

**Drugs Requiring Prior Authorization**  
*When certain medications require prior authorization*

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, Step Therapy and Drug Quantity Management.** 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. **Please note that this list is periodically updated and therefore may not represent every drug that requires coverage review. Please check online at [www.express-scripts.com](http://www.express-scripts.com) or call 866-544-6970 to get more information about your medication.**

**Prior Authorization:** 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) to determine whether a given medication qualifies for coverage under your plan. Those medications include:

Prior Authorization List			
Actemra	Eylea	Metadate CD	Selzentry
Acthar Gel	Fabior	Metadate ER	Serostim
Adcirca	Farydak	Methylin	Signifor
Adderall	Fentora	Mircera	Signifor LAR
Adderall XR	Firazyr	Moderiba	Simponi
Addyi	Flebogamma	Monovisc	Solaraze
Adempas	Flolan	Myalept	Sovaldi
Adipex	Focalin	Myobloc	Spansules
Adzenys XR-ODT	Focalin XR	Natesto	Spinraza
Afinitor	Forteo	Natpara	Sprycel
Alecensa	Fortesta	Neulasta	Stelara
Ampyra	Gammagard Liquid	Neupogen	Stivarga
Androderm	Gammagard S/D	Nexavar	Strattera
AndroGel	Gammaked	Ninlaro	Striant
Aptensio XR	Gamunex	Norditropin	Suboxone

Aralast NP	Gamunex-C	Northera	Subsys
Aranesp	Gel-One	Nplate	Supartz
Arcalyst	Gelsyn-3	Nucala	Suprenza
Atralin	Genotropin	Nutropin	Sutent
Aveed	Gilotrif	Nutropin AQ	Synagis
Avita	Glassia	Nuvigil	Synvisc
Avonex	Gleevec	Ocaliva	Synvisc-One
Axiron	Granix	Octagam	Tafinlar
Belviq	Grastek	Odomzo	Tagrisso
Berinert	Harvoni	Ofev	Taltz
Betaseron	Herceptin	Olysio	Tarceva
Bivigam	Hetlioz	Omnitrope	Tasigna
Boniva IV	Hizentra	Onsolis	Tazorac
Bontril	Humatrope	Opsumit	Technivie
Bosulif	Humira	Oralair	Temodar
Botox	Hyalgan	Orencia	Testim
Cabometyx	Hymovis	Orenitram	Testopel
Caprelsa	Hyqvia	Orkambi	Tev-Tropin
Carimune	Ibandronate	Orthovisc	Thalomid
Chenodal	Ibrance	Otezla	Tracleer
Cholbam	Iclusig	Pegasys	Tretin•X
Cimzia	Ilaris	PEG-Intron	Tykerb
Cinqair	Imbruvica	Perjeta	Tysabri
Cinryze	Increlex	Plegridy	Tyvaso
Cometriq	Inflectra	Polygam	Uptravi
Concerta	Inlyta	Praluent	Vascepa
Contrave	Intuniv	Procentra	Vectibix
Copaxone	Iressa	Procrit	Veletri
Copegus	Iveegam EN	Prolastin	Veltin
Cosentyx	Jakafi	Prolastin - C	Venclexta
Cotellic	Juxtapid	Prolia	Ventavis
Daklinza	Kadcyla	Promacta	Viekira
Daliresp	Kalbitor	Provigil	Vivaglobin
Daraprim	Kalydeco	Qsymia	Vogelxo
Daytrana	Kapvay	QuilliChew ER	Votrient
Delatestryl	Keveyis	Quillivant XR	Vyvanse
Depo - Testosterone	Kineret	Ragwitek	Xalkori
Desoxyn	Kisqali	Rebetol	Xenazine
Dexedrine	Korlym	Rebif	Xenical
Didrex	Krystexxa	Reclast	Xeomin
Dupixent	Kuvan	Regimex	Xolair
Dyanavel XR	Kynamro	Remicade	Xtandi
Dysport	Lazanda	Remodulin	Zarxio
Egrifta	Lemtrada	Repatha	Zelboraf
Eligard	Lenvima	Retin-A	Zemaira

