

Prior Authorization List 2012

effective 1/1/12



of Tennessee

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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 or Step Therapy

Abbott Freestyle diabetic products – trial of Bayer Contour/Breeze2 diabetic products or Roche Accu-Chek diabetic products required

Abilify – PA required for patients 17 years and younger

adapalene (Differin) – PA required for patients 31 years and older

anabolic steroids – PA required

anastrozole (Arimidex) – PA required for all males; PA required for females ages 44 years and younger

Androderm – PA required for patients 30 years and younger

Androgel – PA required for patients 30 years and younger

androgens – PA required for patients 30 years and younger

Antara – trial of fenofibrate or gemfibrozil required

Atacand, Atacand HCT – trial of generic ACE Inhibitor, generic Angiotensin II Receptor Blocker, Azor, Benicar, Benicar HCT, Micardis, Micardis HCT, Tribenzor, or Twynsta required

Avalide – trial of generic ACE Inhibitor, generic Angiotensin II Receptor Blocker, Azor, Benicar, Benicar HCT, Micardis, Micardis HCT, Tribenzor, or Twynsta required

Avapro – trial of generic ACE Inhibitor, generic Angiotensin II Receptor Blocker, Azor, Benicar, Benicar HCT, Micardis, Micardis HCT, Tribenzor, or Twynsta required

Beconase AQ – trial of flunisolide, fluticasone, triamcinolone, or Veramyst required

Brilinta – 28 tablets then PA required

buprenorphine (Subutex) – PA required

Butrans – PA required

Cozaar – trial of generic ACE Inhibitor, generic Angiotensin II Receptor Blocker, Azor, Benicar, Benicar HCT, Micardis, Micardis HCT, Tribenzor, or Twynsta required

Cymbalta – trial of Savella (for fibromyalgia) OR generic SSRI, SNRI, or Lexapro (for depression) required

Diovan, Diovan HCT – trial of generic ACE Inhibitor, generic Angiotensin II Receptor Blocker, Azor, Benicar, Benicar HCT, Micardis, Micardis HCT, Tribenzor, or Twynsta required

Edarbi – trial of generic ACE Inhibitor, generic Angiotensin II Receptor Blocker, Azor, Benicar, Benicar HCT, Micardis, Micardis HCT, Tribenzor, or Twynsta required

exemestane (Aromasin) – PA required for all males; PA required for females ages 44 years and younger

Exforge, Exforge HCT – trial of generic ACE Inhibitor, generic Angiotensin II Receptor Blocker, Azor, Benicar, Benicar HCT, Micardis, Micardis HCT, Tribenzor, or Twynsta required

Fenoglide – trial of fenofibrate or gemfibrozil required

First Testosterone – PA required for patients 30 years and younger

Humalog products – trial of Novolog products required

Hyzaar – trial of generic ACE Inhibitor, generic Angiotensin II Receptor Blocker, Azor, Benicar, Benicar HCT, Micardis, Micardis HCT, Tribenzor, or Twynsta required

itraconazole (Sporanox) – PA required

Lamisil Oral Granules – PA required

letrozole (Femara) – PA required for all males; PA required for females ages 44 years and younger

Lifescan OneTouch diabetic products – trial of Bayer Contour/Breeze2 diabetic products or Roche Accu-Chek diabetic products required

Lipofen – trial of fenofibrate or gemfibrozil required

Livalo – trial of lovastatin, pravastatin, or simvastatin required

Lunesta – trial of zaleplon, zolpidem, or zolpidem ext-rel required

Nasacort AQ – trial of flunisolide, fluticasone, triamcinolone, or Veramyst required

Nasonex – trial of flunisolide, fluticasone, triamcinolone, or Veramyst required

Noxafil – 6 days therapy then PA required

Nuvigil – PA required

Omnaris – trial of flunisolide, fluticasone, triamcinolone, or Veramyst required

Pradaxa – PA required

Rapaflo – trial of tamsulosin required

Rhinocort Aqua – trial of flunisolide, fluticasone, triamcinolone, or Veramyst required

risperidone (Risperdal) – PA required for patients 17 years and younger

Rozerem – trial of zaleplon, zolpidem, or zolpidem ext-rel required

Seroquel – PA required for patients 17 years and younger

Specialty Pharmacy Products – many of these drugs also require prior authorization – see lists

Striant – PA required for patients 30 years and younger

Suboxone – PA required

Tekturna, Tekturna HCT – trial of generic ACE Inhibitor, generic Angiotensin II Receptor Blocker, Azor, Benicar, Benicar HCT, Micardis, Micardis HCT, Tribenzor, or Twynsta required

Testim – PA required for patients 30 years and younger; trial of Androderm or Androgel required

Teveten, Teveten HCT – trial of generic ACE Inhibitor, generic Angiotensin II Receptor Blocker, Azor, Benicar, Benicar HCT, Micardis, Micardis HCT, Tribenzor, or Twynsta required

tretinoin (Avita, Retin-A, Retin-A Micro) – PA required for patients 31 years and older

Tricor – trial of fenofibrate or gemfibrozil required

Triglide – trial of fenofibrate or gemfibrozil required

Trilipix – trial of fenofibrate or gemfibrozil required

Uloric – trial of allopurinol required

Xyrem – PA required

Zyprexa – PA required for patients 17 years and younger

Zyvox – 3 days therapy then PA required

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

Actemra	Cimzia vials ST	Jevtana	Synagis
Acthar H.P. Gel	Cinryze	Krystexxa	Temodar inj
Adcetris	Epogen epoprostenol (Flolan, Veletri)	Orencia	Treanda
Alimta		Procrit	Tysabri
Amevive	Erbitux	Prolia	Vectibix
Aranesp	Erwinaze	Provenge	Velcade
Arzerra	Eylea	Remicade	Xgeva
Avastin	Folotyn	Remodulin	Xolair
Benlysta	Halaven	Rituxan	Yervoy
Berinert	Istodax	Stelara ST	

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	Gilenya Growth Hormone (Norditropin)	Pegasys	Thalomid
Adcirca		Peg-Intron	Tracleer
Afinitor	Hizentra	Procrit	Tykerb
Ampyra	Humira	Promacta	Tyvaso
Aranesp	Incivek	Remodulin	Ventavis
Caprelsa	Increlex	Revatio	Victrelis
Cimzia syringes ST	Infergen	Revlimid ribavirin (Copegus, Rebetol, Ribasphere)	Vivaglobin
Cinryze	Intron A SQ		Votrient
Enbrel	Jakafi	Sabril	Xalkori
Epogen epoprostenol (Flolan, Veletri)	Kineret ST	Simponi ST	Xenazine
Firazyr	Letairis	Sutent	Zavesca
Gammagard Liquid	Nexavar	Targretin	Zelboraf
	Orencia SQ ST	Temodar oral	

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: **1-800-424-9002;**

fax 1-800-874-9179

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
chemical dependence/detoxification
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).