

Hyperinflation Management

Medications Requiring Prior Authorization for Medical Necessity – Commercial & Choice

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 RYCLORA CARBINOXAMINE TABLET 6 MG	levocetirizine
Anti-convulsants	topiramate ext-rel capsule (generics for QUDEXY XR only)	carbamazepine, carbamazepine ext-rel, clobazam, clonazepam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, rufinamide, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, BRIVIACT, FYCOMPA, OXTELLAR XR, XCOPRI
	ZONEGRAN	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, BRIVIACT, FYCOMPA, OXTELLAR XR, XCOPRI
Anti-infectives, Antibacterials Erythromycins/Macrolides	E.E.S GRANULES ERYPED	erythromycins
Antibacterials	CIPRO/FLUOC DRO PF	ciprofloxacin-dexamethasone, ofloxacin otic
Anti-infectives, Antibacterials Tetracyclines	coremino doxycycline hyolate delayed-rel tablet 50 mg doxycycline hyolate delayed-rel tablet 75 mg doxycycline hyolate delayed-rel tablet 80mg (GPI 04000020100624)	doxycycline hyolate 20 mg, doxycycline hyolate capsule, minocycline, tetracycline



Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	<i>doxycycline hyclate delayed-rel tablet 100 mg</i> <i>doxycycline hyclate delayed-rel tablet 150 mg</i> <i>doxycycline hyclate delayed-rel tablet 200 mg</i> <i>doxycycline hyclate tablet 50 mg (GPI 04000020100305)</i> <i>doxycycline hyclate tablet 75 mg</i> <i>doxycycline hyclate tablet 150 mg</i> <i>doxycycline monohydrate capsule 75 mg</i> <i>doxycycline monohydrate capsule 150 mg</i> <i>minocycline ext-rel</i> <i>monodoxine NL capsule 75 mg</i> <i>MINOCIN</i> <i>TARGADOX</i>	
Anti-infectives, Anti-bacterials Miscellaneous	MACRODANTIN CAP	<i>generic nitrofurantoin (except NDC 16571074024, 70954049610)</i>
	nitrofurantoin suspension (NDC [^] 16571074024 only)	<i>generic nitrofurantoin suspension (except NDC 16571074024, 70954049610)</i>
Anti-infectives, Anti-fungals	<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>
	<i>posaconazole delayed-rel tablet</i>	<i>fluconazole, itraconazole</i>
	<i>luliconazole CRE</i>	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>
Anti-infectives, Anti-virals Herpes *	<i>acyclovir cream</i>	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
Anti-inflammatory Steroidal, Ophthalmic	PRED FORTE FML LIQUIFILM	<i>Dexamethasone ophthalmic, loteprednol, prednisolone acetate 1%</i>
Asthma * Leukotriene Modulators	<i>zileuton ext-rel</i> SINGULAIR	<i>montelukast, zafirlukast</i>
Cancer Prostate * Hormonal Agents, Antiandrogens	NILANDRON	<i>Use generics, ERLEADA, XTANDI, YONSA</i>
Cardiovascular Anti-arrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
Cardiovascular Anti-lipidemics Fibrates	<i>fenofibrate tablet 120 mg</i> <i>fenofibrate capsule 50 mg</i> <i>fenofibrate capsule 130 mg</i> <i>fenofibrate tablet 40 mg</i> <i>FENOFIB MICR CAP 30MG</i> <i>FENOFIB MICR CAP 90MG</i> <i>FENOGLIDE TABLET 120 MG</i>	<i>fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>
Cardiovascular Anti-lipidemics Niacins	<i>niacin tablet 500 mg</i> Niacor	<i>niacin ext-rel</i>

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
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, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC[^] 60505367503), sertraline, vilazodone, TRINELLIX</i>
Depression and/or Schizophrenia * Antipsychotics, Atypicals	FANAPT	<i>ariprazole, 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>ADAPALENE PAD 0.1% SWAB</i> <i>clindamycin gel (NDC[^] 68682046275 only)</i> <i>Vanoxide-HC</i>	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275, 69238203107, 73473030275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, EPIDUO, TWYNÉO, WINLEVI</i>
	<i>isotretinoin capsule</i>	<i>isotretinoin capsule 20 mg, 30 mg, 40 mg</i>
Dermatology Anti-psoriasis	<i>calcipotriene cream</i> <i>calcitriol ointment</i> <i>VECTICAL</i>	<i>Must use calcipotriene ointment/solution, VTAMA, ZORYVE CREAM</i>
	<i>calcipotriene-betamethasone</i>	<i>calcipotriene ointment/solution with desoximetasone (except 0.05% ointment), fluocinonide (except 0.1% cream) or BRYHALI; ENSTILAR, TACLONEX, VTAMA, ZORYVE CREAM</i>
Dermatology Atopic Dermatitis *	<i>doxepin cream</i>	<i>Desonide (except desonide gel), hydrocortisone, pimecrolimus, tacrolimus, EUCRISA, OPZELURA</i>

