

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](tel: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)

anabolic steroids
 fluconazole (**Diflucan**) - excluding three doses x 150 mg/30 days
 itraconazole (**Sporanox**)
 terbinafine (**Lamisil**)
 tretinoin (**Avita, Retin-A**) - PA required for members age 31 or older
Specialty Pharmacy Products: Many of these drugs also require prior authorization. See below.

Specialty Pharmacy Products

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](tel:1-800-924-7141). Provider-administered specialty pharmacy products are covered under the member's medical benefit.

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

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

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](tel:1-888-343-4232).