

Prior Authorization Process

Prior authorization is required on certain medications before you will be able to fill the medication at the pharmacy. Our Pharmacy and Therapeutics Committee decides which medications require prior authorization. Factors that are reviewed in making this determination include FDA approved indications, manufacturer package guidelines, medical literature, accepted medical practice guidelines, safety and cost. Medications are listed on the following two pages.

What happens at the Pharmacy?

- The pharmacist enters your prescription information into the claims system.
- If a medication requires prior authorization, your pharmacist will receive a message that a prior authorization is required.
- In most cases, the pharmacy will notify your provider of the requirement.
- Your provider will then need to contact Prescription Solutions to begin the prior authorization process. (This may take up to two business days to complete.)

Prior Authorization Approved: The pharmacy will be able to process your prescription for the appropriate co-pay (if applicable) when the prior authorization is approved.

Prior Authorization Denied: Your provider will contact you to determine alternate options.

Requesting a Prior Authorization

Before you go to the pharmacy, your provider can start the prior authorization process by calling the Prescription Solutions Prior Authorization Center at **1 (800) 711-4555**.

For additional information, you may contact Prescription Solutions Customer Service Center toll-free at **1 (877) 767-0686**, 24 hours a day, 7 days a week.

Quick TIP

We suggest you print this out and take the medications list to your provider when you have an appointment. This can be left in your medical file.

Your provider may also review the current medications that require prior authorization online at www.AveraHealthPlans.com.

(605) 322-4545 ■ 1 (888) 322-2115 ■ www.AveraHealthPlans.com

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Medications Requiring Prior Authorization

Your provider must request prior authorization for the medications listed below. If the prior authorization is approved, the medication will be covered by your pharmacy coverage (for example, a prescription drug to take at home) or your medical coverage (for example, a drug prescribed for a medical procedure in a hospital).

Medical Coverage Medications

- The word “medical” will be listed after the medication name.
- After you have met your medical deductible (if applicable), you will pay the coinsurance amount for the cost of the medication. For example, if your coinsurance is 20%, you will pay 20% of the cost of the medication.
- To request prior authorization, your provider can:
 - ▶ Call 1 (888) 605-1331 toll free / (605) 322-4625 direct or Fax 1 (800) 269-8561

Pharmacy Coverage Medications

- After you have met your pharmacy deductible (if applicable), you will pay the co-pay for the medication.
- To request prior authorization, your provider will need to call Prescription Solutions.
 - ▶ Call 1 (800) 711-4555 toll free

A

Actemra (medical)
Actimmune
Adcirca
Afinitor
Aldurazyme (medical)

Alferon N (medical)
Amevive (medical)
Amitiza

Ampyra
Antifungal Agents

- itraconazole (Sporanox)
- Noxafil
- terbinafine (Lamisil)
- Vfen

Aralast (medical)
Arcalyst (medical)
Arzerra (medical)

B

Berinerit (medical)
Botox (medical)
Byetta

C

Carbaglu
Cayston
Cerezyme (medical)

Chenodal
Cimzia
Cinryze (medical)
Contraceptives, all dosage forms

D

Depo-Provera (medical)
Drugs to Treat ADD/ADHD (19 years & older)

- Adderall/Adderall XR
- amphetamine/dextroamphetamine
- Concerta
- Daytrana
- Desoxyn
- Dexedrine
- dexmethylphenidate
- dextroamphetamine
- Focalin/Focalin XR
- Intuniv
- Kapvay
- Metadate CD
- methamphetamine
- Methylin/Methylin ER
- methylphenidate
- Procentra

- Ritalin/Ritalin LA/Ritalin SR
- Strattera
- Vyvanse

Dysport (medical)

E

Egrifta
Elaprase (medical)
Eligard (medical)
Elitek (medical)
Enbrel
epoprostenol (medical)
ESA's (medical)

- Aranesp
- Epogen
- Procrit

Exjade

F

Fabrazyme (medical)
fentanyl products

- Actiq
- Fentora
- Onsolis

Flolan (medical)

Forteo

Fuzeon

...continued

Medications Requiring Prior Authorization

...continued

G

Glassia (medical)

Gleevec

Growth Hormones

- Genotropin
- Humatrope
- Increlex
- Norditropin
- Nutropin/Nutropin AQ
- Omnitrope
- Saizen
- Serostim
- Tev-Tropin
- Zorbtive

H

Humira

Hyaluronic acid

derivatives (medical)

I

Ilaris (medical)

Immune globulins,
SC and IV (medical)

Interferons, hepatic

- Infergen
- Intron A
- Pegasys
- Peg-Intron

Iressa

K

Kalbitor (medical)

Kineret

Krystexxa (medical)

Kuvan

L

Letairis

Lotronex

Lumizyme (medical)

Lupron Depot (medical)

M

Mozobil (medical)

Multiple Sclerosis Agents

- Avonex
- Betaseron
- Copaxone
- Extavia
- Gilenya
- Rebif

Myobloc (medical)

Myozyme (medical)

N

Naglazyme (medical)

Nexavar

Nplate (medical)

Nuvigil

O

octreotide (Sandostatin)

Orencia (medical)

P

Prolastin (medical)

Prolia (medical)

Promacta

Provigil

Q

Qualaquin

R

Reclast (medical)

Remicade (medical)

Remodulin (medical)

Revatio (medical)

Revatio tablets

Revlimid

Rituxan (medical)

S

Samsca

Sandostatin LAR (medical)

Simponi

Soliris (medical)

Somatuline (medical)

Somavert

Sprycel

Stelara (medical)

Sucraid

Sutent

Symlin

Synagis (medical)

T

Tarceva

Tasigna

Thalomid

TOBI

Tracleer

Tykerb

Tysabri (medical)

Tyvaso

V

Vantas (medical)

Velettri (medical)

Ventavis

Victoza

Vivitrol (medical)

Votrient

Vpriv (medical)

W

White Cell Stimulators
(medical)

- Leukine
- Neulasta
- Neupogen

X

Xeloda

Xenazine

Xeomin (medical)

Xgeva (medical)

Xolair (medical)

Xyrem

Z

Zavesca

Zemaira (medical)

Zolinza

Zometa (medical)

Zyvox

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