

State of Tennessee Prior Authorization, Step Therapy and Quantity Limit List

Prior Authorization

Your doctor needs to get prior authorization for the drugs listed below before your prescription benefit plan administered by CVS Caremark® will cover them. These drugs can have serious side effects when not used appropriately.

For prior authorization review, your **doctor** should call CVS Caremark at **1-800-294-5979** before you go to the pharmacy. The prior authorization line is for your doctor's use only.

Prior Authorization

1-800-294-5979

Acne

adapalene (Differin)
Fabior
Tazorac
Topical Tretinoin
Atralin, tretinoin (Avita, Retin-A), tretinoin microsphere (Retin-A Micro), Tretin-X, Veltin, Ziana

Anabolic Steroids

Anadrol-50
oxandrolone (Oxandrin)

Antidiabetic – Oral

Glumetza
Fortamet

Antifungals

ciclopirox (Penlac)
itraconazole (Onmel, Sporanox)
Jublia
Kerydin
terbinafine (Lamisil)

Atopic Dermatitis

Eucrisa

Compound Medications

more than \$300

Dental

Arestin

GI Motility

Amitiza
Linzess
Lotronex
Viberzi

Heart Failure

Entresto

Hypoactive Sexual Desire Disorder (HSDD)

Addyi

Narcolepsy

modafinil (Provigil)
Nuvigil
Xyrem

Nutritional Supplements

Inborn errors of metabolism products

Pain

Abstral
fentanyl citrate (Actiq)
Fentora
Lazanda
Subsys

Sublingual Immunotherapy

Grastek
Oralair
Ragwitek

Testosterone

Androderm
Androgel
Androxy
Axiron
Delatestryl
Depo-Testosterone
First-Testosterone Cream
First-Testosterone Oint
Fortesta
Methitest
methyltestosterone (Android, Testred)
Striant
Testim
Testopel Pellets
Testosterone Powder

Ulcers

Zegerid

Weight Loss

Belviq
Contrave
Saxenda

Prior Authorization for Specialty Drugs

Your doctor needs to get prior authorization for the specialty drugs listed on the following pages before they will be covered by your prescription benefit plan. These drugs can have serious side effects when not used appropriately.

For specialty drug prior authorization review, your **doctor** should call CVS Caremark at **1-866-814-5506** before you go to the pharmacy. The prior authorization line is for your doctor's use only.

Prior Authorization – Specialty Drugs

(Limited to a 30-day supply)

1-866-814-5506

Acromegaly	Supprelin LA	Afstyla
octreotide acetate (Sandostatin)	Cushing's Syndrome	Alphanate
Sandostatin LAR	Korlym	AlphaNine SD
Signifor	Signifor	Alprolix
Somatuline Depot	Cryopyrin-Associated Periodic Syndromes (CAPS)	Bebulin VH
Somavert	Arcalyst	BeneFIX
Alcohol Dependency	Ilaris	Coagadex
Vivitrol	Cystic Fibrosis	Eloctate
Allergic Asthma	Bethkis	Feiba VH
Cinqair	Cayston	Helixate FS
Nucala	Kalydeco	Hemofil M
Xolair	Katabis Pak	Humate-P
Alpha-1 Antitrypsin Deficiency	Orkambi	Idelvion
Aralast	Pulmozyme	Ixinity
Glassia	tobramycin (TOBI)	Koate
Prolastin-C	Gastrointestinal Disorders	Koate-DVI
Zemaira	Cholbam	Kogenate FS
Anemia	Gattex	Kovaltry
Aranesp	Ocaliva	Monoclate-P
Epogen	Zorbitive	Mononine
Mircera	Gout	NovoSeven
Atopic Dermatitis	Krystexxa	NovoEight
Dupixent	Growth Hormone and Related Disorders	Nuwiq
Bone Disorders	Humatrope	Obizur
Strensiq	Increlex	Profilnine SD
Botulinum Toxins	Hematopoietics	Recombinate
Botox	Mozobil	Rixubis
Dysport	Neumega	Stimate
Myobloc	Hemophilia and Related Disorders	Vonvendi
Xeomin	Advate	Wilate
Cardiac Disorder	Adynovate	Xyntha
Tikosyn		Hepatitis C
Central Precocious Puberty (CPP)		Epclusa
Lupron Depot PED		Harvoni

