

Prior Authorization

October 2019

Not all benefit plans include the Prior Authorization program. Check your plan materials to see if this information applies to you.

What Is Prior Authorization?

It's a quality and safety program that promotes the proper use of certain medications. If your doctor prescribes a medication that is included in our Prior Authorization program, you must get prior approval before your plan will cover your medication.

We base the Prior Authorization program on U.S. Food and Drug Administration and manufacturer guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit design.

Which Medications Are Included?

This list includes both specialty and non-specialty drugs that require prior authorization under your **pharmacy benefit**. You will also find information on where your doctor should send requests for prior authorization.

Some drugs require **Medical Necessity Prior Authorization (MNPA)**. Before your plan will cover these drugs, you must try one or more covered alternatives first.

If your health plan requires prior authorization for specialty drugs under the **medical benefit**, you can find more information on the Medical Prior Authorization drug list online at your health plan's website.

What Are the Possible Outcomes of a Prior Authorization Request?

- If you meet the requirements, your drug will be approved, and we will cover it. Your drug may be approved for up to one year or more. You will be sent a letter letting you know that your drug has been approved.
- If you do not meet the requirements, your prior authorization will be denied. Also, if your doctor does

not send in the requested information within a certain period of time, your prior authorization will be denied. If your request is denied, both you and your doctor will be sent a letter explaining the denial. The letter will include information about how you can appeal the decision.

What Happens at the Pharmacy?

The pharmacist enters your prescription information into the computer system. If your medication needs prior authorization and you already have it, the pharmacist will fill your prescription. If you do not have prior authorization, you have three choices:

- You or your pharmacist can call your doctor and get a prescription for a different medication that does not need prior authorization.
- You can pay full price for your medication.
- You or your pharmacist can ask your doctor to get prior authorization for you.

If you do not meet the requirements for prior authorization, you can still choose another option. You and your doctor make the final decision about the medication that is right for you.

If you submit your prescription to your plan's mail-order pharmacy and do not get the required prior authorization, the pharmacy will not fill your prescription. You will receive notification by mail.

What Happens at a Specialty Pharmacy?

Usually, your doctor will call or fax a prescription directly to the specialty pharmacy. If your prescription requires prior authorization, the specialty pharmacy will tell your doctor how to request this.

Your benefit document defines actual benefits available and may exclude coverage for certain drugs listed here. Check your benefit information to verify coverage or view your personal benefit information on our website. This list may contain trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with your health plan. This list may change or expand from time to time without prior notice. When we list brand-name drugs, programs may also apply to any available generic equivalents.

Prior Authorization List – Specialty Drugs

This list applies to specialty drug coverage under the *pharmacy benefit only*. To request prior authorization for these drugs, please have your doctor call CVS Specialty at 800-237-2767. Your doctor can also fax requests to 866-249-6155. CVS Specialty is a division of CVS Health, an independent company that provides pharmacy services on behalf of your health plan. Drugs listed with a (+) require medical necessity prior authorization—see **Table A** for more information. To request prior authorization for drugs listed with a (^), please have your doctor call the precertification number on the back of your member identification card. Preferred drugs under the pharmacy benefit are listed with a (#).

