxycycline monohydrate capsule 75 mg<br>doxycycline monohydrate capsule 150 mg<br>minocycline ext-rel<br>Mondoxyne NL capsule 75 mg<br>Okebo<br>MINOCIN | doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline  |

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|--|---|---|
| <b>Anti-infectives, Anti-bacterials<br/>Miscellaneous</b>  | MACRODANTIN<br>nitrofurantoin (NDC^ 70408023932 only)   | Nitrofurantoin (except NDC^ 70408023932)  |
| <b>Anti-infectives, Anti-fungals</b>   | flucytosine capsule 500 mg  | fluconazole   |
|  | posaconazole delayed-rel tablet   | fluconazole, itraconazole   |
| <b>Anti-infectives, Anti-virals<br/>Herpes *</b>   | acyclovir cream   | acyclovir capsule, acyclovir tablet, valacyclovir   |
| <b>Anti-inflammatory<br/>Steroidal, Ophthalmic</b>   | PRED FORTE<br>FML LIQUIFILM   | dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD                               |
| <b>Asthma *<br/>Leukotriene Modulators</b>   | zileuton ext-rel<br>SINGULAIR   | montelukast, zafirlukast  |
| <b>Cancer<br/>Prostate *<br/>Hormonal Agents, Antiandrogens</b>  | NILANDRON   | abiraterone, bicalutamide, XTANDI, YONSA  |
| <b>Cardiovascular<br/>Anti-arrhythmics</b>   | BETAPACE<br>BETAPACE AF   | sotalol   |
| <b>Cardiovascular<br/>Anti-lipidemics<br/>Fibrates</b>   | fenofibrate tablet 120 mg<br>fenofibrate capsule 50 mg<br>fenofibrate capsule 130 mg<br>fenofibrate tablet 40 mg<br>FENOGLIDE TABLET 120 MG | fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel                 |
| <b>Cardiovascular<br/>Anti-lipidemics<br/>Niacins</b>  | niacin tablet 500 mg<br>Niacor  | niacin ext-rel  |
| <b>Cardiovascular<br/>Digitalis Glycosides</b>   | LANOXIN TABLET (125 MCG and 250 MCG only)   | digoxin   |
| <b>Cardiovascular<br/>Diuretics</b>  | DYRENIUM  | amiloride, triamterene  |
| <b>Cardiovascular<br/>Nitrates</b>   | isosorbide dinitrate 40 mg  | isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate  |
| <b>Cardiovascular<br/>Calcium Channel Blocker /<br/>Nonsteroidal Anti-inflammatory<br/>Drugs (NSAIDs) Combinations</b> | CONSENSI  | amlodipine <b>WITH</b> celecoxib  |
| <b>Carnitine Deficiency</b>  | CARNITOR<br>CARNITOR SF   | levocarnitine   |
| <b>Depression *<br/>Antidepressants, Selective</b>   | fluoxetine tablet 60 mg   | citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX |

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|--|--|--|
| <b>Serotonin Reuptake Inhibitors<br/>(SSRIs)</b>                           |  |  |
| <b>Depression and/or<br/>Schizophrenia *<br/>Antipsychotics, Atypicals</b> | FANAPT   | aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR   |
| <b>Depression/Antidepressants*<br/>Miscellaneous Agents</b>                | bupropion ext-rel tablet 450 mg  | bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)  |
| <b>Dermatology<br/>Acne *</b>  | clindamycin gel (NDC^ 68682046275 only)<br>Vanoxide-HC   | adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON           |
| <b>Dermatology<br/>Anti-psoriatics</b>                                     | calcipotriene cream<br>calcitriol ointment<br>VECTICAL   | calcipotriene ointment, calcipotriene solution   |
|  | calcipotriene-betamethasone  | calcipotriene ointment or calcipotriene solution WITH desoximetasone, (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI   |
| <b>Dermatology<br/>Atopic Dermatitis *</b>                                 | doxepin cream  | desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA  |
| <b>Dermatology<br/>Scars</b>   | CICATRACE<br>POLYTOZA<br>SCARSILK PAD<br>SILVEX<br>SILTREX   | Consult doctor   |
| <b>Dermatology<br/>Seborrheic Dermatitis *</b>                             | ketoconazole foam 2%<br>Ketodan  | ketoconazole shampoo 2%, selenium sulfide lotion 2.5%  |
| <b>Dermatology<br/>Seborrheic Dermatitis *</b>                             | XOLEGEL  | ciclopirox, ketoconazole cream 2%  |
| <b>Dermatology<br/>Skin Inflammation and Hives *<br/>Corticosteroids</b>   | flurandrenolide lotion (NDC^ 24470092112 only)<br>hydrocortisone 1% in absorbase<br>(NDCs^ 69499032210, 69499034325 only)  | desonide, hydrocortisone   |
|  | fluocinonide cream 0.1%  | clobetasol cream   |
|  | clocortolone cream<br>desoximetasone ointment 0.05%<br>flurandrenolide ointment<br>hydrocortisone butyrate lipophilic cream 0.1%<br>hydrocortisone butyrate lotion<br>triamcinolone aerosol 0.2%<br>CORDRAN OINTMENT | hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%) |

