

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, 2013. If you continue using one of these drugs after this date without prior approval, 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 consideration options listed below.

Bolded products represent drugs requiring prior authorization for medical necessity that are new for 2013 plan year.

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Considerations
<i>Allergies</i> * Nasal Steroids	BECONASE AQ OMNARIS QNASL RHINOCORT AQUA VERAMYST	<i>flunisolide spray, fluticasone spray, triamcinolone spray, NASONEX</i>
<i>Asthma</i> * Beta Agonists, Short-Acting	MAXAIR XOPENEX HFA	PROAIR HFA, PROVENTIL HFA
<i>Depression</i> * Antidepressants	OLEPTRO	<i>trazodone</i>
<i>Dermatology</i> * <i>Skin Inflammation and Hives</i> Corticosteroids	OLUX-E	<i>clobetasol propionate foam 0.05%</i>
<i>Diabetes</i> * Biguanides	FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i>
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	ONGLYZA	JANUVIA, TRADJENTA †
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor / Biguanide Combinations	KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO
<i>Diabetes</i> * Insulins	HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 HUMULIN N HUMULIN R NOTE: <i>Humulin U-500 concentrate will not be subject to prior authorization and will continue to be covered.</i>	APIDRA, NOVOLOG NOVOLOG MIX 70/30 NOVOLOG MIX 70/30 NOVOLIN 70/30 NOVOLIN N NOVOLIN R
<i>Diabetes</i> * Supplies ²	FREESTYLE STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ² , ONETOUCH STRIPS AND KITS ²
<i>Erectile Dysfunction</i> * Phosphodiesterase Inhibitors	LEVITRA	CIALIS, VIAGRA

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Considerations
<i>Glaucoma</i> * Prostaglandin Analogs	LUMIGAN	<i>latanoprost</i> , TRAVATAN Z, ZIOPTAN
<i>Growth Hormones</i> *	GENOTROPIN NUTROPIN / NUTROPIN AQ OMNITROPE SAIZEN TEV-TROPIN	HUMATROPE, NORDITROPIN
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonists	ATACAND EDARBI TEVETEN	<i>eprosartan</i> , <i>irbesartan</i> , <i>losartan</i> , BENICAR, DIOVAN, MICARDIS
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT EDARBYCLOR TEVETEN HCT	<i>irbesartan-hydrochlorothiazide</i> , <i>losartan-hydrochlorothiazide</i> , BENICAR HCT, DIOVAN HCT, MICARDIS HCT
<i>High Cholesterol</i> * HMG Co-A Reductase Inhibitors (HMGs or Statins)	ALTOPREV LIVALO	<i>atorvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>simvastatin</i> , CRESTOR, LESCOL XL, VYTORIN
<i>High Cholesterol</i> * HMG Co-A Reductase Inhibitor / Niacin Combinations	ADVICOR	<i>atorvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>simvastatin</i> , SIMCOR
<i>Overactive Bladder / Incontinence</i> * Urinary Antispasmodics	DETROL LA OXYTROL SANCTURA XR TOVIAZ	<i>oxybutynin ext-rel</i> , <i>tolterodine</i> , <i>tropium</i> , GELNIQUE, VESICARE
<i>Pain and Inflammation</i> * Nonsteroidal Anti-inflammatory (NSAIDs) / Combinations	ARTHROTEC FLECTOR	<i>diclofenac</i> or <i>meloxicam</i> or <i>naproxen</i> WITH <i>misoprostol</i> ; CELEBREX, VIMOVO <i>diclofenac</i> , <i>meloxicam</i> , <i>naproxen</i>
<i>Pain</i> * Non-opioid Analgesics	RYZOLT	<i>tramadol ext-rel</i>
<i>Prostate Condition</i> * Benign Prostatic Hyperplasia Agents / Combinations	JALYN	<i>finasteride</i> or AVODART WITH <i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>tamsulosin</i> , <i>terazosin</i> or RAPAFLO
<i>Sleep</i> * Hypnotics, Non-benzodiazepines	INTERMEZZO ROZEREM	<i>zolpidem</i> , <i>zolpidem ext-rel</i>
<i>Testosterone Replacement</i> * Androgens	ANDROGEL TESTIM	ANDRODERM, AXIRON †, FORTESTA †
<i>Transplant</i> * Immunosuppressants, Calcineurin Inhibitors	Hecoria	<i>tacrolimus</i>

The listed formulary considerations are subject to change.

