

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	See Amnesteem, Claravis or Sotret
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	
Amnesteem	PA'd only if over age 25
Ampyra	Specialty Drug
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
Cimzia	Specialty Drug
Claravis	PA'd only if over age 25
Copegus	Specialty Drug
Crinone 8%	
Eligard	Specialty Drug
Emsam Patches	Prescribed by Psychiatrist

Medication	Reference
Enbrel Syringes	Specialty Drug
Enbrel Vials	Specialty Drug
Epogen (Erythropoietin)	Specialty Drug
Exelon	
Exelon Dis	
Exjade Tablets	
Femara 2.5 mg	
Fentora	
Fertility Meds (Depends on Benefit)	Specialty Drug
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
Intron A	Specialty Drug
Iressa	
Kineret (Syringes)	Specialty Drug
Kuvan	Specialty Drug
Letairis	Specialty Drug
Leukine	Specialty Drug
Leuprolide Acetate	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
Neupogen Vial 480 mcg / 1.6 ml	Specialty Drug

Medication	Reference
Nexavar 200 mg	Specialty Drug
Norditropin	Specialty Drug
Noxafil	
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
Prevacid SoluTab	
Prochieve 8%	
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 & 75 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	
Simponi Inj	Specialty Drug
Somavert	Specialty Drug
Sotret	PA'd only if over age 25
Sporanox	
Sprycel	Specialty Drug
Stimate	Specialty Drug
Suboxone	
Subutex	

Medication	Reference
Sutent	Specialty Drug
Symlin	PA only if claims data doesn't match plan criteria
Taclonex	
Tarceva	Specialty Drug
Targretin	
Tasigna	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	
Victoza	
Vimpat	
Vimpat Solution	
Virazole	
Vivaglobin Vial 16%	Specialty Drug
Votrient	Specialty Drug
Xeloda	Specialty Drug
Xenazine	Specialty Drug
Xifaxan	
Xyrem	Specialty Drug
Zolinza	Specialty Drug
Zortress	Specialty Drug