

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)

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
 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

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	Erbixux	Rituxan	Velcade
Cinryze	Orencia	Somatuline ^{ST-1}	Xolair

^{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](tel:1-877-916-2271). If your plan does not cover prescription drugs, then self-administered specialty drugs are not covered.

Acthar H.P. Gel	Increlex	Sabril	Tykerb
Actimmune	Letairis	Sprycel ^{ST-2}	Tyvaso
Adcirca	Nexavar	Sutent	Ventavis
Afinitor	Procrit	Tasigna ^{ST-2}	Vivaglobin
Aranesp	Promacta	Temodar	Xenazine
Epogen	Revatio	Thalomid	Zavesca
growth hormones	Revlimid	Tracleer	

^{ST-2}= These drugs require Step Therapy. 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](tel:1-877-916-2271). All Specialty Pharmacy Products, including those listed below, may be ordered from one of the Specialty Pharmacies.

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

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

This list is subject to change throughout the year. Drug coverage may vary depending on the benefit plan.

Check your Evidence of Coverage for specific benefit information.

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This document has been classified as public information. (rev. 9/09)