Drugs Requiring Prior Authorization
When certain medications require prior authorization

By law, Express Scripts is required to review prescriptions for certain medications with your doctor before they can be covered. There are three coverage management programs under your plan: Prior Authorization (PA), Step Therapy (ST) and Drug Quantity Management (DQM). These are in place to ensure that medications are taken safely and appropriately.

Review the list of medications in this document. If you or a covered member in your family is taking one of those medications, a “coverage review” may be necessary. If it is, your doctor must obtain prior authorization from Express Scripts so that your prescription can be covered.

Below is a list of each of the three coverage management programs, with a list of medications that will need to be reviewed by Express Scripts in order for them to be covered by your plan.

Prior authorization (PA). Some medications require that you obtain approval through a coverage review before the medication can be covered under your plan. The coverage review process for prior authorization will allow Express Scripts to obtain more information about your treatment (information that is not available on your original prescription) in determining whether a given medication qualifies for coverage under your plan. Those medications include:

- Allergy Medications (*Beconase AQ*, *Dymista*, *Omnaris*, *Rhinocort Aqua*, *Veramyst*, *Zetonna*)
- Androgens and anabolic steroids (*Striant*, *Androgel*, *Testoderm*, *Anadrol-50*, *Oxandrin*, etc.)
- Anemia Agents (*Procrit*)
- Antidepressants (*Luvox CR*, *Pexeva*)
- Antiparkinsons Agents (*Apokyn*)
- Appetite suppressants and weight loss agents (*Suprenza*, *Didrex*, *Bontril*, *Qsymia*, etc.)
- Cancer Agents (*Gleevec*, *Sutent*, *Sprycel*, *Thalomid*, *Revlimid*, *Temodar*, and other cancer agents)
- Dermatologicals
  - Acne (*Retin-A* and co-brands, all dosage forms, *Tazorac*) Age restrictions may also apply
  - Acne - Tetracyclines (*Solodyn*, *Adoxa*, *Doryx*, *Orcacea*, etc.)
  - *Penlac*
- Fertility Agents
- Gaucher Disease (*Cerezyme*, *Vpiv*, *Zavesca*, etc.)
- Growth hormones (*Genotropin*, *Humatrope*, *Norditropin*, etc.)
- Hepatitis Agents
  - Interferons (*Intron-A*, *Pegasys*, *Roferon*, etc.)
  - Antivirals (*Olysio*, *Sovladi*, *Victrelis*, others)
- Hypertension Medications (*Atacand*, *Atacand HCT*, *Benicar*, *Benicar HCT*, etc.)
- Insomnia Medications (*Edluar*, *Intermezzo*, *Lunesta*, *Rozerem*, *Silenor*, *Zolpidem*)
- Multiple Sclerosis (*Rebif*, *Avonex*, *Extavia*, *Gilenya*, *Ampyra*, etc.)
- Narcolepsy Agents (*Provigil*, *Nuvigil*, *Xyrem*)
- Osteoporosis Medications (*Actonel*, *Actonel with Ca*, *Atelvia*, *Fosamax D*)
- Respiratory Agents
  - Asthma (*Xolair*)
• Cystic Fibrosis (Pulmozyme®, Kalydeco®)
• Hereditary Angioedema (Berinert®, Cinryze®, Firazyr®, Kalbitor®)

Ulcer Medications (lansoprazole, omeprazole/sodium bicarbonate, Aciphex®, Dexilant®, Prevacid®, Protonix® suspension, Prilosec® suspension, Zegerid)

White Blood Cell Stimulants (Neupogen®, Neulasta®, Neumega®, etc.)

Miscellaneous
• Egrifta®, Somavert®
• Makena®
• Immune Globulins IV & Sub-Q (Gammagard®, Gamunex®, Hizentra®, Privigen®, etc.)
• Soliris
• Arcalyst®, Ilaris®
• Relistor®
• H.P. Acthar®
• Xenazine®
• Retisert®
• Xgeva®
• Makena®
• Benlysta®
• Kuvan®, Sensipar®
• Botox®, Dysport®, Myobloc®

**Step Therapy (ST).** Below is a list of medications that may also require a coverage review based on:
- Whether certain criteria have been met, such as age, sex, or condition; and/or,
- Whether treatment of an alternate therapy or course of treatment has failed or is not appropriate.

In either of these instances, Express Scripts pharmacists will review the prescription to ensure that all criteria required for a certain medication have been met. If the criteria have not been met, a coverage review will be required. If so, Express Scripts will automatically notify the pharmacist, who will in turn tell you that the prescription needs to be reviewed for prior authorization. If you know in advance that your prescription requires a coverage review, ask your doctor to call the coverage management team before you go to the pharmacy. Examples of these medications include:

- **Pain management—Narcotic Analgesics** (Actiq®, Onsolis™, Lazanda®, etc.)
- **Dermatological Agents**
  - Eczema (Elidel®, Protopic®)
  - Acne (Ziana®, Solodyn®)
- **Rheumatoid Arthritis** (Enbrel®, Humira®, Stelara®, etc.)
- **Antivirals** (Synagis®, Ribavirin®)
- **Stimulants/ ADD/ ADHD Agents** (Ritalin®, Concerta®, Adderall®, Strattera®, etc.)
- **Pulmonary Arterial Hypertension** (Tracleer®, Letairis®, Adcirca®, Revatio®, etc.)
- **Cystic Fibrosis** (Tobi®, Cayston®)
- **Mood Disorders** (Abilify®, Invega®, etc.)
- **Pain Management – Narcotic Analgesics** (Actiq®, Fentora®, Onsolis™, etc.)

