

Drugs Requiring 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 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:

ACTEMRA	BELVIQ	DAKLINZA	ESBRIET
ACTHAR GEL	BERINERT	DALIRESP	EUFLEXXA
ADCIRCA	BETASERON	DARAPRIM	EVEKEO
ADDERALL	BIVIGAM	DAYTRANA	EXONDYS 51
ADDERALL XR	BONIVA IV	DELATESTRYL	EXTAVIA
ADDYI	BONTRIL	DEPO-TESTOSTERONE	EYLEA
ADEMPAS	BOSULIF	DESOXYN	FABIOR
ADIPEX	BOTOX	DEXEDRINE	FARYDAK
ADZENYS XR-ODT	CABOMETYX	DIDREX	FENTORA
AFINITOR	CAPRELSA	DUPIXENT	FIRAZYR
ALECENSA	CARIMUNE	DYANAVAL XR	FLEBOGAMMA
AMPYRA	CHENODAL	DYSPORT	FLOLAN
ANDRODERM	CHOLBAM	EGRIFTA	FOCALIN
ANDROGEL	CIMZIA	ELIGARD	FOCALIN XR
APTENSIO XR	CINQAIR	EMFLAZA	FORTEO
ARALAST NP	CINRYZE	ENBREL	FORTESTA
ARANESP	COMETRIQ	ENTERAL NUTRITIONS	GAMMAGARD LIQUID
ARCALYST	CONCERTA	(I.E. BOOST)	GAMMAGARD S/D
ATRALIN	CONTRAVE	ENTYVIO	GAMMAKED
AVEED	COPAXONE	EPCLUSA	GAMUNEX
AVITA	COPEGUS	EPOGEN	GAMUNEX-C
AVONEX	COSENTYX	ERBITUX	GEL-ONE
AXIRON	COTELLIC	ERIVEDGE	GELSYN-3

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Prior Authorization (continued)

GENOTROPIN	LUPRON DEPOT	PROLASTIN-C	SYNVISC-ONE
GILOTRIF	LUPRON DEPOT-PED	PROLIA	TAFINLAR
GLASSIA	LYNPARZA	PROMACTA	TAGRISSO
GLEEVEC	MACUGEN	PROVIGIL	TALTZ
GRANIX	MAKENA	QSYMIA	TARCEVA
GRASTEK	MEKINIST	QUILLICHEW ER	TASIGNA
HARVONI	METADATE CD	QUILLIVANT XR	TAZORAC
HERCEPTIN	METADATE ER	RAGWITEK	TECHNIVIE
HETLIOZ	METHYLIN	REBETOL	TEMODAR
