

Prior Authorization

October 2017

Please Note: Not all benefit plans include prior authorization. Check your plan materials to see if this information applies to you.

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.

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 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:

- 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.

Prior Authorization List – Specialty Drugs

Preferred drugs are listed with a (#). Drugs listed with a (+) require medical necessity prior authorization—see Table A for more information. 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. Please see the Excluded Drug List for specialty drugs that are not covered.

Abraxane	Cimzia (+)	Follistim AQ (+)	Ixempra	Neulasta	Ravicti
Actemra (#+)	Cinryze	Folotylin	Ixinity	Neumega	Rebetol (+)
Acthar HP	Coagadex	Forteo (#)	Jadenu	Neupogen (+)	Rebif (#)
Actimmune	Cometriq	Fusilev	Jakafi	Nexavar	Rebif Rebidose (#)
Adagen	Copaxone	Gamastan S/D	Jevtana	Ninlaro	Reclast
Adcetris	20mg (+)	Gammagard S/D	Juxtapid (+)	Norditropin (#)	Recombinant
Adcirca (+)	Copaxone	Gammagard	Kadcyla	Nothera	Regranex
Adempas (#)	40mg (#)	Gammakex	Kalbitor	Novantrone	Remicade (+)
Advate	Copegus	Gammalex	Kalydeco	Novoeight	Remodulin
Adynovate	Cosentyx (+)	Gamunex C	Kanuma	Novoseven	Repatha (#)
Afinitor	Cotellic	Ganciclovir (#)	Keytruda	Nplate	Repronex
Aldurazyme	Cyramza	Ganirelix	Kineret (+)	Nutropin/AQ (+)	Retisert
Alecensa	Cystadane	Gattex	Kisqali	Obizur	Revatio (+)
Alimta	Cystagon	Gazyva	Kisqali/Femara	Ocrevus (+)	Revlimid
Alphanate	Cystaran	Gel-One (#)	Pack	Octagam	Ribapak (+)
Alphanine SD	Dacogen	Gemcitabine	Kitabis Pak	Octreotide Acetate	Ribasphere
Alprolix	Darzalex	Gemzar	Koate-DVI	Odomzo	Ribatab
Alunbrig	Decitabine (#)	Genotropin (+)	Kogenate FS (#)	Ofev	Ribavirin (#)
Ampyra (#)	Deferoxamine (#)	Gilenya (#)	Korlym	Olysio	Riluzole (#)
Apokyn	Desferal	Gilotrif	Krystexxa	Omnitrope (+)	Rituxan (+)
Aralast NP	Docefrez	Glassia	Kuvan	Oncaspar	Rituxan Hycela
Aranesp	Docetaxel (#)	Glatopa (#)	Kynamro (+)	Onivyde	Rixubis
Arcalyst	Dofetilide (#)	Gleevec (+)	Kyprolis	Opdivo	Rubraca
Arzerra	Duopa	Gonal-F (#)	Lartruvo	Opsumit (+)	Ruconest
Astagraph XL	Dupixent	Granix	Lemtrada	Oralair	Rydapt
Aubagio (+)	Dysport	Grastek	Lenvima	Orencia IV/SC (+)	Sabril
Avastin	Egrifta	Halaven	Letairis (#)	Orenitram	Saizen (+)
Aveed	Elaprase	Helixate FS (+)	Leukine	Orfadin	Samsca
Avonex (+)	Elelyso	Hemofil-M	Leuprolide (#)	Orkambi	Sandimmune
Azacitidine (#)	Eligard	Herceptin	Lonsurf	Orthovisc (+)	Sandostatin/LAR
Bavencio	Eloctate	Hetlioz	Lucentis	Otezla (+)	Sensipar (#)
Bebulin VH	Eloxatin	Hizentra	Lumizyme	Otrexup	Serostim
Beleodaq	Empliciti	Humate-P	Lupaneta	Ovidrel	Signifor LAR
Bendeka	Enbrel (#)	Humatrope (#)	Lupron Depot/ PED	Ozurdex	Simponi/Aria (+)
Benefix	Entecavir (#)	Humira (#)	Luveris	Pamidronate	Sirolimus (#)
Benlysta	Entyvio (+)	Hyalgan (#)	Lynparza	Disodium (#)	Soliris
Berinert	Epogen	Hycamtin	Macugen	Pegasys (#)	Somatuline Depot
Betaseron (#)	Epoprostenol	Hydroxyprogester- one (#)	Makena (#)	PEG-Intron (+)	Somavert
Bethkis	sodium (#)	HyQvia	Matulane (#)	Perjeta	Sovaldi
Bexarotene (#)	Erbitux	Ibrance	Mekinist	Plegridy (+)	Spinraza
Bivigam	Erivedge	Iclusig	Menopur	Pomalyst	Sprycel
Blinicyto	Erwinaze	Ilaris	Mitoxantrone HCl inj	Prialt	Stelara (+)
Botox	Esbriet	Illuvien	Moderiba (+)	Privigen	Stimate
Bravelle (+)	Euflexxa (+)	Imatinib (#)	Monoclade-P	Procrit (#)	Stivarga
Buphenyl	Exjade	Imbruvica	Mononine	Procysbi	Strensiq
Cabometyx	Extavia (+)	Imfinzi	Monovisc (+)	Profilnine SD	Supartz FX (#)
Capecitabine (#)	Eylea	Incivek	Mozobil	Proleukin	Supprelin LA
Caprelsa	Fabrazyme	Increlex	Myfortic	Prolia	Sutent
Carbaglu	Farydak	Infergen	Myobloc	Promacta	Sylatron
Carimune NF	Feiba NF	Inflectra (+)	Myozyme	Provenge	Sylvant
Cayston	Ferriprox	Inlyta	Naglazyme	Pulmozyme	Synagis
Cerdelga	Firazyr	Intron-A	Natpara	Purixan	Synribo
Cerezyme	Firmagon	Iressa	Nerlynx	Qutenza	Synvisc/One (+)
Cetrotide	Flebogamma	Istodax		Ragwitek	Tafinlar
Cholbam	Folan			Rasuvo	Tagrisso