Emflaza	Letairis	Retin-A Micro	Zenzedi
Enbrel	Lidoderm	Revatio	Ziana
Enteral Nutritions (ie. Boost)	Lonsurf	Revlimid	Zinbryta
Entyvio	Lovaza	Ribasphere	Zomacton
Epclusa	Lucentis	Ritalin	Zorbtive
Epogen	Lupaneta	Ritalin LA	Zovirax
Erbix	Lupron	Ritalin SR	Zubsolv
Erivedge	Lupron Depot	Rituxan	Zydelig
Esbriet	Lupron Depot-PED	Rubraca	Zykadia
Euflexxa	Lynparza	Ruconest	Zytiga
Evekeo	Macugen	Saizen	
Exondys 51	Makena	Samsca	
Extavia	Mekinist	Saxenda	

**Step Therapy:** 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:

Step Therapy List			
ACIPHEX	DURLAZA	LIVIXIL PAK	RIOMET
ACIPHEX SPRINKLE	DUTASTERIDE	LORZONE	ROZEREM
ACTICLATE	DUTASTERIDE-TAMSULOSIN	LP LITE PAK	SARAFEM
ACTONEL	DYMISTA	LUNESTA	SILDENAFIL CITRATE
ALCORTIN A	EDARBI	MICARDIS	SILENOR
ALOQUIN	EDARBYCLOR	MICARDIS HCT	SITAVIG
AMBIEN	EDLUAR	MINOCIN	SOLODYN
AMBIEN CR	ELELYSO	MONODOX	SONATA
AMRIX	ELIDEL	MORGIDOX	TACROLIMUS
ANDROID	ENVARUSUS XR	NASACORT	TARGADOX
ASTAGRAF XL	ESOMEPRAZOLE STRONTIUM	NASAL ALLERGY SPRAY	TECFIDERA
ATACAND	EUCRISA	NASONEX	TESTRED
ATACAND HCT	EXFORGE	NEXIUM RX	TRELSTAR
ATELVIA	EXFORGE HCT	NOVACORT	TRELSTAR LA
AUBAGIO	EXTAVIA	OBREDON	TRINTELLIX
AVALIDE	FEXMID	OMEPRAZOLE-SODIUM BICARBONATE	TUSSICAPS
AVAPRO	FIRMAGON	OMNARIS	TUZISTRA XR
AVIDOXY DK	FLOWTUSS	ORACEA	TWYNSTA
AVODART	FLUOXETINE HCL	PAXIL	TYVASO
BECONASE AQ	FOLLISTIM AQ	PAXIL CR	VERAMYST

BELSOMRA	FORTAMET (brand & generic)	PEXEVA	VIBRAMYCIN
BINOSTO	FOSAMAX	PREVACID OTC	VIIIBRYD
BONIVA	FOSAMAX PLUS D	PREVACID RX	VITUZ
BRAVELLE	GANIRELIX ACETATE	PRILOSEC OTC	XELJANZ
BRISDELLE	GLATOPA	PRILOSEC RX	XELJANZ XR
CELEXA	GLUCOPHAGE XR	PROCYSBI	ZEGERID OTC
CEREZYME	GLUMETZA generic	PROSCAR	ZEGERID RX
CHILDREN'S NASACORT	HYCOFENIX	PROTONIX	ZEPATIER
COZAAR	HYZAAR	PROTOPIC	ZETONNA
DERMACINRX PRIZOPAK	ILARIS	PROZAC	ZOLOFT
DEXILANT	INTERMEZZO	PROZAC WEEKLY	ZOLPIMIST
DIOVAN	JALYN	RAYOS	ZYFLO
DIOVAN HCT	LEXAPRO	RELADOR PAK	ZYFLO CR
DORYX	LIDOCAINE-TETRACAINE	RELADOR PAK PLUS	
DORYX MPC	LIDOPRIL	REVATIO	
DOXYCYCLINE IR-DR	LIDOPRIL XR	RHINOCORT ALLERGY	

