

Prior Authorization

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.

Please Note: Not all benefit plans include prior authorization. Check your plan materials to see if this information applies to you.

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.

Prior Authorization only affects the medication that your benefit plan covers. You and your doctor should make the final decision about the medication that is right for you.

Which Medications Are Included?

This list includes both specialty and non-specialty drugs that require prior authorization. You will also find information on where your doctor should send a request for prior authorization.

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 under your pharmacy benefits. 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 a Retail 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.

If you submit your prescription to your plan's mail-order pharmacy and do not get 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.

Specialty Drug Prior Authorization List

Requests for specialty drug prior authorizations go to CVS/specialty™ at 800-237-2767 (phone) or 866-249-6155 (fax).
 CVS/specialty is a division of CVS Caremark, an independent company that provides pharmacy services on behalf of your health plan.

Abraxane	Ceprothin	Firazyr	Increlex	Naglazyme	Pulmozyme
Actemra ⁺	Cerdelga	Firmagon	Inlyta	Natpara	Ragwitek
Acthar HP	Cerezyme	Flebogamma	Intron-A	Neulasta	Ravicti
Actimmune NF	Cetrotide	Follistim AQ ⁺	Iressa	Neumega	Rebetol
Adagen	Cholbam	Folotylin	Istodax	Neupogen	Rebif
Adecris	Chorionic	Forteo	Ixempra	Nexavar	Rebif Rebidose
Adcirca	gonadotropin	Fusilev	Ixinity	Norditropin	Reclast
Adempas	Cimzia ⁺	Fuzeon	Jadenu	Northera	Recombinate
Advate	Cinryze	Gamastan S/D	Jakafi	Novoeight	Regranex
Afinitor	Cometriq	Gammagard	Jevtana	Novoseven	Remicade ⁺
Aldurazyme	Copaxone	Gammagard	Juxtapid	Nplate	Remodulin
Alferon-N	Copegus	S/D	Kadcyla	Nutropin AQ ⁺	Repronex
Alimta	Corifact	Gammaked	Kalbitor	Obizur	Retisert
Alphanate	Cosentyx ⁺	Gammaplex	Kalydeco	Octagam	Revlimid
AlphaNine SD	Cyramza	Gamunex C	Keytruda	Octreotide	RiaSTAP
Alprolix	Cystagon	Ganirelix	Kineret ⁺	Acetate	Ribapak
Ampyra	Cystaran	Gattex	Kitabis Pak	Odomzo	Ribasphere
Apokyn	Cytogam	Gazyva	Koate-DVI	Ofev	Ribavirin
Aralast NP	Dacogen	Gel-One	Kogenate FS	Olysio ⁺	Rituxan ⁺
Aranesp	Decitabine	Gemzar	Korlym	Omnitrope ⁺	Rixubis
Arcalyst	Deferoxamine	Genotropin ⁺	Krystexxa	Oncaspar	Ruconest
Arzerra	Desferal	Gilenya	Kuvan	Opdivo	Sabril
Aubagio ⁺	Duopa	Gilotrif	Kynamro	Opsumit	Saizen ⁺
Avastin	Dysport	Glassia	Kyprolis	Oralair	Samsca
Aveed	Egrifta	Glatopa	Lemtrada	Orencia ⁺	Sandostatin
Avonex ⁺	Elaprase	Gleevec	Lenvima	Orenitram	Sandostatin LAR
Azacitidine	Elelyso	Gonal-F	Letairis	Orfadin	Sensipar
Bebulin VH	Eligard	Granix	Leukine	Orkambi	Serostim
Beleodaq	Eloctate	Grastek	Leuprolide	Orthovisc ⁺	Signifor LAR
BeneFIX	Eloxatin	Halaven	Lonsurf	Otezla ⁺	Sildenafil
Benlysta	Enbrel	Helixate FS	Lucentis	Ovidrel	(Revatio)
Berinert	Entyvio ⁺	Hemofil M	Lupaneta	Ozurdex	Simponi ⁺
Betaseron	Epogen	Herceptin	Lupron Depot	Pegasys	Simponi Aria ⁺
Bethkis	Epoprostenol	Hetlioz	Lumizyme	PEG-Intron	Soliris
Bivigam	(Flolan)	Hizentra	Lynparza	Perjeta	Somatuline
Blinicyto	Erbitux	Humate-P	Macugen	Plegridy ⁺	Depot
Bosulif	Erivedge	Humatrope	Mekinist	Pomalyst	Somavert
Botox	Erwinaze	Humira	Menopur	Prialt	Sovaldi ⁺
Bravelle ⁺	Esbriet	Hyalgan	Mircera	Privigen	Sprycel
Buphenyl	Euflexxa ⁺	Hycamtin	Mitoxantrone	Procrit	Stelara ⁺
capcitabane	Exjade	HyQvia	Monoclate-P	Procysbi	Stimate
(generic	Extavia ⁺	Ibrance	Mononine	Profilnine SD	Stivarga
Xeloda)	Eylea	Iclusig	Monovisc ⁺	Prolastin-C	Supartz
Caprelsa	Fabrazyme	Ilaris	Mozobil	Proleukin	Supprelin LA
Carbaglu	Farydak	Illuvien	Myalept	Prolia	Sutent
Carimune NF	Feiba NF	Imbruvica	Myobloc	Promacta	Sylatron
Cayston	Ferriprox	Incivek	Myozyme	Provenge	Sylvant

