

# Prior Authorization

## What is Prior Authorization?

It's a quality and safety program that promotes the proper use of certain **non-specialty** medications. There is a separate list for specialty drugs. If your doctor prescribes a medication that is included in our Prior Authorization (PA) program, you must get prior approval before your plan will cover your medication.

We base the PA 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 the most recently updated list of non-specialty medications. The list below applies to most plans. Check your benefit information to see if prior authorization applies to you.

If your doctor prescribes a medication that needs prior authorization, please have your doctor call the Caremark Prior Authorizations department at 800-294-5979. Your doctor can also fax requests to 888-836-0730. On behalf of your health plan, Caremark administers the Prior Authorization program. Caremark is an independent company that manages pharmacy benefits.

## What Happens at the Pharmacy?

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

1. You or your pharmacist can call your doctor and get a prescription for a different medication that does not need prior authorization.
2. You can pay full price for your medication.
3. 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 option 1 or 2.

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

## Non-Specialty Drug Prior Authorization List

Adoxa	Lamisil tablet	Sporanox
Amitiza	Lazanda*	Suboxone
Amnesteem	Lotronex	Subsys
Anadrol-50	Monodox	Subutex
Atralin (patients 30+)	Nuvigil	Tazorac
Avita (patients 30+)	Oxandrin	Tretin-X (patients 30+)
Celebrex 400mg	Pradaxa	Ziana
Claravis	Provigil	
Doryx	Regranex	
Differin (patients 30+)	Retin A (patients 30+)	
Emend	Soriatane	
	Sotret	

\* PA applies only to plans with the Fraud, Waste and Abuse program

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Your benefit document defines actual benefits available and may exclude coverage for certain drugs listed herein. 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 also apply to any available generic equivalents.**

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