GEHA

October 2019

# 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 [1] | Formulary Options |
|---|---|---|
| *Acromegaly* | SANDOSTATIN LAR | SOMATULINE DEPOT, SOMAVERT |
| *Allergies*<br>Nasal Steroids / Combinations | BECONASE AQ<br>OMNARIS<br>QNASL<br>ZETONNA | *flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray,* DYMISTA |
| *Anticonvulsants* | SABRIL | *vigabatrin* |
| *Anti-infectives, Antibacterials*<br>Erythromycins / Macrolides | E.E.S. GRANULES<br>ERYPED | *erythromycins* |
| *Anti-infectives, Antibacterials*<br>Tetracyclines | ACTICLATE<br>DORYX<br>DORYX MPC<br>MINOCIN<br>TARGADOX | *doxycycline hyclate, minocycline, tetracycline* |
| *Anti-infectives, Antibacterials*<br>Miscellaneous | MACRODANTIN | *nitrofurantoin* |
| *Anti-infectives, Antivirals*<br>Cytomegalovirus * | VALCYTE | *valganciclovir* |
| *Anti-infectives, Antivirals*<br>Hepatitis B * | BARACLUDE TABLET<br>EPIVIR HBV<br>HEPSERA<br>VEMLIDY | *entecavir, lamivudine, tenofovir disoproxil fumarate,* BARACLUDE SOLUTION |
| *Anti-infectives, Antivirals*<br>Hepatitis C * | MAVYRET | EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI [2] |
| | DAKLINZA<br>VIEKIRA PAK<br>ZEPATIER | EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6) |
| *Anti-infectives, Antivirals*<br>Herpes * | VALTREX | *acyclovir, valacyclovir* |
| *Anti-inflammatory*<br>Steroidal, Ophthalmic | PRED FORTE | *dexamethasone, prednisolone acetate 1%,* DUREZOL, FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD |
| *Asthma **<br>Beta Agonists, Short-Acting | PROVENTIL HFA<br>VENTOLIN HFA<br>XOPENEX HFA | *albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol,* PROAIR HFA, PROAIR RESPICLICK |
| *Asthma **<br>Severe Asthma Agents | FASENRA | DUPIXENT, NUCALA |

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|---|---|---|
| *Asthma **<br>Steroid Inhalants | ALVESCO | ARNUITY ELLIPTA, ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR, QVAR REDIHALER |
| *Asthma * or Chronic Obstructive Pulmonary Disease (COPD) **<br>Steroid / Beta Agonist Combinations | DULERA | ADVAIR DISKUS, ADVAIR HFA, BREO ELLIPTA, SYMBICORT |
| *Attention Deficit Hyperactivity Disorder ** | ADDERALL XR | *amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel,* MYDAYIS, VYVANSE |
| | INTUNIV | *amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel,* MYDAYIS, VYVANSE |
| *Autoimmune Agents*<br>Ankylosing Spondylitis * | CIMZIA<br>SIMPONI | COSENTYX, ENBREL, HUMIRA |
| *Autoimmune Agents*<br>Crohn's Disease * | CIMZIA<br>ENTYVIO | HUMIRA, STELARA SUBCUTANEOUS (after failure of HUMIRA) |
| *Autoimmune Agents*<br>Psoriasis * | CIMZIA<br>COSENTYX<br>ENBREL | HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ |
| *Autoimmune Agents*<br>Psoriatic Arthritis * | CIMZIA<br>ORENCIA CLICKJECT<br>ORENCIA INTRAVENOUS<br>ORENCIA SUBCUTANEOUS<br>SIMPONI<br>STELARA SUBCUTANEOUS<br>TALTZ<br>XELJANZ<br>XELJANZ XR | COSENTYX, ENBREL, HUMIRA, OTEZLA |
| *Autoimmune Agents*<br>Rheumatoid Arthritis * | ACTEMRA<br>CIMZIA<br>KINERET<br>ORENCIA INTRAVENOUS<br>SIMPONI | ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, XELJANZ, XELJANZ XR |
| *Autoimmune Agents*<br>Ulcerative Colitis * | ENTYVIO<br>XELJANZ | HUMIRA, SIMPONI |
| *Autoimmune Agents*<br>All Other Conditions* | ACTEMRA<br>KINERET<br>ORENCIA CLICKJECT<br>ORENCIA INTRAVENOUS<br>ORENCIA SUBCUTANEOUS | ENBREL, HUMIRA |
| *Cancer*<br>Chronic Myelogenous Leukemia * | GLEEVEC<br>TASIGNA | *imatinib mesylate*, BOSULIF, SPRYCEL |
| *Cancer*<br>Prostate *<br>Hormonal Agents, Antiandrogens | NILANDRON<br>ZYTIGA | *abiraterone, bicalutamide,* XTANDI |
| *Cancer*<br>Prostate *<br>Hormonal Agents, Luteinizing Hormone-Releasing Hormone (LHRH) Agonists | LUPRON DEPOT<br>(For Prostate Cancer Only) | ELIGARD |
| *Cardiovascular*<br>Antiarrhythmics | BETAPACE<br>BETAPACE AF | *sotalol* |