**Drug Quantity management (DQM).** To promote safe and effective drug therapy, certain covered medications may have quantity restrictions. These quantity restrictions are based on product labeling or clinical guidelines and are subject to periodic review and change. Examples include anti-migraine drugs, rheumatoid arthritis and osteoarthritis drugs, impotence drugs, sleep aids, and pain management drugs. These medications include:

- **Anti-fungal agents** (Diflucan®, Lamisil®, Sporanox®, Terbinex®, Noxafil®, Vfend®)
- **Anti-influenza agents** (Relenza®, Tamiflu®)
- **Arthritis Agents** (Orthovisc®, Euflexxa®, Hyalgan®, etc.)
- **Erectile dysfunction therapy** (Caverject®, Cialis®, Edex®, Muse®, Viagra®, etc.)
- **Migraine agents** (Amerge®, Immitrex®, Migranal® NS, Relpax®, Sumavel™, Treximet®, Zomig®, etc.)
- **Non-Narcotic Analgesics** (Stadol NS®)
Pain management—Narcotic Analgesics (Actiq®, Onsolis™, etc.)
Smoking deterrents (Chantix®, Nicotrol NS, Zyban®, etc.)
Nausea and Vomiting Agents (Zofran®, Kytril®, Anzemet®, etc.)
Rheumatoid Arthritis (Enbrel®, Humira®, Kineret®, Remicade®, etc.)
Narcolepsy Agents (Provigil®, Nuvigil®, Xyrem®)
Antibiotics (Ketek®, Factive®, Xifaxan®, Zyvox®, etc.) Cancer Agents (Sutent®, Sprycel®, Tykerb®, Gleevec®, etc.)
Osteoporosis Agents (Fosamax®, Boniva®, Actonel®, etc.)
Osteoarthritis Agents (Synvisc®, Supartz®, Hyalgan®, etc.)
Respiratory Agents
  - Asthma (Xolair®)
  - Pulmonary Arterial Hypertension (Tracleer®, Letairis®, Adcirca®, Revatio®, etc.)
  - Cystic Fibrosis (Tobi®, Cayston®, Kalydeco®)
Hereditary Angioedema (Berinert®, Cinryze®, Firazyr®, Kalbitor®)
Multiple Sclerosis Agents (Tysabri®, Ampyra®, Gilenya®, etc.)
Diabetes Agents (Byetta®, Bydureon®, etc.)
Hepatitis Agents (Incivek®, Victrelis®)
Antivirals (Tamiflu®, Relenza®, Synagis®, etc.)
Hereditary Angioedema Agents (Cinryze®, Berinert®)
Anticonvulsants (Lyrica®)
Miscellaneous
  - Sensipar®
  - Apokyn®
  - Arcalyst®, Ilaris®
  - Relistor®
  - Acthar®
  - Promacta®
  - Xenazine®
  - Xgeva®, Zytiga®
  - Samsca®
  - Retisert®
  - H.P. Acthar®
  - Makena®
  - Solodyn®

The process to determine if prior authorization is required

To save you time and help avoid any confusion, you can check to see if your medication requires prior authorization (coverage review) per the aforementioned list, OR you can call Express Scripts Member Services on at 1 866-544-6970. We’ve highlighted the coverage review process below, both for retail and mail-order prescriptions.

At a participating retail pharmacy

You can check yourself to see if your medication requires a coverage review prior to filling your prescription. Or, you can take your new prescription to your local pharmacist, who will submit the information to Express Scripts on your behalf. If a coverage review is necessary, Express Scripts will automatically notify the pharmacist, who in turn will tell you that the prescription needs to be reviewed for prior authorization.

As an enrolled member, you or your doctor may start the review process by calling Express Scripts toll-free at 1-800 753-2851, 8:00 a.m. to 9:00 p.m., Eastern Time, Monday through Friday.

Your doctor will contact Express Scripts and provide further details. After receiving the necessary information, Express Scripts will notify you and the doctor (usually within 2 business days) to confirm whether coverage has been authorized.
If coverage is authorized, you will pay your normal copayment or coinsurance for the medication. If coverage is not authorized, you will be responsible for the full cost of the medication. If appropriate, you can talk to your doctor about alternatives that may be covered. *(You have the right to appeal the decision. Information about the appeal process will be included in the letter that you receive.)*

**Through your mail-order service, the Express Scripts Pharmacy**

You can check yourself to see if your medication requires a coverage review prior to filling your prescription. Or, you can mail the prescription to Express Scripts.

If a coverage review is necessary to obtain coverage for the medication, Express Scripts contacts your doctor, requesting more information than appears on the prescription. After receiving the necessary information, Express Scripts notifies you and the doctor (usually within 1 to 2 business days), confirming whether or not coverage has been approved.

If coverage is authorized, you will receive your medication and simply pay your normal copayment or coinsurance for the medication. If coverage is not authorized, Express Scripts will send you notification in the mail, along with your original prescription if it was mailed to the Express Scripts Pharmacy. *(You have the right to appeal the decision. Information about the appeal process will be included in the letter that you receive.)*

*Special note:* If your medication is subject to quantity management rules, you can obtain your medication up to the quantity allowed. If the prescription exceeds the limit allowed, Express Scripts will alert the pharmacist as to whether a coverage review is needed for the additional amount.

*The information outlined above is accurate as of September 2014; however, it is subject to change. Please call Member Services at 1 866-544-6970 if you have any questions or for further verification.*