

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 specialty drugs that require prior authorization on page 2. You can find the non-specialty prior authorization drugs on pages 3-4. 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?

1. 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.
2. 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:

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 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 prior authorization go to Care Continuum at 866-544-0857 (phone) or 888-773-7386 (fax). Care Continuum is an independent company that reviews specialty drug prior authorization requests on behalf of your health plan.

Actemra+	Esbriet	Humira	Olysio	Sandostatin LAR
Actemra SQ+	Euflexxa+	Hyalgan+	Omnitrope+	Serostim
Acthar HP	Extavia	HyQvia	Oralair	Simponi+
Aranesp+	Firazyr	Ilaris	Orencia IV+	Simponi Aria+
Arcalyst	Flebogamma	Incivek	Orencia SC+	Sovaldi
Aubagio+	Follistim AQ+	Increlex	Orthovisc	Stelara
Avonex	Forteo	Kalydeco	Otezla+	Supartz+
Berinert	Gamastan S/D	Kineret+	Pegasys	Synagis
Bivigam	Gammagard	Korlym	PEG-Intron+	Synvisc
Botox	Gammagard S/D	Krystexxa	Plegridy	Synvisc One
Bravelle+	Gammaked	Leukine	Privigen	Tecfidera+
Carimune NF	Gammaplex	Monovisc	Procrit	Tev-Tropin+
Cimzia+	Gamunex C	Myobloc	Prolia	Tysabri
Cinryze	Gel-One+	Neulasta	Rebif	Victralis
Copaxone 20mg	Genotropin	Neupogen	Rebif Rebidose	Viekira
Copaxone 40mg	Gilenya+	Norditropin	Reclast	Vivaglobin
Dysport	Granix	Nutropin AQ+	Remicade+	Xeljanz+
Elonva+	Harvoni	Nutropin+	Rituxan+	Xeomin
Enbrel	Hetlioz	Octagam	Ruconest	Xolair
Entyvio	Hizentra	Octreotide Acetate	Saizen+	Zorbtive
Epogen+	Humatrope	Ofev	Sandostatin	

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

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(+) Before coverage for this drug, you must try at least one other drug first, per Chart 1.

Chart 1

Used to treat	You must try one of these drugs first before you have coverage for these drugs.
Multiple Sclerosis	Avonex, Copaxone, Extavia, Rebif	Gilenya, Tecfidera , Aubagio
	Copaxone 20mg	Copaxone 40mg
Infertility	Gonal-F (all)	Bravelle, Elonva, Follistim AQ
Inflammatory Conditions	Enbrel or Humira	Actemra SC, Orencia SC, Otezla
	Enbrel and Humira	Actemra IV, Cimzia, Kineret, Orencia IV, Remicade, Rituxan, Simponi Aria, Simponi SC, Xeljanz
Osteoarthritis of the Knee	Monovisc, Orthovisc, Synvisc, Synvisc One	Euflexxa, Gel-One, Hyalgan, Supartz
Hepatitis C	Pegasys	Peg-Intron
Growth Deficiency	Genotropin, Humatrope or Norditropin	Nutropin, Nutropin AQ, Omnitrope, Saizen, Tev-Tropin
Red Blood Cell Stimulators	Procrit	Aranesp, Epogen

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 change or expand from time to time without prior notice. **Prior authorization may also apply to any generic equivalents of brand drugs listed here.**

Non-Specialty Drug Prior Authorization List

(See the next page for a list of the Medical Necessity prior authorization drugs.)

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

Caremark is an independent company that reviews non-specialty drug prior authorization requests on behalf of your health plan.

Please note that beginning January 1, 2015, compound drugs with a cost of \$300 or more will require prior authorization.

These drugs are not listed here.

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

⁺ Medical Necessity Prior Authorization

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Medical Necessity Prior Authorizations

Before we will cover a Prior Authorization drug listed in this chart, you have to try **at least two** of the alternative drugs. If there is only one drug available as an alternative, then you just have to try that one.

Condition	Drugs requiring PA	Alternatives
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	Oleptro	trazodone
Dermatologic	Olux-E	Clobetasol propionate foam 0.05%
Diabetes (Insulin)	All Apidra, Humalog and Humulin (except U-500)	Novolog, Novolin
Diabetes (Biquanides)	Fortamet, Glumetza, Riomet	metformin/XR
Diabetes (DPP-4)	Kazano, Nesina, Oseni, Tradjenta, Jentadueto	Januvia, Janumet, Janumet XR, Onglyza, Kombiglyze
Diabetes (SGLT2)	Xigduo XR, Farxiga	Invokana, Invokamet
Diabetes (GLP-1)	Byetta	Bydureon, Victoza
Diabetes Supplies	All test strips other than One Touch *	OneTouch
Glaucoma	Lumigan	latanoprost, travoprost, Travatan Z, Zioptan
Hypertension	Atacand/HCT, Avapro, Avalide, Cozaar, Hyzaar, Diovan/HCT, Edarbi, Edarbyclor, Micardis/HCT, Tekturna/HCT, Teveten/HCT	generic ARBs, Benicar/HCT
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
Overactive Bladder	Detrol/LA, Ditropan XL, Myrbetriq, Oxytrol, Toviaz	oxybutynin ext-rel, tolterodine, tolterodine ext-rel, tiroprium, tiroprium ext-rel, Gelnique, Vesicare
Sleep Medications	Ambien, Ambien CR, Edluar, Intermezzo, Lunesta, Silenor, Sonata or Zolpimist	eszopiclone, zolpidem, zolpidem ext-rel, zaleplon
Testosterone Replacement	Androgel, Testim, Vogelxo	Androderm, Axiron, 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.

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