| *Category*<br>Drug Class | Drugs Requiring Prior Authorization for Medical Necessity [1] | Formulary Options |
|---|---|---|
| *Cardiovascular*<br>Antilipemics<br>Cholesterol Absorption Inhibitors | ZETIA | *ezetimibe* |
| *Cardiovascular*<br>Antilipemics<br>Fibrates | TRICOR | *fenofibrate , fenofibric acid* |
| *Cardiovascular*<br>Antilipemics<br>HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations [3] | ALTOPREV<br>CRESTOR<br>LESCOL XL<br>LIPITOR<br>LIVALO | *atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin* |
| *Cardiovascular*<br>Antilipemics<br>PCSK9 Inhibitors | PRALUENT | REPATHA |
| *Cardiovascular*<br>Digitalis Glycosides | LANOXIN TABLET<br>(125 MCG and 250 MCG only) | *digoxin* |
| *Cardiovascular*<br>Diuretics | DYRENIUM | *amiloride* |
| *Cardiovascular*<br>Pulmonary Arterial Hypertension *<br>Phosphodiesterase Inhibitors | ADCIRCA<br>REVATIO | *sildenafil, tadalafil* |
| *Carnitine Deficiency* | CARNITOR<br>CARNITOR SF | *levocarnitine* |
| *Chronic Obstructive Pulmonary Disease (COPD) **<br>Anticholinergics | TUDORZA | INCRUSE ELLIPTA, SPIRIVA |
| *Contraceptives*<br>Progestin Intrauterine Devices | LILETTA | KYLEENA, MIRENA, SKYLA |
| *Cystic Fibrosis **<br>Inhaled Antibiotics | TOBI<br>TOBI PODHALER | *tobramycin inhalation solution,* BETHKIS |
| *Depression **<br>Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs) | *venlafaxine ext-rel tablet*<br>(except 225 mg)<br>CYMBALTA<br>EFFEXOR XR | *desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule* |
| *Depression **<br>Antidepressants, Miscellaneous Agents | OLEPTRO | *trazodone* |
| *Depression and/or Schizophrenia **<br>Antipsychotics, Atypicals | ABILIFY<br>FANAPT<br>SEROQUEL XR | *aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone,* LATUDA, VRAYLAR |
| *Dermatology*<br>Acne * | *Vanoxide-HC*<br>ACANYA<br>BENZACLIN<br>ONEXTON<br>VELTIN<br>ZIANA | *adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin*, EPIDUO, RETIN-A MICRO, TAZORAC |
| *Dermatology*<br>Actinic Keratosis * | *fluorouracil cream 0.5%*<br>CARAC | *fluorouracil cream 5%, fluorouracil solution, imiquimod,* PICATO, TOLAK, ZYCLARA |