PegIntron	Infectious Disease	Aubagio
ribavirin (Copegus,	Actimmune	Betaseron
Moderiba, Ribasphere,	Inflammatory Bowel Disease	Gilenya
Rebetol)	Entyvio	glatiramer acetate
Sovaldi	Humira	(Copaxone, Glatopa)
Victrelis	Infectra	Lemtrada
Hereditary Angioedema	Stelara	Novantrone
Cinryze	Tysabri	Ocrevus
Firazyr	Iron Overload	Rebif
Kalbitor	deferoxamine (Desferal)	Tecfidera
Ruconest	Exjade	Tysabri
HIV	Feriprox	Zinbryta
Egrifta	Jadenu	Muscular Dystrophy
Serostim	Lipid Disorders	Exondys 51
Hormonal Therapies	Juxtapid	Neutropenia
Aveed	Kynamro	Granix
Eligard	Repatha	Leukine
Firmagon	Lipodystrophy	Neulasta
leuprolide acetate (Lupron)	Myalept	Zarxio
Lupaneta	Lysosomal Storage Disorders	Oncology
Lupron Depot	Adagen	Adcetris
Natpara	Aldurazyme	Afinitor
Supprelin LA	Cerezyme	Alecensa
Trelstar Dep/LA/Mix	Cerdelga	Arzerra
Vantas	Cystagon	Avastin
Zoladex	Cystaran	azacitidine (Vidaza)
Idiopathic Pulmonary Fibrosis	Elaprase	Bavencio
Esbriet	Elelyso	Beleodaq
Ofev	Fabrazyme	Bendeke
Idiopathic Thrombocytopenic	Kanuma	Blinicyto
Purpura (ITP)	Lumizyme	Bosulif
Nplate	Myozyme	capecitabine (Xeloda)
Promacta	Naglazyme	Carometyx
Immune Therapies	Orfadin	Cometriq
Bivigam	Procysbi	Cotellic
Carimune NF	Vimizim	Cyramza
Cuvitru	VPRIV	Darzalex
Flebogamma	Zavesca	decitabine (Dacogen)
GamaSTAN SD	Movement Disorders	Empliciti
Gammagard	Apokyn	Erbix
Gammaplex	Austedo	Erivedge
Gamunex C	Ingrezza	Erwinaze
Hizentra	Nothera	Farydak
Hyqvia	Nuplazid	Folotyng
Octagam	tetrabenazine (Xenazine)	Fusilev
Privigen	Multiple Sclerosis	Gazyva
	Ampyra	Gilotrif

Halaven
Herceptin
Hycamtin Capsules
Ibrance
imatinib (Gleevec)
Imbruvica
Imlygic
Inclusig
Inlyta
Intron A
Iressa
Istodax
Ixempra
Jakafi
Jevtana
Kadcyla
Keytruda
Kisqali
Kyprolis
Lartruvo
Lenvima
Lonsurf
Lynparza
Mekinist
Ninlaro
Nexavar
Novantrone
Odomzo
Oncaspar
Opdivo
Perjeta
Pomalyst
Portrazza
Proleukin
Revlimid
Rituxan
Rubraca
Sprycel
Stivarga
Sutent
Sylatron
Sylvant
Synribo
Tafinlar
Tagrisso

Tarceva
Targretin
Tecentriq
temozolomide (Temodar)
Thalomid
Torisel
Treanda
Tykerb
Valchlor
vandetanib (Caprelsa)
Vectibix
Velcade
Venclexta
Votrient
Xalkori
Xermelo
Xgeva
Yervoy
Zaltrap
Zejula
Zelboraf
Zolinza
zoledronic acid (Zometa)
Zydelig
Zykadia
Zytiga
Osteoarthritis
Gel-One
Gelsyn-3
Genvisc
Hyalgan
Hymovis
Supartz
Osteoporosis
Forteo
zoledronic acid (Reclast)
Paroxysmal Nocturnal Hemoglobinuria (PNH)
Soliris
Phenylketonuria (PKU)
Kuvan
Pre-Term Birth
Makena
Psoriasis
Enbrel

Humira
Inflectra
Rasuvo
Stelara
Taltz
Pulmonary Arterial Hypertension
Adempas
epoprostenol (Flolan, Veletri)
Letairis
Orenitram
Remodulin
sildenafil (Revatio)
Tracleer
Tyvaso
Upravi
Ventavis
Renal
Sensipar
Retinal Disorders
Avastin
Eylea
Lucentis
RSV
Synagis
Rheumatoid Arthritis
Enbrel
Humira
Inflectra
Rasuvo
Rituxan
Stelara
Seizure Disorders
Acthar
Sabril
Sleep Disorders
Hetlioz
Systemic Lupus Erythematosis
Benlysta
Urea Cycle Disorders
Carbaglu
phenylbutyrate sodium
(Buphenyl)
Ravicti

Step Therapy

You are required to try a generic drug or another preferred brand-name drug before your prescription benefit plan will cover one of the drugs listed below. Your **doctor** should call CVS Caremark at **1-800-294-5979** to request prior authorization for the atopic dermatitis drugs. For the ulcer drugs, your **doctor** should call CVS Caremark at **1-877-203-0003**. The prior authorization line is for your doctor's use only.