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|--|--|---|
|  | <i>triamcinolone ointment 0.05%</i><br><i>Trianex</i>  |   |
|  | APEXICON E<br><i>diflorasone cream</i><br><i>diflorasone ointment</i><br>PSORCON   | <i>Desoximetasone, (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i> |
| <b>Dermatology<br/>Warts</b>                         | VEREGEN  | <i>imiquimod</i>  |
| <b>Dermatology<br/>Wound Care Products</b>           | <i>Alevicyn solution</i><br>ALEVICYN GEL<br>ALEVICYN KIT<br>ALEVICYN SG  | <i>desonide, hydrocortisone</i>   |
|  | <i>mupirocin cream</i>   | <i>gentamicin, mupirocin ointment</i>   |
| <b>Dermatology<br/>Miscellaneous Skin Conditions</b> | ALCORTIN A<br>ATOPADERM<br>BENSAL HP<br>NOVACORT<br>SYNERDERM  | <i>desonide, hydrocortisone</i>   |
|  | <i>oxiconazole (NDCs^ 00168035830, 51672135902 only)</i>   | <i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole</i>                                       |
| <b>Diabetes *<br/>Biguanides</b>                     | metformin ext-rel (generics FORTAMET and GLUMETZA)   | <i>metformin, metformin ext-rel (except generic FORTAMET or GLUMETZA)</i>   |
| <b>Dietary Supplements</b>                           | FOSTEUM<br>FOSTEUM PLUS  | <i>alendronate, ibandronate, risedronate</i>  |
|  | <i>DaVtie Tab</i><br><i>Dexifol</i><br><i>Folika-T</i><br><i>Genicin Vita-S</i><br><i>HylaVite</i><br><i>Lorid</i><br><i>TronVite</i><br><i>Xvite</i><br>FERIVA 21/7<br>FOLIC-K<br>FOLIKA-V<br>FOLVIK-D<br>NICAPRIN<br>NICAZEL<br>NICAZEL FORTE<br>NICOMIDE<br>OMNIVEX<br>ORTHO DF<br>RHEUMATE<br>RIBOZEL<br>TALIVA<br>XYZBAC<br>ZYVIT | <i>folic acid</i>   |

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|---|---|--|
|   | <i>Activite</i><br><i>Vitasure</i><br><i>Folvite-D</i><br>NICADAN   | <i>folic acid, folic acid-vitamin B6-vitamin B12</i>   |
|   | PRODIGEN<br>VASCULERA   | Consult doctor   |
| <b>Erectile Dysfunction *<br/>Phosphodiesterase Inhibitors</b>                        | STENDRA   | <i>sildenafil, tadalafil</i>   |
| <b>Gastrointestinal<br/>Anticholinergics</b>  | <i>chlordiazepoxide-clidinium (NDC^<br/>42494040901 only)</i><br><i>hyoscyamine sulfate ext-rel</i><br><i>Oscimin SR</i><br><i>Symax-SR</i><br>GLYCOPYRROLATE TABLET 1.5 MG | <i>dicyclomine</i>   |
| <b>Gastrointestinal<br/>Antidiarrheals</b>  | ENTERAGAM   | <i>alosetron, VIBERZI, XIFAXAN 550 MG</i>  |
|   | <i>MYTESI</i>   | <i>diphenoxylate-atropine, loperamide</i>  |
| <b>Gastrointestinal<br/>Laxatives</b>   | <i>lactulose pak</i>  | <i>lactulose solution</i>  |
| <b>Gastrointestinal<br/>Probiotics</b>  | PROVAD<br>ZELAC   | Consult doctor   |
| <b>Gastrointestinal<br/>Proton Pump Inhibitors (PPIs)</b>                             | <i>omeprazole-sodium bicarbonate</i><br><i> pantoprazole delayed-rel suspension</i><br>ACIPHEX<br>ACIPHEX SPRINKLE<br>NEXIUM<br>PREVACID<br>PROTONIX<br>ZEGERID             | <i>Esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel, DEXILANT</i>  |
| <b>Gastrointestinal<br/>Ulcer Treatment</b>   | <i>sucralfate suspension</i>  | <i>sucralfate tablet</i>   |
| <b>Genitourinary<br/>Interstitial Cystitis</b>  | RIMSO-50  | Consult doctor   |
| <b>High Blood Pressure *<br/>Beta-blocker Combinations</b>                            | DUTOPROL  | <i>metoprolol succinate ext-rel <b>WITH</b> hydrochlorothiazide</i>  |
| <b>Inflammatory Bowel Disease (IBD)<br/>Ulcerative Colitis *<br/>Aminosalicylates</b> | COLAZAL<br><i>mesalamine delayed-rel tablet 800 mg</i><br>DELZICOL<br>LIALDA  | <i>balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD, PENTASA</i> |