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|---|---|---|
| *Dermatology*<br>Antipsoriatics | SORILUX | *calcipotriene* |
| *Dermatology*<br>Rosacea * | NORITATE | *metronidazole,* FINACEA, SOOLANTRA |
| *Dermatology*<br>Skin Inflammation and Hives *<br>Corticosteroids | *clobetasol spray*<br>CLOBEX SPRAY<br>OLUX-E | *clobetasol foam* |
| | APEXICON E | *desoximetasone fluocinonide* |
| *Dermatology*<br>Wound Care Products | *Alevicyn solution*<br>ALEVICYN GEL<br>ALEVICYN KIT<br>ALEVICYN SG | *desonide, hydrocortisone* |
| *Dermatology*<br>Miscellaneous Skin Conditions | ALCORTIN A<br>BENSAL HP<br>NOVACORT | *desonide, hydrocortisone* |
| *Diabetes* *<br>Biguanides | FORTAMET<br>GLUMETZA<br>RIOMET | *metformin, metformin ext-rel* |
| *Diabetes* *<br>Dipeptidyl Peptidase-4<br>(DPP-4) Inhibitors | NESINA<br>ONGLYZA<br>TRADJENTA | JANUVIA |
| *Diabetes* *<br>Dipeptidyl Peptidase-4<br>(DPP-4) Inhibitor Combinations | JENTADUETO<br>JENTADUETO XR<br>KAZANO<br>KOMBIGLYZE XR<br>OSENI | JANUMET, JANUMET XR |
| *Diabetes* *<br>Injectable Incretin Mimetics | BYDUREON<br>BYETTA | OZEMPIC, TRULICITY, VICTOZA |
| *Diabetes* *<br>Insulins | APIDRA<br>HUMALOG | FIASP, NOVOLOG |
| | HUMALOG MIX 50/50 | NOVOLOG MIX 70/30 |
| | HUMALOG MIX 75/25 | NOVOLOG MIX 70/30 |
| | HUMULIN 70/30 [4] | NOVOLIN 70/30 [4] |
| | HUMULIN N [4] | NOVOLIN N [4] |
| | HUMULIN R [4] | NOVOLIN R [4] |
| | NOTE: *Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.* | |
| *Diabetes* *<br>Long Acting Insulins | LANTUS<br>TOUJEO | BASAGLAR, LEVEMIR, TRESIBA |
| *Diabetes* *<br>Insulin Sensitizers | ACTOS | *pioglitazone* |
| *Diabetes* *<br>Sodium-Glucose<br>Co-transporter 2 (SGLT2) Inhibitors | INVOKANA | FARXIGA, JARDIANCE |