Step Therapy

Atopic Dermatitis
1-800-294-5979

Elidel
tacrolimus oint (Protopic)

Ulcers
1-877-203-0003

Proton Pump Inhibitors (PPIs)

Dexilant
Prilosec Packets
Protonix Packets

Quantity Limits

The drugs listed below have limits based on U.S. Food and Drug Administration (FDA)-approved prescribing information, approved medical guidelines and/or the average utilization quantity for the drugs.

The limits listed below affect only the amount of medication that the prescription benefit plan pays for, not whether you can get a greater quantity. The final decision about the amount of medication you receive remains between you and your doctor.

Note: Some of the quantity limits have a prior authorization available if you exceed the drug's limit. Those drugs with a prior authorization available are noted in chart below. If your doctor has determined that a greater amount is appropriate, your **doctor** should call CVS Caremark at **1-800-294-5979** to request prior authorization for a larger quantity. The prior authorization line is for your doctor's use only.

Quantity Limits	Quantity Per 30-day Supply	Quantity Per 90-day Supply	Prior Authorization Available (To Exceed Quantity Limit)
Anticoagulant Agents			
enoxaparin (Lovenox)	60 mL per 90 days		Yes
fondaparinux (Arixtra)	30 mL per 90 days		Yes
Fragmin	30 mL per 90 days		Yes
Iprivask	60 mL per 90 days		Yes
Antiemetics			
Akynzeo	2 capsule/21 days		Yes
Aloxi	10 mL/21 days		Yes
Anzemet tablets	6 tablets/21 days		Yes
Anzemet inj	15 mL/6 months		Yes
Cesamet	18 capsules	54 capsules	Yes
dronabinol (Marinol)	60 capsules	180 capsules	Yes
Emend 40 mg	3 capsules/6 months		Yes
Emend 80 mg	4 capsules/21 days		Yes
Emend 125 mg	2 capsules/21 days		Yes
Emend inj	2 vials/21 days		Yes
Emend Oral Suspension Kit	6 kits/21 days		Yes
Emend Tri-Pack	2 pack/21 days		Yes
granisetron (Kytril tablets)	12 tablets/21 days		Yes
granisetron (Kytril inj)	2 mL/21 days		Yes
ondansetron 24 mg tablet	2 tablet/21 days		Yes
ondansetron (Zofran 4 mg & 8 mg tab/ODT)	18 quantity/21 days		Yes
ondansetron (Zofran oral solution)	200 mL/21 days		Yes
ondansetron (Zofran inj)	20 mL/21 days		Yes
Sancuso	2 patches/21 days		Yes

Varubi	2 packs/21 days		No
Zuplenz 4 mg & 8 mg	18 Film/21 days		Yes
Antimigraine			
almotriptan (Axert)	12 tablets	36 tablets	Yes
Alsuma Inj Kit	12 quantity	36 quantity	Yes
dihydroergotamine (Migranal)	1 quantity	3 quantity	No
frovatriptan (Frova)	18 tablets	54 tablets	Yes
naratriptan (Amerge)	12 tablets	36 tablets	Yes
Onzentra Xsail Kits	1 kit	3 kits	Yes
Relpax	12 tablets	36 tablets	Yes
rizatriptan (Maxalt/Maxalt MLT)	18 tablets	54 tablets	Yes
sumatriptan (Imitrex oral)	12 tablets	36 tablets	Yes
sumatriptan 5 mg (Imitrex nasal spray [NS])	24 quantity	72 quantity	Yes
sumatriptan 20 mg (Imitrex nasal spray [NS])	12 quantity	36 quantity	Yes
sumatriptan (Imitrex Inj Kit)	18 quantity	54 quantity	Yes
sumatriptan (Imitrex Inj vial)	12 vl	40 vl	Yes
Sumavel Dosepro 4 mg	18 mL	54 mL	Yes
Sumavel Dosepro 6 mg	12 mL	36 mL	Yes
Treximet 10 mg-60 mg	9 tablets	18 tablets	Yes
Zembrace SymTouch	24 inj	72 inj	Yes
zolmitriptan (Zomig/Zomig ZMT)	12 tablets	36 tablets	Yes
Zomig nasal spray (NS)	12 quantity	36 quantity	Yes
Erectile Dysfunction			
Caverject	6 quantity	18 quantity	No
Cialis 5 mg, 10 mg, 20 mg	6 quantity	18 quantity	No
Cialis 2.5 mg	30 quantity	90 quantity	No
Edex	6 quantity	18 quantity	No
Levitra	6 quantity	18 quantity	No
Muse	6 quantity	18 quantity	No
Staxyn	6 quantity	18 quantity	No
Stendra	6 quantity	18 quantity	No
Viagra	6 quantity	18 quantity	No
Influenza			
Relenza Caps	40 quantity per 90 days		Yes
Tamiflu 30 mg Caps	28 quantity per 90 days		Yes
Tamiflu 45 mg, 75 mg Caps	14 quantity per 90 days		Yes
Tamiflu 30 mg/5 mL & 60 mg/5 mL Oral Liquid	180 mL per 90 days		Yes
Pain			
Arymo	180 tablets	540 tablets	Yes
Avinza	30 capsules	90 capsules	Yes
butorphanol (Stadol NS)	2 bottles	6 bottles	Yes
Embeda	120 capsules	360 capsules	Yes
Exalgo	30 tablet	90 tablets	Yes
Extended Release morphine (Kadian)	120 capsules	360 capsules	Yes

