

Pennsylvania Employees Benefit Trust Fund (PEBTF) and Retired Employees Health Program (REHP) 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. The prior authorization process ensures 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).

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

Acne (PA required age 20+)

Topical Retinoids (tretinoin, Atralin, Avita, Retin-A, Retin-A Micro, Tretin-X)

ADHD/Narcolepsy (PA required age 20+)

Methylphenidate products (Concerta, Daytrana, Focalin/XR, Metadate-all, Methylin-all, Ritalin-all)
Amphetamine products (Adderall, Adderall XR, Desoxyn, Dexedrine, LiQuadd/ProCentra, Vyvanse)
Strattera (atomoxetine)

Narcolepsy

Provigil (modafinil)
Nuvigil (armodafinil)
Xyrem (sodium oxybate)

Anti-diabetes

Bydureon (exenatide extended release)
Byetta (exenatide)
Victoza (liraglutide)

Anti-fungals

Penlac (ciclopirox)

Pain

Oral-Intranasal Fentanyl (Abstral, Actiq, Fentora, Lazanda, Onsolis, Subsys)

Sedative Hypnotics

Edluar (zolpidem sublingual tablet)
Intermezzo (zolpidem sublingual tablet)
Zolpimist (zolpidem oral spray)

Miscellaneous

Regranex (becaplermin)
Arava (leflunomide)



Specialty Guideline Management - Prior Authorization for Specialty Drugs

Your doctor needs to get prior authorization for specialty drugs before they will be covered by your prescription benefit plan. The prior authorization process ensures that you are receiving the appropriate drugs for the treatment of specific conditions.

For a full list of specialty drugs, refer to www.CVSCaremarkSpecialtyRx.com. For specialty drug prior authorization review, your **doctor** should call CVS Caremark toll-free at **1-866-814-5506** before you go to the pharmacy. The prior authorization line is for your doctor's use only.

Step Therapy

You are required to try another drug before your prescription benefit plan will cover one of the drugs listed below. Please consult with your doctor about what covered medications are right for you. Your **doctor** should call CVS Caremark toll-free at **1-800-294-5979** to request prior authorization. The prior authorization line is for your doctor's use only.

COX-2 Inhibitors

Celebrex (celecoxib)

Brand Angiotensin II Blockers (ARBs) and Direct Renin Inhibitors – try a generic first

Atacand/Atacand HCT *(also subject to formulary coverage)*

Benicar/Benicar HCT

Diovan/Diovan HCT

Micardis/Micardis HCT

Tekturna/Tekturna HCT

Teveten HCT *(also subject to formulary coverage)*

Edarbi/Edarbyclor *(also subject to formulary coverage)*

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 toll-free 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)
Anti-Migraine (quantities accumulate across the class)			
Alsuma Injection (sumatriptan)	8 injectors	24 injectors	Yes
Amerge (naratriptan)	9 tablets	27 tablets	Yes
Axert (almotriptan)	12 tablets	36 tablets	Yes
Frova (frovatriptan)	9 tablets	27 tablets	Yes
Imitrex (sumatriptan) Injection Syringes	8 syringes	24 syringes	Yes
Imitrex (sumatriptan) Injection Vials	10 vials	30 vials	Yes
Imitrex (sumatriptan) nasal spray (NS)	12 nasal units	36 nasal units	Yes
Imitrex (sumatriptan) oral	9 tablets	27 tablets	Yes
Maxalt, Maxalt MLT (rizatriptan)	12 tablets	36 tablets	Yes
Migranal (dihydroergotamine nasal spray)	8 nasal units	24 nasal units	No
Relpax (eletriptan)	12 tablets	36 tablets	Yes
Sumavel DosePro (sumatriptan)	12 DosePro units	36 DosePro units	Yes
Treximet (sumatriptan/naproxen sodium)	9 tablets	27 tablets	Yes
Zomig nasal spray (zolmitriptan)	12 nasal units	36 nasal units	Yes
Zomig Zomig ZMT (zolmitriptan)	12 tablets	36 tablets	Yes
Influenza			
Relenza Caps (zanamivir inhalation)	40 capsules per 180 days		Yes
Tamiflu 30 mg Caps (oseltamivir)	28 capsules per 180 days		Yes
Tamiflu 45 mg, 75 mg Caps (oseltamivir)	14 capsules per 180 days		Yes
Tamiflu 60 mg/5 ml, 30 mg/5ml Oral Liquid (oseltamivir)	180 ml per 180 days		Yes
Pain			
butorphanol (Stadol NS)	2 bottles	6 bottles	Yes
Sedative/hypnotics (quantities accumulate across the class)			
<i>Benzodiazepines</i>			
Doral (quazepam)	15 tablets	45 tablets	Yes
estazolam (Prosom)	15 tablets	45 tablets	Yes

