

# Prior Authorization

January 2020

**Most benefit plans include the Prior Authorization program. Check your plan materials to see if this information applies to you.**

## 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.

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.

## Which Medications Are Included?

This list includes both specialty and non-specialty drugs that require prior authorization under your **pharmacy benefit**. You will also find information on where your doctor should send requests for prior authorization.

Some drugs require **Medical Necessity Prior Authorization (MNPA)**. Before your plan will cover these drugs, you must try one or more covered alternatives first.

If your health plan requires prior authorization for specialty drugs under the **medical benefit**, you can find more information on the Medical Prior Authorization drug list online at your health plan's website.

## 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 The 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. You and your doctor make the final decision about the medication that is right for you.

If you submit your prescription to your plan's home-delivery (mail-order) pharmacy and do not get the required 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.

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.

## Prior Authorization List – Specialty Drugs

This list applies to specialty drug coverage under the *pharmacy benefit only*. To request prior authorization for these drugs, please have your doctor call 855-811-2218. Drugs listed with a (+) require medical necessity prior authorization — see **Table A** for more information. To request prior authorization for drugs listed with a (^), please have your doctor call the precertification number on the back of your member identification card. Preferred drugs under the pharmacy benefit are listed with a (#).

<b>A</b>	Besponsa	Desferal	<b>G</b>	Imbruvica
Abiraterone (#)	Betaseron (#)	Diacomit	Galafold	Imfinzi
Abraxane	Bethkis	Docefrez	Gamastan S/D	Increlex
Actemra (+)	Bivigam	Docetaxel (#)	Gammagard	Inflectra (+)
Actimmune	Blinicyto	Dofetilide (#)	Gammagard S/D	Inlyta
Adagen	Bosentan (#)	Duopa	Gammaked	Intron-A
Adcetris	Bosulif (#)	Dupixent	Gammaplex	Iressa
Adcirca ( <i>brand &amp; generic</i> ) (+)	Botox	Dysport	Gamunex C	Istodax
Adempas (#)	Braftovi	<b>E</b>	Ganirelix	Ixempra
Advate	Buphenyl	Egrifta	Gattex	Ixinity
Adynovate	<b>C</b>	Elaprase	Gazyva	<b>J</b>
Afinitor	Cabometyx	Elelyso	Gel-One (#)	Jadenu
Aldurazyme	Calquence	Eligard	Gemcitabine	Jakafi
Alecensa	Capecitabine (#)	Eloctate	Genotropin (+)	Jetrea
Alimta	Caprelsa	Empliciti	Gilenya (#)	Jevtana
Aliqopa	Carbaglu	Enbrel (#)	Gilotrif	Juxtapid (+)
Alphanate	Carimune NF	Entyvio (+)	Glassia	<b>K</b>
Alphanine SD	Cayston	Epclusa (#)	Glatopa (#)	Kadcyla
Alprolix	Cerdelga	Epidiolex	Gleevec (+)	Kalbitor
Alunbrig	Cerezyme	Epogen	Gonal-F (#)	Kalydeco
Ambrisentan (#)	Cetrotide	Epoprostenol sod. (#)	Granix	Kanuma
Ampyra ( <i>generic available; brand is non-preferred</i> )	Cholbam	Erbix	Grastek	Kevzara (#)
Apokyn	Cimzia (+)	Erivedge	<b>H</b>	Keytruda
Aralast NP	Cinacalcet (#)	Erleada (#)	Haegarda	Keytruda
Aranesp	Cinryze	Erlotinib	Halaven	Kineret (+)
Arcalyst	Coagadex	Erwinaze	Harvoni (#)	Kisqali/Femara (#)
Arzerra	Cometriq	Esbriet	Helixate FS (+)	Kitabis Pak
Astagraph XL	Copaxone (#)	Euflexxa (+)	Hemofil-M	Koate-DVI
Aubagio (#)	Copegus	Exjade	Herceptin	Kogenate FS (#)
Avastin	Copiktra	Extavia (+)	Herceptin Hylecta	Korlym (^)
Aveed	Cosentyx (#)	Eylea	Hetlioz	Krystexxa
Avonex (+)	Cotellic	<b>F</b>	Hizentra	Kuvan
Azacitidine (#)	Cyramza	Fabrazyme	HP Acthar	Kynamro (+)
<b>B</b>	Cystadane	Farydak	Humate-P	Kyprolis
Balversa	Cystagon	Feiba NF	Humatrope (#)	<b>L</b>
Bavencio	Cystaran	Ferriprox	Humira (#)	Lartruvo
Bebulin VH	<b>D</b>	Firazyr	Hyalgan (#)	Lemtrada
Beleodaq	Dacogen	Firmagon	Hycamtin	Lenvima
Bendeka	Dalfampridine (#)	Flebogamma	HyQvia	Letairis
Benefix	Darzalex	Flolan	<b>I</b>	Leukine
Benlysta	Daurismo	Follistim AQ (+)	Ibrance (#)	Leuprolide (#)
Berinert	Decitabine (#)	Folotylin	Iclusig	Lonsurf
	Deferoxamine (#)	Forteo (#)	Ilaris	Lorbrena
		Fusilev	Illuvien	
			Imatinib (#)	

