

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, 2014. 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 consideration options listed below.

Bolded products represent drugs requiring prior authorization for medical necessity that are new for the 2014 plan year.

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Considerations
Allergies * Nasal Steroids / Combinations	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 or ASTEPRO</i>
Allergies * Ophthalmic	LASTACAPT	<i>azelastine, cromolyn sodium, ALREX, PATADAY</i>
Asthma * Beta Agonists, Short-Acting	MAXAIR VENTOLIN HFA XOPENEX HFA	PROAIR HFA, PROVENTIL HFA
Asthma * Steroid Inhalants	ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR
Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations	BREO ELLIPTA	ADVAIR, DULERA, SYMBICORT
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	TUDORZA PRESSAIR	SPIRIVA
Depression * Antidepressants	OLEPTRO	<i>trazodone</i>
Diabetes * Biguanides	GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i>
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA	JANUVIA, TRADJENTA
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	KAZANO KOMBIGLYZE XR OSENI	JANUMET, JANUMET XR, JENTADUETO

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Diabetes * Insulins	HUMALOG	APIDRA, 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 U-500 concentrate will not be subject to removal and will continue to be covered.	
Diabetes * Supplies ²	BREEZE 2 STRIPS AND KITS CONTOUR STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS FREESTYLE STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ² , ONETOUCH STRIPS AND KITS ²
Erectile Dysfunction * Phosphodiesterase Inhibitors	LEVITRA	CIALIS, VIAGRA
Glaucoma * Prostaglandin Analogs	LUMIGAN	<i>latanoprost</i> , TRAVATAN Z, ZIOPTAN
Growth Hormones *	GENOTROPIN NUTROPIN / NUTROPIN AQ OMNITROPE SAIZEN TEV-TROPIN	HUMATROPE, NORDITROPIN
High Blood Pressure * Angiotensin II Receptor Antagonists	EDARBI	<i>candesartan</i> , <i>eprosartan</i> , <i>irbesartan</i> , <i>losartan</i> , BENICAR, DIOVAN, MICARDIS
High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations	EDARBYCLOR TEVETEN HCT	<i>candesartan-hydrochlorothiazide</i> , <i>irbesartan-hydrochlorothiazide</i> , <i>losartan-hydrochlorothiazide</i> , <i>valsartan-hydrochlorothiazide</i> , BENICAR HCT, MICARDIS HCT
High Cholesterol * HMG Co-A Reductase Inhibitors (HMGs or Statins)	ALTOPREV LESCOL XL LIVALO	<i>atorvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>simvastatin</i> , CRESTOR
High Cholesterol * HMG Co-A Reductase Inhibitor Combinations	ADVICOR	<i>atorvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>simvastatin</i> , SIMCOR
	LIPTRUZET	<i>atorvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>simvastatin</i> , VYTORIN
Inflammatory Bowel Disease (IBD), Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide</i> , <i>sulfasalazine</i> , <i>sulfasalazine delayed-rel</i> , APRISO, LIALDA, PENTASA
Opioid Dependence Agents *	SUBOXONE FILM	<i>buprenorphine/naloxone sublingual tablets</i>
Overactive Bladder / Incontinence * Urinary Antispasmodics	DETROL LA OXYTROL TOVIAZ	<i>oxybutynin ext-rel</i> , <i>tolterodine</i> , <i>trospium</i> , <i>trospium ext-rel</i> , GELNIQUE, VESICARE

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Considerations
<i>Pain and Inflammation *</i> Nonsteroidal Anti-inflammatory Drugs (NSAIDs)	FLECTOR	<i>diclofenac, meloxicam, naproxen</i>
<i>Pain and Inflammation *</i> Corticosteroids	RAYOS	<i>dexamethasone, methylprednisolone, prednisone</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 ROZEREM	<i>zolpidem, 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.

List of Drugs Requiring Prior Authorization for Medical Necessity - Carryover from 2013

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 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 - New for 2014

ACTOS ALVESCO ASACOL HD BREEZE 2 STRIPS AND KITS BREO ELLIPTA CONTOUR STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS DELZICOL DIOVAN HCT	DYMISTA KAZANO LASTACAFT LESCOL XL LIPITOR LIPTRUZET NESINA OSEN! PLAVIX	PREVACID PROTONIX RAYOS SUBOXONE FILM TRICOR TUDORZA PRESSAIR VALTrex VENTOLIN HFA ZETONNA
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The following drugs have generic availability. The brand drugs listed below will not be covered without a prior authorization for medical necessity. Ask your doctor to choose the generic equivalent of these brand drugs.

Branded Agents Requiring Prior Authorization for Medical Necessity that Have Generic Equivalents Available ³

ACTOS
ARTHROTEC
ATACAND
ATACAND HCT
DIOVAN HCT

FORTAMET
LIPITOR
OLUX-E
PLAVIX
PREVACID

PROTONIX
SANCTURA XR
TEVETEN
TRICOR
VALTRES

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.

³ Some dosage forms and/or strengths may not have generic availability.

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