

# 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, 2017. 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.

**Bolded** products represent drugs requiring prior authorization for medical necessity that are new for the 2017 plan year.

<b>Category *</b> <b>Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Allergic Reaction (Anaphylaxis) Treatment *</i>	ADRENACLICK	EPIPEN, EPIPEN JR
<i>Allergies *</i> Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL RHINOCORT AQUA VERAMYST ZETONNA	<i>flunisolide spray, fluticasone spray, triamcinolone spray, DYMISTA</i>
<i>Allergies *</i> Ophthalmic	LASTACAFT	<i>azelastine, cromolyn sodium, olopatadine, PATADAY, PAZEO</i>
<i>Anti-infectives, Antivirals *</i> Cytomegalovirus Agents	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals *</i> Hepatitis C Agents	<b>DAKLINZA</b> <b>OLYSIO</b> <b>TECHNIVIE</b> VIEKIRA PAK <b>ZEPATIER</b>	EPCLUSA, HARVONI, SOVALDI
<i>Anti-infectives, Antivirals *</i> Herpes Agents	VALTREX	<i>acyclovir, valacyclovir</i>
<i>Antiobesity Agents *</i> Newer Agents	QSYMIA	BELVIQ, CONTRAVE, SAXENDA
<i>Asthma *</i> Beta Agonists, Short-Acting	<b>PROVENTIL HFA</b> <b>VENTOLIN HFA</b> XOPENEX HFA	PROAIR HFA, PROAIR RESPICLICK
<i>Asthma *</i> Steroid Inhalants	AEROSPAN ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR
<i>Asthma * or Chronic Obstructive Pulmonary Disease (COPD) *</i> Steroid / Beta Agonist Combinations	SYMBICORT	ADVAIR, BREO ELLIPTA, DULERA
<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, APTENSIO XR, QUILLIVANT XR, STRATTERA, VYVANSE</i>
<i>Cancer *</i> Chronic Myelogenous Leukemia Agents	<b>GLEEVEC</b> <b>TASIGNA</b>	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>

<b>Category * Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Cancer *</i> Prostate Hormonal Agents, Antiandrogens	NILANDRON XTANDI	<i>bicalutamide, ZYTIGA</i>
<i>Cardiovascular Antilipemics *</i> Fibrates	TRICOR	<i>fenofibrate, fenofibric acid</i>
<i>Cardiovascular Antilipemics *</i> HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations	ADVICOR ALTOPREV CRESTOR LESCOL XL LIPITOR LIPTRUZET LIVALO	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, VYTORIN</i>
<i>Cardiovascular Potassium Supplements *</i>	KLOR-CON/25	<i>potassium chloride liquid</i>
<i>Cardiovascular Pulmonary Arterial Hypertension Agents *</i> Endothelin Receptor Antagonists	OPSUMIT	LETAIRIS, TRACLEER
<i>Carnitine Deficiency Agents *</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA
<i>Cystic Fibrosis *</i> Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Depression *</i> Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet (except 225 mg)</i> CYMBALTA	<i>duloxetine, venlafaxine, venlafaxine ext-rel capsule, PRISTIQ</i>
<i>Depression *</i> Antidepressants, Miscellaneous Agents	OLEPTRO	<i>trazodone</i>
<i>Depression *, Schizophrenia *</i> Antipsychotics, Atypicals	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 solution, imiquimod, PICATO, ZYCLARA</i>
<i>Dermatology Rosacea *</i>	NORITATE	<i>metronidazole, sulfacetamide-sulfur, FINACEA, SOOLANTRA</i>
<i>Dermatology Skin Inflammation and Hives *</i> Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	APEXICON E	<i>desoximetasone, fluocinonide</i>
<i>Dermatology Miscellaneous Skin Conditions *</i>	ALCORTIN A ALOQUIN NOVACORT	<i>hydrocortisone</i>

<b>Category *</b> <b>Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<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, JENTADUETO XR
<i>Diabetes</i> * Injectable Incretin Mimetics	BYDUREON BYETTA	TRULICITY, 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 <sup>2</sup>	NOVOLIN 70/30 <sup>2</sup>
	HUMULIN N <sup>2</sup>	NOVOLIN N <sup>2</sup>
	HUMULIN R <sup>2</sup>	NOVOLIN R <sup>2</sup>
	NOTE: Humulin R U-500 concentrate vial will not be subject to prior authorization and will continue to be covered.	
<i>Diabetes</i> * Long Acting Insulins	LANTUS TOUJEO	BASAGLAR, LEVEMIR, TRESIBA
<i>Diabetes</i> * Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET	XIGDUO XR
<i>Diabetes</i> * Supplies, Pen Needles	ALLISON MEDICAL PEN NEEDLES NOVO NORDISK PEN NEEDLES ULTIMED PEN NEEDLES All other insulin pen needles that are not BD brand	BD PEN NEEDLES
<i>Diabetes</i> * Supplies, Syringes	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD brand	BD INSULIN SYRINGES