Quantity Limits	Quantity Per 30-day Supply	Quantity Per 90-day Supply	Prior Authorization Available (To exceed quantity limit)
flurazepam (Dalmane)	15 capsules	45 capsules	Yes
temazepam (Restoril, Strazepam)	15 capsules	45 capsules	Yes
triazolam (Halcion)	10 tablets	30 tablets	Yes
<i>Non-Benzodiazepines</i>			
Lunesta (eszopiclone)	15 tablets	45 tablets	Yes
Rozerem (ramelteon)	15 tablets	45 tablets	Yes
zaleplon (Sonata)	15 capsules	45 capsules	Yes
zolpidem (Ambien/Ambien CR)	15 tablets	45 tablets	Yes
Respiratory - Beta 2 Agonist/Combinations			
Advair Diskus (fluticasone/salmeterol)	1 container	3 containers	No
Advair HFA (fluticasone/salmeterol)	1 container	3 containers	No
Albuterol inhalation solution (AccuNeb) 0.63 mg/3 ml and 1.25 mg/3 ml	125 vials	375 vials	No
Albuterol inhalation solution 0.083%	125 vials	375 vials	No
Albuterol inhalation solution 0.5%	3 (20 ml) containers	9 (20 ml) containers	No
Arcapta Neohaler (indacaterol)	1 container	3 containers	No
Brovana inhalation solution (aformeterol tartrate)	60 vials	180 vials	No
Dulera Inhalation Aerosol 100mcg/5mcg and 200mcg/5mcg (mometasone/formoterol)	1 container	3 containers	No
Foradil Aerolizer (formoterol)	1 container	3 containers	No
Maxair Autohaler (pirbuterol)	1 container	3 containers	No
Metaproterenol 0.4% and 0.6% inhalation solution (metaproterenol)	125 vials	375 vials	No
Perforomist inhalation solution (formoterol)	60 vials	180 vials	No
ProAir HFA inhaler (albuterol)	2 containers	6 containers	No
Proventil HFA inhaler (albuterol)	2 containers	6 containers	No
Serevent Diskus (salmeterol)	1 container	3 containers	No
Symbicort inhalation aerosol (budesonide/formoterol)	1 container	3 containers	No
Ventolin HFA inhaler (albuterol)	2 containers	6 containers	No
Xopenex HFA inhaler (levalbuterol)	2 containers	6 containers	No
Xopenex inhalation solution 0.31 mg/3 mL (levalbuterol)	96 vials	288 vials	No

Quantity Limits	Quantity Per 30-day Supply	Quantity Per 90-day Supply	Prior Authorization Available (To exceed quantity limit)
Xopenex inhalation solution 0.63 mg/3 mL (levalbuterol)	96 vials	288 vials	No
Xopenex inhalation solution 1.25 mg/3 mL (levalbuterol)	90 vials	270 vials	No
Respiratory - Mast Cell Stabilizers and Anticholinergics			
Atrovent HFA Inhaler (ipratropium bromide)	2 containers	6 containers	No
Combivent Inhaler (ipratropium/albuterol)	2 containers	6 containers	No
Cromolyn Inhalation Solution (cromolyn)	120 units	360 units	No
DuoNeb Inhalation Solution (ipratropium/albuterol)	180 vials	540 vials	No
Ipratropium Inhalation Solution (ipratropium bromide)	125 units	375 units	No
Spiriva Handihaler (tiotropium)	1 pkg (30 units + 1 Handihaler device)	1 pkg (90 units + 1 Handihaler device)	No
Respiratory - Inhaled Corticosteroids			
Alvesco inhalation (ciclesonide)	2 containers	6 containers	No
Asmanex Twisthaler (mometasone furoate)	2 packages	6 packages	No
Flovent Diskus (fluticasone)	4 packages	12 packages	No
Flovent HFA (fluticasone)	2 containers	6 containers	No
Pulmicort Flexhaler 180 mcg/inhalation (budesonide)	2 containers	6 containers	No
Pulmicort Flexhaler 90 mcg/inhalation (budesonide)	4 containers	12 containers	No
Pulmicort Respules 0.25 mg or 0.5 mg per respule (budesonide)	60 respules	180 respules	No
Pulmicort Respules 1 mg per respule (budesonide)	30 respules	90 respules	No
Qvar Inhaler (beclomethasone)	2 containers	6 containers	No
Allergy - Intranasal Steroids/Antihistamines			
Astelin (azelastine)	2 containers	6 containers	No
Astepro (azelastine)	2 containers	6 containers	No



Quantity Limits	Quantity Per 30-day Supply	Quantity Per 90-day Supply	Prior Authorization Available (To exceed quantity limit)
Beconase AQ (beclomethasone)	2 containers	6 containers	No
Dymista (azelastine/fluticasone)	1 container	3 containers	No
Flonase (fluticasone)	1 container	3 containers	No
Flunisolide (flunisolide)	2 containers	6 containers	No
Nasacort AQ (triamcinolone)	1 container	3 containers	No
Nasonex (mometasone)	2 containers	6 containers	No
Omnaris (ciclesonide)	1 container	3 containers	No
Patanase (olopatadine)	1 container	3 containers	No
Qnasl (beclomethasone)	1 container	3 containers	No
Rhinocort Aqua (budesonide)	2 containers	6 containers	No
Veramyst (fluticasone furoate)	1 container	3 containers	No
Zetonna (ciclesonide)	1 container	3 containers	No

Log in to www.caremark.com to check coverage and copay information for a specific medicine. For additional information, contact a CVS Caremark Customer Care Representative toll-free at **1-888-321-3261**.