Tarceva	TOBI/Podhaler (+)	Vandetanib	Vivaglobin	Xgeva	Zemaira
Targretin	Tobramycin (#)	Vantas	Voriconazole (#)	Xiaflex	Zoladex
Tasigna	Topotecan	Vectibix	Votrient	Xolair	Zoledronic acid (#)
Taxotere	Torisel	Velcade	VPRIV	Xtandi	Zolinza
Tecentriq	Tracleer (#)	Veletri	Wilate	Xyntha	Zomacton (+)
Tecfidera (#)	Treanda	Venclexta	Winrho SDF	Xyrem	Zometa
Temodar (+)	Trelstar	Ventavis	Xalkori	Yervoy	Zorbtive
Temozolomide (#)	Tykerb	Victrelis	Xeljanz/XR (+)	Zaltrap	Zydelig
Tetrabenazine (#)	Tysabri (+)	Vidaza	Xeloda (+)	Zarxio	Zykadia
Thalomid IV	Tyvaso	Viekira Pak/XR (#)	Xenazine (+)	Zavesca	Zytiga
Thalomid PO	Valchlor	Vimizim	Xeomin	Zejula	
Tikosyn (+)	Valstar	Visudyne	Xermelo	Zelboraf	

Table A: Specialty Drugs Requiring Medical Necessity Prior Authorization

Condition/Drug Class	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
Decrease in White Blood Cells	Neupogen	Zarxio
Growth Deficiency	Genotropin, Nutropin/AQ, Omnitrope, Saizen, Zomacton	Humatrope, Norditropin, Flexpro
Heart Arrhythmia	Tikosyn	dofetilide
Hemophilia	Helixate FS	Kogenate
High Cholesterol	Juxtapid, Kynamro	Repatha
Huntington's Disease	Xenaxine	tetrabenazine
Infertility	Bravelle, Follistim AQ	Gonal-F (<i>all</i>)
Inflammatory Conditions (<i>Crohn's Disease, Psoriasis, Rheumatoid Arthritis</i>)	Actemra, Cimzia, Cosentyx, Entyvio, Inflectra, Kineret, Orencia, Otezla, Remicade, Rituxan, Simponi/Aria, Stelara, Xeljanz/XR	Enbrel and Humira
Leukemia/Multiple Cancers	Gleevec	imatinib
Multiple Sclerosis (A)	Aubagio, Avonex, Extavia, Ocrevus, Plegridy, Tysabri	Betaseron, Copaxone 40mg, Gilenya, glatopa, Rebif, Tecfidera
Multiple Sclerosis (B)	Copaxone 20mg	glatopa
Osteoarthritis of the Knee	Euflexxa, Monovisc, Orthovisc, Synvisc/One	Gel-One, Hyalgan, Supartz
Pulmonary Arterial Hypertension (A)	Adcirca, Revatio	sildenafil
Pulmonary Arterial Hypertension (B)	Opsumit	Letairis, Tracleer

