

Quick Reference Formulary Guide

Medications with Prior Authorization, Step Therapy, and Quantity Limit

To help ensure that your prescription medications are as safe and effective as possible, our Prescription Drug Program has special Pharmacy Intervention Programs in place. Some medications require approval before our program will honor the claim – they are identified on the formulary as Prior Authorization/Step Therapy (PA) and Quantity Limits (QL). There are also, medications that require Prior Authorization or Quantity Limit review that are not on the formulary. This list contains medications on formulary and those not on the formulary.

For your convenience, this quick reference guide was developed to outline drugs requiring prior authorization or subject to quantity limits. The list is developed and updated by our Pharmacy and Therapeutics (P&T) Committee and is subject to change. Please call the customer service number on your ID card if you have questions.

Drugs Requiring Prior Authorization

Accutane	Iressa	Revatio
Aciphex	ISENTRESS	Revlimid
Actimmune	Iveegam EN	Ritalin LA (age>17)
Actiq	Janumet	Saizen
Actoplus Met	Januvia	Selzentry
Actos	Kineret	Sensipar
Adderall XR (age>17)	Lamisil granules	Serostim
Amevive	Lescol/XL	Singulair
Amitiza	Letairis	Somavert
Androderm	Lexapro	Sporonox
Androgel	Lipitor 10mg & 20mg	Spyrcel
Avandamet	Lovaza	Straint
Avandaryl	Lupron	Suboxone
Avandia	Lyrica	Subutex
Avita (age>25yrs)	Metadate CD (age>17)	Supartz
Botox	Nexavar	Sutent
Byetta	Nexium	Symbyax
Carimune	Niravam	Symlin
Clomid/clomiphene	Non-Lifescan glucose meters	Synagis
Copegus	Noxafil	Synvisc
Crestor 5mg	Opana	Tarceva
Cymbalta	Oral Contraceptives*	Testim
Duetact	Orencia	Tracleer
Effexor / XR	Oxycontin	Tykerb
Emsam	Panglobulin	Ultram ER
Enbrel	Paxil CR	Venoglobulin
Exjade	Polygam S/D	Ventavis
Exubera	Prevacid	Vfend
Fentora	Provigil	Vytorin 10mg/10mg
Focalin XR (age>17)	Pulmicort Respules	Vyvanse (age>17)
Forteo	Qaliquin	Xanax XR
Gamimune	Raptiva	Xeloda
Gammagard	Rebetol	Xolair
Gleevec	Regranex	Xyrem
Growth Hormones	Relenza	Zavesca
Humira	Remicade	Zolinza
Hyalgen	Retin-A/Retin-A Micro (age >25yrs)	Zyprexa
Invega		Zyvox
Iplex/Increlex		

Drugs With Quantity Limit

Actonel	Famvir	Prozac Weekly
Actonel with calcium	Fosamax	Regranex
Actoplus Met	Fosamax Plus D	Relpax
Actiq	Frova	Restasis
Allegra	Humira	Revatio
Ambien	Imitrex	Sonata
Ambien CR	Infergen	Suboxone
Amerge	Janumet	Symlin
Axert	Januvia	Toradol
Boniva	Ketorolac	Valtrex
Caverject	Maxalt	Wellbutrin SR
Clarinox	Maxalt-MLT	Zegerid
Clarinox D	Migranal	Zomig
Cesamet	Mobic	Zyrtec
Depo-provera	MUSE	Zyrtec D
Diflucan	Network Disposable Glucose Meter	Zmax
Duetact	Nexium	
Edex	Oxycontin	
Emend	Peg Intron	
Enbrel	Pegasys	
EstroGel	Prilosec	
Inhalers/Inhaled Agents**		
Advair	DuoNeb	Pulmicort Respules
Advair HFA	Flonase	Pulmicort Turbuhaler
Aerobid	Flovent	QVAR
Aerobid-M	Foradil	Rhinocort
Albuterol	Intal	Serevent diskus
Alupent	Maxair	Serevent inhaler
Asmanex	Maxair autoinhaler	Tilade
Atrovent inhaler	Nasacort	Tornalate
Atrovent HFA	Nasacort AQ	Tri-Nasal
Atrovent nasal spray	Nasalide	Vancenase
Azmacort	Nasarel	Vancenase AQ
Beclovent	Proventil	Vanceril
Beconase	Proventil HFA	Ventolin
Beconase AQ	Pulmicort Flexhaler	
Combivent		

*Only if not covered as a standard benefit under your plan.

**Your benefit allows a monthly supply, quantity limits are only in place to prevent abuse.

This list subject to change without notice