<p>A</p> <hr/> <p>Abiraterone (#) Abraxane Actemra (+) Actimmune Adagen Adcetris Adcirca (<i>brand & generic</i>) (+) Adempas (#) Advate Adynovate Afinitor Aldurazyme Alecensa Alimta Aliqopa Alphanate Alphanine SD Alprolix Alunbrig Ambrisentan (#) Ampyra (<i>generic available-brand is non-preferred</i>) Apokyn Aralast NP Aranesp Arcalyst Arzerra Astagraph XL Aubagio (#) Avastin Aveed Avonex (+) Azacitidine (#)</p> <hr/> <p>B</p> <hr/> <p>Balversa Bavencio Bebulin VH Beleodaq Bendeka Benefix Benlysta Berinert</p>	<p>Besponsa Betaseron (#) Bethkis Bivigam Blincyto Bosentan (#) Bosulif (#) Botox Braftovi Buphenyl</p> <hr/> <p>C</p> <hr/> <p>Cabometyx Calquence Capecitabine (#) Caprelsa Carbaglu Carimune NF Cayston Cerdelga Cerezyme Cetrotide Cholbam Cimzia (+) Cinacalcet (#) Cinryze Coagadex Cometriq Copaxone (#) Copegus Copiktra Cosentyx (#) Cotellic Cyramza Cystadane Cystagon Cystaran</p> <hr/> <p>D</p> <hr/> <p>Dacogen Dalfampridine (#) Darzalex Daurismo Decitabine (#) Deferoxamine (#)</p>	<p>Desferal Diacomit Docefrez Docetaxel (#) Dofetilide (#) Duopa Dupixent Dysport</p> <hr/> <p>E</p> <hr/> <p>Egriftra Elaprase Elelyso Eligard Elocate Empliciti Enbrel (#) Entyvio (+) Epclusa (#) Epiodiolex Epogen Epoprostenol sod. (#) Erbitux Erivedge Erleada (#) Erlotinib Erwinaze Esbriet Euflexxa (+) Exjade Extavia (+) Eylea</p> <hr/> <p>F</p> <hr/> <p>Fabrazyme Farydak Feiba NF Ferriprox Firazyr Firmagon Flebogamma Flolan Follistim AQ (+) Folutyn Forteo (#) Fusilev</p>	<p>G</p> <hr/> <p>Galafold Gamastan S/D Gammagard Gammagard S/D Gammaked Gammaplex Gamunex C Ganirelix Gattex Gazyva Gel-One (#) Gemcitabine Genotropin (+) Gilenya (#) Gilotrif Glassia Glatopa (#) Gleevec (+) Gonal-F (#) Granix Grastek</p> <hr/> <p>H</p> <hr/> <p>Haegarda Halaven Harvoni (#) Helixate FS (+) Hemofil-M Herceptin Herceptin Hylecta Hetlioz Hizentra HP Acthar Humate-P Humatrope (#) Humira (#) Hyalgan (#) Hycamtin HyQvia</p> <hr/> <p>I</p> <hr/> <p>Ibrance (#) Iclusig Ilaris Illuvien</p>	<p>Imatinib (#) Imbruvica Imfinzi Increlex Inflectra (+) Inlyta Intron-A Iressa Istodax Ixemptra Ixinity</p> <hr/> <p>J</p> <hr/> <p>Jadenu Jakafi Jetrea Jevtana Juxtapid (+)</p> <hr/> <p>K</p> <hr/> <p>Kadcyla Kalbitor Kalydeco Kanuma Kevzara (#) Keytruda Kineret (+) Kisqali/Femara (#) Kitabis Pak Koate-DVI Kogenate FS (#) Korlym (^) Krystexxa Kuvan Kynamro (+) Kyprolis</p> <hr/> <p>L</p> <hr/> <p>Lartuvo Lemtrada Lenvima Letairis Leukine Leuprolide (#) Lonsurf Lorbrena</p>
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Prior Authorization List – Specialty Drugs

Lucentis
Lumizyme
Lupaneta
Lupron Depot/PED

M

Macugen
Mavyret (#)
Mekinist
Mektovi
Menopur
Mitoxantrone HCL
Moderiba (+)
Monoclalte-P
Mononine
Monovisc (+)
Mozobil
Myfortic
Myobloc

N

Naglazyme
Natpara
Nerlynx
Neulasta
Neumega
Neupogen (+)
Nexavar
Ninlaro
Norditropin (#)
Northera
Novoeight
Novoseven
Nplate
Nutropin/AQ (+)

O

Obizur
Ocrevus (+)
Octagam
Octreotide Acetate
Odomzo
Ofev
Omnitrope (+)

