

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 both specialty and non-specialty drugs that require prior authorization. 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?

- 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 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:

- 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.

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 specialty drug prior authorizations go to CVS/specialty at 800-237-2767 (phone) or 866-249-6155 (fax).
 CVS/specialty is a division of CVS Health, an independent company that provides pharmacy services on behalf of your health plan.

Abraxane	Cerdelga	Ferriprox	Inlyta	Naglazyme	Pulmozyme
Actemra ⁺	Cerezyme	Firazyr	Intron-A	Natpara	Qutenza
Acthar HP	Cetrotide	Firmagon	Iressa	Neulasta	Ragwitek
Actimmune NF	Cholbam	Flebogamma	Istodax	Neumega	Rasuvo
Adagen	Cimzia ⁺	Flolan	Ixempra	Neupogen ⁺	Ravicti
Adectris	Cinryze	Follistim AQ ⁺	Ixinity	Nexavar	Rebetol
Adcirca	Coagadex	Folotylin	Jadenu	Ninlaro	Rebif
Adempas	Cometriq	Forteo	Jakafi	Norditropin	Rebif Rebidose
Advate	Copaxone 20mg+	Fusilev	Jevtana	Northera	Reclast
Adynovate	Copaxone 40mg	Fuzeon	Juxtapid	Novantrone	Recombinant
Afinitor	Copegus	Gamastan S/D	Kadcyla	Novoeight	Regranex
Aldurazyme	Corifact	Gammagard	Kalbitor	Novoseven	Remicade ⁺
Alecensa	Cosentyx ⁺	Gammagard S/D	Kalydeco	Nplate	Remodulin
Alferon-N	Cotellic	Gammaked	Kanuma	Nutropin AQ ⁺	Repatha
Alimta	Cyamza	Gammaplex	Keytruda	Obizur	Repronex
Alphanate	Cystadane	Gamunex C	Kineret ⁺	Octagam	Retisert
Alphanine SD	Cystagon	Ganirelix	Kitabis Pak	Octreotide	Revatio
Alprolix	Cystaran	Gattex	Koate-DVI	Acetate	Revlimid
Ampyra	Cytogam	Gazyva	Kogenate FS	Odomzo	RiaSTAP
Apokyn	Dacogen	Gel-One	Korlym	Ofev	Ribapak ⁺
Aralast NP	Darzalex	Gemcitabine	Krystexxa	Olysio ⁺	Ribasphere
Aranesp	Decitabine	Gemzar	Kuvan	Omnitrope ⁺	Ribatab
Arcalyst	Deferoxamine	Genotropin ⁺	Kynamro	Oncaspar	Rituxan ⁺
Arzerra	Desferal	Gilenya	Kyprolis	Onivyde	Rixubis
Aubagio ⁺	Docefrez [*]	Gilotrif	Lemtrada	Opdivo	Ruconest
Avastin	Docetaxel [*]	Glassia	Lenvima	Opsumit ⁺	Sabril
Aveed	Duopa	Glatopa	Letairis	Oralair	Saizen ⁺
Avonex ⁺	Dysport	Gleevec	Leukine	Orencia ⁺	Samsca
Azacitidine	Egrifta	Gonal-F	Leuprolide	Orenitram	Sandostatin
Bebulin VH	Elaprase	Granix	Lonsurf	Orfadin	Sandostatin LAR
Beleodaq	Elelyso	Grastek	Lucentis	Orkambi	Sensipar
Bendeka	Eligard	Halaven	Lumizyme	Orthovisc ⁺	Serostim
BeneFIX	Eloctate	Helixate FS ⁺	Lupaneta	Otezla ⁺	Signifor LAR
Benlysta	Eloxatin	Hemofil M	Lupron Depot	Otrexup	Sildenafil
Beriner	Empliciti	Herceptin	Lupron Depot PED	Ovidrel	Simponi ⁺
Betaseron	Enbrel	Hetlioz	Luveris	Ozurdex	Simponi Aria ⁺
Bethkis	Entyvio ⁺	Hizentra	Lynparza	Pegasys	Soliris
Bivigam	Epogen	Humate-P	Macugen	PEG-Intron	Somatuline Depot
Blinicyto	Epoprostenol	Humatrope	Mekinst	Perjeta	Somavert
Bosulif	(Flolan)	Humira	Menopur	Plegridy ⁺	Sovaldi ⁺
Botox	Erbitux	Hyalgan	Mitoxantrone	Pomalyst	Sprycel
Bravelle ⁺	Erivedge	Hycamtin	HCL inj	Prialt	Stelara ⁺
Buphenyl	Erwinaze	HyQvia	Moderiba ⁺	Privigen	Stimate
capecitabine	Esbriet	Ibrance	Monoclata-P	Procrit	Stivarga
(generic	Euflexxa ⁺	Iclusig	Mononine	Procysbi	Strensiq
Xeloda)	Exjade	Ilaris	Monovisc ⁺	Profilnine SD	Supartz
Caprelsa	Extavia ⁺	Illuvien	Mozobil	Prolastin-C	Supprelin LA
Carbaglu	Eylea	imatinib	Myalept	Proleukin	Sutent
Carimune NF	Fabrazyme	Imbruvica	Myobloc	Prolia	Sylatron
Cayston	Farydak	Incivek	Myozyme	Promacta	Sylvant
Ceprotin	Feiba NF	Increlex		Provenge	Synagis

