

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
 - 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**)
 - posaconazole (**Noxafil**) - 6 days therapy then PA required
 - risperidone (**Risperdal**) - PA required for members age 17 or younger
 - sildenafil (**Rapaflo**)
 - terbinafine (**Lamisil**)
 - terbinafine oral granules (**Lamisil Oral Granules**)
 - testosterone (**Androderm, Androgel, Testim**) - PA required for members age 30 or younger
 - 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	Orencia	Stelara
Amevive	Dysport	Procrit	Synagis
Aranesp	Epogen	Remicade	Tysabri
Avastin	epoprostenol	Remodulin	Vectibix
Berinert	(Flolan)	Rituxan	Velcade
Cimzia vials	Erbix	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. If your plan does not cover prescription drugs, then self-administered specialty drugs are not covered.

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

^{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

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.