Oncaspar
Onivyde
Opdivo
Opsumit (#)
Oralair
Orencia IV/SC (+)
Orenitram
Orfadin
Orkambi
Orthovisc (+)
Otezla (#)
Otrexup
Ovidrel
Ozurdex

P

Pegasys (#)
PEG-Intron (+)
Perjeta
Plegridy (+)
Pomalyst
Prialt
Privigen
Procrit (#)
Procysbi
Profilnine SD
Proleukin
Prolia
Promacta
Provenge
Pulmozyme
Purixan

Q

Qutenza

R

Ragwitek
Rasuvo
Ravicti
Rebetol (+)
Rebif/Rebifose (#)
Reclast
Recombinate

Regranex
Remicade (+)
Retisert
Revatio (brand & generic) (+)
Revlimid
Ribapak (+)
RibaspHERE
Ribatab
Rituxan (+)
Rixubis
Rubraca
Ruconest
Rydapt

S

Sabril
Saizen (+)
Samsca
Sandimmune
Sandostatin/LAR
Sensipar (generic available-brand is non-preferred)
Serostim
Signifor LAR
Sildenafil (#)
Simponi/Aria (+)
Soliris
Somatuline Depot
Somavert
Spinraza
Sprycel (#)
Stelara (#)
Stimate
Stivarga
Strensiq
Supartz FX (#)
Supprelin LA
Sutent
Sylatron
Sylvant
Synagis

Synribo
Synvisc/One (+)

T

Tadalafil (#)
Tafinlar
Tagrisso
Talzenna
Tarceva
Targretin
Taxotere
Tecentriq
Tecfidera (#)
Temodar (+)
Temozolomide (#)
Temsilolimus (#)
Tetrabenazine (#)
Thalomid
TOBI Podhaler (+)
Tobramycin (#)
Topotecan
Torisel
Tracleer
Treanda
Trelstar
Trepstinil (#)
Tykerb
Tysabri (+)
Tyvaso

U

Upravi (#)

V

Valchlor
Valstar
Vantas
Vectibix
Velcade
Veletri
Venclexta
Verzenio
Vidaza
Vigabatrin (#)

Viktrakvi
Vimizim
Visudyne
Vosevi (#)
Votrient
VPRIV

W

Wilate
Winrho SDF

X

Xalkori
Xeljanz/XR (#)
Xeloda (+)
Xeomin
Xermelo
Xgeva
Xiaflex
Xolair
Xospata
Xtandi (#)
Xyntha
Xyrem (^)

Y

Yervoy

Z

Zaltrap
Zarxio (#)
Zavesca
Zejula
Zelboraf
Zemaira
Zoladex
Zoledronic acid (#)
Zolinza
Zomacton (+)
Zometa
Zorbtive
Zydelig
Zykadia
Zytiga (#)

Table A: Specialty Drugs Requiring Medical Necessity Prior Authorization

Condition/Drug Class	Before you have coverage for one of these drugs...	...you must have tried one (or more) of these alternative drugs first.
Brain Cancer	Temodar	temozolomide
Colon Cancer	Xeloda	capecitabine
Cystic Fibrosis	TOBI Podhaler	Tobramycin inhalation
Decrease in White Blood Cells	Neupogen	Zarxio
Growth Deficiency	Genotropin, Nutropin/AQ, Omnitrope, Saizen, Zomacton	Humatrope, Norditropin Flexpro
Hemophilia	Helixate FS	Kogenate
High Cholesterol	Juxtapid, Kynamro	Repatha
Infertility	Follistim AQ	Gonal-F (<i>all</i>)
Inflammatory Conditions (<i>Crohn's Disease, Psoriasis, Rheumatoid Arthritis</i>)	Actemra, Cimzia, Entyvio, Inflectra, Kineret, Orencia, Remicade, Rituxan, Simponi/Aria	Cosentyx, Enbrel, Humira, Kevzara, Otezla, Stelara, Xeljanz/XR
Leukemia/Multiple Cancers	Gleevec	imatinib
Multiple Sclerosis	Avonex, Extavia, Ocrevus, Plegridy, Tysabri	Aubagio, Betaseron, Copaxone, Gilenya, glatiramer, Glatopa, Rebif, Tecfidera
Osteoarthritis of the Knee	Euflexxa, Monovisc, Orthovisc, Synvisc/One	Gel-One, Hyalgan, Supartz
Pulmonary Arterial Hypertension	Adcirca, Revatio	tadalafil, sildenafil