Synribo	Thalomid	Tykerb	Victrelis	Xeloda	Zavesca
Synvisc ⁺	Tikosyn ⁺	Tysabri ⁺	Vidaza	Xenazine	Zecuity
Synvisc One ⁺	TOBI	Tyvaso	Viekira Pak	Xeomin	Zelboraf
Taflinar	Tobi Podhaler	Unituxin	Vimizim	Xgeva	Zemaira
Tagrisso	Tobramycin	Valchlor	Visudyne	Xiaflex	Zoladex
Tarceva	inhalation sol.	Valstar	Vivaglobin	Xolair	Zoledronic acid
Targretin	Topotecan	Vandetanib	Votrient	Xtandi	Zolinza
Tasigna	Torisel	Vantas	Vivitrol	Xyntha	Zomacton ⁺
Tecfidera	Tracleer	Vectibix	VPRIV	Xyrem	Zometa
Temodar	Treanda	Velcade	Wilate	Yervoy	Zorbtive
Temozolomide	Trelstar Depot	Velettri	Xalkori	Zaltrap	Zydelig
Tetrabenazine	Tretten	Ventavis	Xeljanz/XR ⁺	Zarxio	Zykadia
					Zytiga

Preferred specialty drugs are listed in **bold**.

⁺Medical Necessity Prior Authorization required. Before coverage for this drug, you must try at least one other drug first. [See Table A for more information.](#)

Non-Specialty Drug Prior Authorization List

Requests for prior authorization go to Caremark at 800-294-5979 (phone) or 888-836-0730 (fax).

Please note that compound drugs with a cost of \$300 or more require prior authorization.

