

### 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  
febuxostat (Uloric)  
fluconazole (Diflucan) - excluding three doses x 150 mg/30 days  
itraconazole (Sporanox)  
linezolid (Zyvox) - 3 days therapy then PA required  
posaconazole (Noxafil) - 6 days therapy then PA required  
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

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	epoprostenol(Flolan)	Somatuline <sup>ST-1</sup>
Amevive	Erbitux	Synagis
Aranesp	Orencia	Tysabri
Avastin	Procrit	Vectibix
Cimzia vials	Remicade	Velcade
Cinryze	Remodulin	Xolair
Epogen	Rituxan	

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.

Acthar H.P. Gel	Kineret	Tasigna <sup>ST-2</sup>
Actimmune	Letairis	Temodar
Afinitor	Nexavar	Thalomid
Aranesp	Procrit	Tracleer
Cimzia syringes	Promacta	Tykerb
Enbrel	Revatio	Ventavis
Epogen	Revlimid	Vivaglobin
growth hormones	Simponi	Xenazine
Humira	Sprycel <sup>ST-2</sup>	Zavesca
Increlex	Sutent	

ST-2= This drug requires Step Therapy. For Sprycel or Tasigna, you must be resistant or intolerant to imatinib (Gleevec).

#### C. Other

Some selected plans allow certain provider-administered drugs to process through the pharmacy claims system with a written prescription. Check your Explanation of Coverage for specific benefit information. For these selected plans, the required prior authorization (PA) can be obtained by the physician by contacting Caremark at 1-877-916-2271. All Specialty Pharmacy Products, including those listed below, may be ordered from one of the Specialty Pharmacies.

Aldurazyme	Cerezyme	Remicade
Amevive	Erbitux	Rituxan
Aralast	Fabrazyme	Synagis
Aralast NP	Myobloc	Tysabri
Avastin	NovoSeven	Velcade
Botox	Orencia	Zemaira
Ceredase	Prolastin	

Your 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 Rx: 1-888-347-3416;

fax 1-877-231-8302

#### 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.