



Prior Authorization Program Information (Effective April 1st, 2017)

Prior Authorization

Certain drugs require prior authorization to help promote safe, quality and affordable pharmacy care. Your doctor will need to submit a prior authorization request to Prime Therapeutics, which must be approved before you can continue to receive coverage for these drugs. The Prior Authorization form that your physician will need to complete to request an approval can be found on the MyPrime website (located on the same page where this form is found).

Coverage Considerations:

Your prescription drug benefit plan may not cover certain products or drug categories, regardless of their appearance in this document. Please consult your benefit plan materials for details about your particular benefit.

Prior Authorization Program Name	Drugs Included in Program
ALLERGIES	
Oral Immunotherapies	Grastek, Oralair, Ragwitek
ANDROGENS / ANABOLIC STEROIDS	
Androgens Anabolic Steroids (with quantity limit)	Anadrol-50, Androderm, AndroGel, Android, Androxy, Axiron, Aveed, Bio-T-Gel, First-Testosterone, First-Testosterone MC, Fortesta, danazol, Delatestryl, Depo-Testosterone, Methitest, methyltestosterone, Natesto, Oxandrin, Striant, Testim, Testone CIK, Testopel, testosterone gel, Testred, Vogelxo Preferred Product: Androgel 1.62% and Axiron
ANTIINFLAMMATORY	
Rayos	Rayos
ARTHRITIS / PAIN	
Biologic Immunomodulators	Actemra, Enbrel, Cimzia, Cosentyx, Entyvio, Humira, Inflectra, Kineret, Orencia, Orencia Clickject autoinjector, Remicade, Rituxan, Simponi ARIA, Stelara IV soln, Taltz, Xeljanz, Xeljanz XR Preferred Product: Enbrel, Humira, Simponi, Stelara
Otezla	Otezla, Otezla starter pack
ASTHMA	
Xolair	Xolair
Injectable Asthma Agents	Cinqair, Nucala
AUTOIMMUNE DISORDERS	
Arcalyst/Illaris	Arcalyst, Ilaris
BLOOD MODIFYING DRUGS	
Erythropoietins	Aranesp, Epogen, Mircera, Procrit
CANCER / ONCOLOGY	
Self Administered Oncology	Afinitor, Afinitor Disperz, Alecensa, Bosulif, Cabometyx, Caprelsa, Cometriq, Cotellic, Erivedge, Farydak, Gilotrif, Gleevec, Hexalen, Hycamtin, Ibrance, Iclusig, Imbruvica, Inlyta, Iressa, Jakafi, Lenvima, Lonsurf, Lynparza, Lysodren, Matulane, Mekinist, Nexavar, Ninlaro, Odomzo, Pomalyst, Revlimid, Rubraca, Sprycel, Stivarga, Sutent, Sylatron, Tafilar, Tagrisso, Tarceva, Targretin, Tasigna, Temodar, Thalomid, Tretinoin (oral), Tykerb, Venclexta, Votrient, Xalkori, Xeloda, Xtandi, Zelboraf, Zolanza, Zydelig, Zykadia, Zytiga
CARDIOVASCULAR	
Hyperpolarization-Activated Cyclic Nucleotide-Gated (HCN) Channel Blocker	Corlanor
PCSK9	Praluent, Repatha
CUSHING'S DISEASE	
Signifor	Signifor, Signifor LAR
CYSTIC FIBROSIS	
Kalydeco Orkambi	Kalydeco, Orkambi

