

Prescription Prior Authorization

Prior authorization helps ensure that covered medications provide the best safety and value. It is needed when a medication has only been proven to benefit a limited number of people or if unusually large doses are requested for coverage.

These medications require prior authorization because alternatives may offer a better value	Possible alternatives
Cholesterol Altoprev [®] , Lescol XL [®] , Liptruzet [™] , Livalo [®] , Vytorin [®]	atorvastatin (Lipitor [®]), lovastatin (Mevacor [®]), pravastatin (Pravachol [®]), simvastatin (Zocor [®]), Crestor [®]
Depression Brintellix [®] , desvenlafaxine (Pristiq [®]), duloxetine (Cymbalta [®]), Fetzima [®] , Khedezla [™] , Viibryd [®]	bupropion SR (Wellbutrin SR [®]), bupropion XL 300mg (Wellbutrin XL [®]), fluoxetine (Prozac [®]), fluvoxamine maleate , mirtazapine (Remeron [®]), paroxetine (Paxil [®]), sertraline (Zoloft [®])
Diabetes Bydureon [®] , Byetta [®] , Farxiga [™] , Invokamet [™] , Invokana [®] , Janumet [®] , Janumet [®] XR, Januvia [®] , Jardiance [®] Jentadueto [®] , Kombiglyze [™] XR, Nesina [®] , Onglyza [®] , Tanzeum [™] , Tradjenta [®] , Trulicity [™] , Victoza [®] , Xigduo XR [™]	glimepiride (Amaryl [®]), glipizide (Glucotrol [®]), glyburide (Diabeta [®]), insulin, metformin (Glucophage [®])
High Blood Pressure Benicar [®] , Benicar HCT [®] , telmisartan (Micardis [®]), telmisartan-hctz (Micardis HCT [®])	benazepril/HCT (Lotensin/HCT [®]), captopril/HCT (Capoten/Captozide [®]) enalapril /HCT (Vasotec/Vaseretic [®]), fosinopril/HCT (Monopril/HCT [®]), lisinopril/HCT (Zestril/Zestoretic [®] , Prinivil/Prinzide [®]), losartan/HCT (Cozaar/Hyzaar [®]), moexipril/HCT (Univasc/Uniretic [®]), quinapril/HCT (Accupril/Accuretic [®]), trandolapril (Mavik [®])
amlodipine-valsartan (Exforge [®]), Amturnide [™] , Azor [®] , Edarbi [™] , eprosartan (Teveten [®]), Exforge HCT [®] , Tekamlo [™] , Tekturna [™] , Tekturna HCT [®] , telmisartan-amlodipine (Twynsta [®]), Teveten HCT [®] , Tribenzor [®] , valsartan (Diovan [®]), Valturna [®]	benazepril/HCT (Lotensin/HCT [®]), captopril/HCT (Capoten/Captozide [®]) enalapril/HCT (Vasotec/Vaseretic [®]), fosinopril/HCT (Monopril/HCT [®]), lisinopril/HCT (Zestril/Zestoretic [®] , Prinivil/Prinzide [®]), losartan/HCT (Cozaar/Hyzaar [®]), moexipril/HCT (Univasc/Uniretic [®]), quinapril/HCT (Accupril/Accuretic [®]), telmisartan (Micardis [®]), telmisartan-hctz (Micardis HCT [®]) trandolapril (Mavik [®]), Benicar [®] , Benicar HCT [®]
Mental Health Abilify [®] , Fanapt [®] , Invega [®] , Latuda [®] , Saphris [®] , ziprasidone (Geodon [®])	clozapine (Clozaril [®]), olanzapine (Zyprexa [®]), risperidone (Risperdal [®]), quetiapine (Seroquel [®]), Seroquel XR [®]
Migraines Alsuma [™] , Axert [®] , Frova [®] , Relpax [®] , Sumavel [®] DosePro [®] , Treximet [®] , Zomig [®] nasal spray	sumatriptan (Imitrex [®])
Multiple Sclerosis Betaseron [®] , Extavia [®]	Avonex [®] , Copaxone [®] , Rebif [®]
Nasal Steroids Beconase AQ [®] , Dymista [®] , Nasonex [®] , Omnaris [®] , Qnasl [®] , Rhinocort Aqua [®] , Veramyst [®] , Zetonna [®]	flunisolide (Nasalide [®]), fluticasone (Flonase [®]), triamcinolone acetonide (Nasacort [®] AQ)
Pain and Inflammation Celebrex [®] , Sprix [®]	Generic non-steroidal anti-inflammatory medications (NSAIDs) such as: diclofenac (Voltaren [®]), etodolac (Lodine [®]), flurbiprofen (Ansaid [®]), ibuprofen (Motrin [®]), indomethacin (Indocin [®]), ketoprofen (Orudis [®]), nabumetone (Relafen [®]), naproxen (Naprosyn [®]), oxaprozin (Daypro [®]), piroxicam (Feldene [®]), salsalate (Disalcid [®]), sulindac (Clinoril [®]), tolmetin (Tolectin [®])
Pain and Inflammation - topical Flector [®] , Pennsaid [®]	Voltaren [®] topical gel
Pain (Chronic) Avinza [®] , Butrans [®] , hydromorphone ER (Exalgo [®]), Kadian [®] , MS Contin [®] , Nucynta ER [®] , OxyContin [®] , oxymorphone ER (Opana [®] ER), Targiniq [™] ER, Zohydro [™]	morphine ER tablet, capsule
Stomach Acid Dexilant [™]	omeprazole (Prilosec [®]), pantoprazole (Protonix [®])
Aciphex [®] Sprinkle [™] , esomeprazole strontium , Nexium [®] , rabeprazole (Aciphex [®]), Vimovo [®]	omeprazole (Prilosec [®]), pantoprazole (Protonix [®]), Dexilant [™]

