

Prior

Authorization

What is Prior Authorization?

Prior Authorization (PA) is a cost-savings program that helps prevent improper use of medications for certain health conditions. If your doctor prescribes a medication that requires a PA, you must get approval before your plan will pay for it.

We determine prior authorization guidelines on a medication-by-medication basis and may base them on U.S. Food and Drug Administration (FDA) and manufacturer guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit design.

What Medications Are Included?

Most plans only require prior authorization for the medications in Chart 1 below. Members with some plans must get prior authorization for the medications in Chart 1 and in Chart 2. Check your benefits booklet or talk with your Benefits department to determine which apply to you. You can also view personal benefit information through our Web site. Your plan's benefits determine if you have coverage or if you need prior authorization for specific medications. Also, your plan may not cover every medication on this list. For example, if your plan does not cover Retin-A, it will not pay for any Retin-A prescriptions even if you get prior authorization.

If your doctor prescribes a medication that needs prior authorization, please have your doctor call the Caremark Prior Authorizations department at 800-294-5979. 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 requires 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.

Chart 1

Actemra
Acthar Gel
Adcira
Amevive
Arcalyst
Avita (patients 30+)
BOTOX®
Celebrex 400 mg
Cinryze
Copegus
Dysport
Enbrel
Flolan
Genotropin
Humatrope
Humira
Infergen
Intron A
Ilaris
Kalbitor
Kineret
Letairis
Myobloc
Norditropin
Nutropin
Nutropin AQ
Nutropin Depot
Orencia
Pegasys
PEG-Intron
Rebetol
Remicade
Remodulin
Revatio
Retin A (patients 30+)
Ribasphere
Rituxan
Roferon A
Sabril
Saizen
Serostim
Simponi
Stelara
Synagis
Tev-Tropin
Tracleer
Tyvaso
Ventavis
Xolair

Chart 2

Accutane
Adderall (patients 19+)
Adderall XR (patients 19+)
Amitiza
Amnesteem
Anadrol-50
Aranesp
Arava
Aricept
Avonex
Betaseron
Claravis
Cognex
Concerta (patients 19+)
Copaxone
Daytrana (patients 19+)
Desoxyn
Dexedrine (patients 19+)
Dextrostat (patients 19+)
Differin (patients 26+)
Diflucan (except 150 mg)
Epogen
Exelon
Focalin (patients 19+)
Focalin XR (patients 19+)
Forteo
Fuzeon
Isotretinoin
Lamisil tablet
Leukine
Lotronex
Metadate (patients 19+)
Methylin (patients 19+)
Namenda
Neulasta
Neumega
Neupogen
Novantrone
Nuvigil
Oxandrin
Procrit
Provigil
Razadyne
Rebif
Regranex
Ritalin
Ritalin LA
Soriatane
Sotret
Sporanox
Strattera
Tazorac
Tysabri
Vyvanse
Vynase
Ziana

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