

Medications Requiring Prior Authorization for Medical Necessity

Below is a list of medicines by drug class that will not be covered without a prior authorization for medical necessity, effective January 1, 2015. If you continue using one of these drugs after this date 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.

Bolded products represent drugs requiring prior authorization for medical necessity that are new for the 2015 plan year.

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Allergic Reaction (Anaphylaxis) Treatment *</i>	ADRENACLICK	AUVI-Q, EPIPEN, EPIPEN JR
<i>Allergies *</i> <i>Nasal Steroids / Combinations</i>	BECONASE AQ OMNARIS QNASL RHINOCORT AQUA VERAMYST ZETONNA	<i>flunisolide spray, fluticasone spray, triamcinolone spray, NASONEX</i>
	DYMISTA	<i>flunisolide spray, fluticasone spray, triamcinolone spray, or NASONEX WITH azelastine spray or PATANASE</i>
<i>Allergies *</i> <i>Ophthalmic</i>	LASTACFT	<i>azelastine, cromolyn sodium, PATADAY, PATANOL</i>
<i>Anti-infectives, Antivirals *</i> <i>Herpes Agents</i>	VALTrex	<i>acyclovir, valacyclovir</i>
<i>Asthma *</i> <i>Beta Agonists, Short-Acting</i>	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	PROAIR HFA
<i>Asthma *</i> <i>Steroid Inhalants</i>	AEROSPAN ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR
<i>Asthma * or Chronic Obstructive Pulmonary Disease (COPD) *</i> <i>Steroid / Beta Agonist Combinations</i>	SYMBICORT	ADVAIR, DULERA
<i>Attention Deficit Hyperactivity Disorder Agents</i>	ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i>
<i>Cardiovascular Antilipemics *</i> <i>Fibrates</i>	TRICOR	<i>fenofibrate, fenofibric acid</i>
<i>Cardiovascular Antilipemics *</i> <i>HMG Co-A Reductase Inhibitors (HMGs or Statins) / Combinations</i>	ADVICOR ALTOPREV LESCOL XL LIPITOR LIPTRUZET LIVALO	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN</i>

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<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	TUDORZA	SPIRIVA
<i>Dermatology Skin Inflammation and Hives *</i> Corticosteroids	OLUX-E	<i>clobetasol propionate foam 0.05%</i> , CLOBEX SPRAY
	APEXICON E	<i>desoximetasone, fluocinonide</i>
<i>Diabetes *</i> Biguanides	FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i>
<i>Diabetes *</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA	JANUVIA, TRADJENTA
<i>Diabetes *</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	KAZANO KOMBIGLYZE XR OSENİ	JANUMET, JANUMET XR, JENTADUETO
<i>Diabetes*</i> Injectable Incretin Mimetics	BYETTA	BYDUREON, VICTOZA
<i>Diabetes *</i> Insulins	APIDRA HUMALOG	NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30	NOVOLIN 70/30
	HUMULIN N	NOVOLIN N
	HUMULIN R	NOVOLIN R
	NOTE: <i>Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.</i>	
<i>Diabetes *</i> Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes*</i> Sodium-Glucose Co-Transporter-2 (SGLT2) Inhibitors	FARXIGA	INVOKANA
<i>Diabetes *</i> Supplies	ACCU-CHEK STRIPS AND KITS BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS All other test strips that are not ONETOUCH brand	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
<i>Erectile Dysfunction *</i> Phosphodiesterase Inhibitors	LEVITRA	CIALIS, VIAGRA
<i>Gastrointestinal Agents *</i> Proton Pump Inhibitors (PPIs)	PREVACID PROTONIX	<i>lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT, NEXIUM</i>

