Coverage review/prior authorization

Revised 09/2019

Some medications are not covered under the plan unless you first receive a prior authorization approval through a coverage review process. This review takes into consideration plan rules based on FDA-approved prescribing and safety information, clinical guidelines and uses that are considered reasonable, safe and effective.

What kinds of medications need a prior authorization approval by the plan?

- Drugs that could have dangerous side effects
- Drugs that could be harmful when combined with other drugs
- Drugs that should be used only for certain health conditions
- Drugs that are often misused or abused
- Drugs that a doctor prescribes when less expensive drugs might work better

There are other medications that may be covered, but with limits (for example, only for a certain quantity or for certain uses) unless you receive approval through a coverage review. During this review and before the medication may be covered under your plan, your doctor may be contacted for additional information.

Below is a list of some of the medications subject to a coverage review/prior authorization. Please note that prior authorization may apply to both brands and their generic counterparts and this list is subject to change. To find out more about coverage reviews and prior authorization, please call Member Services at 1-800-841-2797.

- **Allergy and Asthma Agents** *(Cinqair®, Fasenra™, Grastek®, Nucala®, Oralair®, Ragwitek®, Xolair®)*
- **Alzheimer's Agents** *(Aricept®, Exelon®, Namenda®, Namzaric™, Razadyne®, Razadyne ER®)*
- **Androgens and Anabolic Steroids** *(Androderm®, Androgel®, Android®, Aveed®, Axiron®, Delatestryl®, Fortesta®, Striant®, Testim®, Testopel®, First-Testosterone®, Depo-Testosterone®, Testred®, Testopel®, Xyosted™)*
- **Angiotensin II Receptor Blockers** *(Atacand®, Atacand HCT®, Avalide®, Avapro®, Azor®, Benicar®, Benicar HCT®, Cozaar®, Diovan®, Diovan HCT®, Edarbi®, Edarbyclor®, Exforge®, Exforge HCT®, Hyzaar®, Micardis®, Micardis HCT®, Teventen®, Teveten HCT®, Tribenzor®, Twynsta®)*
- **Anticoagulation Agents** *(Eliquis®, Pradaxa®, Savaysa®, Xarelto®, Zontivity®)*
- **Antidepressants** *(Trintellix® (formerly known as Brintellix), Brisdelle®, Celexa®, Fluoxetine 60mg tablets, Lexapro®, Luvox CR®, Paxil/Paxil CR®, Pexeva®, Prozac®/Prozac Weekly®, Sarafem®, Zoloft®, Viibryd®)*
- **Anti-Narcoleptic Agents** *(Provigil®, Nuvigil®, Xyrem®)*
- **Antiseizure Agents** *(Briviact®, Depakote®, Depakene®, Keppra®, Lamictal®, Oxtellar XR®, Qudexy XR®, Spritam®, Topamax®, Topiramate ER®, Trileptal®, Trokendi XR®)*
- **Benign Prostatic Hypertrophy Agents** *(Avodart®, Jalyn®, Proscar®)*
- **Bile Acid Sequestrants** *(Colestid®, Questran®, Questran Light®, Welchol®)*
- **Botulinum Toxins** *(Botox®, Dysport®, Myobloc®, Xeomin®)*
- **Cancer Agents** *(Afinitor®, Alecensa®, Alunbrig™, Avastin®, Azedra®, Balversa™, Bosulif®, Bravtovi®, Cabometyx®, Calquence®, Caprelsa®, Cometriq®, Copiktra®, Cotellic®, Cyramza®, Darzalex®, Daurismo™, Eligard®, Elzonris™, Empliciti®, Erbitux®, Erivedge™, Erleada™, Erwinaze™, Farydak®, Faslodex®, Firmagon®, Folotyn™, Gilotrif®, Gleevec®, Ibrance®, Iclusig®, Idhifa®, imatinib, Imbruvica®, Imfinzi®, Imlygic®, Inlyta®, Iressa®, Jakafi™, Jevtana®, Kadcyla®, Kisqali®, Kymriah™, Kyprolis®, Lenvima®, Libtayo®, Lonsurf®, Lorbrena®, Lumoxiti™, Lynparza®, Mekinist®, Mektovi®, Nerlynx®, Nexavar®, Ninlaro®, Nubeqa®, Odomzo®, Oncaspar®, Onivyde®, Piqray®, Polivy™, Pomalyst®, Revlimid®, Romidepsin, Rubraca®, Rydapt®, Sprycel®, Stivarga®, Sutent®, Sylvant®, Tafinlar®, Tagrisso®, Talzenna®, Tarceva®, Tasigna®, Temodar®, Thalomid®,*

