

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, 2016. 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 2016 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 * 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 olopatadine spray</i>
<i>Allergies * Ophthalmic</i>	LASTACAFT	<i>azelastine, cromolyn sodium, PATADAY, PATANOL</i>
<i>Anti-infectives, Antivirals * Cytomegalovirus Agents</i>	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals * Hepatitis C Agents</i>	VIEKIRA PAK	HARVONI
<i>Anti-infectives, Antivirals * Herpes Agents</i>	VALTREX	<i>acyclovir, valacyclovir</i>
<i>Anti-obesity Agents* Newer Agents</i>	QSYMIA	BELVIQ, CONTRAVE, SAXENDA
<i>Asthma * Beta Agonists, Short-Acting</i>	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	PROAIR HFA
<i>Asthma * Steroid Inhalants</i>	AEROSPAN ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR
<i>Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations</i>	SYMBICORT	ADVAIR, DULERA

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<i>Attention Deficit Hyperactivity Disorder Agents *</i>	ADDERALL XR INTUNIV	<i>amphetamine-dextroamphetamine mixed salts, amphetamine-dextroamphetamine mixed salts ext-rel, guanfacine ext-rel, methylphenidate, methylphenidate ext-rel, DAYTRANA, QUILLIVANT XR, STRATTERA, VYVANSE</i>
<i>Cardiovascular Antilipemics * Fibrates</i>	TRICOR	<i>fenofibrate, fenofibric acid</i>
<i>Cardiovascular Antilipemics * HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations</i>	ADVICOR ALTOPREV LESCOL XL LIPITOR LIPTRUZET LIVALO	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics</i>	INCRUSE ELLIPTA TUDORZA	SPIRIVA
<i>Depression * Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)</i>	CYMBALTA	<i>duloxetine, venlafaxine, venlafaxine ext-rel, KHEDEZLA, PRISTIQ</i>
<i>Depression * Antidepressants, Miscellaneous Agents</i>	OLEPTRO	<i>trazodone</i>
<i>Depression *, Schizophrenia * Antipsychotics, Atypicals</i>	ABILIFY	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, SEROQUEL XR</i>
<i>Dermatology Actinic Keratosis*</i>	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil soln, imiquimod, PICATO, ZYCLARA</i>
<i>Dermatology Rosacea*</i>	NORITATE	<i>metronidazole, sulfacetamide-sulfur, FINACEA, SOOLANTRA</i>
<i>Dermatology Skin Inflammation and Hives * Corticosteroids</i>	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	APEXICON E	<i>desoximetasone, fluocinonide</i>
<i>Diabetes * Biguanides</i>	FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i>
<i>Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</i>	NESINA ONGLYZA	JANUVIA, TRADJENTA
<i>Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations</i>	KAZANO KOMBIGLYZE XR OSENI	JANUMET, JANUMET XR, JENTADUETO
<i>Diabetes* Injectable Incretin Mimetics</i>	BYDUREON BYETTA	TRULICITY, VICTOZA

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Diabetes * Insulins	APIDRA HUMALOG	NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 ²	NOVOLIN 70/30
	HUMULIN N ²	NOVOLIN N
	HUMULIN R ²	NOVOLIN R
	NOTE: Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.	
Diabetes * Insulin Sensitizers	ACTOS	pioglitazone
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET	XIGDUO XR
Diabetes * Supplies ^{3,4}	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 ONETOUGH brand	ONETOUGH ULTRA STRIPS AND KITS ³ ONETOUGH VERIO STRIPS AND KITS ³
Erectile Dysfunction * Phosphodiesterase Inhibitors	LEVITRA VIAGRA	CIALIS
Gastrointestinal Agents * Irritable Bowel Disease – Constipation Predominant	AMITIZA	LINZESS
Gastrointestinal Agents * Opioid-induced Constipation	RELISTOR	MOVANTIK
Gastrointestinal Agents * Proton Pump Inhibitors (PPIs)	PREVACID PROTONIX	lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT, NEXIUM
Glaucoma * Prostaglandin Analogs	LUMIGAN	latanoprost, travoprost, TRAVATAN Z, ZIOPTAN
Growth Hormones *	GENOTROPIN NUTROPIN AQ OMNITROPE SAIZEN TEV-TROPIN	HUMATROPE, NORDITROPIN