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|---|---|---|
| *Diabetes* *<br>Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations | INVOKAMET<br>INVOKAMET XR | SYNJARDY, SYNJARDY XR, XIGDUO XR |
| *Diabetes* *<br>Supplies, Needles [5] | NOVO NORDISK NEEDLES<br>OWEN MUMFORD NEEDLES<br>PERRIGO NEEDLES<br>ULTIMED NEEDLES<br>All other insulin needles that are not BD ULTRAFINE brand | BD ULTRAFINE NEEDLES |
| *Diabetes* *<br>Supplies, Syringes [5] | ALLISON MEDICAL INSULIN SYRINGES<br>TRIVIDIA INSULIN SYRINGES<br>ULTIMED INSULIN SYRINGES<br>All other insulin syringes that are not BD ULTRAFINE brand | BD ULTRAFINE INSULIN SYRINGES |
| *Diabetes* *<br>Supplies, Test Strips and Kits [6,7] | BREEZE 2 STRIPS AND KITS<br>CONTOUR NEXT STRIPS AND KITS<br>CONTOUR STRIPS AND KITS<br>FREESTYLE STRIPS AND KITS<br>ONETOUCH ULTRA STRIPS AND KITS<br>ONETOUCH VERIO STRIPS AND KITS<br>All other test strips that are not ACCU-CHEK brand | ACCU-CHEK AVIVA PLUS STRIPS AND KITS [6],<br>ACCU-CHEK COMPACT PLUS STRIPS AND KITS [6],<br>ACCU-CHEK GUIDE STRIPS AND KITS [6],<br>ACCU-CHEK SMARTVIEW STRIPS AND KITS [6] |
| *Gastrointestinal*<br>Antiemetics | ZUPLENZ | *granisetron, ondansetron,* SANCUSO |
| *Gastrointestinal*<br>Opioid-induced Constipation | RELISTOR | MOVANTIK |
| *Gastrointestinal*<br>Proton Pump Inhibitors (PPIs) | NEXIUM<br>PREVACID<br>PROTONIX<br>ZEGERID | *esomeprazole, lansoprazole, omeprazole, pantoprazole,* DEXILANT |
| *Gaucher Disease* | ELELYSO | CERDELGA, CEREZYME |
| *Genitourinary*<br>Interstitial Cystitis | RIMSO-50 | Consult doctor |
| *Growth Hormones* | GENOTROPIN<br>NORDITROPIN<br>NUTROPIN AQ<br>OMNITROPE<br>SAIZEN | HUMATROPE |
| *Hematologic*<br>Anticoagulants (oral) | PRADAXA | *warfarin*, ELIQUIS, XARELTO |
| *Hematologic*<br>Erythropoiesis-Stimulating Agents | EPOGEN<br>PROCRIT | ARANESP, RETACRIT |
| *Hematologic*<br>Hemophilia A * | ELOCTATE<br>HELIXATE FS | ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ |
| *Hematologic*<br>Hemophilia B * | ALPROLIX | Consult doctor |
| *Hematologic*<br>Hereditary Angioedema * | BERINERT | RUCONEST |
| *Hematologic* | FULPHILA | NEULASTA, UDENYCA |

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|---|---|---|
| Neutropenia Colony Stimulating Factors | GRANIX<br>NEUPOGEN<br>ZARXIO | NIVESTYM |
| *Hematologic*<br>Platelet Aggregation Inhibitors | PLAVIX | *clopidogrel, prasugrel,* BRILINTA |
| *High Blood Pressure* *<br>Angiotensin II Receptor Antagonists | ATACAND<br>BENICAR<br>DIOVAN<br>EDARBI | *candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan* |
| *High Blood Pressure* *<br>Angiotensin II Receptor Antagonist / Diuretic Combinations | ATACAND HCT<br>BENICAR HCT<br>DIOVAN HCT<br>EDARBYCLOR | *candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide* |
| *High Blood Pressure* *<br>Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations | EXFORGE | *amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan* |
| *High Blood Pressure* *<br>Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations | EXFORGE HCT | *amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide* |
| *High Blood Pressure* *<br>Beta-blockers | TOPROL-XL | *atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel,* BYSTOLIC |
| High Blood Pressure *<br>Beta-blocker Combinations | DUTOPROL | *metoprolol succinate ext-rel* **WITH** *hydrochlorothiazide* |
| *High Blood Pressure* *<br>Calcium Channel Blockers | NORVASC | *amlodipine* |
| | *Matzim LA*<br>CARDIZEM<br>CARDIZEM CD<br>CARDIZEM LA (and its generics) | *diltiazem ext-rel* (except generic of CARDIZEM LA) |
| *Huntington's Disease* | XENAZINE | *tetrabenazine,* AUSTEDO |
| *Immunology*<br>Antimetabolites | CELLCEPT<br>MYFORTIC | *mycophenolate mofetil, mycophenolate sodium* |
| | RAPAMUNE<br>ZORTRESS | *sirolimus* |
| *Immunology*<br>Calcineurin Inhibitors | ASTAGRAF XL<br>ENVARSUS XR | *cyclosporine; cyclosporine, modified; tacrolimus* |
| *Immunology*<br>Disease Modifying Antirheumatic Agents | OTREXUP | RASUVO |
| *Inflammatory Bowel Disease (IBD)*<br>Ulcerative Colitis *<br>Aminosalicylates | ASACOL HD<br>DELZICOL | *balsalazide, sulfasalazine, sulfasalazine delayed-rel,* APRISO, PENTASA |
| | COLAZAL | *balsalazide* |
| *Interferons* * | PEGASYS | Consult doctor |
| *Kidney Disease* *<br>Phosphate Binders | FOSRENOL | *calcium acetate, lanthanum carbonate, sevelamer carbonate,* PHOSLYRA, VELPHORO |