Prior Authorization – Non-Specialty Drugs

Drugs listed with a (+) require medical necessity prior authorization—see Table B for more information. Prior authorization requests go to CVS Caremark at **800-294-5979** (phone) or **888-836-0730** (fax). Please see the Excluded Drug List for drugs that are not covered.

Abstral	Chorionic	Fortamet (brand	Lipitor (+)	Pradaxa (+)	Test Strips (all but
Actiq	gonadotropin	& generic) (+)	Livalo (+)	Pravachol (+)	OneTouch) (+)
Altoprev (+)	Compound Drugs	Fortesta+	Lotronex	Prevacid Solutab	Testim (+)
Ambien/CR (+)	(costing \$300	Glumetza	Lovaza	Proscar	Teveten/HCT (+)
Amitiza (+)	or more)	(generic) (+)	Lumigan (+)	Qnasl (+)	Toviaz (+)
Amrix (+)	Cozaar (+)	Gralise (+)	Lunesta (+)	Rayos (+)	Tradjenta (+)
Anadrol-50	Crestor (+)	Humalog (+)	Mevacor (+)	Rhinocort Aqua (+)	Tresiba (+)
Androgel (+)	Detrol/LA (+)	Humulin (except	Micardis/HCT (+)	Riomet (+)	Tretin-X (patients
Apidra (+)	Differin (patients	U-500) (+)	Myrbetriq (+)	Sanctura (+)	30 and over)
Atacand/HCT (+)	30 and over)	Hyzaar (+)	Naprelan (+)	Savaysa (+)	Trulicity (+)
Avalide (+)	Diovan/HCT (+)	Incruse Ellipta (+)	Nasacort AQ (+)	Seebri (+)	Tudorza Pressair (+)
Avapro (+)	Ditropan XL (+)	Intermezzo (+)	Nasonex (+)	Silenor (+)	Vascepa
Avita (patients 30	Dulera (+)	Invokamet/XR (+)	Natesto (+)	Sonata (+)	Veltin
and over)	Dymista (+)	Invokana (+)	Nesina (+)	Soriatane	Viberzi (+)
Axiron (+)	Edarbi (+)	Jentaducto (+)	Nuvigil (+)	Sporanox Oral	Vogelxo (+)
Basaglar (+)	Edarbyclor (+)	Jentaducto XR (+)	Oleptro (+)	Capsules &	Vytorin (+)
Beconase AQ (+)	Edluar (+)	Kazano (+)	Olux-E (+)	Solution	Zetonna (+)
Belsomra (+)	Epanova	Lazanda	Omnaris (+)	Sprix (+)	Zipsor (+)
Benicar/HCT (+)	Evekeo	Lescol/XL (+)	Omtryg	Subsys	Zocor (+)
Buprenorphine	Fabior	Levemir (+)	Onsolis	Sustol	Zohydro
Byetta (+)	Fentora	Lidocaine	Oseni (+)	Tanzeum (+)	Zolpimist (+)
Celebrex	Flonase (+)	(generic)	Oxandrin	Tazorac	Zorvolex (+)
		Lidoderm	Oxytrol (+)	Tekturna/HCT (+)	