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<i>Hematologic *</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel</i> , BRILINTA, EFFIENT
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonists	ATACAND DIOVAN EDARBI TEVETEN	<i>candesartan, eprosartan, irbesartan, losartan, telmisartan, valsartan</i> , BENICAR
<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</i> , BENICAR HCT
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	<i>amlodipine-telmisartan, amlodipine-valsartan</i> , AZOR
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide</i> , TRIBENZOR
<i>High Blood Pressure *</i> Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	CARDIZEM CARDIZEM CD CARDIZEM LA (includes generic Cardizem LA) <i>Matzim LA</i>	<i>diltiazem ext-rel</i> (except generic of Cardizem LA)
<i>Inflammatory Bowel Disease (IBD), Ulcerative Colitis *</i> Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide, budesonide capsule, sulfasalazine, sulfasalazine delayed-rel</i> , APRISO, LIALDA, PENTASA, UCERIS
<i>Kidney Disease *</i> Phosphate Binders	FOSRENOL	<i>calcium acetate</i> , PHOSLYRA, RENVELA, VELPHORO
<i>Multiple Sclerosis Agents*</i>	AVONEX EXTAVIA PLEGRIDY	AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF
<i>Musculoskeletal Agents*</i>	AMRIX	<i>cyclobenzaprine</i>
<i>Opioid Dependence Agents *</i>	ZUBSOLV	<i>buprenorphine-naloxone sublingual tablet</i> , SUBOXONE FILM
<i>Osteoarthritis*</i> Viscosupplements	EUFLEXXA MONOVISC 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</i> , GELNIQUE, MYRBETRIQ, VESICARE
<i>Pain and Inflammation *</i> Corticosteroids	RAYOS	<i>dexamethasone, methylprednisolone, prednisone</i>

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<i>Pain and Inflammation *</i> Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC DUEXIS VIMOVO	<i>celecoxib; diclofenac, meloxicam or naproxen WITH lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT or NEXIUM</i>
	PENNSAID	<i>diclofenac, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL</i>
	NAPRELAN	<i>celecoxib, diclofenac, meloxicam, naproxen</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, SILENOR</i>
<i>Testosterone Replacement *</i> Androgens	<i>testosterone gel 1% ⁵</i> ANDROGEL FORTESTA NATESTO TESTIM VOGELXO	ANDRODERM, AXIRON
<i>Transplant *</i> Immunosuppressants, Calcineurin Inhibitors	<i>Hecoria</i>	<i>tacrolimus</i>

Category * Drug Class	Formulary Options
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).
Specialty	As new specialty products launch, 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.
Hepatitis C *	As new Hepatitis C products launch, 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.

The listed formulary options are subject to change.

List of Drugs Requiring Prior Authorization for Medical Necessity - Carryover from 2015

<p>ACCU-CHEK STRIPS AND KITS ⁴ ACTOS ADDERALL XR ADRENACLICK ADVICOR AEROSPAN ALTOPREV ALVESCO AMRIX ANDROGEL APEXICON E APIDRA ARTHROTEC ASACOL HD ATACAND ATACAND HCT BECONASE AQ BREEZE 2 STRIPS AND KITS ⁴ BYETTA CONTOUR NEXT STRIPS AND KITS ⁴ CONTOUR STRIPS AND KITS ⁴ DELZICOL DETROL LA DIOVAN HCT DUEXIS DYMISTA EDARBI EDARBYCLOR EUFLEXXA FORTAMET FREESTYLE STRIPS AND KITS ⁴ GENOTROPIN</p>	<p>GLUMETZA <i>Hecoria</i> HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 ² HUMULIN N ² HUMULIN R ² INTERMEZZO JALYN KAZANO KOMBIGLYZE XR LASTACAPT LESCOL XL LEVITRA LIPITOR LIPTRUZET LIVALO LUMIGAN LUNESTA NAPRELAN NATESTO NESINA NORVASC NUTROPIN AQ OLEPTRO OLUX-E OMNARIS OMNITROPE ONGLYZA ORTHOVISC OSENI</p>	<p>OXYTROL PENNSAID PLAVIX PREVACID PROTONIX PROVENTIL HFA QNASL RAYOS RHINOCORT AQUA RIOMET ROZEREM SAIZEN SYMBICORT TESTIM <i>testosterone gel 1% ⁵</i> TEVETEN TEVETEN HCT TEV-TROPIN TOVIAZ TRICOR TUDORZA VALTRES VENTOLIN HFA VERAMYST VIEKIRA PAK VIMOVO VOGELXO XOPENEX HFA ZETONNA</p>
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List of Drugs Requiring Prior Authorization for Medical Necessity - New for 2016

<p>ABILIFY AMITIZA AVONEX BYDUREON CARAC CARDIZEM CARDIZEM CD CARDIZEM LA (includes generic Cardizem LA) <i>clobetasol spray</i> CLOBEX SPRAY CYMBALTA</p>	<p>DIOVAN EXFORGE EXFORGE HCT EXTAVIA <i>fluorouracil cream 0.5%</i> FORTESTA FOSRENOL INCRUSE ELLIPTA INTUNIV INVOKAMET</p>	<p>INVOKANA <i>Matzim LA</i> MONOVISC NORITATE PLEGRIDY QSYMIA RELISTOR VALCYTE VIAGRA ZUBSOLV</p>
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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 alternative considerations. 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 Listing includes Relion Insulin products.

³ 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.

⁴ OneTouch brand test strips are the only preferred options.

⁵ Listing reflects the authorized generics for Testim and Vogelxo.

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

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