Tibsovo®, Trelstar®, Turalio™, Tykerb®, Venclexta®, Vectibix®, Verzenio®, Vitrakvi®, Vizimpro®, Votrient®, Xalkori™, Xopspata®, Xpovio™, Xtandi®, Yescarta®, Yonsa®, Zejula™, Zelboraf™, Zolinza®, Zydelig®, Zykadia®, Zytiga™)

- **Cholesterol/Lipid Lowering Agents** *(Altoprev®, Antara®, Caduet®, Crestor®, Fenoglide®, Fenofibrate capsules, Fibricor®, Flolipid®, Lescol®, Lescol® XL, Lipitor®, Livalo®, Lofibra®, Lovaza®, Mevacor®, Praluent®, Pravachol®, Repatha®, Tricor®, Triglide®, Trilipix®, Vascepa®, Vytorin®, Welchol®, Zetia®, Zocor®, Zypitamag™)*
- **Corticosteroid Inhalers** *(Aerospan®, Alvesco®)*
- **Dermatological Orals** *(Acticlate®, Alodox™ Convenience Kit, Avidoxy® Kit, Doryx®, Dynacin®, Minocin®, Minocin® Kit, Minocycline ER Tablets, Minolira™, Monodox®, Morgidox® Kit, Oracea®, Seysara™, Solodyn®, Targadox™, Vibramycin®, Ximino™, Doxycycline 40 mg capsules (brand product))*
- **Dermatological Topicals** *(Retin-A® age 35 and older, Tazorac® age 35 and older, All Brand-name Topical Corticosteroids, Elidel®, Protopic®)*
- **Diabetic Agents** *(Actos®, Actoplusmet XR®, Avandia®, Avandamet®, Bydureon®, Byetta®, Duetact®, Farxiga®, Fortamet® (Not covered), Glucophage XR®, Glucophage®, Duetact™, Glumetza® (Not covered), Glyxambi®, Invokana®, Invokamet®, Janumet®, Janumet XR®, Januvia®, Jardiance®, Jentadueto®, Jentadueto XR®, Kazano®, Kombiglyze XR®, Nesina®, Onglyza®, Oseni®, Qtern®, Riomet®, Steglatro™, Synjardy®, Symlin®, Victoza®, Tanzeum®, Tradjenta®, Trulicity®, Xigduo XR®)*
- **Diabetic Test Strips** *(Accu-Chek® Active, Accu-Chek® Advantage, Accu-Chek® Aviva, Accu-Chek® Aviva Plus, Accu-Chek® Comfort Curve, Accu-Chek® Compact, Accu-Chek® Compact Plus, Accu-Chek® Smartview, Advocate® Test Strip, Advocate® Redi-Code Test Strip, Advocate® Redi-Code+ Test Strip, Bayer Contour®, Breeze® 2, Contour, Contour® Next, Embrace® Test Strips, Embrace® Glucose Test Strips, Embrace® Evo Test Strips, Embrace® Pro Test Strips, Health Alliance®, Liberty®, Truemetrix®, TRUEtrack®, TRUEtest®, Unistrip1™ Glucose Test Strip, Victory® Glucose Test Strips)*