† Drugs no longer requiring prior authorization for medical necessity in 2013.

List of Drugs Requiring Prior Authorization for Medical Necessity

ADVICOR ALTOPREV ANDROGEL ARTHROTEC ATACAND ATACAND HCT BECONASE AQ DETROL LA 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 KOMBIGLYZE XR LEVITRA LIVALO LUMIGAN MAXAIR NUTROPIN / NUTROPIN AQ OLEPTRO OLUX-E OMNARIS OMNITROPE	ONGLYZA OXYTROL QNASL RHINOCORT AQUA RIOMET ROZEREM RYZOLT SAIZEN SANCTURA XR TESTIM TEVETEN TEVETEN HCT TEV-TROPIN TOVIAZ VERAMYST XOPENEX HFA
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List of Drugs Requiring Prior Authorization for Medical Necessity - Carryover from 2012 Plan Year

ADVICOR ALTOPREV ARTHROTEC ATACAND ATACAND HCT BECONASE AQ EDARBI FLECTOR FORTAMET FREESTYLE STRIPS AND KITS GLUMETZA	HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 HUMULIN N HUMULIN R LEVITRA LIVALO MAXAIR OLEPTRO OLUX-E	OMNARIS OXYTROL RHINOCORT AQUA RIOMET RYZOLT SANCTURA XR TESTIM TEVETEN TEVETEN HCT TOVIAZ XOPENEX HFA
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List of Drugs Requiring Prior Authorization for Medical Necessity - New for 2013 Plan Year

ANDROGEL DETROL LA EDARBYCLOR GENOTROPIN Hecoria INTERMEZZO	JALYN KOMBIGLYZE XR LUMIGAN NUTROPIN / NUTROPIN AQ OMNITROPE ONGLYZA	QNASL ROZEREM SAIZEN TEV-TROPIN VERAMYST
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Drugs no longer requiring prior authorization for medical necessity in 2013: AXIRON, FORTESTA and TRADJENTA

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 state law restrictions.

- * 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 An Accu-Chek or OneTouch blood glucose meter will be provided at no charge by the manufacturer to those individuals currently using a meter other than Accu-Chek or 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.

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

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«Date»
«FNAME» «LNAME»
«ADDRESS1»
«ADDRESS2»
«CITY», «ST» «ZIP»

This is an important notice of an upcoming change to your insulin coverage.

Ask your doctor today to write a prescription for a new insulin product that does not require prior approval.

Dear «FNAME» «LNAME»:

CVS Caremark works with your health plan provider to manage your drug benefit plan. We are committed to keeping you up to date on any changes to your prescription coverage. Please take the time to read this letter and the attached fact sheet closely.

There will be a change to your insulin coverage. Starting «Date», insulin products made by Eli Lilly and Company, such as Humalog® and Humulin® U-100, **will no longer be covered unless prior approval is obtained.** If you continue to fill your current prescription without receiving this approval, you will pay the full price. **This change will not affect Humulin® U-500 concentrate, which will still be covered without this prior approval.**

Similar insulins, such as NovoLog®, Novolin® and Apidra®, are covered options that don't require this approval. Speak with your doctor about choosing one of the other covered options. Ask your doctor for a new insulin prescription.

- If you use CVS Caremark Mail Service Pharmacy, your doctor can call in the new prescription to 1-800-378-5697. Or you can call us toll-free at 1-866-251-9383, and we will contact your doctor for you.
- If your doctor thinks there is a clinical reason why the covered options won't work for you, your doctor can call 1-855-240-0536 to request an approval for your current drug.

