

Prior Authorization List 2010

effective 1/1/10



Drugs That Need Prior Authorization

To maximize your benefits, the drugs listed below need authorization from your benefit plan before they are dispensed by your pharmacy. Your network physician is responsible for contacting Caremark at 1-877-916-2271 to obtain prior authorization when prescribing a drug on this list. Ask your physician to make the call at the same time the medication is prescribed so that there will be no delay when you go to the pharmacy.

Drugs Requiring Prior Authorization (PA)

adapalene (**Differin**) - PA required for members age 31 or older
 anabolic steroids
 androgens (**Androderm, Androgel, First Testosterone, Striant, Testim**) - PA required for members age 30 or younger
 aripiprazole (**Abilify**) - PA required for members age 17 or younger
 armodafinil (**Nuvigil**)
 febuxostat (**Uloric**)
 fluconazole (**Diflucan**) - excluding three doses x 150 mg/30 days
 itraconazole (**Sporanox**)
 linezolid (**Zyvox**) - 3 days therapy then PA required
 modafinil (**Provigil**)
 olanzapine (**Zyprexa**) - PA required for members age 17 or younger
 posaconazole (**Noxafil**) - 6 days therapy then PA required
 quetiapine fumarate (**Seroquel**) - PA required for members age 17 or younger
 risperidone (**Risperdal**) - PA required for members age 17 or younger
 silodosin (**Rapaflo**)
 terbinafine (**Lamisil**)
 terbinafine oral granules (**Lamisil Oral Granules**)
 tretinoin (**Avita, Retin-A, Retin-A Micro**) - PA required for members age 31 or older
Specialty Pharmacy Products: Many of these drugs also require prior authorization. See below.

Specialty Pharmacy Products Requiring Prior Authorization (PA)

BlueCross BlueShield of Tennessee's Specialty Pharmacy Program designates between self-administered specialty medications and provider-administered specialty medications.

A. Provider-administered

Selected provider-administered Specialty Pharmacy Products, which are ordered by the provider and administered in an office or outpatient setting, require prior authorization (PA) that can be obtained by the physician by contacting BlueCross BlueShield of Tennessee at 1-800-924-7141. Provider-administered specialty pharmacy products are covered under the member's medical benefit.

Acthar H.P. Gel	Cinryze	Procrit	Synagis
Amevive	Epogen	Remicade	Tysabri
Aranesp	epoprostenol	Remodulin	Vectibix
Avastin	(Flolan)	Rituxan	Velcade
Berinert	Erbitux	Somatuline ^{ST-1}	Xolair
Cimzia vials	Orencia	Stelara	

^{ST-1}= This drug requires Step Therapy. Member must have tried and failed Somavert.

B. Self-administered

Selected self-administered Specialty Pharmacy Products, which patients administer to themselves, require prior authorization (PA) that can be obtained by the physician by contacting Caremark at 1-877-916-2271. If your plan does not cover prescription drugs, then self-administered specialty drugs are not covered.

Acthar H.P. Gel	Humira	Sabril	Tyvaso
Actimmune	Increlex	Simponi	Ventavis
Adcirca	Kineret	Sprycel ^{ST-2}	Vivaglobin
Afinitor	Letairis	Sutent	Votrient
Aranesp	Nexavar	Tasigna ^{ST-2}	Xenazine
Cimzia syringes	Procrit	Temodar	Zavesca
Enbrel	Promacta	Thalomid	
Epogen	Revatio	Tracleer	
Growth Hormones	Revlimid	Tykerb	

^{ST-2}= These drugs require Step Therapy. You must be resistant or intolerant to imatinib (Gleevec).

The physician may obtain approval and order Specialty Pharmacy Products by calling one of the Specialty Pharmacies. The member may also order self-administered drugs from one of these Specialty Pharmacies:

Caremark Specialty Rx:	1-800-237-2767;
fax	1-800-323-2445
CuraScript, Inc.:	1-888-773-7376;
fax	1-888-773-7386
Accredo Health Group:	1-888-239-0725;
fax	1-866-387-1003
Walgreens Specialty Pharmacy:	1-888-347-3416;
fax	1-877-231-8302

The following drugs may not be covered by your plan. To determine coverage before obtaining the prescription, members may log in to Caremark.com and go to "Look Up Drug Coverage and Pricing," or members may call Member Service.

antifungal/onychomycosis drugs
 anti-obesity drugs
 erectile dysfunction drugs - PA required for males under age 50
 growth hormones
 infertility drugs
 oral contraceptives (Most plans cover oral contraceptives.
 For those plans that cover only for medical necessity, prior authorization is required.)

Appeals

Members or their physicians may appeal a denial of a drug or a quantity limitation by faxing supportive documentation to 1-888-343-4232.