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|---|---|---|
| *Multiple Sclerosis* | EXTAVIA | *glatiramer*, AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA, TYSABRI |
| *Musculoskeletal* | AMRIX | *cyclobenzaprine* |
| *Narcolepsy*<br>Wakefulness Promoters | NUVIGIL | *armodafinil* |
| *Nephropathic Cystinosis* | PROCYSBI | CYSTAGON |
| *Ophthalmic*<br>Miscellaneous | AVENOVA | Consult doctor |
| *Opioid Reversal* | EVZIO | *naloxone injection*, NARCAN NASAL SPRAY |
| *Osteoarthritis* *<br>Viscosupplements | EUFLEXXA<br>HYALGAN<br>MONOVISC<br>ORTHOVISC<br>SYNVISC<br>SYNVISC-ONE | DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3 |
| *Osteoporosis* *<br>Calcium Regulators | MIACALCIN INJECTION | *alendronate, calcitonin-salmon, ibandronate, risedronate,* FORTEO, PROLIA, TYMLOS |
| | MIACALCIN NASAL SPRAY | *calcitonin-salmon* |
| *Overactive Bladder / Incontinence* *<br>Urinary Antispasmodics | DETROL LA<br>ENABLEX<br>OXYTROL | *darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel*, MYRBETRIQ, TOVIAZ |
| *Pain*<br>Headache * | *butalbital-acetaminophen-caffeine capsule*<br>FIORICET CAPSULE<br>VANATOL LQ<br>VANATOL S | *diclofenac sodium, ibuprofen, naproxen* (except *naproxen CR* or *naproxen suspension*) |
| | CAFERGOT | *eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan,* ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY |
| *Pain*<br>Opioid Analgesics | LAZANDA | *fentanyl transmucosal lozenge,* ABSTRAL, SUBSYS |
| | *levorphanol* | *fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel,* EMBEDA, HYSINGLA ER, NUCYNTA ER, OXYCONTIN |
| | PRIMLEV | *hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen,* NUCYNTA |
| *Pain and Inflammation* *<br>Corticosteroids | *Dexpak*<br>MILLIPRED<br>RAYOS | *dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone* |

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|---|---|---|
| *Pain and Inflammation* *<br>Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations | ARTHROTEC | *celecoxib; diclofenac sodium, ibuprofen, meloxicam* or *naproxen* (except *naproxen CR* or *naproxen suspension*) **WITH** *esomeprazole, lansoprazole, omeprazole, pantoprazole,* or DEXILANT |
| | PENNSAID | *diclofenac sodium, diclofenac sodium gel 1% , diclofenac sodium solution, ibuprofen, meloxicam, naproxen* |
| | CAMBIA<br><br>INDOCIN<br>NAPRELAN<br>SPRIX<br>ZORVOLEX | *diclofenac sodium, ibuprofen, meloxicam, naproxen* |
| *Postherpetic Neuralgia* | HORIZANT | *gabapentin,* GRALISE |
| *Prostate Condition*<br>Benign Prostatic Hyperplasia * | JALYN | *dutasteride-tamsulosin; dutasteride* or *finasteride* **WITH** *alfuzosin ext-rel, doxazosin, silodosin, tamsulosin* or *terazosin* |
| | UROXATRAL | *alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin* |
| *Respiratory*<br>Alpha-1 Antitrypsin Deficiency | ZEMAIRA | ARALAST NP, GLASSIA, PROLASTIN-C |
| *Sleep Disorder*<br>Hypnotics, Non-benzodiazepines | INTERMEZZO<br>LUNESTA<br>ROZEREM<br>ZOLPIMIST | *eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual,* BELSOMRA, SILENOR |
| *Testosterone Replacement* *<br>Androgens | *testosterone gel 1%* [8]<br>ANDROGEL 1%<br>FORTESTA<br>NATESTO<br>TESTIM<br>VOGELXO | *testosterone gel, testosterone solution,* ANDRODERM |
| *Thyroid Supplements* | TIROSINT | *levothyroxine,* SYNTHROID |
| *Transplant* *<br>Immunosuppressants, Calcineurin Inhibitors | PROGRAF | *tacrolimus* |
| *Urea Cycle Disorders* | BUPHENYL<br>RAVICTI | *sodium phenylbutyrate* |