**Drug Quantity management:** 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. These medications include:

Quantity Limitation List			
Abilify	Depo-Provera Inj	Lipitor	Savella
Abilify DiscMelt (ODT)	Depo-SubQ Provera 104	Liptruzet	Seconal
Abstral	Desvenlafaxine ER	Livalo	Seebri Neohaler
Aciphex Sprinkle	Dexilant	Lunesta	Selfemra
Actiq	Diflucan	Luvox	Serevent
Actonel	Divigel	Luvox CR	Seroquel
Actonel with Calcium	Doral	Maxair Autohaler	Seroquel XR
Actoplus Met	Dostinex	Maxalt	Silenor
ActoPlus Met XR	Duetact	Maxalt MLT	Simcor
Actos	Dulera	Mekinist	Sitavig
Adcirca	Duoneb	Menostar	Solaraze
Adlyxin	Dymista	Mevacor	Soliqua
Adrenaclick	Econtra EZ	Migranal	Sonata
Advair Diskus	Edex	Minivelle	Sovaldi
Advair HFA	Edluar	Mobic	Spiriva
Advicor	Effexor	MS Contin	Spiriva Respimat
Aerobid / Aerobid-M	Effexor XR	Muse	Sporanox
Aerospan	Elestrin gel	My Way	Sprix
Afinitor	Elidel Cream	Narcan	Sprycel
Aftera	Ella	Nasacort	Stadol
Akynzeo	Embeda	Nasacort Allergy 24HR	Staxyn
Alecensa	Emend	Nasacort AQ	Stendra
Alendronate	Enbrel	Nasalide	Stiolto Respimat
Allegra	Entresto	Nasarel	Stivarga

Allegra Allergy 12 Hour	Epclusa	Nasonex	Stop Smoking Aid
Allegra Allergy 24 Hour	EPI E-Z Pen	NebuPent	Striverdi Respimat
Allegra Children's Allergy	EPI E-Z Pen Jr	Nesina	Suboxone
Allegra-D 12 Hour	Epinephrine	Neulasta	Subsys
Allegra-D 24 Hour	EpiPen	Nexavar	Sumavel DosePro
Alora	EpiPen Jr	Nexium	Sutent
Aloxi	Erivedge	Next Choice One Dose	Symbicort
Alsuma	Esbriet	Nicoderm CQ	Symlin
Altoprev	Esomeprazole strontium	Nicorette	Synjardy/ XR
Alvesco	Estraderm	Nicotine	Tafinlar (dabrafenib)
Ambien	Estrasorb	Nicotrol	Tagrisso
Ambien CR	Estrogel	Nicotrol NS	Take Action
Amerge	Eucrisa	Ninlaro	Tamiflu
Anoro Ellipta	Evamist	Novarel	Tanzeum
Anzemet	Evzio	Nucala	Tarceva
Aplenzin	Exalgo	Nucynta	Tasigna
Arava	Extavia	Nucynta ER	Technivie
Arcapta neohaler	Fallback Solo	Ocaliva	Tivorbex
Arnuity Ellipta	Famvir	Odomzo	Tobi
Asmanex HFA	Fanapt	Ofev	TOBI Podhaler
Asmanex Twisthaler	Farxiga	Olysio	Toradol
Astelin Ready Nasal spray	Farydak	Omeclamox -Pak	Tradjenta
Atelvia	Fentora	Omnaris	Tramadol ER
Atrovent HFA	Fetzima ER	Onglyza	Treximet
Atrovent inhaler	Flector	Onmel	Trulicity
Atrovent nasal spray	Flonase	Onsolis	Tudorza Pressair
Auvi-Q	Flonase Allergy Relief Spray	Onzetra Xsail	Twinject
Avandamet	Flovent Diskus	Opana ER	Tykerb
Avandaryl	Flovent HFA	Opcicon One-Step	Ultracet
Avandia	Flunisolide	Oramorph SR	Ultram
Avinza	Fluocinonide	Orkambi	Ultram ER
Avonex	Fluoxetine	Oseni	Utibron Neohaler
Avonex Pen	Fluvoxamine	OxyContin	Valtrex
Axert	Foradil	Oxytrol	Varubi
Azmacort	Forfivo XL	Patanase	Venclexta
Beconase AQ	Forteo	Paxil	venlafaxine
Belbuca	Fosamax	Paxil CR	venlafaxine ER
Belsomra	Fosamax Plus D	PEG Intron	Ventolin HFA
Betaseron	Frova	Pegasys	Veramyst
Bethkis	Gelnique	Pennsaid	Viagra
Bevespi Aerosphere	Geodon	Perforomist	Victoza
Binosto	Gilotrif	Pexeva	Viekira Pak
Boniva	Gleevec (imatinib)	Plan B One-Step	Viekira XR
Bosulif	Glyxambi	Plegridy	Viibryd
Breo Ellipta	Granisol	Praluent	Vivelle