Synagis	Tikosyn	Tyvaso	Vimizim	Xiaflex	Zoladex
Synribo	TOBI Podhaler	Unituxin	Visudyne	Xolair	Zoledronic acid
Synvisc ⁺	Tobramycin	Valchlor	Votrient	Xtandi	Zolinza
Synvisc One ⁺	inhalation	Valstar	Vivitrol	Xyntha	Zomacton ⁺
Tafilar	solution	Vandetanib	VPRIV	Xyrem	Zometa
Tarceva	Torisel	Vantas	Wilate	Yervoy	Zorbive
Targretin	Tracleer	Vectibix	Xalkori	Zaltrap	Zydelig
Tasigna	Treanda	Velcade	Xeljanz ⁺	Zarxio	Zykadia
Tecfidera	Trelstar Depot	Veletri	Xeloda	Zavesca	Zytiga
Temodar	Tretten	Ventavis	Xenazine	Zecuity	
Temozolomide	Tykerb	Vidaza	Xeomin	Zelboraf	
Thalomid	Tysabri ⁺	Viekira Pak	Xgeva	Zemaira	

Preferred specialty drugs are listed in **bold**.

⁺Medical Necessity Prior Authorization required. Before coverage for this drug, you must try at least one other drug first. [See Table A for more information.](#)

Non-Specialty Drug Prior Authorization List

Requests for prior authorization go to Caremark at 800-294-5979 (phone) or 888-836-0730 (fax).

Please note that **compound drugs** with a cost of \$300 or more require prior authorization.

Abstral	Celebrex	Gralise	Myrbetriq ⁺	Rhinocort	Teveten HCT ⁺
Actiq	Cozaar ⁺	Humalog ⁺	Naprelan ⁺	Aqua ⁺	Toujeo ⁺
Advicor ⁺	Crestor ⁺	Humulin ⁺	Nasacort AQ ⁺	Riomet ⁺	Toviaz ⁺
Altoprev ⁺	Detrol ⁺	(except U-500)	Natesto ⁺	Sanctura ⁺	Tradjenta ⁺
Ambien ⁺	Detrol LA ⁺	Hyzaar ⁺	Nesina ⁺	Silenor ⁺	Tretin-X
Ambien CR ⁺	Diovan ⁺	Intermezzo ⁺	Nexium ⁺	Sonata ⁺	(patients 30+)
Amitiza ⁺	Diovan HCT ⁺	Invokana ⁺	Nuvigil	Soriatane	Trulicity ⁺
Amrix ⁺	Differin	Invokamet ⁺	Oleptro ⁺	Sporanox Oral	Vascepa
Anadrol-50	(patients 30+)	Jentadueto ⁺	Olux-E ⁺	Capsules	Veltin
Androgel ⁺	Ditropan XL ⁺	Kazano ⁺	Omnaris ⁺	Sporanox Oral	Veramyst ⁺
Apidra ⁺	Duexis ⁺	Lazanda	Onmel	Solution	Vimovo ⁺
Atacand ⁺	Dulera ⁺	Lescol ⁺	Omtryg	Sprix ⁺	Vogelxo ⁺
Atacand HCT ⁺	Dymista ⁺	Lescol XL ⁺	Onsolis	Suboxone	Vytorin ⁺
Atralin	Edarbi ⁺	Levemir ⁺	Oseni ⁺	Subutex	Zetonna ⁺
(patients 30+)	Edarbyclor ⁺	Lipitor ⁺	Oxandrin	Subsys	Ziana
Avalide ⁺	Edluar ⁺	Liptruzet ⁺	Oxytrol ⁺	Tanzeum ⁺	Zipsor ⁺
Avapro ⁺	Epanova	Livalo ⁺	Pennsaid ⁺	Tazorac	Zocor ⁺
Avita	Evekeo	Lotronex	Pravachol ⁺	Tekturna ⁺	Zohydro
(patients 30+)	Fabior	Lovaza	Provigil	Tekturna HCT ⁺	Zolpimist ⁺
Beconase AQ ⁺	Fentora	Lumigan ⁺	Qnasi ⁺	Test Strips	Zorvolex ⁺
Belsomra ⁺	Flonase ⁺	Lunesta ⁺	Rayos ⁺	(all but	Zubsolv ⁺
Bunavail ⁺	Fortamet ⁺	Mevacor ⁺	Retin A	OneTouch) ⁺	
Buprenorphine	Fortesta ⁺	Micardis ⁺	(patients 30+)	Testim ⁺	
Byetta ⁺	Glumetza ⁺	Micardis HCT ⁺		Teveten ⁺	

