

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. 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

For drugs billed under the pharmacy benefit: These specialty drug prior authorization requests go to CVS/specialty at 800-237-2767 (phone) or 866-249-6155 (fax). CVS/specialty is a division of CVS Health, an independent company that provides pharmacy services on behalf of your health plan.

For drugs billed under the medical benefit: These specialty drug prior authorization requests should be made through CVS/caremark's Novologix medical prior authorization system. Your doctor can access this system through your health plan's provider portal.

Abraxane	Carbaglu	Esbriet	Humira	Lupron Depot	Orkambi
Actemra ⁺	Carimune NF	Euflexxa ⁺	Hyalgan	PED	Orthovisc ⁺
Acthar HP	Cayston	Exjade	Hycamtin	Luveris	Otezla ⁺
Actimmune NF	Ceprotrin	Extavia ⁺	HyQvia	Lynparza	Otrexup
Adagen	Cerdelga	Eylea	Ibrance	Macugen	Ovidrel
Adectris	Cerezyme	Fabrazyme	Iclusig	Mekinist	Ozurdex
Adcirca	Cetrotide	Farydak	Ilaris	Menopur	Pegasys
Adempas	Cholbam	Feiba NF	Illuvien	Mitoxantrone	PEG-Intron
Advate	Cimzia ⁺	Ferriprox	imatinib	HCL inj	Perjeta
Adynovate	Cinryze	Firazyr	Imbruvica	Moderiba+	Plegridy ⁺
Afinitor	Coagadex	Firmagon	Incivek	Monoclate-P	Pomalyst
Aldurazyme	Cometriq	Flebogamma	Increlex	Mononine	Prialt
Alecensa	Copaxone 20mg+	Flolan	Inlyta	Monovisc ⁺	Privigen
Alferon-N	Copaxone 40mg	Follistim AQ ⁺	Intron-A	Mozobil	Procrit
Alimta	Copegus	Folotylin	Iressa	Myalept	Procysbi
Alphanate	Corifact	Forteo	Istodax	Myobloc	Profilnine SD
Alphanine SD	Cosentyx ⁺	Fusilev	Ixempra	Myozyme	Prolastin-C
Alprolix	Cotellic	Fuzeon	Ixinity	Naglazyme	Proleukin
Ampyra	Cyramza	Gamastan S/D	Jadenu	Natpara	Prolia
Apokyn	Cystadane	Gammagard	Jakafi	Neulasta	Promacta
Aralast NP	Cystagon	Gammagard S/D	Jevtana	Neumega	Provenge
Aranesp	Cystaran	Gammaked	Juxtapid	Neupogen	Pulmozyme
Arcalyst	Cytogam	Gammplex	Kadcyla	Nexavar	Qutenza
Arzerra	Dacogen	Gamunex C	Kalbitor	Ninlaro	Ragwitek
Aubagio ⁺	Darzalex	Ganirelix	Kalydeco	Norditropin	Rasuvo
Avastin	Decitabine	Gattex	Kanuma	Northera	Ravicti
Aveed	Deferoxamine	Gazyva	Keytruda	Novantrone	Rebetol
Avonex ⁺	Desferal	Gel-One	Kineret ⁺	Novoeight	Rebif
Azacitidine	Docefrez*	Gemcitabine	Kitabis Pak	Novoseven	Rebif Rebidose
Bebulin VH	Docetaxel*	Gemzar	Koate-DVI	Nplate	Reclast
Beleodaq	Duopa	Genotropin ⁺	Kogenate FS	Nutropin AQ ⁺	Recombinant
Bendeka	Dysport	Gilenya	Korlym	Obizur	Regranex
BeneFIX	Egrifta	Gilotrif	Krystexxa	Octagam	Remicade ⁺
Benlysta	Elaprase	Glassia	Kuvan	Octreotide	Remodulin
Berinert	Ellelyso	Glatopa	Kynamro	Acetate	Repatha
Betaseron	Eligard	Gleevec	Kyprolis	Odomzo	Repronex
Bethkis	Eloctate	Gonal-F	Lemtrada	Ofev	Retisert
Bivigam	Eloxatin	Granix	Lenvima	Olysio ⁺	Revatio
Blinicyto	Empliciti	Grastek	Letairis	Omnitrope ⁺	Revlimid
Bosulif	Enbrel	Halaven	Leukine	Oncaspar	RiaSTAP
Botox	Entyvio ⁺	Helixate FS	Leuprolide	Onivyde	Ribapak+
Bravelle ⁺	Epogen	Hemofil M	Lonsurf	Opdivo	Ribasphere
Buphenyl	Epoprostenol	Herceptin	Lucentis	Opsumit	Ribatab
capecitabine	(Flolan)	Hetlioz	Lumizyme	Oralair	Rituxan ⁺
(generic	Erbitux	Hizentra	Lupaneta	Orencia ⁺	Rixubis
Xeloda)	Erivedge	Humate-P	Lupron Depot	Orenitram	Ruconest
Caprelsa	Erwinaze	Humatrope		Orfadin	Sabril

