

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. If you continue using one of these drugs 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.

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 PATANASE</i>
<i>Allergies * Ophthalmic</i>	LASTACAFT	<i>azelastine, cromolyn sodium, PATADAY, PATANOL</i>
<i>Anti-infectives, Antivirals * Herpes Agents</i>	VALTREX	<i>acyclovir, valacyclovir</i>
<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
<i>Attention Deficit Hyperactivity Disorder Agents</i>	ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i>
<i>Cardiovascular Antilipemics * Fibrates</i>	TRICOR	<i>fenofibrate, fenofibric acid</i>
<i>Cardiovascular Antilipemics * 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>
<i>Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics</i>	TUDORZA	SPIRIVA

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<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%, CLOBEX SPRAY</i>
	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 OSENI	JANUMET, JANUMET XR, JENTADUETO
<i>Diabetes *</i> <i>Injectable Incretin Mimetics</i>	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: Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.	
<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 ^{2,3}	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 ² , ONETOUGH VERIO STRIPS AND KITS ²
<i>Erectile Dysfunction *</i> Phosphodiesterase Inhibitors	LEVITRA	CIALIS, VIAGRA

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<i>Gastrointestinal Agents *</i> Proton Pump Inhibitors (PPIs)	PREVACID PROTONIX	<i>lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT, NEXIUM</i>
<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, valsartan, BENICAR</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, UCERIS</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, MYRBETRIQ, 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 sodium, meloxicam, or naproxen WITH lansoprazole, omeprazole, omeprazole/sodium bicarbonate capsule, pantoprazole, DEXILANT or NEXIUM</i>
	FLECTOR PENNSAID	<i>diclofenac sodium, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL</i>
	NAPRELAN	<i>diclofenac sodium, meloxicam, naproxen, CELEBREX</i>

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Prostate Condition *</i> Benign Prostatic Hyperplasia Agents / Combinations	JALYN	<i>finasteride</i> or AVODART WITH <i>alfuzosin ext-rel, doxazosin, tamsulosin, terazosin</i> or RAPAFLO
<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</i> ANDROGEL NATESTO TESTIM VOGELXO	ANDRODERM, AXIRON, FORTESTA
<i>Transplant *</i> Immunosuppressants, Calcineurin Inhibitors	Hecoria	<i>tacrolimus</i>

Category * Drug Class	Formulary Options
<i>Hepatitis C Agents *</i>	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 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

ACCU-CHEK STRIPS AND KITS ³	Hecoria	OXYTROL
ACTOS	HUMALOG	PENNSAID
ADDERALL XR	HUMALOG MIX 50/50	PLAVIX
ADRENACLICK	HUMALOG MIX 75/25	PREVACID
ADVICOR	HUMULIN 70/30	PROTONIX
AEROSPAN	HUMULIN N	PROVENTIL HFA
ALTOPREV	HUMULIN R	QNASL
ALVESCO	INTERMEZZO	RAYOS
AMRIX	JALYN	REBIF
ANDROGEL	KAZANO	RHINOCORT AQUA
APEXICON E	KOMBIGLYZE XR	RIOMET
APIDRA	LASTACRAFT	ROZEREM
ARTHROTEC	LESCOL XL	SAIZEN
ASACOL HD	LEVITRA	SUBOXONE FILM
ATACAND	LIPITOR	SYMBICORT
ATACAND HCT	LIPTRUZET	TESTIM
BECONASE AQ	LIVALO	<i>testosterone gel</i>
BREEZE 2 STRIPS AND KITS ³	LUMIGAN	TEVETEN
BYETTA	LUNESTA	TEVETEN HCT
CONTOUR NEXT STRIPS AND KITS ³	NAPRELAN	TEV-TROPIN
CONTOUR STRIPS AND KITS ³	NATESTO	TOVIAZ
DELZICOL	NESINA	TRICOR
DETROL LA	NORVASC	TUDORZA
DIOVAN HCT	NUTROPIN AQ	VALTRES
DUEXIS	OLEPTRO	VENTOLIN HFA
DYMISTA	OLUX-E	VERAMYST
EDARBI	OMNARIS	VIMOVO
EDARBYCLOR	OMNITROPE	VOGELXO
EUFLEXXA	ONGLYZA	XOPENEX HFA
FARXIGA FLECTOR	ORTHOVISC	ZETONNA
FORTAMET	OSENI	
FREESTYLE STRIPS AND KITS ³		
GENOTROPIN		
GLUMETZA		

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.

³ OneTouch brand test strips are the only preferred options.

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

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