<b>Category *</b> <b>Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Diabetes</i> * Supplies, Test Strips and Kits <sup>3,4</sup>	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 <sup>3</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>3</sup>
<i>Erectile Dysfunction</i> * Phosphodiesterase Inhibitors	LEVITRA VIAGRA	CIALIS
<i>Gastrointestinal Agents</i> * Opioid-induced Constipation	RELISTOR	MOVANTIK
<i>Gastrointestinal Agents</i> * Proton Pump Inhibitors (PPIs)	NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT</i>
<i>Glaucoma</i> * Prostaglandin Analogs	LUMIGAN	<i>latanoprost, travoprost, TRAVATAN Z, ZIOPTAN</i>
<i>Growth Hormones</i> *	GENOTROPIN NUTROPIN AQ OMNITROPE SAIZEN	HUMATROPE, NORDITROPIN
<i>Hematologic Anticoagulants (oral)</i> *	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
<i>Hematologic Hemophilia Agents</i> *	HELIXATE FS	KOGENATE FS
<i>Hematologic</i> * Neutropenia Colony Stimulating Factors	NEUPOGEN	ZARXIO
<i>Hematologic</i> * Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, BRILINTA, EFFIENT</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonists	ATACAND DIOVAN 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> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	<i>amlodipine-telmisartan, amlodipine-valsartan, AZOR</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, TRIBENZOR</i>
<i>High Blood Pressure</i> * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>

<b>Category *</b> <b>Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<b>High Blood Pressure *</b> <b>Calcium Channel Blockers</b>	NORVASC	<i>amlodipine</i>
	CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) <i>Matzim LA</i>	<i>diltiazem ext-rel (except generic of CARDIZEM LA)</i>
<b>Huntington's Disease Agents *</b>	<b>XENAZINE</b>	<i>tetrabenazine</i>
<b>Inflammatory Bowel Disease (IBD), Ulcerative Colitis *</b> <b>Aminosalicylates</b>	ASACOL HD DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA, UCERIS</i>
<b>Kidney Disease *</b> <b>Phosphate Binders</b>	FOSRENOL	<i>calcium acetate, PHOSLYRA, RENVELA, VELPHORO</i>
<b>Multiple Sclerosis Agents *</b>	AVONEX EXTAVIA PLEGRIDY	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA</i>
<b>Musculoskeletal Agents *</b>	AMRIX	<i>cyclobenzaprime</i>
<b>Opioid Dependence Agents *</b>	ZUBSOLV	<i>buprenorphine-naloxone sublingual tablet, SUBOXONE FILM</i>
<b>Opioid Reversal Agents *</b>	<b>EVZIO</b>	NARCAN NASAL SPRAY
<b>Osteoarthritis *</b> <b>Viscosupplements</b>	EUFLEXXA MONOVISC ORTHOVISC	GEL-ONE, HYALGAN, SUPARTZ FX
<b>Overactive Bladder / Incontinence *</b> <b>Urinary Antispasmodics</b>	DETROL LA <b>ENBLEX</b> <b>GELNIQUE</b> OXYTROL	<i>oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE</i>
<b>Pain *</b> <b>Headache Agents</b>	<b>butalbital-acetaminophen-caffeine capsule</b>	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan, RELPAX, ZOMIG NASAL SPRAY</i>
<b>Pain *</b> <b>Transmucosal Immediate-release Fentanyl Agents</b>	<b>ABSTRAL</b>	<i>fentanyl transmucosal lozenge, FENTORA, SUBSYS</i>
<b>Pain and Inflammation *</b> <b>Corticosteroids</b>	<b>DEXPAK</b> <b>MILLIPRED</b> RAYOS	<i>dexamethasone, methylprednisolone, prednisone</i>
<b>Pain and Inflammation *</b> <b>Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations</b>	ARTHROTEC	<i>celecoxib; diclofenac sodium, meloxicam or naproxen WITH esomeprazole, lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole or DEXILANT</i>
	PENNSAID	<i>diclofenac sodium, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL</i>
	NAPRELAN	<i>celecoxib, diclofenac sodium, meloxicam, naproxen</i>
<b>Prostate Condition *</b> <b>Benign Prostatic Hyperplasia Agents / Combinations</b>	JALYN	<i>dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin or RAPAFLO</i>
<b>Sleep *</b> <b>Hypnotics, Non-benzodiazepines</b>	INTERMEZZO LUNESTA ROZEREM	<i>eszopiclone, zolpidem, zolpidem ext-rel, SILENOR</i>
<b>Testosterone Replacement *</b> <b>Androgens</b>	<i>testosterone gel 1% <sup>5</sup></i> ANDROGEL FORTESTA NATESTO TESTIM VOGELXO	ANDRODERM, AXIRON

Category * Drug Class	Formulary Options
Autoimmune and Hepatitis C *	For Autoimmune and Hepatitis C, CVS Caremark will be implementing an Indication Based Formulary for 2017 which may result in additional exclusions announced in both classes.
Generics	Limited source generics may be evaluated when appropriate and potentially excluded.
Hyperinflation	Products with significant cost inflation throughout the year may be evaluated and potentially excluded.
New-to-Market Agents <sup>1</sup>	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).
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.

