

# Medications Requiring Prior Authorization for Medical Necessity for Clients with Advanced Control Specialty Formulary™

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.

<b>Category * 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 * Nasal Steroids / Combinations</i>	BECONASE AQ OMNARIS QNASL RHINOCORT AQUA VERAMYST ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA</i>
<i>Allergies * Ophthalmic</i>	LASTACAPT	<i>azelastine, cromolyn sodium, olopatadine, PATADAY, PAZEO</i>
<i>Anti-infectives, Antivirals * Cytomegalovirus Agents</i>	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals * Hepatitis C Agents</i>	DAKLINZA OLYSIO TECHNIVIE VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 2, 3), HARVONI (genotypes 1, 4, 5, 6)
<i>Anti-infectives, Antivirals * Herpes Agents</i>	VALTREX	<i>acyclovir, valacyclovir</i>
<i>Antiobesity Agents * Newer Agents</i>	QSYMIA	BELVIQ, CONTRAVE, SAXENDA
<i>Asthma * Beta Agonists, Short-Acting</i>	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	PROAIR HFA, PROAIR RESPICLICK
<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, 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>

<b>Category * Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
Cancer * Chronic Myelogenous Leukemia Agents	GLEEVEC TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
Cancer * Prostate Hormonal Agents, Antiandrogens	NILANDRON XTANDI	<i>bicalutamide</i> , ZYTIGA
Cardiovascular Antilipemics * Fibrates	TRICOR	<i>fenofibrate, fenofibric acid</i>
Cardiovascular Antilipemics * HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations	ADVICOR ALTOPREV CRESTOR LESCOL XL LIPITOR LIPTRUZET LIVALO	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i> , VYTORIN
Cardiovascular Antilipemics * PCSK9 Inhibitors	PRALUENT	REPATHA
Cardiovascular Pulmonary Arterial Hypertension * Endothelin Receptor Antagonists	OPSUMIT	LETAIRIS, TRACLEER
Cardiovascular Pulmonary Arterial Hypertension * Phosphodiesterase Inhibitors	ADCIRCA REVATIO	<i>sildenafil</i>
Carnitine Deficiency Agents *	CARNITOR CARNITOR SF	levocarnitine
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA
Cystic Fibrosis * Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS
Depression * Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet (except 225 mg)</i> CYMBALTA VENLAFAXINE EXT-REL TABLET (except 225 mg)	<i>duloxetine, venlafaxine, venlafaxine ext-rel capsule</i> , PRISTIQ
Depression * Antidepressants, Miscellaneous Agents	OLEPTRO	<i>trazodone</i>
Depression *, Schizophrenia * Antipsychotics, Atypicals	ABILIFY	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone</i> , LATUDA, SEROQUEL XR
Dermatology* Actinic Keratosis	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod</i> , PICATO, ZYCLARA

<b>Category *</b> <b>Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Dermatology *</i> Rosacea	NORITATE	<i>metronidazole, FINACEA, SOOLANTRA</i>
<i>Dermatology *</i> Skin Inflammation and Hives Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	APEXICON E	<i>desoximetasone, fluocinonide</i>
<i>Dermatology *</i> Miscellaneous Skin Conditions	ALCORTIN A ALOQUIN NOVACORT	<i>hydrocortisone</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 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 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

<b>Category *</b> <b>Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
Diabetes * Supplies, Needles <sup>3</sup>	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
Diabetes * Supplies, Syringes <sup>3</sup>	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
Diabetes * Supplies, Test Strips and Kits <sup>4,5</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>4</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>4</sup>
Erectile Dysfunction * Phosphodiesterase Inhibitors	LEVITRA VIAGRA	CIALIS
Fertility *	BRAVELLE GONAL-F	FOLLISTIM AQ
	REPRONEX	CETROTIDE, FOLLISTIM AQ
Gastrointestinal Agents * Opioid-induced Constipation	RELISTOR	MOVANTIK
Gastrointestinal Agents * Proton Pump Inhibitors (PPIs)	NEXIUM PREVACID PROTONIX ZEGERID	esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT
Glaucoma * Prostaglandin Analogs	LUMIGAN	latanoprost, travoprost, TRAVATAN Z, ZIOPTAN
Growth Hormones *	GENOTROPIN NORDITROPIN NUTROPIN AQ OMNITROPE SAIZEN	HUMATROPE
Hematologic * Anticoagulants (oral)	PRADAXA	warfarin, ELIQUIS, XARELTO
Hematologic * Blood Modifying Agents	PROCRIT	ARANESP
Hematologic * Hemophilia Agents	HELIXATE FS	KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
Hematologic * Neutropenia Colony Stimulating Factors	NEUPOGEN	ZARXIO
Hematologic * Platelet Aggregation Inhibitors	PLAVIX	clopidogrel, BRILINTA, EFFIENT
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND DIOVAN EDARBI TEVETEN	candesartan, eprosartan, irbesartan, losartan, telmisartan, valsartan, BENICAR