⁺Medical Necessity Prior Authorization required. Before coverage for this drug, you must try at least one other drug first. [See Table B for more information.](#)

Table A. Specialty Drugs – Medical Necessity Prior Authorization

Condition	Before you have coverage for one of these drugs...	...you must have tried one (or more) of these alternative drugs first.
Growth Deficiency	Genotropin, Nutropin AQ, Omnitrope, Saizen, Zomacton	Humatrope, Norditropin
Hepatitis C (Direct Acting Antivirals)	Olysio, Sovaldi	Viekira Pak
Infertility	Bravelle, Follistim AQ	Gonal-F (all)
Inflammatory Conditions Crohn’s Disease, Psoriasis, Rheumatoid Arthritis	Actemra, Cimzia, Cosentyx, Entyvio, Kineret, Orenzia, Otezla, Remicade, Rituxan, Simponi, Simponi Aria, Stelara, Xeljanz	Enbrel and Humira
Multiple Sclerosis	Aubagio, Avonex, Extavia, Plegridy, Tysabri	Betaseron, Copaxone, Gilenya, Glatopa, Rebif, Tecfidera
Osteoarthritis of the Knee	Euflexxa, Monovisc, Orthovisc, Synvisc, Synvisc One	Gel-One, Hyalgan, Supartz

Table B. Non-specialty Drugs – Medical Necessity Prior Authorization

Condition	Before you have coverage for one of these drugs...	...you must have tried at least one of these alternative drugs first.
Arthritis/Pain	Naprelan, Pennsaid, Sprix, Zipsor, Zorvolex	generic NSAIDs
	Duexis, Vimovo	generic NSAID and generic PPIs
Asthma/COPD	Dulera	Advair, Symbicort
Cholesterol Lowering (high potency)	Crestor, Liptruzet, Vytorin	atorvastatin
Cholesterol Lowering	Advicor	atorvastatin, fluvastatin, lovastatin, pravastatin, Simcor, simvastatin
Cholesterol Lowering	Altoprev, Lescol/XL, Lipitor, Livalo, Mevacor, Pravachol, Zocor	atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin
Corticosteroids	Rayos	Immediate-release generic prednisone
Depression	Olepto	trazodone
Dermatologic	Olux-E	Clobetasol propionate foam 0.05%
Diabetes (Insulin)	All Apidra, Humalog and Humulin (except U-500)	Novolog, Novolin
Diabetes (long-acting insulin)	Levemir, Toujeo	Lantus
Diabetes (Biquanides)	Fortamet, Glumetza, Riomet	metformin/XR
Diabetes (DPP-4)	Kazano, Nesina, Oseni, Tradjenta, Jentadueto	Januvia, Janumet, Janumet XR, Onglyza, Kombiglyze

continued

Table B. Non-specialty Drugs – Medical Necessity Prior Authorization

Condition	Before you have coverage for one of these drugs...	...you must have tried at least one of these alternative drugs first.
Diabetes (SGLT2)	Invokana, Invokamet	Farxiga, Jardiance, Synjardy, Xigduo XR
Diabetes (GLP-1)	Byetta, Tanzeum, Trulicity	Bydureon, Victoza
Diabetes Supplies	All test strips other than One Touch *	OneTouch
Glaucoma	Lumigan	latanoprost, travoprost, Travatan Z, Zioptan
Heartburn or Acid Reflux	Nexium	Nexium 24HR (OTC) and one of these prescription generics: esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole
Hypertension	Atacand/HCT, Avapro, Avalide, Cozaar, Hyzaar, Diovan/HCT, Edarbi, Edarbyclor, Micardis/HCT, Tekturna/HCT, Teveten/HCT	generic ARBs, Benicar/HCT
Irritable Bowel Syndrome	Amitiza	Linzess
Muscle Relaxants	Amrix	cyclobenzaprine
Nasal Steroids	Beconase AQ, Dymista, Flonase, Nasacort AQ, Omnaris, Qnasl, Rhinocort AQ, Veramyst, Zetonna	budesonide nasal spray, flunisolide, fluticasone nasal, Nasonex, triamcinolone
Opioid Partial Agonists	Bunavail, Zubsolv	Suboxone Film, generic Suboxone
Overactive Bladder	Detrol/LA, Ditropan XL, Myrbetriq, Oxytrol, Toviaz	oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, Gelnique, Vesicare
Sleep Medications	Ambien, Ambien CR, Belsomra, Edluar, Intermezzo, Lunesta, Silenor, Sonata or Zolpimist	eszopiclone, zolpidem, zolpidem ext-rel, zaleplon
Testosterone Replacement	Androgel, Fortesta, Natesto, Testim, Vogelxo	Androderm, Axiron, testosterone gel (generic Fortesta)

*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.

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.**