Lucentis  
Lumizyme  
Lupaneta  
Lupron Depot/PED

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**M**

Macugen  
Mavyret (#)  
Mekinist  
Mektovi  
Menopur  
Mitoxantrone HCL  
Moderiba (+)  
Monoclalte-P  
Mononine  
Monovisc (+)  
Mozobil  
Myfortic  
Myobloc

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**N**

Naglazyme  
Natpara  
Nerlynx  
Neulasta  
Neumega  
Neupogen (+)  
Nexavar  
Ninlaro  
Norditropin (#)  
Northera  
Novoeight  
Novoseven  
Nplate  
Nutropin/AQ (+)

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**O**

Obizur  
Ocrevus (+)  
Octagam  
Octreotide Acetate  
Odomzo  
Ofev  
Omnitrope (+)

Oncaspar  
Onivyde  
Opdivo  
Opsumit (#)  
Oralair  
Orencia IV/SC (+)  
Orenitram  
Orfadin  
Orkambi  
Orthovisc (+)  
Otezla (#)  
Otrexup  
Ovidrel  
Ozurdex

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**P**

Pegasys (#)  
PEG-Intron (+)  
Perjeta  
Plegridy (+)  
Pomalyst  
Prialt  
Privigen  
Procrit (#)  
Procysbi  
Profilnine SD  
Proleukin  
Prolia  
Promacta  
Provenge  
Pulmozyme  
Purixan

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**Q**

Qutenza

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**R**

Ragwitek  
Rasuvo  
Ravicti  
Rebetol (+)  
Rebif/Rebidose (#)  
Reclast  
Recombinate

Regranex  
Remicade (+)  
Retisert  
Revatio (brand & generic) (+)  
Revlimid  
Ribapak (+)  
RibaspHERE  
Ribatab  
Rituxan (+)  
Rixubis  
Rubraca  
Ruconest  
Rydapt

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**S**

Sabril  
Saizen (+)  
Samsca  
Sandimmune  
Sandostatin/LAR  
*Sensipar (generic available; brand is non-preferred)*  
Serostim  
Signifor LAR  
Sildenafil (#)  
Simponi/Aria (+)  
Soliris  
Somatuline Depot  
Somavert  
Spinraza  
Sprycel (#)  
Stelara (#)  
Stimate  
Stivarga  
Strensiq  
Supartz FX (#)  
Supprelin LA  
Sutent  
Sylatron  
Sylvant  
Synagis

Synribo  
Synvisc/One (+)

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**T**

Tadalafil (#)  
Tafinlar  
Tagrisso  
Talzenna  
Tarceva  
Targretin  
Taxotere  
Tecentriq  
Tecfidera (#)  
Temodar (+)  
Temozolomide (#)  
Temsilolimus (#)  
Tetrabenazine (#)  
Thalomid  
TOBI Podhaler (+)  
Tobramycin (#)  
Topotecan  
Torisel  
Tracleer  
Treanda  
Trelstar  
Trepstinil (#)  
Tykerb  
Tysabri (+)  
Tyvaso

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**U**

Uptravi (#)

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**V**

Valchlor  
Valstar  
Vantas  
Vectibix  
Velcade  
Veletri  
Venclexta  
Verzenio  
Vidaza  
Vigabatrin (#)

Viktrakvi  
Vimizim  
Visudyne  
Vosevi (#)  
Votrient  
VPRIV

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**W**

Wilate  
Winrho SDF

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**X**

Xalkori  
Xeljanz/XR (#)  
Xeloda (+)  
Xeomin  
Xermelo  
Xgeva  
Xiaflex  
Xolair  
Xospata  
Xtandi (#)  
Xyntha  
Xyrem (^)

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**Y**

Yervoy

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**Z**

Zaltrap  
Zarxio (#)  
Zavesca  
Zejula  
Zelboraf  
Zemaira  
Zoladex  
Zoledronic acid (#)  
Zolinza  
Zomacton (+)  
Zometa  
Zorbtive  
Zydelig  
Zykadia  
Zytiga (#)