| *Category/*<br>Drug Class | Other Considerations |
|---|---|
| Autoimmune and Hepatitis C * | For some clients, an Indication-Based Formulary will be utilized for products in these classes and may result in additional products not covered without a medical exception. |
| Drugs for Infusion Into Spaces Other Than the Blood | A drug that must be infused into a space other than the blood will generally not be covered under the prescription drug benefit. |
| Generics | Limited source generics may be evaluated when appropriate and potentially not be covered without a medical exception. |
| New-to-Market Agents [1] | New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark® National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval. |
| Specialty | As new specialty products launch, as well as quarterly throughout the year, CVS Caremark will re-evaluate existing specialty products to determine appropriate formulary placement, which includes potentially not covering without a medical exception, adding back or deleting these products. |

The listed formulary options are subject to change.

# List of Drugs Requiring Prior Authorization for Medical Necessity

ABILIFY
ACANYA
ACTEMRA
ACTICLATE
ACTOS
ADCIRCA
ADDERALL XR
ALCORTIN A
ALEVICYN GEL
ALEVICYN KIT
ALEVICYN SG
*Alevicyn solution*
ALLISON MEDICAL
INSULIN SYRINGES [5]
ALPROLIX
ALTOPREV
ALVESCO
AMRIX
ANDROGEL 1%
APEXICON E
APIDRA
ARTHROTEC
ASACOL HD
ASTAGRAF XL
ATACAND
ATACAND HCT
AVENOVA
BARACLUDE TABLET
BECONASE AQ
BENICAR
BENICAR HCT
BENSAL HP
BENZACLIN
BERINERT
BETAPACE
BETAPACE AF
BREEZE 2 STRIPS AND KITS [7]
BUPHENYL
*butalbital-acetaminophen-caffeine capsule*
BYDUREON
BYETTA
CAFERGOT
CAMBIA
CARAC
CARDIZEM
CARDIZEM CD
CARDIZEM LA (and its generics)
CARNITOR
CARNITOR SF
CELLCEPT
CIMZIA
*clobetasol spray*
CLOBEX SPRAY
COLAZAL
CONTOUR NEXT STRIPS AND KITS [7]
CONTOUR STRIPS AND KITS [7]
CRESTOR
CYMBALTA
DAKLINZA
DELZICOL
DETROL LA
*Dexpak*
DIOVAN
DIOVAN HCT
DORYX
DORYX MPC
DULERA
DUTOPROL DYRENIUM
EDARBI
EDARBYCLOR
E.E.S. GRANULES
EFFEXOR XR
ELELYSO
ELOCTATE
ENABLEX
ENTYVIO
ENVARSUS XR
EPIVIR HBV
EPOGEN
ERYPED
EUFLEXXA
EVZIO
EXFORGE
EXFORGE HCT
EXTAVIA
FANAPT
FASENRA
FENOGLIDE TABLET 120 MG
FIORICET CAPSULE
*fluorouracil cream 0.5%*
FORTAMET
FORTESTA
FOSRENOL
FREESTYLE STRIPS AND KITS [7]
FULPHILA
GENOTROPIN
GLEEVEC
GLUMETZA
GRANIX
HELIXATE FS
HEPSERA
HORIZANT
HUMALOG
HUMALOG MIX 50/50
HUMALOG MIX 75/25
HUMULIN 70/30 [4]
HUMULIN N [4]
HUMULIN R [4]
HYALGAN
INDOCIN
