

# 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. 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	Granix	<b>Rebif</b>
Actemra SQ	Hetlioz	<b>Rebif Rebidose</b>
Acthar HP	Hizentra	Reclast
Aranesp	Humatrope	Remicade
Arcalyst	<b>Humira</b>	Rituxan
Avonex	Hyalgan	Saizen
Berinerit	Ilaris	Sandostatin
Betaseron	<b>Incivek</b>	Sandostatin LAR
Bivigam	Kalydeco	Serostim
Botox	Kineret	Simponi
Carimune NF	Korlym	Simponi Aria
Cimzia	Krystexxa	Skyla
Cinryze	Lipodox	Solvaldi
<b>Copaxone</b>	Monovisc	Stelara
Dysport	Myobloc	Supartz
<b>Enbrel</b>	<b>Norditropin</b>	Synagis
<b>Euflexxa</b>	Nutropin AQ	Synvisc
Extavia	Nutropin	Synvisc One
Firazyr	Octagam	Tev-Tropin
Flebogamma	Octreotide Acetate	Tysabri
<b>Forteo</b>	Olysio	<b>Victrelis</b>
Fuzeon	Omnitrope	Vivaglobin
Gammagard	Orencia	Xeljanz
Gammagard Liquid	Orthovisc	Xeomin
Gammagard S/D	Otzela	Xolair
Gammaplex	<b>Pegasys</b>	Zorbtive
Gamunex	PEG-Intron	
Gamunex C	Privigen	
Gel-One	Procrit	
Genotropin	Prolia	

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Preferred specialty drugs are listed in bold print.

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. **When we list brand-name drugs, programs may also apply to any available generic equivalents.**

## 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.

Absorbica	Freestyle Test Strips <sup>+</sup>	Provigil
Advicor <sup>+</sup>	Fortamet <sup>+</sup>	Qnasl <sup>+</sup>
Altoprev <sup>+</sup>	Gralise	Rayos <sup>+</sup>
Ambien <sup>+</sup>	Glumetza <sup>+</sup>	Regranex
Ambien CR <sup>+</sup>	Humalog <sup>+</sup>	Retin A (patients 30+)
Amitiza	Humulin <sup>+</sup> (except U-500)	Rhinocort Aqua <sup>+</sup>
Amnesteem	Hyzaar <sup>+</sup>	Riomet <sup>+</sup>
Anadrol-50	Intermezzo <sup>+</sup>	Sanctura <sup>+</sup>
Androgel <sup>+</sup>	Jentadueto <sup>+</sup>	Sanctura XR <sup>+</sup>
Apidra <sup>+</sup>	Kazano <sup>+</sup>	Silenor <sup>+</sup>
Atacand <sup>+</sup>	Lamisil tablet	Sonata <sup>+</sup>
Atacand HCT <sup>+</sup>	Lescol <sup>+</sup>	Soriatane
Atralin (patients 30+)	Lescol XL <sup>+</sup>	Sotret
Avalide <sup>+</sup>	Lipitor <sup>+</sup>	Sporanox
Avapro <sup>+</sup>	Liptruzet <sup>+</sup>	Suboxone
Avita (patients 30+)	Livalo <sup>+</sup>	Subutex
buprenorphine	Lotronex	Tazorac
Beconase AQ <sup>+</sup>	Lovaza	Tekturna <sup>+</sup>
Breo Elipta <sup>+</sup>	Lumigan <sup>+</sup>	Tekturna HCT <sup>+</sup>
Claravis	Lunesta <sup>+</sup>	Testim <sup>+</sup>
Cozaar <sup>+</sup>	Mevacor <sup>+</sup>	Teveten <sup>+</sup>
Crestor <sup>+</sup>	Myorisan	Teveten HCT <sup>+</sup>
Detrol <sup>+</sup>	Myrbetriq <sup>+</sup>	Toviaz <sup>+</sup>
Detrol LA <sup>+</sup>	Nasacort AQ <sup>+</sup>	Tradjenta <sup>+</sup>
Diovan <sup>+</sup>	Nesina <sup>+</sup>	Tretin-X (patients 30+)
Diovan HCT <sup>+</sup>	Nuvigil	Veltin
Differin (patients 30+)	Oleptro <sup>+</sup>	Veramyst <sup>+</sup>
Ditropan XL <sup>+</sup>	Olux-E <sup>+</sup>	Vytorin <sup>+</sup>
Dymista <sup>+</sup>	Omnaris <sup>+</sup>	Zenatane
Edarbi <sup>+</sup>	Oseni <sup>+</sup>	Zetonna <sup>+</sup>
Edarbyclor <sup>+</sup>	Oxandrin	Ziana
Edluar <sup>+</sup>	Oxytrol <sup>+</sup>	Zocor <sup>+</sup>
Fabior	Pradaxa	Zolpimist <sup>+</sup>
Flonase <sup>+</sup>	Pravachol <sup>+</sup>	Zubsolv

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<sup>+</sup>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.

Drugs requiring PA	Condition	Alternatives
Breo Ellipta	<b>COPD</b>	Advair, Symbicort
Crestor, Liptruzet, Vytorin	<b>Cholesterol Lowering (high potency)</b>	atorvastatin
Advicor	<b>Cholesterol Lowering</b>	atorvastatin, fluvastatin, lovastatin, pravastatin, Simcor, simvastatin
Altoprev, Lescol/XL, Lipitor, Livalo, Mevacor, Pravachol, Zocor	<b>Cholesterol Lowering</b>	atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin
Rayos	<b>Corticosteroids</b>	Immediate-release generic prednisone
Oleptro	<b>Depression</b>	trazodone
Olux-E	<b>Dermatologic</b>	Clobetasol propionate foam 0.05%
All Apidra, Humalog and Humulin (except U-500)	<b>Diabetes (Insulin)</b>	Novolog, Novolin
Fortamet, Glumetza, Riomet	<b>Diabetes (Biquanides)</b>	metformin/XR
Kazano, Nesina, Oseni, Tradjenta, Jentaduetto	<b>Diabetes (DPP-4)</b>	Januvia, Janumet, Janumet XR, Onglyza, Kombiglyze
FreeStyle test strips*	<b>Diabetes Supplies</b>	AccuChek**, OneTouch**
Lumigan	<b>Glaucoma</b>	lantanoprost, travoprost, Travatan Z, Zioptan
Atacand/HCT, Avapro, Avalide, Cozaar, Hyzaar, Diovan/HCT, Edarbi, Edarbyclor, Tekturna/HCT, Teveten/HCT	<b>Hypertension</b>	generic ARBs, Benicar/HCT, Micardis/HCT
Beconase AQ, Dymista, Flonase, Nasacort AQ, Omnaris, Qnasl, Rhinocort AQ, Veramyst, Zetonna	<b>Nasal Steroids</b>	flunisolide, fluticasone nasal, Nasonex, triamcinolone
Detrol/LA, Ditropan XL, Myrbetriq, Oxytrol, Sanctura/ XR, Toviaz	<b>Overactive Bladder</b>	oxybutynin ext-rel, tolterodine, tolterodine ext-rel, tiroprium, Gelnique, Vesicare
Ambien, Ambien CR, Edluar, Intermezzo, Lunesta, Silenor, Sonata or Zolpimist	<b>Sleep Medications</b>	zolpidem, zolpidem ext-rel, zaleplon
Androgel, Testim	<b>Testosterone Replacement</b>	Androderm, Axiron, Fortesta

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\*Freestyle Test Strips are only covered for use with Omnipod or Deltec Cosmo insulin pumps.

\*\*Members may use either AccuChek or One Touch and don't have to try both.