| Category *<br>Drug Class              | Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>  | Formulary Options  |
|---------------------------------------|---|--|
| Kidney Disease *<br>Phosphate Binders | lanthanum carbonate   | calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO   |
| Musculoskeletal                       | chlorzoxazone 250 mg<br>chlorzoxazone 375 mg<br>chlorzoxazone 750 mg<br>cyclobenzaprine ext-rel capsule<br>cyclobenzaprine tablet 7.5 mg<br>Fexmid<br>Lorzone<br>metaxalone 400 mg<br>methocarbamol 500 mg (NDC <sup>^</sup> 69036091010 only)<br>methocarbamol 750 mg (NDCs <sup>^</sup> 69036093090, 70868090190 only)<br>orphenadrine-aspirin-caffeine<br>Orphengesic Forte<br>AMRIX<br>NORGESIC FORTE | cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg),  |
| Ophthalmic<br>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<br>Headache*                     | Bupap<br>butalbital-acetaminophen tablet 50-300 mg<br>butalbital-acetaminophen (NDC <sup>^</sup> 69499034230 only)  | diclofenac sodium, ibuprofen, naproxen (except CR, susp)   |
|                                       | dihydroergotamine spray<br>ergotamine-caffeine<br>Migergot<br>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) <b>WITH</b> eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY |
| Pain<br>Opioid Analgesics             | LAZANDA   | fentanyl transmucosal lozenge, SUBSYS  |
|                                       | levorphanol   | fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNТА ER, , XTAMPZA ER  |
|                                       | PRIMLEV   | hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNТА   |
|                                       | tramadol (NDC <sup>^</sup> 52817019610 only)  | tramadol (except NDC 52817019610), tramadol ext-rel  |

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|---|--|--|
| <b>Pain</b><br>Topical Local Anesthetics  | LIDOCAINE-TETRACAINE CREAM<br>LIDOTREX   | <i>lidocaine-prilocaine</i>  |
| <b>Pain and Inflammation *</b><br>Corticosteroids   | DEPAK<br>MILLIPRED   | <i>dexamethasone, hydrocortisone,<br/>methylprednisolone, prednisolone solution,<br/>prednisone</i>  |
| <b>Pain and Inflammation *</b><br>Nonsteroidal Anti-inflammatory<br>Drugs (NSAIDs)/Combinations | <i>Diclofex DC</i><br>(NDC <sup>^</sup> 51021037201 only)<br><i>Diclosaicin</i><br><i>Inflamacin</i><br><i>NuDiclo SoluPak</i><br><i>NuDiclo TabPak</i><br><i>Xelitral</i>   | <i>diclofenac sodium, diclofenac sodium gel 1,<br/>diclofenac sodium solution, ibuprofen,<br/>meloxicam, naproxen (except naproxen CR or<br/>naproxen suspension)</i>  |
|   | <i>fenoprofen tab 600mg</i><br><i>indomethacin capsule</i><br><i>ketoprofen 25mg capsule</i><br><i>ketoprofen ext-rel capsule</i><br><i>mefenamic acid (NDC<sup>^</sup> 69336012830<br/>only)naproxen CR</i><br><i>naproxen suspension</i><br>FENOPROFEN CAPSULE<br>INDOCIN<br>SPRIX<br>ZORVOLEX | <i>diclofenac sodium, ibuprofen, meloxicam,<br/>naproxen (except naproxen CR or naproxen<br/>suspension)</i>   |
|   | <i>naproxen-esomeprazole</i>   | <i>diclofenac sodium, ibuprofen, meloxicam or<br/>naproxen (except naproxen CR or naproxen<br/>suspension) WITH esomeprazole delayed-rel,<br/>lansoprazole delayed-rel, omeprazole<br/>delayed-rel, pantoprazole delayed-rel or<br/>DEXILANT</i> |
| <b>Prostate Condition *</b><br>Benign Prostatic Hyperplasia                                     | UROXATRAL  | <i>alfuzosin ext-rel, doxazosin, silodosin,<br/>tamsulosin, terazosin</i>  |
| <b>Respiratory</b><br>Cough   | <i>benzonatate (NDCs<sup>^</sup> 69336012615,<br/>69499032915 only)</i>  | <i>benzonatate (except NDCs<sup>^</sup> 69336012615,<br/>69499032915)</i>  |
| <b>Sleep Disorder</b><br>Hypnotics, Non-benzodiazepines   | quazepam<br>ZOLPIMIST  | <i>doxepin, eszopiclone, zolpidem, zolpidem ext-<br/>rel, zolpidem sublingual, BELSOMRA</i>  |
| <b>Women's Health</b><br>Menopausal Vasomotor Symptom Agents                                    | <i>paroxetine mesylate capsule 7.5 mg</i>  | <i>paroxetine HCl</i>  |
| <b>Women's Health</b><br>Premenstrual Dysphoric Disorder<br>(PMDD)                              | fluoxetine tablet (generics for SARAFEM only)  | <i>fluoxetine (except fluoxetine tablet 60 mg,<br/>fluoxetine tablet [generics for SARAFEM]),<br/>paroxetine HCl ext-rel, sertraline</i>   |
| <b>Women's Health</b><br>Prenatal Vitamins  | AZESCO<br>TRINAZ<br>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.

<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.

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