HIZENTRA	MIRCERA	REBIF	TESTIM
HUMATROPE	MODERIBA	RECLAST	TESTOPEL
HUMIRA	MONOVIS	REGIMEX	TEV-TROPIN
HYALGAN	MYALEPT	REMICADE	THALOMID
HYMOVIS	MYOBLOC	REMODULIN	TRACLEER
HYQVIA	NATESTO	REPATHA	TRETIN-X
IBANDRONATE	NATPARA	RETIN-A	TYKERB
IBRANCE	NEULASTA	RETIN-A MICRO	TYSABRI
ICLUSIG	NEUPOGEN	REVATIO	TYVASO
ILARIS	NEXAVAR	REVLIMID	UPTRAVI
IMBRUVICA	NINLARO	RIBASPHERE	VASCEPA
INCRELEX	NORDITROPIN	RITALIN	VECTIBIX
INFLECTRA	NORTHERA	RITALIN LA	VELETRI
INLYTA	NPLATE	RITALIN SR	VELTIN
INTUNIV	NUCALA	RITUXAN	VENCLEXTA
IRESSA	NUTROPIN	RUBRACA	VENTAVIS
IVEEGAM EN	NUTROPIN AQ	RUCONEST	VIEKIRA
JAKAFI	NUVIGIL	SAIZEN	VIVAGLOBIN
JUXTAPID	OALIVA	SAMSCA	VOGELXO
KADCYLA	OCTAGAM	SAXENDA	VOTRIENT
KALBITOR	ODOMZO	SELZENTRY	VYVANSE
KALYDECO	OFEV	SEROSTIM	XALKORI
KAPVAY	OLYSIO	SIGNIFOR	XENAZINE
KEVEYIS	OMNITROPE	SIGNIFOR LAR	XENICAL
KEVZARA	ONSOLIS	SIMPONI	XEOMIN
KINERET	OPSUMIT	SOLARAZE	XOLAIR
KISQALI	ORALAIR	SOVALDI	XTANDI
KORLYM	ORENCIA	SPANSULES	ZARXIO
KRYSTEXXA	ORENITRAM	SPINRAZA	ZEJULA
KUVAN	ORKAMBI	SPRYCEL	ZELBORAF
KYNAMRO	ORTHOVISC	STELARA	ZEMAIRA
LAZANDA	OTEZLA	STIVARGA	ZENZEDI
LEMTRADA	PEGASYS	STRATTERA	ZIANA
LENVIMA	PEG-INTRON	STRIANT	ZINBRYTA
LETAIRIS	PERJETA	SUBOXONE	ZOMACTON
LIDODERM	PLEGRIDY	SUBSYS	ZORBTIVE
LONSURF	POLYGAM	SUPARTZ	ZOVIRAX
LOVAZA	PRALUENT	SUPRENZA	ZUBSOLV
LUCENTIS	PROCENTRA	SUTENT	ZYDELIG
LUPANETA	PROCRIT	SYNAGIS	ZYKADIA
LUPRON	PROLASTIN	SYNVISC	ZYTIGA

