

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 our prior authorization program on FDA and manufacturer guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit design.

Our program 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.

What Medications Are Included?

See the list that applies to most plans below. Check your benefits booklet or talk with your Benefits department to see if prior authorization applies to you. You can also view personalized benefit information through our website.

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 prior authorization, 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

Actemra	Humira	Remicade
Acthar Gel	Ilaris	Remodulin
Adcirca	Infergen	Retin A (patients 30+)
Amevive	Intron A	Revatio
Amitiza	Kalbitor	Ribasphere
Amnesteem	Kineret	Rituxan
Ampyra	Lamisil tablet	Sabril
Anadrol-50	Letairis	Saizen
Aranesp	Leukine	Serostim
Arcalyst	Lotronex	Simponi
Atralin (patients 30+)	Myobloc	Soriatane
Avita (patients 30+)	Neulasta	Sotret
Avonex	Neumega	Sporanox
Betaseron	Neupogen	Stelara
BOTOX®	Norditropin	Suboxone
Celebrex 400 mg	Novantrone	Subutex
Cinryze	Nutropin	Synagis
Claravis	Nutropin AQ	Tazorac
Copaxone	Nutropin Depot	Tev-Tropin
Copegus	Nuvigil	Tracleer
Doryx	Orencia	Tretin-X (patients 30+)
Differin (patients 30+)	Oxandrin	Tysabri
Dysport	Pegasys	Tyvaso
Enbrel	PEG-Intron	Veletri
Epogen	Procrit	Ventavis
Flolan	Prolia	Xeomin
Forteo	Provigil	Xolair
Fuzeon	Rebetol	Ziana
Genotropin	Rebif	
Gilenya	Reclast	
Humatrope	Regranex	

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