Brintellix	Halcion	PrandiMet	Vivelle-Dot
Brisdelle	Harvoni	Pravachol	Vivlodex
Brovana Inhalation Solution	Hetlioz	Pregnyl	Voltaren
Budeprion SR	Humira	Prevacid	Votrient
Budeprion XL	Hysingla ER	Prevpac	Vraylar
Bunavail	Hytrin	Prilosec	Vytorin
Bupropion SR	Ibrance	Pristiq	Wellbutrin SR
Bydureon	Iclusig	Pristiq ER	Wellbutrin XL
Bydureon Pen	Imbruvica	Proair HFA	Xalkori
Byetta	Imitrex	ProAir RespiClick	Xermelo
Cabergoline	Imitrex (sumatriptan)	Prosom	Xifaxan
Cabometyx	Incruse Ellipta	Protonix	Xigduo XR
Caduet	Inlyta	Protopic Ointment	Xiidra
Cambia	Intermezzo	Proventil HFA	Xolair
Caprelsa	Invega (paliperidone)	Prozac	Xtampza ER
Cardura	Invokamet	Prozac Weekly	Xtandi
Cardura XL	Invokana	Pulmicort Flexhaler	Xultophy
Catapres	Irenka (duloxetine)	Pulmicort Respules	Xyzal
Caverject	Iressa	Qnasl	Zecuity TDS
Caverject Impulse	Jakafi	QUIT	Zegerid
Cayston	Janumet	Qvar HFA	Zelboraf
Celexa	Janumet XR	Rebetron Combination	Zembrace
Cesamet	Januvia	Rebif	Zetonna
Chantix	Jardiance	Regranex	Zinbryta
Children's Qnasl	Jentadueto	Relenza	Zocor
Cholbam	Jentadueto XR	Relpax	Zofran
Chorionic gonadotropin	Juvisync	Repatha	Zofran ODT
Cialis	Kadian	Repatha Pushtronex	Zohydro ER
Clarinex	Kalydeco	Restasis	Zoloft
Clarinex –D 12 hour	Kazano	Restoril	Zolpimist
Clarinex –D 24 hour	Khedezla	Revatio	Zomig
Claritin	Kisqali	Rexulti	Zomig ZMT
Claritin-D 12 Hour	Kitabis Pack Tobramycin Pak	Rhinocort Allergy Spray	Zorvolex
Claritin-D 24 Hour	Klofensaid	Rhinocort AQ	Zovirax
Climara	Kombiglyze XR	Risperdal	Zubsolv
Climara Pro	Kytril (granisetron)	Risperdal M-Tab	Zuplenz
Combivent	Latuda	Risperidone ODT	Zyban
Combivent Respimat	Lazanda	Rozerem	Zydelig
Conzip ER	Lescol	Rubraca	Zykadia
Copaxone/Glatopa	Lescol XL (fluvastatin ER)	Rybix ODT	Zyprexa
Cotellic	Levitra	Ryzolt ER	Zyprexa Zydis
Crestor	Lexapro	Samsca	Zyrtec
Cymbalta	Lidocaine Jelly	Sancuso	Zyrtec-D 12 Hour
Daklinza	Lidocaine Ointment	Saphris	Zytiga
Dalmane	Lidocaine/Prilocaine Cream	Sarafem	

## 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 does require prior authorization (coverage review) per the aforementioned list, OR you can call Express Scripts Member Services on at 1 866-544-6970. Below, we'd like to highlight the coverage review process, 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.
- Your doctor or pharmacist may start the review process by submitting a prior authorization request online at [esrx.com/pa](http://esrx.com/pa).
- 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 or not 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<sup>®</sup>

- 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.

**Note: The information outlined above is accurate as of May, 2017 however, it is subject to change. Please call Member Services at 1 866-544-6970 if you have any questions or for further verification.**