

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	<i>dexchlorpheniramine</i> <i>diphen Elixir</i> RYCLORA CARBINOXAMINE TABLET 6 MG	levocetirizine
Anti-convulsants	topiramate ext-rel capsule (generics for QUDEXY XR only)	<i>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, BRIVIACT, OXTELLAR XR, XCOPRI</i>
	ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, BRIVIACT, OXTELLAR XR, XCOPRI</i>
Anti-infectives, Antibacterials Erythromycins/Macrolides	E.E.S GRANULES ERYPED	<i>erythromycins</i>
Antibacterials	CIPRO/FLUOC DRO PF	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
Anti-infectives, Antibacterials Tetracyclines	<i>coremino</i> <i>doxycycline hyclate delayed-rel tablet 50 mg</i> <i>doxycycline hyclate delayed-rel tablet 75 mg</i> <i>doxycycline hyclate delayed-rel tablet 80mg</i> (GPI 04000020100624) <i>doxycycline hyclate delayed-rel tablet 100 mg</i> <i>doxycycline hyclate delayed-rel tablet 150 mg</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	doxycycline hyclate delayed-rel tablet 200 mg doxycycline hyclate tablet 50 mg (GPI 04000020100305) doxycycline hyclate tablet 75 mg doxycycline hyclate tablet 150 mg doxycycline monohydrate capsule 75 mg doxycycline monohydrate capsule 150 mg minocycline ext-rel mondoxyne NL capsule 75 mg MINOCIN TARGADOX	
Anti-infectives, Anti-bacterials Miscellaneous	MACRODANTIN CAP	generic nitrofurantoin (except NDC 16571074024, 70954049610)
	nitrofurantoin suspension (NDC [^] 16571074024 only)	generic nitrofurantoin suspension (except NDC 16571074024, 70954049610)
Anti-infectives, Anti-fungals	flucytosine capsule 500 mg	fluconazole
	posaconazole delayed-rel tablet	fluconazole, itraconazole
	luliconazole CRE	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, naftifine, oxiconazole (except NDCs 00168035830, 51672135902),
Anti-infectives, Anti-virals Herpes *	acyclovir cream	acyclovir capsule, acyclovir tablet, valacyclovir
Anti-inflammatory Steroidal, Ophthalmic	PRED FORTE FML LIQUIFILM	Dexamethasone ophthalmic, loteprednol, prednisolone acetate 1%
Asthma * Leukotriene Modulators	zileuton ext-rel SINGULAIR	montelukast, zafirlukast
Cancer Prostate * Hormonal Agents, Antiandrogens	NILANDRON	Use generics, ERLEADA, XTANDI, YONSA
Cardiovascular Anti-arrhythmics	BETAPACE BETAPACE AF	sotalol
Cardiovascular Anti-lipidemics Fibrates	fenofibrate tablet 120 mg fenofibrate capsule 50 mg fenofibrate capsule 130 mg fenofibrate tablet 40 mg FENOGLIDE TABLET 120 MG	fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel
Cardiovascular Anti-lipidemics Niacins	niacin tablet 500 mg Niacor	niacin ext-rel
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	digoxin

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Cardiovascular Diuretics	DYRENIUM	amiloride, triamterene
Cardiovascular Nitrates	isosorbide dinitrate 40 mg	isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate
Cardiovascular Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	amlodipine WITH celecoxib
Carnitine Deficiency	CARNITOR CARNITOR SF	levocarnitine
Depression * Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	fluoxetine tablet 60 mg	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX
Depression and/or Schizophrenia * Antipsychotics, Atypicals	FANAPT	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR
Depression/Antidepressants* Miscellaneous Agents	bupropion ext-rel tablet 450 mg	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
Dermatology Acne *	ADAPALENE PAD 0.1% SWAB clindamycin gel (NDC ^ 68682046275 only) Vanoxide-HC	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, TWYNEO, WINLEVI
	isotretinoin capsule	isotretinoin capsule 10 mg, 20 mg, 30 mg, 40 mg
Dermatology Anti-psoriatics	calcipotriene cream calcitriol ointment VECTICAL	Must use calcipotriene ointment/solution, tazarotene, VTAMA, ZORYVE CREAM, ZORYVE FOAM
	calcipotriene-betamethasone	calcipotriene ointment/solution with desoximetasone (except 0.05% ointment), fluocinonide (except 0.1% cream) or BRYHALI; tazarotene, ENSTILAR,, VTAMA, ZORYVE CREAM, ZORYVE FOAM
Dermatology Atopic Dermatitis *	doxepin cream	Desonide (except desonide gel), hydrocortisone, pimecrolimus, tacrolimus, EUCRISA, OPZELURA, VTAMA, ZORYVE CREAM
Dermatology Scars	CICATRACE POLYTOZA	Consult doctor