<b>Category * Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<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>
High Blood Pressure * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
<i>High Blood Pressure *</i> Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) Matzim LA	<i>diltiazem ext-rel (except generic of CARDIZEM LA)</i>
<i>Huntington's Disease Agents*</i>	XENAZINE	<i>tetrabenazine</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>Interferons *</i>	PEGASYS	Consult doctor
<i>Kidney Disease *</i> Phosphate Binders	FOSRENOL	<i>calcium acetate, PHOSLYRA, RENVELA, VELPHORO</i>
<i>Multiple Sclerosis Agents *</i>	AVONEX EXTAVIA PLEGRIDY	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA</i>
<i>Musculoskeletal Agents *</i>	AMRIX	<i>cyclobenzaprine</i>
<i>Nutritional / Supplements *</i> Electrolytes	KLOR-CON/25	<i>potassium chloride liquid</i>
<i>Opioid Dependence Agents *</i>	ZUBSOLV	<i>buprenorphine-naloxone sublingual tablet, SUBOXONE FILM</i>
<i>Opioid Reversal Agents *</i>	EVZIO	<i>naloxone injection, NARCAN NASAL SPRAY</i>
<i>Osteoarthritis *</i> Viscosupplements	EUFLEXXA MONOVISC ORTHOVISC SYNVISC, SYNVISC-ONE	<i>GEL-ONE, HYALGAN, SUPARTZ FX</i>
<i>Osteoporosis *</i> Calcium Regulators	PROLIA	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, ATELVIA, FORTEO</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>Overactive Bladder / Incontinence *</i> Urinary Antispasmodics	DETROL LA ENABLEX GELNIQUE OXYTROL	<i>oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE</i>
<i>Pain *</i> <i>Headache Agents</i>	<i>butalbital-acetaminophen-caffeine capsule, FIORICET CAPSULE</i>	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan, RELPAX, ZOMIG NASAL SPRAY</i>
<i>Pain *</i> Transmucosal Immediate-release Fentanyl Agents	ABSTRAL	<i>fentanyl transmucosal lozenge, FENTORA, SUBSYS</i>
<i>Pain and Inflammation *</i> Corticosteroids	DEXPAK MILLIPRED RAYOS	<i>dexamethasone, methylprednisolone, prednisone</i>
<i>Pain and Inflammation *</i> Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, meloxicam or naproxen WITH esomeprazole, lansoprazole, omeprazole, pantoprazole, or DEXILANT</i>
	PENNSAID	<i>diclofenac sodium, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL</i>
	NAPRELAN	<i>celecoxib, diclofenac sodium, meloxicam, naproxen</i>
<i>Prostate Condition *</i> Benign Prostatic Hyperplasia Agents / Combinations	JALYN	<i>dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin or RAPAFLO</i>
<i>Psoriasis *</i> Biologic Disease-Modifying Agents	OTEZLA REMICADE	HUMIRA, STELARA (after failure of HUMIRA), TALTZ (after failure of HUMIRA)
<i>All Other Non-Psoriasis Conditions*</i> Biologic Disease-Modifying Agents	ACTEMRA CIMZIA KINERET ORENCIA OTEZLA REMICADE SIMPONI XELJANZ	ENBREL, HUMIRA
<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% <sup>6</sup></i> ANDROGEL FORTESTA NATESTO TESTIM VOGELXO	ANDRODERM, AXIRON
<i>Transplant *</i> Immunosuppressants, Calcineurin Inhibitors	PROGRAF	<i>tacrolimus</i>

<b>Category * Drug Class</b>	<b>Formulary Options</b>
Autoimmune and Hepatitis C *	For some clients, an Indication Based Formulary will be utilized for products in these classes and may result in additional exclusions.
Generics	Limited source generics may be evaluated when appropriate and potentially removed from the formulary.
Hyperinflation	On a quarterly basis, products with significant cost inflation that have clinically-appropriate and more cost-effective alternatives may be evaluated and potentially removed from the formulary.
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

