

Prior Authorization Medications

This is not a comprehensive list of covered medications.

Prior Authorization Required at Pharmacy

Note: Specialty Drugs are limited to 30 days per fill

| Medication | Reference |
|---|--|
| Abilify Discmelt 10 & 15 mg | |
| Accutane 10, 20, & 40 mg | |
| Actimmune (Interferon Gamma) | Specialty Drug |
| Actiq (Opiate Pain Therapy) | |
| Actonel 30 mg | PA'd only for Paget's Disease - 60 Day Limit |
| Adcirca | Specialty Drug |
| Afinitor | Specialty Drug |
| Amicar | |
| Anadrol-50 | |
| Apokyn | Specialty Drug |
| Aranesp Syringes | Specialty Drug |
| Aranesp Vial 25, 40, 60, 100, 200, 300 mcg / ml | Specialty Drug |
| Aranesp Vial 150 mcg / 0.75 ml | Specialty Drug |
| Arava | Prescribed by Rheumatologist |
| Arcalyst | Specialty Drug |
| Aricept | |
| Banzel | |
| Baraclude .5 & 1 mg | |
| Baraclude Solution .05 mg/ml | |
| Cetrotide .25 & 3 mg | Specialty Drug |
| Chorionic Gonadotropin | Specialty Drug |
| Cimzia | Specialty Drug |
| Copegus | Specialty Drug |
| Crinone 4% & 8% | Specialty Drug |
| Eligard | Specialty Drug |
| Emsam Patches | Prescribed by Psychiatrist |
| Enbrel Syringes | Specialty Drug |
| Enbrel Vials | Specialty Drug |

| Medication | Reference |
|-------------------------------------|----------------|
| Endometrin | Specialty Drug |
| Epogen (Erythropoietin) | Specialty Drug |
| Exelon | |
| Exelon Dis | |
| Exjade Tablets | |
| Femara 2.5 mg | |
| Fentora | |
| Fertility Meds (Depends on Benefit) | Specialty Drug |
| Follistim / Follistin AQ | Specialty Drug |
| Forteo 28 Inject Pk | Specialty Drug |
| Fuzeon | Specialty Drug |
| Ganirelix Acetate | Specialty Drug |
| Gleevec | Specialty Drug |
| Hepsera | |
| Humira Kit (2 Syringes) | Specialty Drug |
| Hycamtin | Specialty Drug |
| Increlex | Specialty Drug |
| Infergen 9 & 15 mcg | Specialty Drug |
| Innohep | |
| Intron A | Specialty Drug |
| Iressa | |
| Kineret (Syringes) | Specialty Drug |
| Kuvan | Specialty Drug |
| Letairis | Specialty Drug |
| Leukine | Specialty Drug |
| Leuprolide Acetate | Specialty Drug |
| Lupron | Specialty Drug |
| Luveris | Specialty Drug |
| Marinol | |
| Megace ES 625 mg / 5 ml Susp | |
| Menopur | Specialty Drug |
| MS Contin 200 mg | |
| Namenda Tabs & Sol | |
| Neulasta 6 mg / 0.6 ml | Specialty Drug |
| Neumega | Specialty Drug |
| Neupogen Syringe 300 mcg / 0.5 ml | Specialty Drug |
| Neupogen Syringe 480 mcg / 0.8 ml | Specialty Drug |
| Neupogen Vial 300 mcg / ml | Specialty Drug |

| Medication | Reference |
|--------------------------------|----------------|
| Neupogen Vial 480 mcg / 1.6 ml | Specialty Drug |
| Nexavar 200 mg | Specialty Drug |
| Norditropin | Specialty Drug |
| Novarel | Specialty Drug |
| Noxafil | |
| Octreotide | Specialty Drug |
| Oforta | Specialty Drug |
| Onsolis MIS | |
| Ovidrel | Specialty Drug |
| Oxandrin 2.5 & 10 mg | |
| Pegasys Syringe Kit, Vial Kit | Specialty Drug |
| Pegasys Vial 180 mcg | Specialty Drug |
| Pregnyl 5,000 & 10,000 IU | Specialty Drug |
| Prochieve 4% & 8% | Specialty Drug |
| Procrit 10000 Units / ml | Specialty Drug |
| Procrit 20000 Units / 2 ml | Specialty Drug |
| Procrit 20000 Units / ml | Specialty Drug |
| Procrit 40000 Units / ml | Specialty Drug |
| Promacta 25 & 50 mg | Specialty Drug |
| Provigil | |
| Pulmozyme | Specialty Drug |
| Razadyne, ER | |
| Regranex 500 mg | |
| Relistor | |
| Remodulin | Specialty Drug |
| Repronex 75 & 150 IU | Specialty Drug |
| Revatio 20 mg | Specialty Drug |
| Revlimid | Specialty Drug |
| Ribasphere | Specialty Drug |
| Ribivirin | Specialty Drug |
| Ridaura | |
| Sabril | Specialty Drug |
| Sancuso | |
| Sandostatin | Specialty Drug |
| Sensipar | Specialty Drug |
| Simponi Inj | Specialty Drug |
| Somavert | Specialty Drug |
| Sporanox | |

| Medication | Reference |
|---|--|
| Sprycel | Specialty Drug |
| Stimate | Specialty Drug |
| Suboxone | |
| Subutex | |
| Sutent | Specialty Drug |
| Symlin | PA only if claims data doesn't match plan criteria |
| Taclonex | |
| Tarceva | Specialty Drug |
| Targretin | |
| Tasigna | Specialty Drug |
| Temodar | Specialty Drug |
| Tobi | Specialty Drug |
| Tracleer | Specialty Drug |
| Tykerb 250 mg | Specialty Drug |
| Tyvaso | Specialty Drug |
| Tyzeka | |
| Vectical | |
| Ventavis Solution 10 mcg/1 ml & 20 mcg/ml | Specialty Drug |
| Vesanoid 10 mg | |
| Vfend | |
| Vimpat | |
| Virazole | |
| Vivaglobin Vial 16% | Specialty Drug |
| Votrient | Specialty Drug |
| Xeloda | Specialty Drug |
| Xenazine | Specialty Drug |
| Xolair | Specialty Drug |
| Xyrem | Specialty Drug |
| Zolinza | Specialty Drug |