Included with this letter is a fact sheet that describes how to change your insulin safely. It also gives tips on how to monitor your glucose levels and stay as healthy as possible. Please share this letter and fact sheet with your doctor.

Questions? Please visit www.caremark.com/padruglist for more information.

Sincerely,

Troyen A. Brennan, MD, MPH
Executive Vice President and Chief Medical Officer

Changing Insulins

What products are covered by my plan?

Novo Nordisk insulins are covered. These include:

- NovoLog®
- Novolin® R
- Novolin® N
- Novolin® 70/30
- NovoLog® Mix 70/30

Humulin® U-500 concentrate, Apidra®, Lantus®, and Levemir® will continue to be covered.

Is it safe to change insulin products?

According to the American Diabetes Association (ADA) and the U.S. Food and Drug Administration (FDA), changing from one brand of insulin to another is safe when you do it with guidance from your diabetes care doctor. Always take your insulin as your doctor tells you to.

Your doctor should receive a similar letter about the change to your insulin coverage. Talk to your doctor about getting a new prescription for an insulin product that is right for you.

How do I change from one insulin to another?

Your diabetes care team will guide you through the process of changing from one insulin product to another. Never make changes to your current dose or type of insulin without talking to your doctor first.

Are there any differences in dosing?

Your new insulin dose(s) will be substituted on a unit-per-unit basis, so there should be no changes to your current insulin routine. Your doctor will tell you if you may need to adjust your routine depending on the new insulin that you choose to use.

Will my dosing routine change if I am using a prefilled insulin pen?

The only thing that will change is the pen you will use with your new insulin product. Be sure to read the manufacturer label or ask your doctor or pharmacist to help you use the pen the right way. Because your new insulin dose(s) will be substituted on a unit-per-unit basis, your dialed dose should not change.

What other changes can I expect from the change to a new insulin product?

The packaging of your new insulin, such as vials and pens, will be different. If you use a pen, you may have to dial a dose up a different way than you do now.



What if I am using an insulin pump?

If you use an insulin pump, you may continue to use it. Rapid-acting insulins are the only insulins that are approved for use by the FDA in insulin pumps. Ask your doctor how the new insulin can be used with your current insulin pump. The pump label should have information about the best insulins to use. You can also call the manufacturer to find out more about your insulin pump.

What should I talk to my doctor about?

When you do change to your new insulin, ask your doctor the following questions:

1. How often should I check my blood glucose?
2. What is my blood glucose target?
3. What are some tips to help me remember my new insulin routine if it has changed?
4. Should I expect any different side effects?

Taking insulin as prescribed by your doctor is part of managing your diabetes. Your medicine will be less likely to help you improve your blood glucose unless you take it the right way.

Medicine Tip

Be sure to fill your new insulin prescription before you run out of your current one.

Why is it important to watch my blood glucose more closely?

When you change insulin products, it may take a little time for your blood glucose to adjust to the new medicine. Extra monitoring of your blood glucose is important to make sure your new insulin is working the right way. It can also help make sure your blood glucose does not get too high or too low. Always carry a source of sugar, such as glucose tablets or hard candies, in case your blood glucose gets too low.

Self-monitoring of blood glucose (SMBG)

Checking your blood glucose daily will help you see how your new insulin, food, and physical activity affect your blood glucose levels. It is the best test for day-to-day blood glucose control. If you take more than one injection a day or are using an insulin pump, SMBG should be done 3 or 4 times daily. Keep a log of your results and review it with your doctor at every visit.

Glycated hemoglobin (A1C) monitoring

As you may already know, the A1C test is a simple lab test that measures your average blood glucose control over the past 2 to 3 months. It is the best measure of long-term blood glucose control. When you change to different insulin, your doctor may start testing your A1C more often than it is tested right now.

Monitoring your blood glucose will help your doctor adjust your treatment plan to better fit your needs. If your glucose numbers are outside your target range, you and your doctor may decide to change your meal plan, activity level, or insulin routine.

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