

Understanding Your Prescription Benefit Plan: Guide to the CVS Caremark® Formulary (for Aetna/Innovation Health and CareFirst Participants)

Note: Only your doctor can decide which prescription drug works best for you. The information contained in this guide is for your reference only. You are encouraged to bring this formulary when you consult with your doctor.

Your coverage under CVS Caremark is based on a formulary—a list of covered medications. The medications included in this formulary offer a wide selection of clinically sound and cost-efficient generic and brand options.

This guide to the CVS Caremark formulary has been developed to help you understand which medications are covered under the plan, as well as medications for which you may need authorization or have quantity limitations. It is important to take time to review this document prior to filling your medication.

For specific information about your prescription benefit coverage, please visit [Caremark.com](https://www.caremark.com) or contact a CVS Caremark Customer Care representative at **1-888-217-4161**.

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Performance Drug List for Clients with Advanced Control Specialty Formulary

The **Performance Drug List for Clients with Advanced Control Specialty Formulary** is the CVS Caremark list of drugs covered by the FCPS Pharmacy Benefit Plan.

Note: This list does not represent the entire formulary. It is a shortened version. If you are unable to find the medication you need, contact a CVS Caremark Customer Care representative at **1-888-217-4161** for help.

Finding Medications

When you review the **Performance Drug List for Clients with Advanced Control Specialty Formulary**, please note the following:

- Pages 1-4 list preferred medications by drug class.
- Pages 4-5 contain a Quick Reference Drug List with preferred medications listed in alphabetical order.
- Pages 6-9 contain a list of drugs that are not included in the formulary along with the drug that is included in the formulary. (Use this list to find an alternative covered medication that is included in the formulary.)

Medications Requiring Prior Authorizations for Medical Necessity for Clients with Advanced Control Specialty Formulary

This list contains many of the common drugs that will not be covered without a prior authorization.

A prior authorization is a requirement that doctors obtain approval from CVS Caremark before the FCPS Pharmacy Benefits Plan will cover the medications they prescribe. The prior approval is necessary to assure that the medication is the most clinically appropriate and cost-effective option covered by the plan. The prior authorization process helps ensure that you are receiving the appropriate drugs for the treatment of specific conditions and in quantities approved by the U.S. Food and Drug Administration (FDA).

Some of the common circumstances in which you will need to obtain a prior authorization are:

- Your doctor prescribes a drug that is not included in the formulary.
- Your doctor prescribes a brand-name prescription drug when a generic is available.
- The medicine prescribed is subject to clinical review, age or quantity limits.

In addition to the drugs listed in the document **Medications Requiring Prior Authorizations for Medical Necessity for Clients with Advanced Control Specialty Formulary**, your doctor will need to obtain a prior authorization for the drugs listed below before the FCPS Pharmacy Benefits Plan will cover them.

Drug Class	Products Requiring Prior Authorization (PA) – Includes generics, where available; Also may be subject to formulary prior authorization coverage
Acne– PA required only in adults age 26 and older	Topical Tretinoin (example: Retin A products)
Narcolepsy – Other (Sleep Disorder)	Provigil, Nuvigil, Xyrem
Compounded Medications*	Select medications (check with the pharmacy) *A compounded medication is one that is made by combining, mixing or altering ingredients, in response to a prescription, to create a customized medication that is not otherwise commercially available.
Pain	Oral-Intranasal Fentanyl (examples: Abstral, Actiq, Fentora, Lazanda, Subsys) Lidoderm (lidocaine patch)
Allergy (sublingual)	Grastek, Oralair, Ragwitek
Hypoactive Sexual Desire Disorder	Addyi
Opioid Dependence	Buprenorphine/Naloxone Products (examples: Suboxone, Bunavail, Zubsolv)

For prior authorization review, your doctor may call CVS Caremark before you go to the pharmacy.

Advanced Control Specialty Formulary

Your coverage of specialty medications under CVS Caremark is based on a formulary—a list of covered medications. Generally, specialty drugs are used to treat serious, chronic, or rare diseases and conditions.

The **Advanced Control Specialty Formulary** is the CVS Caremark list of specialty drugs covered by the FCPS Prescription Benefit Plan. The medications included in this formulary offer a wide selection of clinically sound and cost-effective generic and brand options.

Generics should be considered the first line of prescribing. If there is no generic available, there may be more than one brand-name medicine to treat a condition. CVS Caremark may contact your doctor after receiving your prescription to request consideration of a preferred drug or generic equivalent. This may result in your doctor prescribing, when medically appropriate, a different medicine in place of your original prescription.