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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:

ACIPHEX	DURLAZA	LIDOPRIL	RELADOR PAK PLUS
ACIPHEX SPRINKLE	DUTASTERIDE	LIDOPRIL XR	REVATIO
ACTICLATE	DUTASTERIDE-TAMSULOSIN	LIVIXIL PAK	RHINOCORT ALLERGY
ACTONEL	DYMISTA	LOCORT	RIOMET
ALCORTIN A	EDARBI	LORZONE	ROZEREM
ALLZITAL	EDARBYCLOR	LP LITE PAK	SARAFEM
ALOQUIN	EDLUAR	LUNESTA	SILDENAFIL CITRATE
AMBIEN	ELELYSO	MICARDIS	SILENOR
AMBIEN CR	ELIDEL	MICARDIS HCT	SITAVIG
AMRIX	ENVARUSUS XR	MINOCIN	SITAVIG BUCCAL
AMRIX ER	ESGIC	MONODOX	SOLODYN
ANDROID	ESOMEPRAZOLE STRONTIUM	MORGIDOX	SONATA
ASTAGRAF XL	EUCRISA	NASACORT	TACROLIMUS
ATACAND	EXFORGE	NASAL ALLERGY SPRAY	TARGADOX
ATACAND HCT	EXFORGE HCT	NASONEX	TECFIDERA
ATELVIA	EXTAVIA	NEXIUM RX	TESTRED
AUBAGIO	FEXMID	NOVACORT	TRELSTAR
AVALIDE	FIORICET	OBREDON	TRELSTAR LA
AVAPRO	FIORICET WITH CODEINE	OLEPTRO ER	TRINTELLIX
AVIDOXY DK	FIORINAL	OMEPRAZOLE-SODIUM	TUSSICAPS
AVODART	FIORINAL WITH CODEINE	BICARBONATE	TUZISTRA XR
BECONASE AQ	FIRMAGON	OMNARIS	TWYNSTA
BELSOMRA	FLOWTUSS	ORACEA	TYVASO
BINOSTO	FLUOXETINE HCL	PAXIL	VANATOL LQ
BONIVA	FOLLISTIM AQ	PAXIL CR	VERAMYST
BRAVELLE	FORTAMET (BRAND & GENERIC)	PEXEVA	VIBRAMYCIN
BRISDELLE	FOSAMAX	PREVACID OTC	VIIBRYD
BUPAP	FOSAMAX PLUS D	PREVACID RX	VITUZ
CELEXA	GANIRELIX ACETATE	PRILOSEC OTC	XELJANZ
CEREZYME	GLATOPA	PRILOSEC RX	XELJANZ XR
CHILDREN'S NASACORT	GLUCOPHAGE XR	PROCYSBI	YOSPRALA
COZAAR	GLUMETZA GENERIC	PROCYSBI DR	ZEGERID OTC
DERMACINRX PRIZOPAK	HYCOFENIX	PROSCAR	ZEGERID RX
DEXILANT	HYZAAR	PROTONIX	ZEPATIER
DEXPAK	ILARIS	PROTOPIC	ZETONNA
DIOVAN	INTERMEZZO	PROZAC	ZOLOFT
DIOVAN HCT	JALYN	PROZAC WEEKLY	ZOLPIMIST
DORYX	LEXAPRO	RAYOS	ZONACORT
DORYX MPC	LIDOCAINE-TETRACAINE CREAM	RAYOS DR	ZYFLO
DOXYCYCLINE IR-DR	LIDOCAINE-TETRACAINE PATCH	RELADOR PAK	ZYFLO CR