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	SCARSILK PAD SILIVEX SILTREX	
Dermatology Seborrheic Dermatitis *	<i>ketoconazole foam 2%</i> <i>Ketodan</i>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%, ZORYVE FOAM</i>
Dermatology Seborrheic Dermatitis *	XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</i>
Dermatology Skin Inflammation and Hives * Corticosteroids	<i>flurandrenolide cream</i> <i>flurandrenolide lotion</i> <i>NOLIX cream / lotion</i>	<i>desonide (except desonide gel), hydrocortisone</i>
	NEO SYNLAR cream / kit	<i>desonide (except desonide gel) or hydrocortisone with gentamicin</i>
	<i>clobetasol aerosol 0.05% (emollient)</i> <i>fluocinonide cream 0.1%</i> <i>TOVET AER 0.05%</i>	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
	<i>clocortolone cream</i> <i>desoximetasone ointment 0.05%</i> <i>flurandrenolide ointment</i> <i>hydrocortisone butyrate lipophilic cream 0.1%</i> <i>hydrocortisone butyrate lotion</i> <i>triamcinolone aerosol spray</i> <i>CORDRAN OINTMENT</i> <i>triamcinolone ointment 0.05%</i> <i>Trianex</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
	APEXICON E Betamethasone Dipropionate 0.05% <i>diflorasone cream</i> <i>diflorasone ointment</i> <i>halcionide cream</i> PSORCON	<i>Desoximetasone, (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
Dermatology Warts	VEREGEN	<i>imiquimod</i>
Dermatology Wound Care Products	<i>Alevicyn solution</i> ALEVICYN GEL ALEVICYN KIT ALEVICYN SG	<i>desonide (except desonide gel), hydrocortisone</i>
	<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
Dermatology Miscellaneous Skin Conditions	ALCORTIN A BENSAL HP NOVACORT SYNERDERM	<i>desonide (except desonide gel), hydrocortisone</i>
	<i>oxiconazole (NDCs^ 00168035830, 51672135902 only)</i>	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, naftifine, oxiconazole (except NDCs 00168035830, 51672135902)</i>
	TAVABOROLE SOL 5%	<i>terbinafine tablet</i>

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
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>activite dexifol feriva 21/7 folic-k folika-d folica-T folica-V Genicin Vita-S Hylavite Lorid Multipro Nicadan Nicaprin NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX RHEUMATE RIBOZEL TALIVA TRONVITE vitasure XYZBAC xvite ZYVIT</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) hyoscyamine sulfate ext-rel oscimin SR SYMEX SR GLYCOPYRROLATE TABLET 1.5 MG</i>	<i>dicyclomine</i>
Gastrointestinal Antidiarrheals	ENTERAGAM	<i>alosectron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
Gastrointestinal Laxatives	<i>lactulose pak</i>	<i>lactulose solution</i>

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Gastrointestinal Probiotics	PROVAD ZELAC	Consult doctor
Gastrointestinal Proton Pump Inhibitors (PPIs)	omeprazole-sodium bicarbonate pantoprazole delayed-rel suspension ACIPHEX ACIPHEX SPRINKLE LANSOPRAZOLE ODT DR NEXIUM PREVACID PRILOSEC POWDER PROTONIX ZEGERID	esomeprazole DR, lansoprazole DR capsule, omeprazole DR, pantoprazole DR tablet
Gastrointestinal Dietary Supplement	LACTOJEN CAP	Consult doctor
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 mesalamine delayed-rel tablet 800 mg DELZICOL LIALDA	balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD
Kidney Disease * Phosphate Binders	lanthanum carbonate	calcium acetate, sevelamer carbonate, AURYXIA
Musculoskeletal	carisoprodol chlorzoxazone 250 mg chlorzoxazone 375 mg chlorzoxazone 500 mg (NDC^ 73007001303 only) 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)
Osteoporosis *	MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	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, TOSYMRA, UBRELVY
	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 XELITRAL ZICLOPRO PAK ZICLOCIN 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
	<p><i>diclofenac 25mg CAP</i> <i>diclofenac 25mg TAB</i> <i>fenoprofen tab 600 mg</i> <i>indomethacin capsule</i> <i>ketoprofen 25 mg capsule</i> <i>ketoprofen ext-rel capsule</i> <i>mefenamic acid (NDC[^] 69336012830 only)</i> <i>naproxen CR</i> <i>naproxen suspension</i> <i>meloxicam capsule</i> <i>fenoprofen capsule</i> INDOCIN LOFENA SPRIX ZORVOLEX</p>	<p><i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i></p>
	DICLOFENAC POW 50MG	<i>Use diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>naproxen-esomeprazole</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) with esomeprazole DR, lansoprazole DR capsule, omeprazole DR, pantoprazole DR tablet</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>
Respiratory Xanthines	THEO 24 CAP ER	<i>ipratropium inhalation solution, PERFOROMIST, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI</i>
Sleep Disorder Hypnotics, Non-benzodiazepines	<i>quazepam</i> ZOLPIDEM SUB ZOLPIMIST	<i>doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel, BELSOMRA</i>
Women's Health Contraception	SEASONIQUE	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i>
Women's Health Menopausal Vasomotor Symptom Agents	<i>paroxetine mesylate capsule 7.5 mg</i>	<i>paroxetine HCl</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 TRINAZ ZALVIT	<i>prenatal vitamins</i>

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Colonoscopy</i>	PEG/NASUL/C/ SOL NAACL/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](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