**Table A: Specialty Drugs Requiring Medical Necessity Prior Authorization**

Condition/Drug Class	Before you have coverage for one of these drugs ...	... you must have tried one (or more) of these alternative drugs first.
<b>Brain Cancer</b>	Temodar	temozolomide
<b>Colon Cancer</b>	Xeloda	capecitabine
<b>Cystic Fibrosis</b>	TOBI Podhaler	Tobramycin inhalation
<b>Decrease in White Blood Cells</b>	Neupogen	Zarxio
<b>Growth Deficiency</b>	Genotropin, Nutropin/AQ, Omnitrope, Saizen, Zomacton	Humatrope, Norditropin Flexpro
<b>Hemophilia</b>	Helixate FS	Kogenate
<b>High Cholesterol</b>	Juxtapid, Kynamro	Repatha
<b>Infertility</b>	Follistim AQ	Gonal-F ( <i>all</i> )
<b>Inflammatory Conditions (Crohn's Disease, Psoriasis, Rheumatoid Arthritis)</b>	Actemra, Cimzia, Entyvio, Inflectra, Kineret, Orencia, Remicade, Rituxan, Simponi/Aria	Cosentyx, Enbrel, Humira, Kevzara, Otezla, Stelara, Xeljanz/XR
<b>Leukemia/Multiple Cancers</b>	Gleevec	imatinib
<b>Multiple Sclerosis</b>	Avonex, Extavia, Ocrevus, Plegridy, Tysabri	Aubagio, Betaseron, Copaxone, Gilenya, glatiramer, Glatopa, Rebif, Tecfidera
<b>Osteoarthritis of the Knee</b>	Euflexxa, Monovisc, Orthovisc, Synvisc/One	Gel-One, Hyalgan, Supartz
<b>Pulmonary Arterial Hypertension</b>	Adcirca, Revatio	tadalafil, sildenafil

## Prior Authorization – Non-Specialty Drugs

To request prior authorization for these drugs, please have your doctor call 855-811-2218. Drugs listed with a (+) require medical necessity prior authorization — see **Table B** for more information.

<p><b>A</b></p> <p>Abstral Actiq Aimovig Altoprev (+) Ambien/CR (+) Amitiza (+) Anadrol-50 Apidra (+) armodafinil (<i>generic Nuvigil</i>) Avalide (+) Avapro (+)</p> <p><b>B</b></p> <p>Basaglar (+) Beconase AQ (+) Belsomra (+) Benznidazole Buprenorphine Bydureon/BCISE (+) Byetta (+)</p> <p><b>C</b></p> <p>Celebrex celecoxib clindamycin phosphate-tretinoin (<i>generic Ziana</i>) Compound Drugs (<i>costing \$300 or more</i>) Cozaar (+) Crestor (+)</p>	<p><b>D</b></p> <p>Detrol/LA (+) Diabetic test strips (+) Diclofenac epolamine patch (+) Diovan/HCT (+) Ditropan XL (+) Dulera (+) Dymista (+)</p> <p><b>E</b></p> <p>Edarbi (+) Edarbyclor (+) Eduar (+) Emgality Epanova</p> <p><b>F</b></p> <p>Fentanyl Transmucosal Fentora Flector patch (+) Flonase (+) Freestyle Libre (<i>sensor &amp; reader</i>)</p> <p><b>G</b></p> <p>N/A</p> <p><b>H</b></p> <p>Humalog (+) Humulin (<i>except U-500</i>) (+) Hyzaar (+)</p>	<p><b>I</b></p> <p>Incruse Ellipta (+) Insulin lispro (+) Intermezzo (+) Invokamet/XR (+) Invokana (+)</p> <p><b>J</b></p> <p>Jentadueto/XR (+)</p> <p><b>K</b></p> <p>Kazano (+) Kombiglyze XR (+)</p> <p><b>L</b></p> <p>Lansoprazole solutabs Lazanda Lescol/XL (+) Levemir (+) lidocaine (<i>generic</i>) Lipitor (+) Livalo (+) Lovaza Lumigan (+)</p> <p><b>M</b></p> <p>Mevacor (+) Micardis/HCT (+) modafinil (<i>generic Provigil</i>) Motegrity (+) Myrbetriq (+)</p>	<p><b>N</b></p> <p>Naprelan (+) Nasacort AQ (+) Nesina (+) Novolin Relion (+)</p> <p><b>O</b></p> <p>Oleptro (+) Olux-E (+) Omega 3 Ethyl Esters Omnaris (+) Omtryg Onglyza (+) Onsolis Oseni (+) Oxytrol (+) Ozempic (+)</p> <p><b>P</b></p> <p>Pradaxa (+) Pravachol (+) Prevacid Solutab Proscar</p> <p><b>Q</b></p> <p>Qnasl (+)</p> <p><b>R</b></p> <p>Rhinocort AQ (+) Riomet (+)</p> <p><b>S</b></p> <p>Sanctura (+) Savaysa (+) Seebri Neohaler (+) Sonata (+) Soriatane</p>	<p>Sporanox capsules &amp; solution Subsys Sustol</p> <p><b>T</b></p> <p>Tekturna/HCT (+) Teveten/HCT (+) Tobacco cessation Toviaz (+) Tradjenta (+) Tresiba (+) Trulicity (+) Tudorza Pressair (+)</p> <p><b>U</b></p> <p>N/A</p> <p><b>V</b></p> <p>Vascepa Vesicare (+) Viberzi (+) Victoza (+)</p> <p><b>W</b></p> <p>N/A</p> <p><b>X</b></p> <p>Xifaxan 550 mg (+)</p> <p><b>Y</b></p> <p>N/A</p> <p><b>Z</b></p> <p>Zetonna (+) Zocor (+) Zohydro</p>
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**Table B: Non-Specialty Drugs Requiring Medical Necessity Prior Authorization**