Abstral	Chorionic	Humalog ⁺	Myrbetriq ⁺	Riomet ⁺	Toujeo
Actiq	gonadotropin	Humulin ⁺ (except	Naprelan ⁺	Sanctura ⁺	Toviaz ⁺
Advicor ⁺	Cozaar ⁺	U-500)	Nasacort AQ ⁺	Savaysa ⁺	Tradjenta ⁺
Altoprev ⁺	Crestor ⁺	Hyzaar ⁺	Nasonex ⁺	Seebri ⁺	Tretin-X
Ambien ⁺	Detrol ⁺	Incruse Ellipta ⁺	Natesto ⁺	Silenor ⁺	(patients 30+)
Ambien CR ⁺	Detrol LA ⁺	Intermezzo ⁺	Nesina ⁺	Sonata ⁺	Trulicity ⁺
Amitiza ⁺	Diovan ⁺	Invokana ⁺	Nexium ⁺	Soriatane	Tudorza Pressair ⁺
Amrix ⁺	Diovan HCT ⁺	Invokamet ⁺	Nuvigil	Sporanox Oral	Vascepa
Anadrol-50	Differin	Jentadueto ⁺	Oleptro ⁺	Capsules	Veltin
Androgel ⁺	(patients 30+)	Kazano ⁺	Olux-E ⁺	Sporanox Oral	Veramyst ⁺
Apidra ⁺	Ditropan XL ⁺	Lazanda	Omnaris ⁺	Solution	Viberzi
Atacand ⁺	Dulera ⁺	Lescol ⁺	Onmel	Sprix ⁺	Vogelxo ⁺
Atacand HCT ⁺	Dymista ⁺	Lescol XL ⁺	Omtryg	Suboxone	Vytorin ⁺
Atralin	Edarbi ⁺	Levemir ⁺	Onsolis	Subutex	Zetonna ⁺
(patients 30+)	Edarbyclor ⁺	Lidoderm	Oseni ⁺	Subsys	Ziana
Avalide ⁺	Edluar ⁺	Lipitor ⁺	Oxandrin	Tanzeum ⁺	Zipsor ⁺
Avapro ⁺	Epanova	Liptruzet ⁺	Oxytrol ⁺	Tazorac	Zocor ⁺
Avita	Evekeo	Livalo ⁺	Pennsaid ⁺	Tekturna ⁺	Zohydro
(patients 30+)	Fabior	Lotronex	Pradaxa ⁺	Tekturna HCT ⁺	Zolpimist ⁺
Beconase AQ ⁺	Fentora	Lovaza	Pravachol ⁺	Test Strips	Zorvolex ⁺
Belsomra ⁺	Flonase ⁺	Lumigan ⁺	Qnasl ⁺	(all but	Zubsolv ⁺
Buprenorphine	Fortamet ⁺	Lunesta ⁺	Rayos ⁺	OneTouch) ⁺	
Byetta ⁺	Fortesta ⁺	Mevacor ⁺	Retin A	Testim ⁺	
Celebrex	Glumetza ⁺	Micardis ⁺	(patients 30+)	Teveten ⁺	
	Gralise	Micardis HCT ⁺	Rhinocort Aqua ⁺	Teveten HCT ⁺	

⁺Medical Necessity Prior Authorization required. Before coverage for this drug, you must try at least one other drug first. [See Table B for more information.](#)

Table A. Specialty Drugs – Medical Necessity Prior Authorization

Condition	Before you have coverage for one of these drugs...	...you must have tried one (or more) of these alternative drugs first.
Brain Cancer	Temodar	temozolomide
Colon Cancer	Xeloda	capecitabine
Cystic Fibrosis	Tobi/Tobi Podhaler	Tobramycin inhalation
Growth Deficiency	Genotropin, Nutropin AQ, Omnitrope, Saizen, Zomacton	Humatrope, Norditropin
Heart Arrhythmia	Tikosyn	dofetilide
Hemophilia	Helixate	Kogenate
Hepatitis C (Direct Acting Antivirals)	Olysio, Sovaldi	Viekira Pak
Hepatitis C	Rebetol, Ribapak, Moderiba	Ribavirin
Huntington’s Disease	Xenaxine	tetrabenazine
Infertility	Bravelle, Follistim AQ	Gonal-F (all)
Inflammatory Conditions Crohn’s Disease, Psoriasis, Rheumatoid Arthritis	Actemra, Cimzia, Cosentyx, Entyvio, Kineret, Orenicia, Otezla, Remicade, Rituxan, Simponi, Simponi Aria, Stelara, Xeljanz	Enbrel and Humira
Leukemia/Multiple Cancers	Gleevec	imatinib
Multiple Sclerosis	Aubagio, Avonex, Extavia, Plegridy, Tysabri	Betaseron, Copaxone, Gilenya, Glatopa, Rebif, Tecfidera
	Copaxone 20mg	glatopa
Osteoarthritis of the Knee	Euflexxa, Monovisc, Orthovisc, Synvisc, Synvisc One	Gel-One, Hyalgan, Supartz
Pulmonary Arterial Hypertension	Adcirca, Revatio	sildenafil
	Opsumit	Letairis, Tracleer
White Blood Cell Decrease	Neupogen	Zarxio