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Dermatology Scars	CICATRACE POLYTOZA SCARSILK PAD SILIVEX SILTREX	Consult doctor
Dermatology Seborrheic Dermatitis *	ketoconazole foam 2% Ketodan	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%, ZORYVE FOAM
Dermatology Seborrheic Dermatitis *	XOLEGEL	ciclopirox, ketoconazole cream 2%
Dermatology Skin Inflammation and Hives * Corticosteroids	flurandrenolide cream flurandrenolide lotion NOLIX cream / lotion	desonide (except desonide gel), hydrocortisone
	NEO SYNLAR cream / kit	desonide (except desonide gel) or hydrocortisone with gentamicin
	clobetasol aerosol 0.05% (emollient) fluocinonide cream 0.1% TOVET AER 0.05%	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment
	clocortolone cream desoximetasone ointment 0.05% flurandrenolide ointment hydrocortisone butyrate lipophilic cream 0.1% hydrocortisone butyrate lotion triamcinolone aerosol spray CORDRAN OINTMENT triamcinolone ointment 0.05% Trianex	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
	APEXICON E Betamethasone Dipropionate 0.05% diflorasone cream diflorasone ointment halcione cream PSORCON	Desoximetasone, (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI
Dermatology Warts	VEREGEN	imiquimod
Dermatology Wound Care Products	Alevicyn solution ALEVICYN GEL ALEVYICYN KIT ALEVICYN SG	desonide (except desonide gel), hydrocortisone
	mupirocin cream	gentamicin, mupirocin ointment
Dermatology Miscellaneous Skin Conditions	ALCORTIN A ATOPADERM BENSAL HP NOVACORT SYNERDERM	desonide (except desonide gel), hydrocortisone
	oxiconazole (NDCs [^] 00168035830, 51672135902 only)	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	TAVABOROLE SOL 5%	<i>terbinafine tablet</i>
Diabetes * Biguanides	metformin ext-rel (generics FORTAMET and GLUMETZA)	<i>metformin, metformin ext-rel (except generic FORTAMET or GLUMETZA)</i>
Dietary Supplements	FOSTEUM FOSTEUM PLUS <i>activite</i> <i>dexifol</i> <i>feriva 21/7</i> <i>folic-k</i> <i>folika-d</i> <i>folica-T</i> <i>folica-V</i> <i>Genicin Vita-S</i> <i>Hylavite</i> <i>Lorid</i> <i>Multipro</i> <i>Nicadan</i> <i>Nicaprin</i> <i>NICAZEL</i> <i>NICAZEL FORTE</i> <i>NICOMIDE</i> <i>OMNIVEX</i> <i>RHEUMATE</i> <i>RIBOZEL</i> <i>TALIVA</i> <i>TRONVITE</i> <i>vitasure</i> <i>XYZBAC</i> <i>xvite</i> <i>ZYVIT</i>	<i>alendronate, ibandronate, risedronate</i> <i>Generic multivitamins</i>
	Ortho DF Folvite-D	<i>Folic acid, generic multivitamins</i>
	VASCULERA	Consult doctor
Erectile Dysfunction * Phosphodiesterase Inhibitors	STENDRA	<i>sildenafil, tadalafil</i>
Endocrine and Metabolic Agents	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
Gastrointestinal Anticholinergics	<i>chlordiazepoxide-clidinium (NDCs[^] 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)</i> <i>hyoscyamine sulfate ext-rel</i> <i>oscimin SR</i> <i>SYMAX SR</i> <i>GLYCOPYRROLATE TABLET 1.5 MG</i>	dicyclomine
Gastrointestinal Antidiarrheals	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Gastrointestinal Laxatives	<i>lactulose pak</i>	<i>lactulose solution</i>
Gastrointestinal Probiotics	PROVAD ZELAC	Consult doctor
Gastrointestinal Proton Pump Inhibitors (PPIs)	<i>omeprazole-sodium bicarbonate</i> <i>pantoprazole delayed-rel suspension</i> ACIPHEX ACIPHEX SPRINKLE LANSOPRAZOLE ODT DR NEXIUM PREVACID PRILOSEC POWDER PROTONIX ZEGERID	<i>esomeprazole DR, lansoprazole DR capsule, omeprazole DR, pantoprazole DR tablet</i>
Gastrointestinal Dietary Supplement	LACTOJEN CAP	Consult doctor
Gastrointestinal Ulcer Treatment	<i>sucralfate suspension</i>	<i>sucralfate tablet</i>
Genitourinary Interstitial Cystitis	RIMSO-50	Consult doctor
High Blood Pressure * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
Inflammatory Bowel Disease (IBD) Ulcerative Colitis * Aminosalicylates	COLAZAL <i>mesalamine delayed-rel tablet 800 mg</i> DELZICOL LIALDA	<i>balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD</i>
