



CVS Caremark Formulary Exclusions for PEBTF and REHP Members

Below is a list of medicines by drug class that will not be covered without a prior authorization. If you continue using one of these drugs after **June 30, 2012**, you may be required to pay the full cost.

If you are currently using one of these drugs, ask your doctor to choose one of the generic or brand options listed below.

Category * Drug Class	Drugs Requiring Prior Authorization ¹	Alternatives
Allergies * Nasal Steroids	BECONASE AQ OMNARIS RHINOCORT AQUA	<i>flunisolide spray, fluticasone spray, triamcinolone spray, NASONEX, VERAMYST</i>
Asthma * Beta Agonists, Short-Acting	MAXAIR XOPENEX HFA	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA
Depression * Antidepressants	OLEPTRO	<i>trazodone</i>
Dermatology * Acne	BREVOXYL NEOBENZ MICRO	<i>benzoyl peroxide</i>
Dermatology * Skin Inflammation and Hives Corticosteroids	OLUX-E	<i>clobetasol propionate foam 0.05%</i>
Diabetes * Biguanides	FORTAMET GLUMETZA RIOMET	<i>metformin ext-rel</i>
Diabetes * Insulins	HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 HUMULIN N HUMULIN R NOTE: <i>Humulin U-500 concentrate will not be subject to prior authorization and will continue to be covered.</i>	APIDRA, NOVOLOG NOVOLOG MIX 70/30 NOVOLOG MIX 70/30 NOVOLIN 70/30 NOVOLIN N NOVOLIN R
Diabetes* (See NOTE)	FREESTYLE STRIPS AND KITS	ACCU-CHECK STRIPS AND KITS ¹ , ONETOUGH STRIPS AND KITS ¹
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND EDARBI TEVETEN	<i>losartan, BENICAR,† DIOVAN†, MICARDIS†</i>
High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT TEVETEN HCT	<i>losartan-hydrochlorothiazide, BENICAR HCT†, DIOVAN HCT†, MICARDIS HCT†</i>

Category * Drug Class	Drugs Requiring Prior Authorization ¹	Alternatives
<i>High Cholesterol</i> * HMG Co-A Reductase Inhibitors (HMGs or Statins)	ALTOPREV LIVALO	<i>atorvastatin, lovastatin, pravastatin, simvastatin, CRESTOR</i>
<i>High Cholesterol</i> * HMG Co-A Reductase Inhibitor / Niacin Combinations	ADVICOR	SIMCOR
<i>Overactive Bladder / Incontinence</i> * Urinary Antispasmodics	OXYTROL SANCTURA XR TOVIAZ	<i>oxybutynin ext-rel, DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE</i>
<i>Pain and Inflammation</i> * Nonsteroidal Anti-inflammatory (NSAIDs) / Combinations	ARTHROTEC FLECTOR	<i>diclofenac, meloxicam, naproxen WITH misoprostol, CELEBREX, VIMOVO diclofenac, meloxicam, naproxen</i>
<i>Pain</i> * Non-Narcotic Analgesics	RYZOLT	<i>tramadol ext-rel</i>
<i>Testosterone Replacement</i> * Androgens	TESTIM	ANDRODERM, ANDROGEL

† These drugs may require you to try a generic medicine first

List of Formulary Exclusion Drugs (May be Prior Authorized)

ADVICOR ALTOPREV ARTHROTEC ATACAND ATACAND HCT BECONASE AQ BREVOXYL EDARBI FLECTOR FORTAMET FREESTYLE STRIPS AND KITS	GLUMETZA HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 HUMULIN N HUMULIN R LIVALO MAXAIR NEOBENZ MICRO OLEPTRO OLUX-E	OMNARIS OXYTROL RHINOCORT AQUA RIOMET RYZOLT SANCTURA XR TESTIM TEVETEN TEVETEN HCT TOVIAZ XOPENEX HFA
---	--	--

NOTE: Diabetic supplies are covered under the prescription drug plan for non-Medicare eligible retirees who retired prior to July 1, 2004. Active members and post-July 1, 2004 non-Medicare eligible retirees obtain diabetic supplies through DMEnson. Medicare eligible retirees obtain diabetic supplies through their medical plan.

There may be additional drugs subject to prior authorization and certain alternative drugs identified above may be subject to additional prior authorizations or other plan design restrictions. Please consult your plan for further information.

This list represents brand products in CAPS and generic products in lowercase *italics*. This is not an all-inclusive list. Log in to www.caremark.com to check coverage and copay information for a specific drug. Discuss this information with your doctor or health care provider. CVS Caremark assumes no liability for the information provided or for any diagnosis or treatment made in reliance thereon, nor is it responsible for the reliability of the content. This list is subject to change.

Subject to state law restrictions.

* This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

¹ If your physician believes you have a specific clinical need for one of these drugs, he or she should contact the Prior Authorization department toll-free at: 1-855-240-0536.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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 products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.