Extended-Release morphine (MS Contin) 15 mg, 30 mg, 60 mg	90 tablets	270 tablets	Yes
Extende-Release morphine (MS Contin) 100 mg, 200 mg	60 tablets	180 tablets	Yes
ketorolac oral (Toradol)	20 tablets per 30 days		No
Hysingla ER	60 tablets	180 tablets	Yes
Emla 2.5%-2.5% cream lidocaine -prilocaine 2.5-2.5% cream	30 gm		Yes
Lidocaine 2% gel	30 gm		Yes
Lidocaine 4% gel	30 gm		Yes
Lidocaine 5% ointment	50 gm		Yes
Lidocaine 4% solution	50 mL		Yes
Pliaglis 7-7% cream Lidocaine-tetracaine 7-7% cream	30 gm		Yes
Synera 70-70 mg patch Lidocaine-tetracaine 70-70 mg patch	2 patches		Yes
Morphabond	60 tabs	180 tabs	Yes
Nucynta 50 mg	360 tablets	1080 tablets	No
Nucynta 75 mg	240 tablets	720 tablets	No
Nucynta 100 mg	180 tablets	540 tablets	No
Nucynta ER 50 mg	300 tablets	900 tablets	No
Nucynta ER 100 mg	120 tablets	360 tablets	No
Nucynta ER 150 mg	90 tablets	270 tablets	No
Nucynta ER 200 mg, 250 mg	60 tablets	180 tablets	No
Opana ER	120 tablets	360 tablets	Yes
Oxycontin 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	120 tablets	360 tablets	Yes
Oxycontin 60 mg, 80 mg	60 tablets	180 tablets	Yes
Sprix	5 bottles per 30 days		No
Vantrela ER 15 mg	360 tablets	1080 tablets	Yes
Vantrela ER 30 mg	180 tablets	540 tablets	Yes
Vantrela ER 45 mg	120 tablets	360 tablets	Yes
Vantrela ER 60 mg	90 tablets	270 tablets	Yes
Vantrela ER 90 mg	60 tablets	180 tablets	Yes
Xartemis XR	120 tablets		No
Zohydro ER	120 capsules	360 capsules	Yes
Sedative/hypnotics			
<i>Benzodiazepines</i>			
estazolam (Prosom)	15 tablets	45 tablets	No
flurazepam (Dalmane)	15 capsules	45 capsules	No
quazepam (Doral)	15 tablets	45 tablets	No
temazepam (Restoril)	15 capsules	45 capsules	No
triazolam (Halcion)	10 tablets	30 tablets	No
<i>Non-Benzodiazepines</i>			
eszopiclone (Lunesta)	15 tablets	45 tablets	Yes

Rozerem	15 tablets	45 tablets	Yes
zaleplon (Sonata)	15 capsules	45 capsules	Yes
zolpidem (Ambien/Ambien CR)	15 tablets	45 tablets	Yes
Tobacco Cessation – Prescription Products			
bupropion	168 day supply/year		No
Chantix	168 day supply/year		No
OTC Nicotine Replacement (Patches, Gum, Lozenges), Nicotrol NS, Nicotrol Inhaler	168 day supply/year		No

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