Kidney Disease * Phosphate Binders	<i>lanthanum carbonate</i>	<i>calcium acetate, sevelamer carbonate, AURYXIA</i>
Musculoskeletal	<i>carisoprodol</i> <i>chlorzoxazone 250 mg</i> <i>chlorzoxazone 375 mg</i> <i>chlorzoxazone 500 mg (NDC^ 73007001303 only)</i> <i>chlorzoxazone 750 mg</i> <i>cyclobenzaprine ext-rel capsule</i> <i>cyclobenzaprine tablet 7.5 mg</i> <i>fexmid</i> <i>lorzone</i> <i>metaxalone 400 mg</i> <i>methocarbamol 500 mg (NDC^ 69036091010 only)</i> <i>methocarbamol 750 mg (NDCs^ 69036093090, 70868090190 only)</i> <i>orphenadrine-aspirin-caffeine</i> <i>orphengesic Forte</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	AMRIX NORGESIC FORTE	
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) VTOL LQ SOL	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
	dihydroergotamine spray ergotamine-caffeine migergot CAFERGOT	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH
	sumatriptan-naproxen TREXIMET	diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) with eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH
Pain Opioid Analgesics	LAZANDA	fentanyl transmucosal lozenge, SUBSYS
	levorphanol	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel
	PRIMLEV	hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA
	tramadol (NDC [^] 52817019610 only) tramadol ER cap	tramadol (except tramadol tablet 100 mg), tramadol ext-rel tablet
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM LIDOTREX	lidocaine-prilocaine
Pain and Inflammation * Corticosteroids	DEXPAK MILLIPRED prednisolone sol 10mg/ 5ml prednisolone sol 20mg/ 5ml	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (10mg/5 ml, 20mg/5ml), prednisone
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs)/Combinations	CAPSFENAC PAK CAPSINAC PAK diclofenac sol 2% pump DICLOHEAL 60 MIS DICLOSAICIN ICLOFENAC CP MIS INFLAMMACIN KAPZIN DC MIS nudiclo SoluPak nudiclo TabPak PENNSAICIN MIS SURE RESULT MIS DSS PAK	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	XELITRAL ZICLOPRO PAK ZICLOCIN PAK	
	diclofenac 25mg CAP diclofenac 25mg TAB fenoprofen tab 600 mg indomethacin capsule ketoprofen 25 mg capsule ketoprofen ext-rel capsule mefenamic acid (NDC [^] 69336012830 only) naproxen CR naproxen suspension meloxicam capsule fenoprofen capsule INDOCIN LOFENA SPRIX ZORVOLEX	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	DICLOFENAC POW 50MG	Use diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
	naproxen-esomeprazole	diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) with esomeprazole DR, lansoprazole DR capsule, omeprazole DR, pantoprazole DR tablet
Prostate Condition * Benign Prostatic Hyperplasia	UROXATRAL	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin
Respiratory Cough	benzonatate (NDCs [^] 69336012615, 69499032915 only)	benzonatate (except NDCs [^] 69336012615, 69499032915)
Respiratory Xanthines	THEO 24 CAP ER	ipratropium inhalation solution, PERFOROMIST, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI
Sleep Disorder Hypnotics, Non-benzodiazepines	quazepam ZOLPIDEM SUB ZOLPIMIST	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO, QUVIVIQ
Women's Health Contraception	SEASONIQUE	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron
Women's Health Menopausal Vasomotor Symptom Agents	paroxetine mesylate capsule 7.5 mg	paroxetine HCl
Women's Health Premenstrual Dysphoric Disorder (PMDD)	fluoxetine tablet (generics for SARAFEM only)	fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC 60505367503), sertraline, vilazodone

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Women's Health Prenatal Vitamins	AZESCO TRINAZ ZALVIT	<i>prenatal vitamins</i>
Colonoscopy	PEG/NASUL/C/ SOL NACL/POT	<i>peg 3350-electrolytes (except generics for MOVIPREP), sodium sulfate-potassium sulfate-magnesium sulfate, CLENPIQ</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.

[Caremark.com](#)