- **Erythroid Stimulants** *(Aranesp®, Epogen®, Procrit®, Retacrit™*
- **Fertility Agents—all**
- **Gaucher's Disease** *(Cerdelga®, Cerezyme®, Elelyso®, Vpriv®, Zavesca®)*
- **Gout Therapy** *(Krystexxa®, Uloric®)*
- **Growth Hormones** *(Genotropin®, Humatrope®, Increlex®, Norditropin®, Nutropin AQ®, Omnitrope™, Saizen®, Serostim®, Zomacton™, Zorbtive®)*
- **Hepatitis C Antivirals** *(Epclusa®, Harvoni®, Mavyret™, Sovaldi®, Vosevi™, Zepatier®)*
- **High Blood Pressure/Heart Medications** *(Brand-name Alpha Blockers, Brand-name Beta-blockers, Brand-name Calcium Channel Blockers)*
- **Hormones** *(Acthar Gel®, Korlym®, Kuvan®, Sensipar®)*
- **Hyaluronic Acids** *(Durolane®, Euflexxa®, Gel-One®, Gelsyn-3™, Genvisc® 850, Hyalgan®, Hymovis®, Monovisc®, Orthovisc®, Supartz® FX, Supartz®, Synvisc®, Synvisc-One®)*
- **Immune Globulins** *(Bivigam®, Carimune NF®, Cuvitru™, Flebogamma®, Gammagard®, Gammaked™, Gammaplex®, Gamunex®-C, Hizentra®, Hyqvia®, Octagam®, Polygam®, Privigen®)*
- **Inflammatory Agents** *(Actemra®, Cimzia®, Cosentyx®, Enbrel®, Entyvio®, Humira®, Ilumya™, Inflectra®, Kevzara®, Kineret®, Olumiant®, Orencia®, Otezla®, Remicade®, Renflexis®, Rituxan®, Siliq™, Simponi®, Skyrizi™, Stelara®, Taltz®, Tremfya™, Xeljanz®)*
- **Insulins** *(Admelog®, Apidra®, Apidra Solostar®, Fiasp®, Insulin Lispro, Novolin N®, Novolin R®, Novolin70/30®, Novolog®, Novolog® 70/30)*
- **Interferons** *(Actimmune®, Pegasys®, PegIntron®)*
- **Interleukins** *(Arcalyst®, Ilaris®)*
- **Medications Used to Treat Impotency** *(Caverject®, Edex®, Muse®, Cialis®, Levitra®,*