Table B: Non-Specialty Drugs Requiring Medical Necessity Prior Authorization

Condition/Drug Class	Before you have coverage for one of these drugs...	...you must have tried one (or more) of these alternative drugs first.
Arthritis/Pain	Naprelan, Sprix, Zipsor, Zorvolex	generic NSAIDs
Asthma/COPD (A)	Dulera	Advair, Symbicort
Asthma/COPD (B)	Incruse Ellipta, Seebri, Tudorza Pressair	Spiriva, Spiriva Respimat
Blood Clots	Savaysa, Pradaxa	Xarelto, Eliquis
Cholesterol Lowering (<i>high potency</i>)	Crestor, Vytorin	Atorvastatin, ezetimibe/simvastatin (<i>generic for Vytorin</i>), rosuvastatin
Cholesterol Lowering	Altoprev, Lescol/XL, Lipitor, Livalo, Mevacor, Pravachol, Zocor	atorvastatin, fluvastatin, fluvastatin ext-rel, lovastatin, pravastatin, rosuvastatin, simvastatin
Corticosteroids	Rayos	Immediate-release generic prednisone
Depression	Oleptro	trazodone
Dermatologic	Olux-E	Clobetasol propionate foam 0.05%
Diabetes (<i>Insulin</i>)	All Apidra, Humalog and Humulin (<i>except U-500</i>)	Novolog, Novolin
Diabetes (<i>long-acting insulin</i>)	Basaglar, Levemir, Tresiba	Lantus, Toujeo

Condition/Drug Class	Before you have coverage for one of these drugs...	...you must have tried one (or more) of these alternative drugs first.
Diabetes (<i>Biguanides</i>)	Fortamet (<i>brand & generic</i>), Glumetza (<i>generic</i>), Riomet	metformin/XR (<i>generics for Glucophage/XR</i>)
Diabetes (<i>DPP-4</i>)	Kazano, Nesina, Oseni, Tradjenta, Jentadueto/XR	Januvia, Janumet/XR, Onglyza, Kombiglyze
Diabetes (<i>SGLT2</i>)	Invokana, Invokamet/XR	Farxiga, Jardiance, Synjardy/XR, Xigduo XR
Diabetes (<i>GLP-1</i>)	Byetta, Tanzeum, Trulicity	Bydureon, Victoza
Diabetes Supplies	All test strips other than OneTouch*	OneTouch
Glaucoma	Lumigan	latanoprost, Travatan Z, Zioptan
Hypertension	Atacand/HCT, Avapro, Avalide, Benicar/HCT, Cozaar, Hyzaar, Diovan/HCT, Edarbi, Edarbyclor, Micardis/HCT, Tekturna/HCT, Teveten/HCT	generic ARBs
Irritable Bowel Syndrome (<i>constipation predominant</i>)	Amitiza	Generic lomotil, immodium, Linzess
Irritable Bowel Syndrome (<i>diarrhea predominant</i>)	Viberzi	Generic lomotil, immodium
Muscle Relaxants	Amrix	cyclobenzaprine
Nasal Steroids	Beconase AQ, Dymista, Flonase, Nasonex, Nasonex AQ, Omnaris, Qnasl, Rhinocort AQ, Zetonna	budesonide nasal spray, flunisolide, fluticasone nasal, mometasone furoate nasal spray, triamcinolone
Overactive Bladder	Detrol/LA, Ditropan XL, Myrbetriq, Oxytrol, Toviaz	oxybutynin ext-rel, tolterodine, tolterodine ext-rel, tiroprium, tiroprium ext-rel, Gelnique, Vesicare
Sleep Medications	Ambien/CR, Belsomra, Edluar, Intermezzo, Lunesta, Silenor, Sonata or Zolpimist	eszopiclone, zolpidem, zolpidem ext-rel, zaleplon
Testosterone Replacement	Androgel, Axiron, Fortesta, Natesto, Testim, Vogelxo	Androderm, testosterone solution (generic Axiron), testosterone gel (<i>generic Fortesta</i>)

*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 (TDD: 711).

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 by emailing 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 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 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

Kung ikaw, o ang iyong tinutulungan, 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 اية 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, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 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)

Ni da doodago t'áá háida biká'aná nilwo'ígíí díí Béeso Ách'ááh naa'nilígi háá'ída yí na' ídíł kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'ishíí bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'í' ha desdzih nínízingo, koji' béésh bee hółne' 1-844-516-6328. (Navajo)