Condition/Drug Class	Before you have coverage for one of these drugs ...	... you must have tried one (or more) of these alternative drugs first.
<b>Arthritis/Pain</b>	Flector ( <i>diclofenac epolamine</i> ) patch, Naprelan	Generic oral immediate release NSAIDs
<b>Asthma/COPD (A)</b>	Dulera	Advair Diskus, Advair HFA, Symbicort
<b>Asthma/COPD (B)</b>	Incruse Ellipta, Seebri Neohaler, Tudorza Pressair	Spiriva, Spiriva Respimat
<b>Blood Clots</b>	Savaysa, Pradaxa	Xarelto, Eliquis
<b>Cholesterol Lowering (high potency)</b>	Crestor	atorvastatin, ezetimibe/simvastatin ( <i>generic for Vytorin</i> ), rosuvastatin
<b>Cholesterol Lowering</b>	Lescol/XL, Lipitor, Livalo, Mevacor, Pravachol, Zocor	atorvastatin, fluvastatin, fluvastatin ext-rel, lovastatin, pravastatin, rosuvastatin, simvastatin
<b>Depression</b>	Oleptro	trazodone
<b>Dermatologic</b>	Olux-E	Clobetasol propionate foam 0.05%
<b>Diabetes (Insulin)</b>	All Apidra, Humalog (insulin lispro), Humulin ( <i>except U-500</i> ), Novolin Relion	Novolog, Novo Novolin
<b>Diabetes (long-acting insulin)</b>	Basaglar, Levemir, Tresiba	Lantus, Toujeo
<b>Diabetes (Biguanides)</b>	Riomet	metformin/XR ( <i>generics for Glucophage/XR</i> )
<b>Diabetes (DPP-4)</b>	Jentaduetto/XR, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni, Tradjenta	Januvia, Janumet/XR
<b>Diabetes (SGLT2)</b>	Invokana, Invokamet/XR	Farxiga, Jardiance, Synjardy/XR, Xigduo XR
<b>Diabetes (GLP-1)</b>	Bydureon/BCISE, Byetta	Ozempic, Trulicity, Victoza <i>These drugs require prior use of metformin, metformin ER (generic Glucophage XR) or authorization through the Prior Authorization department.</i>
<b>Diabetes Supplies</b>	All test strips other than OneTouch <i>Members on insulin pumps that require specific test strips other than OneTouch may be granted a lifetime approval to continue to get their current test strips.</i>	OneTouch
<b>Glaucoma</b>	Lumigan	latanoprost, Travatan Z, Zioptan
<b>Hypertension</b>	Avapro, Avalide, Cozaar, Hyzaar, Diovan/HCT, Edarbi, Edarbyclor, Micardis/HCT, Tekturna/HCT, Teveten/HCT	generic ARBs
<b>Irritable Bowel Syndrome (constipation predominant)</b>	Amitiza	Linzess
<b>Irritable Bowel Syndrome (diarrhea predominant)</b>	Viberzi, Xifaxan 550 mg	loperamide, diphenoxylate/atropine
<b>Nasal Steroids</b>	Beconase AQ, Dymista, Flonase, Nasacort AQ, Omnaris, Qnasl, Rhinocort AQ, Zetonna	budesonide nasal spray, flunisolide, fluticasone nasal, mometasone furoate nasal spray, triamcinolone
<b>Overactive Bladder</b>	Detrol/LA, Ditropan XL, Myrbetriq, Oxytrol, Toviaz, Vesicare	oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, Gelnique
<b>Sleep Medications</b>	Ambien/CR, Belsomra, Edluar, Intermezzo, Sonata	eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zaleplon