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<i>Glaucoma *</i> Prostaglandin Analogs	LUMIGAN	<i>latanoprost, travoprost, TRAVATAN Z, ZIOPTAN</i>
<i>Growth Hormones *</i>	GENOTROPIN NUTROPIN AQ OMNITROPE SAIZEN TEV-TROPIN	HUMATROPE, NORDITROPIN
<i>Hematologic *</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, BRILINTA, EFFIENT</i>
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonists	ATACAND EDARBI TEVETEN	<i>candesartan, eprosartan, irbesartan, losartan, telmisartan, BENICAR, DIOVAN</i>
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT DIOVAN HCT EDARBYCLOR TEVETEN HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide, BENICAR HCT</i>
<i>High Blood Pressure *</i> Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
<i>Inflammatory Bowel Disease (IBD), Ulcerative Colitis *</i> Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA</i>
<i>Multiple Sclerosis Agents*</i>	REBIF	AVONEX, COPAXONE, EXTAVIA, GILENYA, TECFIDERA
<i>Musculoskeletal Agents*</i>	AMRIX	<i>cyclobenzaprine</i>
<i>Opioid Dependence Agents *</i>	SUBOXONE FILM	<i>buprenorphine-naloxone sublingual tablet, ZUBSOLV</i>
<i>Osteoarthritis*</i> Viscosupplements	EUFLEXXA ORTHOVISC	GEL-ONE, HYALGAN, SUPARTZ
<i>Overactive Bladder / Incontinence *</i> Urinary Antispasmodics	DETROL LA OXYTROL TOVIAZ	<i>oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GELNIQUE, VESICARE</i>
<i>Pain and Inflammation *</i> Corticosteroids	RAYOS	<i>dexamethasone, methylprednisolone, prednisone</i>
<i>Pain and Inflammation *</i> Nonsteroidal Anti- inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC DUEXIS VIMOVO	<i>CELEBREX; diclofenac, meloxicam, or naproxen WITH lansoprazole, omeprazole, omeprazole/sodium bicarbonate, pantoprazole, DEXILANT, or NEXIUM</i>
	FLECTOR PENNSAID	<i>diclofenac, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL</i>
	NAPRELAN	<i>diclofenac, meloxicam, naproxen, CELEBREX</i>
<i>Prostate Condition *</i> Benign Prostatic Hyperplasia Agents / Combinations	JALYN	<i>finasteride or AVODART WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin or RAPAFLO</i>
<i>Sleep *</i> Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM	<i>eszopiclone, zolpidem, zolpidem ext-rel</i>

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Testosterone Replacement * Androgens	<i>testosterone gel</i> ANDROGEL NATESTO TESTIM VOGELXO	ANDRODERM, AXIRON, FORTESTA
Transplant * Immunosuppressants, Calcineurin Inhibitors	Hecoria	<i>tacrolimus</i>

Category* Drug Class	Formulary Options
Hepatitis C Agents*	OLYSIO, SOVALDI and/or other Hepatitis C agents in the pipeline: Evaluation and identification of Drugs Requiring Prior Authorization for Medical Necessity will be made upon approval of the new Hepatitis C agents.
New to Market Agents ¹	New to market products and new variations of products already in the marketplace will be excluded from [or "will not be added to"] the formulary until the product has been evaluated, determined to be clinically appropriate and cost effective, and approved by the CVS/caremark Pharmacy and Therapeutics Committee (or other appropriate reviewing body).

The listed formulary options are subject to change.

List of Drugs Requiring Prior Authorization for Medical Necessity - Carryover from 2014		
ACTOS ADVICOR ALTOPREV ALVESCO ANDROGEL ARTHROTEC ASACOL HD ATACAND ATACAND HCT BECONASE AQ BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS DELZICOL DETROL LA DIOVAN HCT DYMISTA EDARBI EDARBYCLOR FLECTOR FORTAMET FREESTYLE STRIPS AND KITS GENOTROPIN GLUMETZA	Hecoria HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 HUMULIN N HUMULIN R INTERMEZZO JALYN KAZANO KOMBIGLYZE XR LASTACAFT LESCOL XL LEVITRA LIPITOR LIPTRUZET LIVALO LUMIGAN NESINA NUTROPIN AQ OLUX-E OMNARIS OMNITROPE ONGLYZA	OSENI OXYTROL PLAVIX PREVACID PROTONIX QNASL RAYOS RHINOCORT AQUA RIOMET ROZEREM SAIZEN SUBOXONE FILM TESTIM TEVETEN TEVETEN HCT TEV-TROPIN TOVIAZ TRICOR TUDORZA VALTRES VENTOLIN HFA VERAMYST XOPENEX HFA ZETONNA

List of Drugs Requiring Prior Authorization for Medical Necessity - New for 2015		
ACCU-CHEK STRIPS AND KITS + ADDERALL XR ADRENALICK AEROSPAN AMRIX APEXICON E APIDRA BYETTA	DUEXIS EUFLEXA FARXIGA LUNESTA NAPRELAN NATESTO NORVASC ORTHOVISC	PENNSAID PROVENTIL HFA REBIF SYMBICORT <i>testosterone gel</i> VIMOVO VOGELXO

+ Also includes all other test strips that are not ONETOUGH brand

There may be additional drugs subject to prior authorization or other plan design restrictions. 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 options. Log in to www.caremark.com to check coverage and copay information for a specific drug. 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 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 If your doctor believes you have a specific clinical need for one of these products, he or she should contact the Prior Authorization department toll-free at: 1-855-240-0536.

² A OneTouch blood glucose meter will be provided at no charge by the manufacturer to those individuals currently using a meter other than OneTouch. For more information on how to obtain a blood glucose meter, call toll-free: 1-800-588-4456. Members must have CVS Caremark Mail Service Pharmacy benefits to qualify.

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