

## State of Maryland Clinical Utilization Management List 2022

### Prior Authorization (PA)

Prescriptions for certain medications require a prior authorization – also known as a coverage review – to help ensure the medication is cost-effective and clinically appropriate. The review uses both formulary and clinical guidelines to determine if the plan will pay for certain medications. 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).

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.

Drug Class	Products Requiring PA <ul style="list-style-type: none"> <li>• Includes brands and generics, where available</li> <li>• Some products may also be subject to quantity limits</li> <li>• May also be subject to formulary PA coverage</li> </ul>
Anabolic Steroids	<ul style="list-style-type: none"> <li>• Anadrol-50, oxandrolone</li> </ul>
Attention Deficit Hyperactivity Disorder (ADHD) – PA required for age 18+	<ul style="list-style-type: none"> <li>• Amphetamine products (such as amphetamine, amphetamine mixture, dextroamphetamine, lisdexamfetamine, methamphetamine and all products of the following brands: Adderall, Adderall XR, Adzenys ER, Adzenys XR-ODT, Desoxyn, Dexedrine, Dynavel XR, Evekeo, Mydayis, Procentra, Vyvanse, Zenzedi)</li> <li>• Methylphenidate products (such as methylphenidate, dexmethylphenidate, serdexmethylphenidate and all products of the following brands: Adhansia XR, Aptensio XR, Azstarys, Concerta, Cotelpla XR-ODT, Daytrana, Focalin products, Jornay PM, Metadate products, Methylin products, Quillichew ER, Quillivant XR, Ritalin products)</li> </ul>
Compound Medications*	<ul style="list-style-type: none"> <li>• Select medications (check with the pharmacy)</li> </ul> <p>*A compound 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.</p>

Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. Due to the large number of available medicines, this list may not be all inclusive and may change without notice. Dispensing limits and/or prior authorization requirements apply to all brand and generic equivalents unless otherwise indicated. Products distributed and therapies covered by CVS Caremark may change or expand from time to time. Products on this list may be subject to formulary coverage. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

Dermatology (Acne, etc.)	<ul style="list-style-type: none"> <li>• Isotretinoin products (such as Absorica, Absorica LD, Amnesteem, Claravis, Myorisan, Zenatane)</li> <li>• Acitretin (Soriatane)</li> <li>• Topical Retinoids (such as tretinoin products and all products of the following brands: Aklief, Altreno, Atralin, Avita, Retin-A, Retin-A Micro, Tretin-X, Veltin, Ziana) – <i>PA required only in adults age 26 and older</i></li> <li>• Tazarotene (Arazlo, Fabior, Tazorac)</li> </ul>
Pain	<ul style="list-style-type: none"> <li>• Oral-Intranasal Fentanyl (such as Abstral, Actiq, Fentora, Lazanda, Subsys)</li> <li>• Topical Diclofenac Products (such as Voltaren Gel [note: OTC is not covered], Pennsaid, Solaraze)</li> </ul>
Miscellaneous	<ul style="list-style-type: none"> <li>• Select Medical Devices and Artificial Saliva Products</li> <li>• Ivermectin tablets</li> </ul>

### Specialty Guideline Management – Prior Authorization for Specialty Drugs

Your plan has guidelines in place to help ensure the appropriate use of specialty medications. Many specialty medications are biotech drugs or drugs that have limited access, complicated treatment regimens, specialty storage requirements and/or special monitoring requirements. Specialty medications will be reviewed for clinical appropriateness based on clinical guidelines, as well as formulary coverage and/or quantity limits. Your doctor needs to obtain prior authorization for specialty drugs before they will be covered by your prescription benefit plan.

For a full list of specialty drugs, refer to **CVSpecialty.com** or call CVS Specialty® at 1-800-237-2767. For specialty drug prior authorization review, your doctor should call CVS Specialty at 1 866-814-5506 before you go to the pharmacy. The prior authorization line is for your doctor’s use only.

### Step Therapy

Before your prescription drug plan will cover one of the drugs listed below, you will need to try one of the covered options available for that drug. Please consult with your doctor about what covered medications are right for you. Your doctor should call CVS Caremark at 1-800-294-5979 to request prior authorization if medically necessary. The prior authorization line is for your doctor’s use only.

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<b>Drug Class</b>	<b>Products Requiring Step Therapy</b>
Extended-Release Opioids (Pain)	Use an immediate-release opioid before extended-release
Migraine Prevention Agents	Calcitonin gene-related peptide inhibitors (CGRP) Inhibitors (Aimovig, Ajovy, Emgality)
Fungal Infections	Brexafemme

## Quantity Limits

The drug classes listed on the following chart have limits 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 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. Please contact CVS Caremark Customer Care for specific questions about quantity limits.

Note: Some of the quantity limits have a prior authorization available if you exceed the initial drug's limit. Those drugs with a prior authorization available are noted in chart on the following pages. 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.

<b>Quantity Limit Classes</b>	<b>Drug Name Examples</b> • Includes brands and generics, where available • May also be subject to formulary prior authorization coverage	<b>PA Available</b> (To Exceed Initial Quantity Limit)
Erectile Dysfunction	Caverject, Cialis, Edex, Levitra, Muse, Staxyn, Stendra, Viagra	No
Gastrointestinal/Ulcers	Aciphex, Dexilant, Nexium, Prilosec, Prevacid, Protonix	Yes
Influenza	Tamiflu, Relenza, Xofluza	Yes
Nasal Inhalers (Allergies) <i>Note: OTC versions are not covered</i>	azelastine spray, Beconase AQ, Dymista, flunisolide, fluticasone spray, Nasonex, Omnaris, Patanase, QNASL, triamcinolone spray, Xhance, Zetonna	No

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Miscellaneous – COVID-19 Limits	albuterol inhalers	No
Pain – Migraine Treatment	Amerge, Axert, Frova, Imitrex, Maxalt, Onzetra Xsail, Relpax, Sumavel Dosepro, Tosymra, Treximet, Zembrace Symtouch, Zomig, Migranal	Yes (except Migranal)
Pain – Non-Opioid	Celebrex, Toradol	No
	Topical Lidocaine/combo Products (lidocaine, lidocaine/prilocaine, lidocaine/tetracaine, Emla, Pliaglis, Synera)	Yes
Pain – Opioid (Narcotics)	Opioid pain medicines	Yes
	Opioid Combination pain medicines (with aspirin, acetaminophen or ibuprofen)	No
	Stadol NS (butorphanol)	Yes
Sleep Aids	Ambien, Ambien CR, Lunesta, Rozerem, Sonata, Silenor, Edluar	Yes

Log in to **Caremark.com** to check coverage and copay\*\* information for a specific medicine. For more information, contact a CVS Caremark Customer Care Representative at **1-844-460-8767**.

OTC (Over the counter).

\*\*Copay, copayment or coinsurance means the amount a 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.

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