

DRUGS PRIOR AUTHORIZED FOR MEDICAL NECESSITY AND/OR QUANTITY LIMITS BY CVS/CAREMARK*

	Trade Name	Generic/Chemical Name	Quantity Limits (QL)	Prior Auth (PA)
	Actiq	oral transmucosal fentanyl citrate	No	Yes
	Amerge**	naratriptan	Yes	Yes
	Avita (all topical forms)	tretinoin	No	Yes
	Frova**	frovatriptan	Yes	Yes
	Imitrex**	sumatriptan	Yes	Yes
	Maxalt**	rizatriptan	Yes	Yes
	Nuvigil	armodafinil	No	Yes
	Onsolis	fentanyl citrate buccal soluble film	No	Yes
	Oxycontin**	oxycodone hydrochloride	Yes	Yes
	Provigil (all oral forms)	modafinil	No	Yes
	Qualaquin	quinine sulfate	No	Yes
	Relpax**	eletriptan	Yes	Yes
	Relenza**	zanamivir	Yes	Yes
	Retin-A (all topical forms)	tretinoin	No	Yes
	Retin-A Micro (all topical forms)	tretinoin gel, microsphere	No	Yes
	Stadol Nasal Spray**	butorphanol nasal spray	Yes	Yes
	Strattera	atomoxetine HCl	No	Yes
	Tamiflu**	oseltamivir phosphate	Yes	Yes
	Zomig**	zolmitriptan	Yes	Yes
	Zyvox	linezolid	No	Yes

*CVS/Caremark reviews only if drug is purchased at a retail pharmacy or through mail order.

**May require prior authorization if quantity limits exceeded.

ORAL ONCOLOGY DRUGS PRIOR AUTHORIZED BY CVS/CAREMARK*

	Trade Name	Generic/Chemical Name	Comments
	Afinitor	Everolimus	
	Gleevec	Imatinib mesylate	
	Hycamtin	Topotecan Hydrochloride	
	Nexavar	Sorafenib	
	Revlimid	Lenalidomide	limited to a 28-30 day dispense by the manufacturer or FDA
	Sprycel	Deferasirox	
	Sutent	Sunitimib	
	Tarceva	Erlotinib	
	Tasigna	Nilotinib	
	Temodar	Temozolomide	

	Thalomid	Thalidomide	limited to a 28-30 day dispense by the manufacturer or FDA	
	Tykerb	Lapatinib		
	Xeloda	Capecitabine		
	Zolinza	Vorinostat		

***CVS/Caremark reviews only if drug is purchased at a retail pharmacy or through mail order. Drugs billed by a physician office or Home Health Agency will be reviewed by MHBP Clinical Department.**

ONCOLOGY DRUGS ALWAYS PRIOR AUTHORIZED BY MHBP CLINICAL DEPARTMENT				
	Trade Name	Generic	Comments	
	Abraxane	Paclitaxel protein-bound particles		
	Avastin Injection	Bevacizumab		
	Clolar Injection	Clofarabine		
	Dacogen Injection	Decitabine		
	Erbix Injection	Cetuximab		
	Gemzar Injection	Gemcitabine		
	Herceptin Injection	Trastuzumab		
	Kepivance Injection	Palifermin		
	Leucovorin Calcium Injection (vial)	Calcium Folate		
	Proleukin Injection	Aldesleukin		
	Vectibix Injection	Panitumumab		
	Vidaza Injection	Azacitidine		

NOTE: You can reach either Mail Handlers or CVS/Caremark by calling 1-800-410-7778