Table B. Non-specialty Drugs – Medical Necessity Prior Authorization

Condition	Before you have coverage for one of these drugs...	...you must have tried at least one of these alternative drugs first.
Arthritis/Pain	Naprelan, Pennsaid, Sprix, Zipsor, Zorvolex	generic NSAIDs
Asthma/COPD	Dulera	Advair, Symbicort
Asthma/COPD	Incruse Ellipta, Seebri, Tudorza Pressair	Spiriva, Spiriva Respimat
Blood Clots	Savaysa, Pradaxa	Xarelto, Eliquis
Cholesterol Lowering (high potency)	Crestor, Liptruzet, Vytorin	atorvastatin
Cholesterol Lowering	Advicor	atorvastatin, fluvastatin, lovastatin, pravastatin, Simcor, simvastatin
Cholesterol Lowering	Altoprev, Lescol/XL, Lipitor, Livalo, Mevacor, Pravachol, Zocor	atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin
Corticosteroids	Rayos	Immediate-release generic prednisone

(continued)

Table B. Non-specialty Drugs – Medical Necessity Prior Authorization

Condition	Before you have coverage for one of these drugs...	...you must have tried at least one of these alternative drugs first.
Depression	Olepto	trazodone
Dermatologic	Olux-E	Clobetasol propionate foam 0.05%
Diabetes (Insulin)	All Apidra, Humalog and Humulin (except U-500)	Novolog, Novolin
Diabetes (long-acting insulin)	Levemir, Toujeo	Lantus
Diabetes (Biquanides)	Fortamet, Glumetza (brand and generic), Riomet	metformin/XR
Diabetes (DPP-4)	Kazano, Nesina, Oseni, Tradjenta, Jentadueto	Januvia, Janumet, Janumet XR, Onglyza, Kombiglyze
Diabetes (SGLT2)	Invokana, Invokamet	Farxiga, Jardiance, Synjardy, Xigduo XR
Diabetes (GLP-1)	Byetta, Tanzeum, Trulicity	Bydureon, Victoza
Diabetes Supplies	All test strips other than One Touch *	OneTouch
Glaucoma	Lumigan	lantanoprost, travoprost, Travatan Z, Zioptan
Heartburn or Acid Reflux	Nexium	Nexium 24HR (OTC) and one of these prescription generics: esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole
Hypertension	Atacand/HCT, Avapro, Avalide, Cozaar, Hyzaar, Diovan/HCT, Edarbi, Edarbyclor, Micardis/HCT, Tekturna/HCT, Teveten/HCT	generic ARBs, Benicar/HCT
Irritable Bowel Syndrome (constipation predominant)	Amitiza	Generic lomotil, immodium, Linzess
Irritable Bowel Syndrome (diarrhea predominant)	Viberzi	Generic lomotil, immodium
Muscle Relaxants	Amrix	cyclobenzaprine
Nasal Steroids	Beconase AQ, Dymista, Flonase, Nasacort AQ, Nasonex, Omnaris, Qnasl, Rhinocort AQ, Veramyst, Zetonna	budesonide nasal spray, flunisolide, fluticasone nasal, mometasone furoate nasal spray, triamcinolone
Opioid Partial Agonists	Bunavail, Zubsolv	Suboxone Film, generic Suboxone
Overactive Bladder	Detrol/LA, Ditropan XL, Myrbetriq, Oyxtrol, Toviaz	oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, Gelnique, Vesicare
Sleep Medications	Ambien, Ambien CR, Belsomra, Edluar, Intermezzo, Lunesta, Silenor, Sonata or Zolpimist	eszopiclone, zolpidem, zolpidem ext-rel, zaleplon
Testosterone Replacement	Androgel, Fortesta, Natesto, Testim, Vogelxo	Androderm, Axiron, testosterone gel (generic Fortesta)

*Members on insulin pumps that require specific test strips other than OneTouch may be granted a lifetime approval to continue to fill their current test strips.

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.**

Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice.

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance online at contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-844-396-0188]。 (Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건보함에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187 로 연락주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. PC 명조 (Korean)

Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839 . (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de ce plan médical, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)
