



# Prior Authorization Medications

## Prior Authorization Required at Pharmacy

*Note: Specialty Drugs are limited to 30 days per fill*

Medication	Reference
Abilify Discmelt 10 & 15 mg	
Accutane 10, 20, & 40 mg	
Actimmune (Interferon Gamma)	Specialty Drug
Actiq (Opiate Pain Therapy)	
Actonel 30 mg	PA'd only for Paget's Disease - 60 Day Limit
Adcirca	
Anadrol-50	
Apokyn	Specialty Drug
Aranesp Syringes	Specialty Drug
Aranesp Vial 25, 40, 60, 100, 200, 300 mcg / ml	Specialty Drug
Aranesp Vial 150 mcg / 0.75 ml	Specialty Drug
Arava	Written by Rheumatologist
Aricept	
Banzel	
Baraclude .5 & 1 mg	
Baraclude Solution .05 mg/ml	
Byetta	PA only if claims data doesn't match plan criteria
Cetrotide .25 & 3 mg	Specialty Drug
Chorionic Gonadotropin	Specialty Drug
Copegus	Specialty Drug
Crinone 4% & 8%	Specialty Drug
Efudex Occlusion Pk	
Emend	
Emsam Patches	Written by Psychiatrist
Enbrel Syringes	Specialty Drug
Enbrel Vials	Specialty Drug
Endometrin	Specialty Drug
Epogen (Erythropoietin)	Specialty Drug
Exelon	
Exelon Dis	

Medication	Reference
Exjade Tablets	
Femara 2.5 mg	
Fentora	
Fertility Meds (Depends on Benefit)	Specialty Drug
Follistim / Follistin AQ	Specialty Drug
Forteo 28 Inject Pk	Specialty Drug
Fuzeon	Specialty Drug
Ganirelix Acetate	Specialty Drug
Gleevec	Specialty Drug
Hepsera	
Humira Kit (2 Syringes)	Specialty Drug
Hycamtin	Specialty Drug
Increlex	Specialty Drug
Infergen .3 & .5 ml Vials	Specialty Drug
Innohep	
Intron A	Specialty Drug
Iressa	
Kineret (Syringes)	Specialty Drug
Kuvan	Specialty Drug
Letairis	Specialty Drug
Leukine	Specialty Drug
Leuprolide Acetate	Specialty Drug
Lupron	Specialty Drug
Luveris	Specialty Drug
Lyrica 25 - 300 mg	
Marinol	
Megace ES 625 mg / 5 ml Susp	
Menopur	Specialty Drug
MS Contin 200 mg	
Namenda Tabs & Sol	
Neulasta 6 mg / 0.6 ml	Specialty Drug
Neumega	Specialty Drug
Neupogen Syringe 300 mcg / 0.5 ml	Specialty Drug
Neupogen Syringe 480 mcg / 0.8 ml	Specialty Drug
Neupogen Vial 300 mcg / ml	Specialty Drug
Neupogen Vial 480 mcg / 1.6 ml	Specialty Drug
Nexavar 200 mg	Specialty Drug
Norditropin	Specialty Drug

Medication	Reference
Novarel	Specialty Drug
Noxafil	
Octreotide	Specialty Drug
Ovidrel	Specialty Drug
Oxandrin 2.5 & 10 mg	
Pegasys Syringe Kit, Vial Kit	Specialty Drug
Pegasys Vial 180 mcg	Specialty Drug
Pergonal 75 & 150 IU	Specialty Drug
Pregnyl 5,000 & 10,000 IU	Specialty Drug
Prochieve 4% & 8%	Specialty Drug
Procrit 10000 Units / ml	Specialty Drug
Procrit 20000 Units / 2 ml	Specialty Drug
Procrit 20000 Units / ml	Specialty Drug
Procrit 40000 Units / ml	Specialty Drug
Profasi 5,000 & 10, 000 IU	Specialty Drug
Promacta 25 & 50 mg	Specialty Drug
Provigil	
Pulmozyme	Specialty Drug
Razadyne, ER	
Regranex 500 mg	
Relistor	
Remodulin	Specialty Drug
Repronex 75 & 150 IU	Specialty Drug
Revatio 20 mg	Specialty Drug
Revlimid	Specialty Drug
Ribasphere	Specialty Drug
Ribivirin	Specialty Drug
Ridaura	
Sancuso	
Sandostatin	Specialty Drug
Savella	
Sensipar	Specialty Drug
Simponi Inj	Specialty Drug
Sporanox	
Sprycel	Specialty Drug
Stimate	Specialty Drug
Suboxone	
Subutex	

Medication	Reference
Sutent	Specialty Drug
Symlin	PA only if claims data doesn't match plan criteria
Taclonex	
Tarceva	Specialty Drug
Targretin	
Tasigna	Specialty Drug
Tobi	Specialty Drug
Tracleer	Specialty Drug
Tykerb 250 mg	Specialty Drug
Tyzeka	
Vectical	
Ventavis Solution 10 mcg / 1 ml	Specialty Drug
Vesanoid 10 mg	
Vfend	
Vimpat	
Virazole	
Vivaglobin Vial 16%	Specialty Drug
Xeloda	Specialty Drug
Xenazine	Specialty Drug
Xolair	Specialty Drug
Xyrem	Specialty Drug
Zemplar	
Zolinza	Specialty Drug