Saizen ⁺	Stivarga	Temodar	Tysabri ⁺	Votrient	Zarxio
Samsca	Strengiq	Temozolomide	Tyvaso	Vivitol	Zavesca
Sandostatin	Supartz	Tetrabenazine	Unituxin	VPRIV	Zecuity
Sandostatin LAR	Supprelin LA	Thalomid	Valchlor	Wilate	Zelboraf
Sensipar	Sutent	Tikosyn	Valstar	Xalkori	Zemaira
Serostim	Sylatron	TOBI	Vandetanib	Xeljanz/XR ⁺	Zoladex
Signifor LAR	Sylvant	Tobi Podhaler	Vantas	Xeloda	Zoledronic acid
Sildenafil	Synagis	Tobramycin	Vectibix	Xenazine	Zolinza
Simponi ⁺	Synribo	inhalation	Velcade	Xeomin	Zomacton ⁺
Simponi Aria ⁺	Synvisc ⁺	solution	Velettri	Xgeva	Zometa
Soliris	Synvisc One ⁺	Topotecan	Ventavis	Xiaflex	Zorbtive
Somatuline Depot	Tafilar	Torisel	Victrelis	Xolair	Zydelig
Somavert	Tagrisso	Tracleer	Vidaza	Xtandi	Zykadia
Sovaldi ⁺	Tarceva	Treanda	Viekira Pak	Xyntha	Zytiga
Sprycel	Targretin	Trelstar Depot	Vimizim	Xyrem	
Stelara ⁺	Tasigna	Tretten	Visudyne	Yervoy	
Stimate	Tecfidera	Tykerb	Vivaglobin	Zaltrap	

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

⁺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.
Brain Cancer	Temodar	temozolomide
Colon Cancer	Xeloda	capecitabine
Cystic Fibrosis	Tobi/Tobi Podhaler	Tobramycin inhalation
Growth Deficiency	Genotropin, Nutropin AQ, Omnitrope, Saizen, Zomacton	Humatrope, Norditropin
Hepatitis C (Direct Acting Antivirals)	Olysio, Sovaldi	Viekira Pak
Hepatitis C	Rebetol, Ribapak, Moderiba	Ribavirin
Huntington’s Disease	Xenaxine	tetrabenazine
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
Leukemia/Multiple Cancers	Gleevec	imatinib
Multiple Sclerosis	Aubagio, Avonex, Extavia, Plegridy, Tysabri	Betaseron, Copaxone, Gilenya, Glatopa, Rebif, Tecfidera
	Copaxone 20mg	glatopa
Osteoarthritis of the Knee	Euflexxa, Monovisc, Orthovisc, Synvisc, Synvisc One	Gel-One, Hyalgan, Supartz
Pulmonary Arterial Hypertension	Adcirca, Revatio	sildenafil

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

(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.
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 (brand and generic), Riomet	metformin/XR
Diabetes (DPP-4)	Kazano, Nesina, Oseni, Tradjenta, Jentadueto	Januvia, Janumet, Janumet XR, Onglyza, Kombiglyze
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	lantanoprost, 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.**