Prior Authorization Program Name	Drugs Included in Program
DERMATOLOGY	
Doxycycline/Minocycline	Prior Authorization applies to only brand products and generics as listed below: Doxycycline Products: Acticlate, Adoxa, Alodox, Avidoxy DK, Doryx, Doryx generic equivalent, Doxycycline, Monodox, Morgidox Kit, NicazelDoxy Kit, Nutridox Kit, Ocudox Kit, Oracea, Oraxyl, Targadox, Vibramycin Minocycline Products: Dynacin, Minocin, Minocin Kit, Solodyn, Solodyn generic equivalent
DIABETES	
Afrezza	Afrezza
Insulin Agents	Apidra, Humalog , Humalog Kwikpen U500, Humalog Mix 75/25. Humalog Mix 50/50, Humulin R U-100 , Humulin R U-500,Humulin R U-500 kwikpen, Humulin N, Humulin 70/30
Korlym	Korlym
ENDOCRINOLOGY	
H.P. Acthar Gel	H.P. Acthar Gel
FAT STORAGE DISORDERS	
Cerdelga	Cerdelga
Myalept	Myalept
GASTROINTESTINAL	
Amitiza/ Linzess	Amitiza, Linzess
Gattex	Gattex
Somatostatin Analogs	Sandostatin, Sandostatin LAR, Somatuline Depot, Somavert
GROWTH HORMONE	
Growth Hormone	Genotropin, Humatrope, Norditropin Flexpro, Norditropin NordiFlex, Nutropin, Nutropin AQ, Nutropin AQ Nuspin, Omnitrope, Saizen, Saizen Click.Easy, Serostim, Tev-Tropin, Zomacton, Zorbtive Preferred Product: Omnitrope
HEART FAILURE	
Nepriylsin Inhibitor	Entresto
HEPATITIS B & HEPATITIS C	
Hepatitis B/Hepatitis C Agents	Daklinza, Epclusa, Harvoni, Incivek, Olysio, Pegasys, Pegasys Proclick, PegIntron, Sovaldi, Technivie, Victrelis,Viekira Pak, Viekira XR Zepatier Preferred Products: Epclusa, Harvoni, Pegasys, Sovaldi
HEREDITARY BLOOD VESSEL SWELLING	
Hereditary Angioedema (HAE)	Berinert, Cinryze, Firazyf, Kalbitor, and Ruconest
HIGH BLOOD AMMONIA LEVELS	
Urea Cycle Disorders	Buphenyl, Ravicti
HIV LIPODYSTORPHY	
Egrifta	Egrifta
HUNTINGTON'S CHOREA	
Xenazine	Xenazine, tetrabenazine
HYPERTENSION (HIGH BLOOD PRESSURE)/HYPOTENSION (LOW BLOOD PRESSURE)	
Northera	Northera
Oral Pulmonary Hypertension Agents	Adcirca, Adempas, Letairis, Opsumit, Oralair, Orenitram, Revatio, Tracleer, Tyvaso, Upravi, Ventavis
LUPUS	
Benlysta	Benlysta
METABOLIC DISORDERS	
Kuvan	Kuvan
MULTIPLE SCLEROSIS	
Ampyra (with quantity limit)	Ampyra
Multiple Sclerosis	Aubagio, Avonex, Betaseron, Copaxone, Extavia, Gilenya, Glatopa, Plegridy, Rebif, Tecfidera, Zinbryta Preferred Products: Aubagio, Avonex, Betaseron, Copaxone, Gilenya, Glatopa, Plegridy, Rebif, Tecfidera

Prior Authorization Program Name	Drugs Included in Program
PAIN MANAGEMENT	
Buprenorphine/ Buprenorphine-naloxone (with quantity limit)	buprenorphine, Bunavail, Suboxone, Zubsolv
Lidocaine Transdermal	Lidoderm 5%
Transmucosal Immediate Release Fentanyl (TIRF)	Abstral, Actiq, Fentora, Lazanda, Subsys
RESPIRATORY	
Idiopathic Pulmonary Fibrosis (IPF)	Esbriet, Ofev
Synagis	Synagis
SEVERE HIGH CHOLESTEROL	
Homozygous Familial Hypercholesterolemia Agents (HoFH)	Juxtapid, Kynamro
SLEEP DISORDERS	
Circadian Rhythm Disorder	Hetlioz
Nuvigil/armodafinil Provigil/modafinil	Nuvigil, Provigil
Xyrem	Xyrem
THYROID / PARATHYROID	
Natpara	Natpara
Sensipar	Sensipar
WOMEN'S HEALTH	
Forteo	Forteo
Prolia	Prolia
MISCELLANEOUS	
Actinic Keratosis	Aldara, Carac, Efudex, Fluoroplex, Picato, Solaraze, Tolak, Zyclara
Addyi	Addyi
Botulinum toxin	Botox, Dysport, Myobloc, Xeomin
Carbaglu	Carbaglu
Custom made medications produced in a pharmacy containing the following bulk powder ingredients	Baclofen, Clonidine, Coenzyme Q10, Cyclobenzaprine, Diclofenac, Flurbiprofen, Fluticasone propionate, Gabapentin, Ketamine, Ketoprofen, Ketorolac, Lansoprazole, Levocetirizine, Loperamide, Meloxicam, Mometasone, Nabumetone, Omeprazole, Pentoxifylline, Sumatriptan, Tamoxifen, Testosterone, Testosterone propionate, Testosterone micronized, Tramadol, Vancomycin
Keveyis	Keveyis
Ocaliva	Ocaliva
Ophthalmic Immunomodulators	Restasis, Restasis multidose, Xiidra
Opioid Antidote	Evzio
Selective Serotonin Inverse Agonist (SSIA)	Nuplazid
Strensiq	Strensiq
Thrombopoietin Receptor Agonists	Nplate, Promacta
URAT1 Inhibitor	Zurampic
Weight Loss Agents	Adipex-P, Belviq, Belviq XR, Bontril PDF, Bontril Slow Release, Contrave, Didrex, Diethylpropion, Lomaira, Phentermine, Qsymia, Regimex, Saxenda, Suprenza, Xenical
Zavesca	Zavesca

Brand names are the property of their respective owners.

ER: Extended-Release

SR: Sustained Release

Unless otherwise noted Prior Authorization Programs will apply to both brand and generic equivalents