Prior Authorization – Non-specialty Drugs

To request prior authorization for these drugs, please have your doctor call the CVS Caremark Prior Authorization department at 800-294-5979. Your doctor can also fax requests to 888-836-0730. CVS Caremark is a division of CVS Health, an independent company that provides pharmacy services on behalf of your health plan.

Drugs listed with a (+) require medical necessity prior authorization—see **Table B** for more information.

<p>A</p> <p>Abstral Actiq Aimovig Altoprev (+) Ambien/CR (+) Amitiza (+) Anadrol-50 Apidra (+) armodafinil (<i>generic Nuvigil</i>) Avalide (+) Avapro (+)</p> <p>B</p> <p>Basaglar (+) Beconase AQ (+) Belsomra (+) Benznidazole Buprenorphine Bydureon/BCISE (+) Byetta (+)</p> <p>C</p> <p>Celebrex celecoxib clindamycin phosphate-tretinoin (<i>generic Ziana</i>) Compound Drugs (<i>costing \$300 or more</i>) Cozaar (+) Crestor (+)</p>	<p>D</p> <p>Detrol/LA (+) Diabetic Test Strips (+) Diclofenac epolamine patch (+) Diovan/HCT (+) Ditropan XL (+) Dulera (+) Dymista (+)</p> <p>E</p> <p>Edarbi (+) Edarbyclor (+) Edluar (+) Emgality Epanova</p> <p>F</p> <p>Fentanyl Transmucosal Fentora Flector patch (+) Flonase (+) Freestyle Libre (<i>sensor & reader</i>)</p> <p>G</p> <p>N/A</p> <p>H</p> <p>Humalog (+) Humulin (<i>except U-500</i>) (+) Hyzaar (+)</p>	<p>I</p> <p>Incruse Ellipta (+) Insulin lispro (+) Intermezzo (+) Invokamet/XR (+) Invokana (+)</p> <p>J</p> <p>Jentaduetto/XR (+)</p> <p>K</p> <p>Kazano (+) Kombiglyze XR (+)</p> <p>L</p> <p>Lansoprazole solutabs Lazanda Lescol/XL (+) Levemir (+) lidocaine (<i>generic</i>) Lipitor (+) Livalo (+) Lovaza Lumigan (+)</p> <p>M</p> <p>Mevacor (+) Micardis/HCT (+) modafinil (<i>generic Provigil</i>) Motegrity (+) Myrbetriq (+)</p>	<p>N</p> <p>Naprelan (+) Nasacort AQ (+) Nesina (+) Novolin Relion (+)</p> <p>O</p> <p>Oleptro (+) Olux-E (+) Omega 3 Ethyl Esters Omnaris (+) Omtryg Onglyza (+) Onsolis Oseni (+) Oxytrol (+) Ozempic (+)</p> <p>P</p> <p>Pradaxa (+) Pravachol (+) Prevacid Solutab Proscar</p> <p>Q</p> <p>Qnasl (+)</p> <p>R</p> <p>Rhinocort AQ (+) Riomet (+)</p> <p>S</p> <p>Sanctura (+) Savaysa (+) Seebri Neohaler (+) Sonata (+) Soriatane</p>	<p>Sporanox capsules & solution Subsys Sustol</p> <p>T</p> <p>Tekturna/HCT (+) Teveten/HCT (+) Tobacco Cessation Toviaz (+) Tradjenta (+) Tresiba (+) Trulicity (+) Tudorza Pressair (+)</p> <p>U</p> <p>N/A</p> <p>V</p> <p>Vascepa Vesicare (+) Viberzi (+) Victoza (+)</p> <p>W</p> <p>N/A</p> <p>X</p> <p>Xifaxan 550 mg (+)</p> <p>Y</p> <p>N/A</p> <p>Z</p> <p>Zetonna (+) Zocor (+) Zohydro</p>
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Table B: Non-specialty Drugs Requiring Medical Necessity Prior Authorization