Staxyn®, Stendra®, Viagra®)

- **Medications Used to Treat Paroxysmal Nocturnal Hemoglobinuria** *(Soliris®)*
- **Migraine Agents** *(Aimovig®, Ajovy®, Alsuma™, Amerge®, Axert®, Emgality®, Frova®, Imitrex®, Maxalt®, Maxalt MLT®, Treximet®, Zomig®, Zomig ZMT®)*
- **Miscellaneous Agents** *(Daliresp®, Northera®, Samsca®, Acthar Gel®)*
- **MS Agents** *(Ampyra®, Avonex®, Aubagio®, Betaseron®, Copaxone®, Extavia®, Gilenya®, Lemtrada®, Mavenclad®, Mayzent®, Ocrevus™, Plegridy®, Rebif®, Tecfidera®, Tysabri®)*
- **Myeloid/Platelet Stimulants** *(Fulphila™, Granix®, Leukine®, Neulasta®, Neumega®, Neupogen®, Nplate®, Promacta®, Udenyca™, Zarxio™)*
- **Non-Narcotic Analgesics** *(Brand-name Non-steroidal Anti-inflammatory products, Anaprox®, Anaprox® DS, Ansaid®, Arthotec®, Cambia®, Cataflam®, Celebrex®, Conzip®, Daypro™, Diclofenac Sodium Gel 1%, Duexis® (Not covered), EC-Naprosyn®, Esgic®, Feldene®, Fenoprofen (brand), Fenortho™, Flector Patch®, Indocin®, Klofensaid II 1.5%™, Licart™, Lodine®, Mobic®, Motrin®, Nalfon®, Naprosyn®, Naprelan®, Pennsaid®, Ponstel®, Qmiiz™, Ryzolt®, Rybix ODT®, Solaraze®, Sprix®, Tivorbex®, Tramadol ER®, Ultram®, Ultram ER®, Ultracet®, Vanatol® LQ, Vimovo® (Not covered), Vivlodex®, Voltaren® Gel, Zipsor®, Zorvolex®, Lidoderm Patch®)*
- **Ophthalmalogic Agents** *(Eylea®, Lucentis®, Macugen®)*
- **Ophthalmic Prostaglandins** *(Lumigan®, Rescula®, Travatan®, Travatan Z®, Xalatan®, Zioptan®)*
- **Opioid Dependence Agents** *(Bunavail® (Not covered), Suboxone® (Not covered), Zubsolv®)*
- **Opioids, Long-Acting (oral)** *(Avinza®, Belbuca®, Butrans®, Diskets®, Dolophine®, Duragesic®, Embeda®, Exalgo®, hydromorphone ER, Hysingla® ER, Kadian®, Methadose™, MS Contin®, Nucynta® ER, Opana® ER, Oramorph SR®, Oxycontin®, Oxymorphone ER, Xtampza® ER, Zohydro ER®)*
- **Osteoporosis Therapy** *(Actonel®, Actonel Plus®, Atelvia®, Binosto®, Boniva®, Fosamax®, Fosamax D®, Reclast®)*
- **Pancreatic Enzymes** *(Pancreaze®, Pertzye®,)*
- **Prescription Antiobesity Medications** *(Adipex-P®, benzphetamine, Belviq®, Belviq XR®, Bontril®, Bontril PDM®, Contrave®, Didrex®, diethylpropion HCl, phendimetrazine, phentermine HCl, Qsymia®, Regimex®, Saxenda®, Suprenza®, Xenical®)*
- **Proton Pump Inhibitors** *(Aciphex®, Dexilant®, esomeprazole strontium, Nexium®, Prevacid®, Prevpak®, Prilosec®, Protonix®, Zegerid® brand and generics by appeal only)*
- **Psoriasis Agents** *(Amevive®, Stelara®)*
- **Pulmonary Agents** *(Berinert®, Cinryze®, Esbriet®, Firazyr®, Haegarda®, Kalbitor®, Ofev®, Ruconest®, Takhzyro™)*
- **Pulmonary Agents: Asthma/COPD** *(Advair HFA®, Advair Diskus®, Dulera®, Proventil HFA®, Symbicort®, Xolair®, Xopenex HFA®, Zyflo®, Zyflo CR®)*
- **Pulmonary Agents: Cystic Fibrosis** *(Cayston®, Kalydeco®, Orkambi®, Symdeko®, Tobi®)*
- **Pulmonary Agents: Pulmonary Arterial Hypertension** *(Adcirca®, Adempas®, Flolan®, Letairis®, Remodulin®, Opsumit®, Revatio®, Tracleer®, Tyvaso®, Uptravi®, Ventavis®, Veletri®)*
- **RSV Agents** *(Synagis®)*
- **Sleeping Agents** *(Ambien®, Ambien CR®, Belsomra®, Edluar®, Intermezzo®, Lunesta®, Oleptro ER™, Rozerem®, Silenor®, Sonata®, Zolpimist®)*
- **Targretin®** *gel*
- **Topical Acne Products** *(All brand topical acne products subject to prior authorization)*
- **Topical Antifungal Products** *(Ciclodan 8%®, Jublia® (Not covered), Kerydin® (Not covered), Pedipirox-4 Nail Kit®, Penlac®)*
- **Urological-Overactive Bladder** *(Detrol®, Detrol LA®, Ditropan®, Ditropan XL®, Enablex®, Oxytrol®, Sanctura®, Sanctura XR®)*

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