

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 (PA) program, you must get prior approval before your plan will cover your medication.

We base the PA 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?

We post the most recently updated list of medications on our website. See the list that applies to most plans below. Check your benefit information to see if prior authorization applies to you.

If your doctor prescribes a medication that needs prior authorization, please have your doctor call the Caremark Prior Authorizations department at 800-294-5979. Your doctor can also fax requests to 888-836-0730. On behalf of your health plan, Caremark administers the Prior Authorization program. Caremark is an independent company that manages pharmacy benefits.

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 PA, 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.

Prior Authorization Drug List

Abstral *	Gilenya	Rebif
Actiq *	Humatrope	Reclast
Adoxa	Humira	Regranex
Actemra	Ilaris	Remicade
Acthar Gel	Incivek	Remodulin
Adcirca	Increlex	Retin A (patients 30+)
Amevive	Infergen	Revatio
Amitiza	Intron A	Ribasphere
Amnesteem	Kalbitor	Rituxan
Ampyra	Kineret	Sabril
Anadrol-50	Lamisil tablet	Saizen
Aranesp	Lazanda*	Serostim
Arcalyst	Letairis	Simponi
Atralin (patients 30+)	Leukine	Soriatane
Avita (patients 30+)	Lotronex	Sotret
Avonex	Monodox	Sporanox
Berinert	Myobloc	Stelara
Betaseron	Neulasta	Suboxone
BOTOX®	Neumega	Subutex
Celebrex	Neupogen	Synagis
Cinryze	Norditropin	Tazorac
Claravis	Novantrone	Tev-Tropin
Copaxone	Nutropin	Tracleer
Copegus	Nutropin AQ	Tretin-X (patients 30+)
Doryx	Nutropin Depot	Tysabri
Differin (patients 30+)	Nuvigil	Tyvaso
Dysport	Onsolis*	Velettri
Emend	Orencia	Ventavis
Enbrel	Oxandrin	Victrelis
Epogen	Pegasys	Xeomin
Extavia	PEG-Intron	Xolair
Fentora*	Pradaxa	Ziana
Flolan	Procrit	
Forteo	Prolia	
Fuzeon	Provigil	
Genotropin	Rebetol	

* PA applies only to plans with Fraud Waste and Abuse program

Your benefit document defines actual benefits available and may exclude coverage for certain drugs listed herein. 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 also apply to any available generic equivalents.

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