

Medications Requiring Prior Authorization for Medical Necessity – Additions to List for January 1, 2018

Below is a list of medicines by drug class that will not be covered without a prior authorization for medical necessity, effective January 1, 2018. These medicines are in addition to medications requiring Prior Authorization for Medical Necessity for 2017. 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.

Additional formulary options and adjustments (e.g., preferred status) may occur before January 1, 2018.

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity	Formulary Options
<i>Anti-infectives, Antibacterials *</i> Tetracyclines	DORYX DORYX MPC MONODOX	<i>doxycycline hyclate</i>
<i>Asthma or Chronic Obstructive Pulmonary Disease (COPD) *</i> Steroid/ Beta Agonist Combinations	DULERA	ADVAIR, BREO ELLIPTA, SYMBICORT
<i>Cardiovascular Antilipemics *</i> Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
<i>Depression *</i> Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	EFFEXOR XR	<i>desvenlafaxine, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<i>Depression and/or Schizophrenia *</i> Antipsychotics, Atypicals	SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
<i>Diabetes *</i> Incretin Injectable Mimetics	TANZEUM	TRULICITY, VICTOZA
<i>Diabetes *</i> Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor	JARDIANCE	FARXIGA, INVOKANA
<i>Diabetes *</i> Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor/ Biguanide Combinations	SYNJARDY SYNJARDY XR	INVOKAMET, INVOKAMET XR, XIGDUO XR
<i>Fertility Regulators *</i> Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F, GONAL-F RFF
<i>Gaucher Disease *</i>	ELELYSO	CERDELGA, CEREZYME
<i>High Blood Pressure</i> Angiotensin II Receptor Antagonists	BENICAR	<i>candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist/ Diuretic Combinations	BENICAR HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
<i>Narcolepsy *</i> Wakefulness Promoters	NUVIGIL	<i>armodafinil</i>
<i>Osteoarthritis *</i> Viscosupplements	HYALGAN SYNVISC/ SYNVISCO ONE	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
<i>Pain *</i> Headache	SUMAVEL DOSEPRO	<i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
<i>Post-Herpetic Neuralgia *</i>	HORIZANT	<i>gabapentin, GRALISE</i>

Additional Information	
Hepatitis C	As new products launch in this class, all existing products in the class will be re-evaluated to determine appropriate formulary placement and potentially excluded, added back to formulary or not listed.
Drugs for infusion into spaces other than the blood	A drug that must be infused into a space other than the blood will generally be excluded from the prescription benefit
Generics	Limited source generics may be evaluated when appropriate and potentially removed from the formulary
Hyperinflation	On a quarterly basis, products with significant cost inflation that have clinically appropriate and more cost-effective alternatives may be evaluated and potentially removed from the formulary
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 class review	As new specialty products launch, all existing products in the class will be reevaluated to determine appropriate formulary placement and potentially excluded, added back to formulary or not listed

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. This list is subject to change. Additional plan restrictions may apply.

Subject to applicable laws and regulations.

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

¹ An exception process may exist for specific clinical or regulatory circumstances that require coverage of an excluded medication.

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