

2014 Prior Authorization and Utilization Management List

Drugs that Require Prior Authorization Due to Safety/Health/Cost Concerns	
Indication(s)	Medications Included
Narcolepsy	Provigil, Nuvigil
Topical Acne Agents	Tazorac-(All Ages)
Oral Anti-Fungal Agents	Diflucan, Lamisil, Sporanox
Drugs that have Quantity Limitations with Post Prior Authorization Required	
Anti-Emetic Agents	Aloxi, Anzemet, Cesamet, Emend, Kytril, Marinol & Zofran
Anti-Migraine Agents	Amerge, Axert, Frova, Imitrex Tablets, Imitrex Injection, Imitrex Nasal Spray, Maxalt, Maxalt MLT, Relpax, Treximate, Zomig, Zomig ZMT, Zomig Nasal Spray and Migranal Nasal Spray
Sedative/Hypnotics	Ambien, Ambien CR, Dalmane, Doral, Halcion, Lunesta, ProSom, Restoril, Rozerem and Sonata
Smoking Cessation	Rx Drugs ONLY: \$350 Max/Year, \$700 Max/Lifetime. Not applicable to all plans

If you have questions about plan coverage or medications on this Prior Authorization list, please contact Caremark Customer Care toll-free 1-888-543-4919 (BCO) or 1-877-668-8993 (PNNL)

Physicians: Call Caremark at 888-413-2723 to process Prior Authorization Requests for your patient's

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This list is subject to change throughout the year.