In addition, your doctor will need to obtain a prior authorization for specialty drugs before they will be covered by your pharmacy benefit plan. The prior authorization process helps ensure that you are receiving the appropriate drugs for the treatment of specific conditions.

Note: This list does not represent the entire formulary. It is a shortened version. If you are unable to find the medication you need, contact a CVS Caremark Customer Care representative at **1-888-217-4161** for help.

Finding Medications

When you review the **Performance Drug List for Clients with Advanced Control Specialty Formulary**, please note the following:

- Pages 1-2 list preferred medications by drug class.
- Page 2 contains a Quick Reference Drug List with preferred medications listed in alphabetical order.
- Page 3 contains a list of drugs that are not included in the formulary along with the drug that is included in the formulary. (Use this list to find an alternative covered medication that is included in the formulary.)

Generic Step Therapy – Brand Medications Requiring Use of Generic(s) First

This list will help you find the brand drugs that are subject to step therapy.

Certain brand medications are subject to step therapy which means you are required to try more cost-effective drugs or “Step 1” medications before the FCPS Pharmacy Benefit Plan will cover the brand medications.

Step 1 medications are generic drugs that have been thoroughly tested, approved by the FDA and confirmed to be clinically sound and effective. These medications should be prescribed first because they provide the same health benefits as higher-cost medications.

Using the List

When you review **Brand Medications Requiring Use of Generics First**, please note the following:

- Medications are listed by drug class.
- Generic drugs are listed in the Step 1 column.
- You must try one, or in some cases two, of the Step 1 drugs before the FCPS Pharmacy Benefit Plan will cover the drugs listed in the Step 2 column.
- Some brand medications do not require the use of a generic drug first. Those medications are listed in the far right column.

Note: *This list is updated periodically, based on new generic drug availability.*

In addition to the drugs listed in the document, **Generic Step Therapy – Brand Medications Requiring Use of Generic(s) First**, the drugs listed below also require that you try a Step 1 drug before the FCPS Pharmacy Benefit Plan will cover the brand medication.

Drug Class	Products Requiring Step Therapy
Immunosuppressants, Topical (eczema, psoriasis)	Elidel (pimecrolimus), Protopic (tacrolimus)
Tetracyclines – Oral	Solodyne

Quantity Limits

For these limited-quantity drugs, your prescription benefit plan will cover a specified amount of medication within a specified time period. These quantity limits are established to help ensure that you receive the appropriate amount of medication to treat your condition and are based on FDA-approved prescribing information, approved medical guidelines and/or the average utilization quantity for the drugs.

The limits affect only the amount of medication for which your prescription benefit plan will pay, not whether or not you can get a greater quantity. The final decision about the amount of medication you receive remains between you and your doctor.

For some medications you may be able to obtain a prior authorization in order for your prescription benefit plan to pay for a larger quantity than the amount specified below. Those drugs with a prior authorization available are noted in the chart. **If your doctor has determined that a greater amount is appropriate, your doctor should call CVS Caremark to request prior authorization for a larger quantity.**

Please contact CVS Caremark Customer Care at 1-888-217-4161 for specific questions about quantity limits.

The drug classes listed in the below chart are subject to quantity limits.

Quantity Limit Classes	Drug Name Examples – Includes generics, where available; Also may be subject to formulary prior authorization coverage	Prior Authorization Available (To Exceed Quantity)
All Respiratory Inhalers (for asthma, COPD, allergies and other respiratory disorders)	Long and Short Acting Beta2 Agonists (examples: Advair, Proair products) Intranasal Steroids and Antihistamines (example: Nasonex) Anticholinergic, Combination and Mast Cell Stabilizer (example: Spiriva) Corticosteroid Inhalers (example: Flovent)	No
Pain	Immediate-Release Opioids (Examples: codeine, morphine, hydrocodone, hydromorphone, oxycodone, tramadol, Nucynta)	Yes
	Extended-Release Opioids (Examples: Avinza, Duragesic, Exalgo, Hysingla, Kadian, MS Contin, Nucynta, ER, Oxycontin, tramadol ER, Zohydro ER)	Yes
	Combination Opioids, with acetaminophen (APAP), aspirin or ibuprofen	No
	Stadol NS	Yes
Migraine Therapies	Amerge, Axert, Frova, Alsuma, Imitrex, Maxalt, Relpax, Sumavel Dosepro, Treximet, Zomig, Migranal	Yes (except Migranal)
Influenza	Tamiflu, Relenza	Yes
Erectile Dysfunction	Cialis, Levitra, Staxyn, Stendra, Viagra, Caverject, Edex, Muse	No (except Cialis 5 mg)