INTERMEZZO
INTUNIV
INVOKAMET
INVOKAMET XR
INVOKANA
JALYN
JENTADUETO
JENTADUETO XR
KAZANO
KINERET
KOMBIGLYZE XR
LANOXIN TABLET (125 MCG and 250 MCG only)
LANTUS
LAZANDA
LESCOL XL
*levorphanol*
LILETTA
LIPITOR
LIVALO
LUNESTA
LUPRON DEPOT
MACRODANTIN
*Matzim LA*
MAVYRET
MEBOLIC
MIACALCIN INJECTION
MIACALCIN NASAL SPRAY
MILLIPRED
MINOCIN
MONOVISC
*mupirocin cream*
MYFORTIC
NAPRELAN
NATESTO
NESINA
NEUPOGEN
NEXIUM
NILANDRON
NORDITROPIN
NORITATE
NORVASC
NOVACORT
NOVAREL
NOVO NORDISK NEEDLES [5]
NUTROPIN AQ
NUVIGIL
OLEPTRO
OLUX-E
OMNARIS
OMNITROPE
ONETOUCH ULTRA STRIPS AND KITS [7]
ONETOUCH VERIO STRIPS AND KITS [7]
ONEXTON
ONGLYZA
ORENCIA INTRAVENOUS
ORTHOVISC
OSENI
OTREXUP
OWEN MUMFORD NEEDLES [5]
OXYTROL
PEGASYS
PENNSAID
PERRIGO NEEDLES [5]
PLAVIX
PRADAXA
PRALUENT
PRED FORTE
PREVACID
PRIMLEV
PROCRIT
PROCYSBI
PROGRAF
PROTONIX
PROVENTIL HFA
QNASL
RAPAMUNE
RAVICTI
RAYOS
RELISTOR
REVATIO
RIMSO-50
RIOMET
ROZEREM
SABRIL
SAIZEN
SANDOSTATIN LAR
SEROQUEL XR
SORILUX
SPRIX
SYNVISC
SYNVISC-ONE
TARGADOX
TASIGNA
TESTIM
*testosterone gel 1%* [8]
TIROSINT
TOBI
TOBI PODHALER
TOUJEO
TRADJENTA
TRICOR
TRIVIDIA INSULIN SYRINGES [5]
TUDORZA
ULTIMED INSULIN SYRINGES [5]
ULTIMED NEEDLES [5]
UROXATRAL
VALCYTE
VALTREX
VANATOL LQ
VANATOL S
*Vanoxide-HC*
VELTIN
VEMLIDY
*venlafaxine ext-rel tablet* (except 225 mg)
VENTOLIN HFA
VIEKIRA PAK
VOGELXO
XENAZINE
XOPENEX HFA
ZARXIO
ZEGERID
ZEMAIRA
ZEPATIER
ZETIA
ZETONNA
ZIANA
ZOLPIMIST
ZONEGRAN
ZORTRESS
ZORVOLEX
ZUPLENZ
ZYTIGA

There may be additional drugs subject to prior authorization or other plan design restrictions. Please consult your plan 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 is subject to change.

Subject to applicable laws and regulations.

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^ Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.
* 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 at: 1-855-240-0536.
2 For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).
3 If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.
4 Rebranded or private label formulations are not covered without a prior authorization for medical necessity (i.e., RELION).
5 BD ULTRAFINE syringes and needles are the only preferred options.
6 An ACCU-CHEK blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.
7 ACCU-CHEK brand test strips are the only preferred options.
8 Listing reflects the authorized generics for TESTIM and VOGELXO.


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