

Value Formulary Narrow

Medicines with Clinical Requirements: Prior Authorization

Below is a list of medicines by drug class that require prior authorization based on certain clinical requirements for Value Formulary plans. If you continue using one of these medicines without authorization, you may be required to pay the full cost of the medicine.

If you are currently using one of these medicines, ask your doctor to provide authorization or to consider a plan medicine that does not require authorization.

Category* Drug Class	Medicines with Prior Authorization	Primary Clinical Requirements To Consider
Anti-infectives, Antibacterials*	DIFICID	Intended to be used only to treat severe or recurrent infections that are proven or strongly suspected to be caused by <i>Clostridium difficile</i> (CDI)
	linezolid	Intended to be used only to treat infections caused by susceptible strains of designated microorganisms in specific conditions
Fibromyalgia*	SAVELLA	Intended for adult patients for the management of fibromyalgia
Gastrointestinal Agents* Irritable Bowel Disease – Diarrhea Predominant	VIBERZI	Intended for adult patients for the treatment of irritable bowel syndrome with diarrhea
	XIFAXAN 550	Intended to reduce the risk of overt hepatic encephalopathy (HE) recurrence in patients who are 18 years of age or older Also intended for adult patients for the treatment of irritable bowel syndrome with diarrhea
Narcolepsy*	armodafinil	Intended to improve wakefulness in patients with excessive sleepiness associated with obstructive sleep apnea, narcolepsy and shift work disorder
	modafinil	
Opioid Analgesics	Belbuca (600/750/9000 MCG Base Equivalent)	Belbuca is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.
Opioid Dependence Agents*	buprenorphine sublingual (QL)	Intended for the treatment of opioid dependence and is preferred for induction. These should be used as part of a complete treatment plan to include counseling and psychosocial support
Pain and Inflammation* Opioid Agents, Short-Acting	fentanyl lozenges (QL)	Intended for managing breakthrough pain in cancer patients who are already receiving around-the-clock opioid medicine for underlying cancer pain
Seizures	clobazam	Indicated for the adjunctive treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in patients 2 years of age or older.

The medicines indicated above with prior authorization, along with their clinical requirements, are subject to change. There may be additional drugs subject to prior authorization or other plan design restrictions. Though covered by your plan, some generics may not be listed in your plan's formulary. Please consult your plan for further information.

This list represents brand products in CAPS, branded generics in upper- and lowercase, and generic products in lowercase *italics*. This is not an all-inclusive list of available drug alternative considerations. Log in to Caremark.com to check coverage and copay information for a specific drug. Copay means the amount a plan member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan. 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 state law restrictions.

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

Key abbreviations: (PA) = prior authorization; (QL) = quantity limit.

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