Prescription Drug Prior Authorization List

Certain drugs may require a prior authorization in order to receive the prescription (or the full quantity) your doctor prescribes. If you or your doctor feels there are circumstances that require greater quantities of medication than the Plan allows, your doctor may request a coverage review. For some drugs, more information than what is provided on a prescription form (or from the pharmacy) is needed to determine if coverage for additional medication can be provided. The prescribing doctor can provide additional information for the coverage review by calling toll-free 1.800.753.285 1, Monday through Friday, 8:00 a.m. to 9:00 p.m., Eastern Time.

The following list identifies the brand names or categories of the drugs that may require prior authorization. **This list is subject to change at any time.** If the prior authorization request is denied, or the quantity and/or dosage that the doctor prescribed is not approved, you should contact Express Scripts at 1.800.753.2851 for instructions on how to appeal this decision.

Anti-emetics	Celebrex	Erythroid Stimulants
Anti-virals – Herpes	Growth Hormones	Retin-A, Tazorac, Avita
Multiple Sclerosis Therapy	Myeloid Stimulants	Singulair, Accolate, Zyflo
Rheumatoid arthritis drugs	H2 blockers (Axid, Pepcid, etc)	Migraine Medications
Xolair	Sleep Aids	Erectile dysfunction
CNS Stimulants – (Strattera, Vyvanse, Daytrana, etc.)	Proton Pump Inhibitors (Prevacid, Protonix, etc)	Provigil, Nuvigil, Xyrem
Berinert, Cinryze, Kalbitor, Firazyr	Zavesca, Cerezyme, Vpriv, Ceredase, Elelyso	Pulmozyme, Cayston, TOBI, Kalydeco
Arcalyst	Gleevec	Temodar
Avastin	Dacogen, Vidaza	Vectibix
Thalomid, Revlimid	Sutent	Afinitor
Ilaris	Torisel	Nexavar
Sprycel	Votrient	Tarceva
Tasigna	Zolinza	Tykerb
Erbitux	Mozobil	Istodax
Jevtana	Herceptin	Xgeva
Yervoy	Zytiga	Inlyta
Halaven	Caprelsa	Jakafi
Xalkori	Erivedge	Zelboraf
Adcetris	Solodyn	Travatan, Travatan-Z
Stelara	Interferons	Eylea, Lucentis
Makena	Xenazine	Krystexxa, Uloric
Incivek, Victrelis	Ferriprox	Wellbutrin SR & XL
Acthar Gel	Sensipar	Soliris
Apokyn	Benlysta	Chenodal
Selzentry	Kuvan	Prolia
Samsca	Xalkori	
Gamma Globulins (i.e. Gamimune, Gamunex-C, Hizentra, etc)	Smoking Cessation (Chantix, Zyban, nicotine replacement, etc)	Pulmonary Hypertension (Revatio, Letaris, Flolan, Remodulin, Ventavis, Adcirca, Tyvaso, Tracleer, etc)
Nasal Steroid Inhalers (Beconase-AQ, Omnaris, Zetonna, Dymista, Rhinocort AQ, Veramyst, Nasacort AQ)	Osteoporosis (Actonel, Atelvia, Fosamax D)	Hypertension – ARB Agents (Atacand, Atacand HCT, Benicar, BenicarHCT, Teveten, Teveten HCT, Edarbi, Edarbyclor)