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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:

ABILIFY	AUSTEDO	CLARITIN-D 12 HOUR	EXALGO
ABILIFY DISCMELT (ODT)	AUVI-Q	CLARITIN-D 24 HOUR	EXTAVIA
ABSTRAL	AVANDAMET	CLIMARA	FALLBACK SOLO
ACIPHEX SPRINKLE	AVANDARYL	CLIMARA PRO	FAMVIR
ACTIQ	AVANDIA	COMBIVENT	FANAPT
ACTONEL	AVINZA	COMBIVENT RESPIMAT	FARXIGA
ACTONEL WITH CALCIUM	AVONEX	CONZIP ER	FARYDAK
ACTOPLUS MET	AVONEX PEN	COPAXONE	FENTORA
ACTOPLUS MET XR	AXERT	COTELLIC	FETZIMA ER
ACTOS	AZMACORT	CRESTOR	FLECTOR
ADCIRCA	BECONASE AQ	CYMBALTA	FLONASE
ADLYXIN	BELBUCA	DAKLINZA	FLONASE ALLERGY RELIEF SPRAY
ADRENACLICK	BELSOMRA	DALMANE	FLOVENT DISKUS
ADVAIR DISKUS	BETASERON	DEPO-PROVERA INJ	FLOVENT HFA
ADVAIR HFA	BETHKIS	DEPO-SUBQ PROVERA 104	FLUNISOLIDE
ADVICOR	BEVESPI AEROSPHERE	DESVENLAFAXINE ER	FLUOCINONIDE
AEROBID	BINOSTO	DEXILANT	FLUOXETINE
AEROBID-M	BONIVA	DIFLUCAN	FLUVOXAMINE
AEROSPAN	BOSULIF	DIVIGEL	FORADIL
AFINITOR	BREO ELLIPTA	DORAL	FORFIVO XL
AFTERA	BRINTELLIX	DOSTINEX	FORTEO
AIRDUO	BRISDELLE	DUETACT	FOSAMAX
AKYNZEO	BROVANA INHALATION SOLUTION	DULERA	FOSAMAX PLUS D
ALECENSA	BUDEPRION SR	DUONEB	FROVA
ALENDRONATE	BUDEPRION XL	DYMISTA	GELNIQUE
ALLEGRA	BUNAVAIL	ECONTRA EZ	GEODON
ALLEGRA ALLERGY 12 HOUR	BUPROPION SR	EDEX	GILOTRIF
ALLEGRA ALLERGY 24 HOUR	BYDUREON	EDLUAR	GLATOPA
ALLEGRA CHILDREN'S ALLERGY	BYDUREON PEN	EFFEXOR	GLEEVEC
ALLEGRA-D 12 HOUR	BYETTA	EFFEXOR XR	GLYXAMBI
ALLEGRA-D 24 HOUR	CABERGOLINE	ELESTRIN GEL	GRANISOL
ALORA	CABOMETYX	ELIDEL CREAM	HALCION
ALOXI	CADUET	ELLA	HARVONI
ALSUMA	CAMBIA	EMBEDA	HETLIOZ
ALTOPREV	CAPRELSA	EMEND	HUMIRA
ALVESCO	CARDURA	ENBREL	HYSINGLA ER
AMBIEN	CARDURA XL	ENTRESTO	HYTRIN
AMBIEN CR	CATAPRES	EPCLUSA	IBRANCE
AMERGE	CAVERJECT	EPI E-Z PEN	ICLUSIG
ANORO ELLIPTA	CAVERJECT IMPULSE	EPI E-Z PEN JR	IMBRUVICA
ANZEMET	CAYSTON	EPINEPHRINE	IMITREX
APLENZIN	CELEXA	EPIPEN	INCRUSE ELLIPTA
ARAVA	CESAMET	EPIPEN JR	INGREZZA
ARCAPTA NEOHALER	CHANTIX	ERIVEDGE	INLYTA
ARNUITY ELLIPTA	CHILDREN'S QNASL	ESBRIET	INTERMEZZO
ASMANEX HFA	CHOLBAM	ESOMEPRAZOLE STRONTIUM	INVEGA
ASMANEX TWISTHALER	CHORIONIC GONADOTROPIN	ESTRADERM	INVOKAMET
ASTELIN READY NASAL SPRAY	CIALIS	ESTRASORB	INVOKANA
ATELVIA	CLARINEX	ESTROGEL	IRENKA
ATROVENT HFA	CLARINEX-D 12 HOUR	EUCRISA	IRESSA
ATROVENT INHALER	CLARINEX-D 24 HOUR	EVAMIST	JAKAFI
ATROVENT NASAL SPRAY	CLARITIN	EVZIO	JANUMET