Condition/Drug Class	Before you have coverage for one of these drugs...	...you must have tried one (or more) of these alternative drugs first.
Arthritis/Pain	Flector (<i>diclofenac epolamine</i>) patch, Naprelan	Generic oral immediate release NSAIDs
Asthma/COPD (A)	Dulera	Advair Diskus, Advair HFA, Symbicort
Asthma/COPD (B)	Incruse Ellipta, Seebri Neohaler, Tudorza Pressair	Spiriva, Spiriva Respimat
Blood Clots	Savaysa, Pradaxa	Xarelto, Eliquis
Cholesterol Lowering (high potency)	Crestor	atorvastatin, ezetimibe/simvastatin (<i>generic for Vytorin</i>), rosuvastatin
Cholesterol Lowering	Lescol/XL, Lipitor, Livalo, Mevacor, Pravachol, Zocor	atorvastatin, fluvastatin, fluvastatin ext-rel, lovastatin, pravastatin, rosuvastatin, simvastatin
Depression	Oleptro	trazodone
Dermatologic	Olux-E	Clobetasol propionate foam 0.05%
Diabetes (Insulin)	All Apidra, Humalog (insulin lispro), Humulin (<i>except U-500</i>), Novolin Relion	Novolog, Novo Novolin
Diabetes (long-acting insulin)	Basaglar, Levemir, Tresiba	Lantus, Toujeo
Diabetes (Biguanides)	Riomet	metformin/XR (<i>generics for Glucophage/XR</i>)
Diabetes (DPP-4)	Jentadueto/XR, Kazano, Kombiglyze XR Nesina, Onglyza, Oseni, Tradjenta	Januvia, Janumet/XR
Diabetes (SGLT2)	Invokana, Invokamet/XR	Farxiga, Jardiance, Synjardy/XR, Xigduo XR
Diabetes (GLP-1)	Bydureon/BCISE, Byetta	Ozempic, Trulicity, Victoza <i>These drugs require prior use of metformin, metformin ER (generic Glucophage XR) or authorization through the CVS Caremark Prior Authorization department.</i>
Diabetes Supplies	All test strips other than OneTouch <i>Members on insulin pumps that require specific test strips other than OneTouch may be granted a lifetime approval to continue to fill their current test strips.</i>	OneTouch
Glaucoma	Lumigan	latanoprost, Travatan Z, Zioptan
Hypertension	Avapro, Avalide, Cozaar, Hyzaar, Diovan/HCT, Edarbi, Edarbyclor, Micardis/HCT, Tekturna/HCT, Teveten/HCT	generic ARBs
Irritable Bowel Syndrome (constipation predominant)	Amitiza	Linzess
Irritable Bowel Syndrome (diarrhea predominant)	Viberzi, Xifaxan 550 mg	loperamide, diphenoxylate/atropine
Nasal Steroids	Beconase AQ, Dymista, Flonase, Nasacort AQ, Omnaris, Qnasl, Rhinocort AQ, Zetonna	budesonide nasal spray, flunisolide, fluticasone nasal, mometasone furoate nasal spray, triamcinolone
Overactive Bladder	Detrol/LA, Ditropan XL, Myrbetriq, Oxytrol, Toviaz, Vesicare	oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, Gelnique
Sleep Medications	Ambien/CR, Belsomra, Edluar, Intermezzo, Sonata	eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zaleplon