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NOTE: Our medication Prior Authorization List is subject to change. If the requested medication is authorized, there may be limits to the amount of medication that is eligible for coverage. Please call our Customer Service Department if you have any questions.

Medications that need Prior Authorization

The Bottom Line – Safety is our top priority and our prior authorization program helps you and your doctors choose quality medications that provide the most value. Some alternatives might also help you save money.

These medications require prior authorization if prescribed above the maximum quantity	Maximum quantity per month unless otherwise specified
Edluar®	14 tablets
Eliquis®	60 tablets
eszopiclone (Lunesta®)	14 tablets
Intermezzo®	14 tablets
naratriptan (Amerge®)	12 tablets
Relenza®	10 discs (2 treatment courses) per 6 months
rizatriptan/ODT (Maxalt®, Maxalt-MLT®)	12 tablets
Rozerem®	14 tablets
sumatriptan (Imitrex® injection)	6 injections
sumatriptan (Imitrex® nasal spray)	6 canisters
sumatriptan succinate tablet (Imitrex®)	12 tablets
Tamiflu® 30mg	40 capsules (2 treatment courses) per 6 months
Tamiflu® 45mg, 75mg	20 capsules (2 treatment courses) per 6 months
Tamiflu® 6mg/ml	540ml (2 treatment courses) per 6 months
zolmitriptan/ODT (Zomig®, Zomig ZMT®)	12 tablets
zolpidem tartrate CR (Ambien CR®)	14 tablets

These medications require prior authorization to determine if they can be covered for your medical condition

Abstral®	Fulyzaq®	Neulasta®	Stivarga®
Actemra SQ®	Fycompa®	Nexavar®	Striant®
Actiq®	Gattex®	Nuvigil®	Subsys®
Actonel®	Gilenya®	Ofev®	Sutent®
Actonel® with Calcium	Gilotrif®	Olysio®	Sylatron™
Adcirca®	Gleevec®	Opsumit®	Synribo®
Afinitor®	Grastek®	Oral Contraceptives (coverage varies)	Tafinlar®
Akynzeo®	Growth Hormone	Oralair®	Tarceva®
Ampyra®	Harvoni™	Orencia® SQ injection	Tasigna®
Androderm®	Hetlioz™	Otezla®	Tecfidera®
AndroGel®	Humira®	PEG-Intron®	Testim®
Arcalyst®	Iclusig®	Pegasys®	Tracleer®
Atelvia®	Imbruvica®	Plegridy™	Tykerb®
Aubagio®	Incivek®	Pomalyst®	Tyvaso®
Axiron®	Increlex®	Pradaxa®	Ventavis®
Blood Glucose test strips & meters (Abbott, Bayer, Roche)	Inlyta®	Procysbi®	Viagra®
Bosulif®	Jakafi®	Promacta®	Vitreleis®
Buphenyl® tablet	Juxtapid®	Provigil®	Votrient®
Caprelsa®	Kalydeco®	Qualaquin®	Xalkori®
Cerdelga™	Kineret®	Ragwitek®	Xeljanz®
Cialis®	Korlym®	Ravicti®	Xenazine®
Cimzia®	Kuvan®	Relistor®	Xtandi®
Cometriq®	Kynamro®	Retin-A®	Xyrem®
Doryx®	Lazanda®	Revlimid®	Zavesca®
Egrifta®	Letairis®	Savella®	Zelboraf®
Enbrel®	Levitra®	Signifor®	Zioptan™
Erivedge®	Lialda®	sildenafil	Zolanza®
Esbriet®	Lumigan®	Simponi®	ZolpiMist®
Fentora®	Lyrica®	Solodyn®	Zontivity™
Firazyr®	Mekinist®	Sovaldi®	Zydelig®
Forteo®	Mirvaso®	Sprycel®	Zykadia™
Fortesta®	modafinil	Stelara®	Zytiga®
	Myalept®		

NOTE: In addition to the above medications, there are limits to the amount of medication eligible for coverage for all prescriptions. These limits are based on your prescription benefit along with information from the FDA and scientific literature about maximum, safe, effective dosages.