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Drug Quantity Management *(continued)*

JANUMET XR	NICODERM CQ	PULMICORT FLEXHALER	SUBOXONE
JANUVIA	NICORETTE	PULMICORT RESPULES	SUBSYS
JARDIANCE	NICOTINE	QNASL	SUMAVEL DOSEPRO
JENTADUETO	NICOTROL	QUIT	SUTENT
JENTADUETO XR	NICOTROL NS	QVAR HFA	SYMBICORT
JUVISYNC	NINLARO	REBETRON COMBINATION	SYMLIN
KADIAN	NOVAREL	REBIF	SYNJARDY
KALYDECO	NUCALA	REGRANEX	SYNJARDY XR
KAZANO	NUCYNTA	RELENZA	TAFINLAR
KHEDEZLA	NUCYNTA ER	RELPAK	TAGRISSO
KISQALI	OCALIVA	REPATHA	TAKE ACTION
KITABIS PACK TOBRAMYCIN PAK	ODOMZO	REPATHA PUSHTRONEX	TAMIFLU
KLOFENSAID	OFEV	RESTASIS	TANZEUM
KOMBIGLYZE XR	OLYSIO	RESTORIL	TARCEVA
KYTRIL	OMECLAMOX-PAK	REVATIO	TASIGNA
LATUDA	OMNARIS	REXULTI	TECHNIVIE
LAZANDA	ONGLYZA	RHINOCORT ALLERGY SPRAY	TIVORBEX
LESCOL	ONMEL	RHINOCORT AQ	TOBI
LESCOL XL	ONSOLIS	RISPERDAL	TOBI PODHALER
LEVITRA	ONZETRA XSAIL	RISPERDAL M-TAB	TORADOL
LEXAPRO	OPANA ER	RISPERIDONE ODT	TRADJENTA
LIDOCAINE JELLY	OPCICON ONE-STEP	ROZEREM	TRAMADOL ER
LIDOCAINE OINTMENT	ORAMORPH SR	RUBRACA	TREXIMET
LIDOCAINE-PRILOCAINE CREAM	ORKAMBI	RYBIX ODT	TRULICITY
LIPITOR	OSENI	RYZOLT ER	TUDORZA PRESSAIR
LIPTRUZET	OXYCONTIN	SAMSCA	TWINJECT
LIVALO	OXYTROL	SANCUSO	TYKERB
LUNESTA	PATANASE	SAPHRIS	ULTRACET
LUVOX	PAXIL	SARAFEM	ULTRAM
LUVOX CR	PAXIL CR	SAVELLA	ULTRAM ER
MAXAIR AUTOHALER	PEG INTRON	SECONAL	UTIBRON NEOHALER
MAXALT	PEGASYS	SEEBRI NEOHALER	VALTREX
MAXALT MLT	PENNSAID	SELFEMRA	VARUBI
MEKINIST	PERFOROMIST	SEREVENT	VENCLEXTA
MENOSTAR	PEXEVA	SEROQUEL	VENLAFAXINE
MEVACOR	PLAN B ONE-STEP	SEROQUEL XR	VENLAFAXINE ER
MIGRANAL	PLEGRIDY	SILENOR	VENTOLIN HFA
MINIVELLE	PRALUENT	SIMCOR	VERAMYST
MOBIC	PRANDIMET	SITAVIG	VIAGRA
MS CONTIN	PRAVACHOL	SOLARAZE	VICTOZA
MUSE	PREGNYL	SOLIQUA	VIEKIRA PAK
MY WAY	PREVACID	SONATA	VIEKIRA XR
NARCAN	PREVPAC	SOVALDI	VIIBRYD
NASACORT	PRILOSEC	SPIRIVA	VIVELLE
NASACORT ALLERGY 24HR	PRISTIQ	SPIRIVA RESPIMAT	VIVELLE-DOT
NASACORT AQ	PRISTIQ ER	SPORANOX	VIVLODEX
NASALIDE	PROAIR HFA	SPRIX	VOLTAREN
NASAREL	PROAIR RESPICLICK	SPRYCEL	VOTRIENT
NASONEX	PROSOM	STADOL	VRAYLAR
NEBUPENT	PROTONIX	STAXYN	VYTORIN
NESINA	PROTOPIC OINTMENT	STENDRA	WELLBUTRIN SR
NEULASTA	PROVENTIL HFA	STIOLTO RESPIMAT	WELLBUTRIN XL
NEXAVAR	PROZAC	STIVARGA	XALKORI
NEXIUM	PROZAC WEEKLY	STOP SMOKING AID	XENAZINE
NEXT CHOICE ONE DOSE	PRUDOXIN	STRIVERDI RESPIMAT	XERMELO

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Drug Quantity Management (*continued*)

XIFAXAN	ZEGERID	ZOHYDRO ER	ZUPLENZ
XIGDUO XR	ZEJULA	ZOLOFT	ZYBAN
XIIDRA	ZELBORAF	ZOLPIMIST	ZYDELIG
XOLAIR	ZEMBRACE	ZOMIG	ZYKADIA
XTAMPZA ER	ZETONNA	ZOMIG ZMT	ZYPREXA
XTANDI	ZINBRYTA	ZONALON	ZYPREXA ZYDIS
XULTOPHY	ZOCOR	ZORVOLEX	ZYRTEC
XYZAL	ZOFRAN	ZOVIRAX	ZYRTEC-D 12 HOUR
ZECUITY TDS	ZOFRAN ODT	ZUBSOLV	ZYTIGA

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 at 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.
- 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**[®]:

- 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.

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