<p>           ABILIFY            ABSTRAL            ACCU-CHEK STRIPS AND KITS <sup>5</sup>            ACTEMRA            ACTOS            ADCIRCA            ADDERALL XR            ADRENACLICK            ADVICOR            AEROSPAN            ALCORTIN A            ALLISON MEDICAL INSULIN SYRINGES <sup>3</sup>            ALOQUIN            ALTOPREV            ALVESCO            AMRIX            ANDROGEL            APEXICON E            APIDRA            ARTHROTEC            ASACOL HD            ATACAND            ATACAND HCT            AVONEX            BECONASE AQ            BRAVELLE            BREEZE 2 STRIPS AND KITS <sup>5</sup>  <i>butalbital-acetaminophen-caffeine capsule</i>            BYDUREON            BYETTA            CARAC            CARDIZEM            CARDIZEM CD            CARDIZEM LA (and its generics)            CARNITOR            CARNITOR SF            CIMZIA  <i>clobetasol spray</i>            CLOBEX SPRAY            CONTOUR NEXT STRIPS AND KITS <sup>5</sup>            CONTOUR STRIPS AND KITS <sup>5</sup>            CRESTOR            CYMBALTA            DAKLINZA            DELZICOL            DETROL LA            DEXPAK            DIOVAN            DIOVAN HCT            DUTOPROL            EDARBI            EDARBYCLOR            ENABLEX            EUFLEXXA            EVZIO            EXFORGE            EXFORGE HCT            EXTAVIA            FIORICET CAPSULE  <i>fluorouracil cream 0.5%</i>            FORTAMET         </p>	<p>           FORTESTA            FOSRENOL            FREESTYLE STRIPS AND KITS <sup>5</sup>            GELNIQUE            GENOTROPIN            GLEEVEC            GLUMETZA            GONAL-F            HELIXATE FS            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            KINERET            KIOR-CON/25            KOMBIGLYZE XR            LANTUS            LASTACAF            LESCOL XL            LEVITRA            LIPITOR            LIPTRUZET            LIVALO            LUMIGAN            LUNESTA  <i>Matzim LA</i>            MILLIPRED            MONOVISC            NAPRELAN            NATESTO            NESINA            NEUPOGEN            NEXIUM            NILANDRON            NORDITROPIN            NORITATE            NORVASC            NOVACORT            NOVO NORDISK NEEDLES <sup>3</sup>            NUTROPIN AQ            OLEPTRO            OLUX-E            OLYSIO            OMNARIS            OMNITROPE            ONGLYZA            OPSUMIT            ORENCIA            ORTHOVISC            OSENI            OTEZLA            OWEN MUMFORD NEEDLES <sup>3</sup>            OXYTROL         </p>	<p>           PEGASYS            PENNSAID            PERRIGO NEEDLES <sup>3</sup>            PLAVIX            PLEGRIDY            PRADAXA            PRALUENT            PREVACID            PROCRIT            PROGRAF            PROLIA            PROTONIX            PROVENTIN HFA            QNASL            QSYMIA            RAYOS            RELISTOR            REMICADE            REPRONEX            REVATIO            RHINOCORT AQUA            RIOMET            ROZEREM            SAIZEN            SIMPONI            SYMBICORT            SYNVISC            SYNVISC-ONE            TASIGNA            TECHNIVIE            TESTIM  <i>testosterone gel 1% <sup>6</sup></i>            TEVETEN            TEVETEN HCT            TOBI            TOBI PODHALER            TOUJEO            TRICOR            TRIVIDIA INSULIN SYRINGES <sup>3</sup>            TUDORZA            ULTIMED INSULIN SYRINGES <sup>3</sup>            ULTIMED NEEDLES <sup>3</sup>            VALCYTE            VALTREX  <i>venlafaxine ext-rel tablet (except 225 mg)</i>            VENLAFAXINE EXT-REL TABLET            (except 225 mg)            VENTOLIN HFA            VERAMYST            VIAGRA            VIEKIRA PAK            VOGELXO            XELJANZ            XENAZINE            XOPENEX HFA            XTANDI            ZEGERID            ZEPATIER            ZETONNA            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 *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.

† Expected Availability 12/15/16

<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> BD ULTRAFINE syringes and needles are the only preferred options.

<sup>4</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>5</sup> ONETOUCH brand test strips are the only preferred options.

<sup>6</sup> Listing reflects the authorized generics for TESTIM and VOGELXO.

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