The listed formulary options are subject to change.

List of Drugs Requiring Prior Authorization for Medical Necessity - Carry Over from 2016		
ABILIFY ACCU-CHEK STRIPS AND KITS <sup>4</sup> ACTOS ADDERALL XR ADRENACLICK ADVICOR AEROSPAN ALTOPREV ALVESCO AMRIX ANDROGEL APEXICON E APIDRA ARTHROTEC ASACOL HD ATACAND ATACAND HCT AVONEX BECONASE AQ BREEZE 2 STRIPS AND KITS <sup>4</sup> BYDUREON BYETTA CARAC CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) <i>clobetasol spray</i> CLOBEX SPRAY CONTOUR NEXT STRIPS AND KITS <sup>4</sup> CONTOUR STRIPS AND KITS <sup>4</sup> CYMBALTA DELZICOL DETROL LA DIOVAN DIOVAN HCT EDARBI EDARBYCLOR EUFLEXXA EXFORGE EXFORGE HCT EXTAVIA	<i>fluorouracil cream 0.5%</i> FORTAMET FORTESTA FOSRENOL FREESTYLE STRIPS AND KITS <sup>4</sup> GENOTROPIN GLUMETZA HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 <sup>2</sup> HUMULIN N <sup>2</sup> HUMULIN R <sup>2</sup> INCRUSE ELLIPTA INTERMEZZO INTUNIV INVOKAMET INVOKANA JALYN KAZANO KOMBIGLYZE XR LASTACAFT LESCOL XL LEVITRA LIPITOR LIPTRUZET LIVALO LUMIGAN LUNESTA <i>Matzim LA</i> MONOVISC NAPRELAN NATESTO NESINA NORITATE NORVASC NUTROPIN AQ OLEPTRO OLUX-E OMNARIS OMNITROPE	ONGLYZA ORTHOVISC OSENI OXYTROL PENNSAID PLAVIX PLEGRIDY PREVACID PROTONIX QNASL QSYMIA RAYOS RELISTOR RHINOCORT AQUA RIOMET ROZEREM SAIZEN SYMBICORT TESTIM <i>testosterone gel 1% <sup>5</sup></i> TEVETEN TEVETEN HCT TRICOR TUDORZA VALCYTE VALTRES VERAMYST VIAGRA VIEKIRA PAK VOGELXO XOPENEX HFA ZETONNA ZUBSOLV

## List of Drugs Requiring Prior Authorization for Medical Necessity - New for 2017

ABSTRAL ALCORTIN A ALOQUIN ALLISON MEDICAL INSULIN SYRINGES ALLISON MEDICAL PEN NEEDLES <i>butalbital-acetaminophen-caffeine capsule</i> CARNITOR CARNITOR SF CRESTOR DAKLINZA DEXPAK DUTOPROL ENABLEX EVZIO GELNIQUE	GLEEVEC HELIXATE FS KLOF-CON/25 LANTUS MILLIPRED NEUPOGEN NEXIUM NILANDRON NOVACORT NOVO NORDISK PEN NEEDLES OLYSIO OPSUMIT PRADAXA PROVENTIL HFA	TASIGNA TECHNIVIE TOBI TOBI PODHALER TOUJEO TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES ULTIMED PEN NEEDLES <i>venlafaxine ext-rel tablets (except for 225 mg)</i> VENTOLIN HFA XENAZINE XTANDI ZEGERID ZEPATIER
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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 *italics*, and generic products in lowercase *italics*. This is not an all-inclusive list of available drug options. Log in to [www.caremark.com](http://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.

<sup>1</sup> If your doctor believes you have a specific clinical need for one of these products, he or she should contact the Prior Authorization department at: 1-855-240-0536.

<sup>2</sup> Rebranded or private label formulations are not covered without a prior authorization for medical necessity (i.e., RELION).

<sup>3</sup> A ONETOUCH blood glucose meter may 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: 1-800-588-4456.

<sup>4</sup> ONETOUCH brand test strips are the only preferred options.

<sup>5</sup> Listing reflects the authorized generics for TESTIM and VOGELXO.

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