

July 1, 2010

Formulary Prior Authorization (PA) List

The following list of preferred medications requires written prior authorization for BlueChoice HealthPlan Medicaid members. This list is provided as a guide for your use and is subject to change with the release of newly FDA approved drugs. For all nonpreferred medications and multiple source brand products that are not included on this list, written prior authorization is also required. Prior authorization from BlueChoice HealthPlan Medicaid must be received prior to dispensing. If you have questions regarding the Prior Authorization program, please contact the Express Scripts, Inc. Prior Authorization at **1-800-470-0933**. Express Scripts, Inc. is a separate company that provides pharmacy services and pharmacy benefit management services on behalf of health plan members.

The Prior Authorization Center

Phone: **1-800-470-0933**

Fax: **1-866-807-6241**

Monday – Friday: 8 a.m. - 9 p.m. EST

Saturday and Sunday: 8 a.m. - 6 p.m. EST

The Prior Authorization Process

In the majority of cases, each therapeutic category that contains a drug with prior authorization (PA) criteria also contains other drug choices without criteria. You should consider these choices first. We list PA criteria for each drug on this Formulary. When prescribing or dispensing a medication that requires prior authorization, there are three methods of communication available to make this process work efficiently.

Three Communication Options

1. When a prescription is written for a drug that requires PA, please indicate on the prescription specific documented justification for that drug based on specific formulary criteria (i.e., diagnosis or drugs previously used).
2. Call us at **1-800-470-0933** to discuss formulary criteria prior to writing the prescription or the pharmacist can call to obtain formulary criteria.
3. Or, using our form, complete and fax the documented justification with reference to the formulary criteria to **1-866-807-6241**.

We will process each case in the order in which we receive it.

www.BlueChoiceSCMedicaid.com

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Medication	Edit	Therapeutic Class
Advair	Step	Inhaled corticosteroid/long acting beta agonists
Adcirca	PA	Pulmonary antihypertension
Aldara	PA	Interferons/Immunomodulators
Alendronate	PA <50 or male	Osteoporosis
Androderm	PA	Androgens, Androgen Inhibitors/Anabolic Steroids
AndroGel	PA	Androgens, Androgen Inhibitors/Anabolic Steroids
Augmentin XR and Chewable	PA	Antibiotics
Avonex	PA	Interferons/Immunomodulators
Baraclude	PA	Hepatitis B
Betaseron	PA	Interferons/Immunomodulators
Butorphanol NS (Stadol)	PA	Agents for migraine
Bupropion SR	PA	Antidepressants
Byetta	PA	Hypoglycemics
Cellcept	PA	Immunosuppressants/Immunomodulators
Ciclopirox	PA	Antifungals
Cimetidine	PA	H2 Antagonist
Ciprodex	PA	Otic Antibiotic
Clarithromycin	PA	Macrolide Antibiotic
Copaxone	PA	Interferons/Immunomodulators
Cozaar/Hyzaar	PA	Angiotensin Receptor Blocker
Desmopressin (DDAVP)		Antidiuretic hormone
Differin	PA	Antiacne
Dovonex	PA	Antipsoriasis/Eczema/Dermatitis
Dronabinol (Marinol)	PA	Antiemetic/Antivertigo
Elidel	PA	Antipsoriasis/Eczema/Dermatitis
Emcyt	PA	Antineoplastic
Enbrel	PA	DMARD
Epivir B	PA	Hepatitis B
Estradiol TDS	PA	Estrogen Replacement
Etodolac	PA	NSAID
Fentanyl Patch	PA	Narcotic Analgesics
Flomax	PA	Urological
Flovent	Step	Inhaled corticosteroid
Fluconazole	PA	Antifungals
Fosrenol	PA	Electrolyte Depleters
Gabapril	PA	Anticonvulsant
Gleevec	PA	Antineoplastic
Humira	PA	DMARD
Hyzaar	PA	Angiotensin Receptor Blocker with Diuretic
Imitrex nasal spray	PA	Agents for migraine
Infergen	PA	Interferons/Immunomodulators
Intron A	PA	Interferons/Immunomodulators
Isotretinoin (Accutane, Amnesteem, Claravis, Sotret)	PA	Antiacne
Itraconazole (Sporonox)	PA	Antifungals
Keppra XR	PA	Anticonvulsant
Ketoprofen	PA	NSAID
Ketorolac	PA	Nonsteroidal Antiinflammatories
Kytril	PA	Antiemetics
Lamictal	PA	Anticonvulsant

Medication	Edit	Therapeutic Class
Lansoprazole	PA	Proton Pump Inhibitors
Leuprolide	PA	Antineoplastic
Levaquin	PA	Quinolone Antibiotic
Metronidazole cream (topical)	PA	Amebicide
Misoprostol	PA	Anti-ulcer preparations
Nabumetone	PA	NSAID
Nizatidine	PA	H2 Antagonist
Nutropin, AQ	PA	Growth Hormone
Ofloxacin	PA	Quinolone Antibiotic
Orphenadrine	PA	Muscle Relaxant
Oxcarbazepine (Trileptal)	PA	Anticonvulsant
Pegasys	PA	Interferons/Immunomodulators
Peg-Intron	PA	Interferons/Immunomodulators
Piroxicam (Feldene)	PA	NSAID
Plavix	PA	Platelet Aggregation Inhibitors
Prandin	PA	Oral Hypoglycemics
Procrit	PA	Hematopoietic Growth Factors
Prograf	PA	Immunosuppressants/Immunomodulators
Promethazine (Phenergan)	PA age <2	Antiemetic
Protopic	PA	Antipsoriasis/Eczema/Dermatitis
Pulmicort	PA	Inhaled Corticosteroids
Rebetron	PA	Interferons/Immunomodulators
Rebif	PA	Interferons/Immunomodulators
Renvela	PA	Electrolyte depleters
Revatio	PA	Pulmonary Antihypertensive
Ribavirin (Rebetol)	PA	Interferons/Immunomodulators
Roferon-A	PA	Interferons/Immunomodulators
Serevent	Step	Long Acting Beta Agonist
Singulair	Step age >4	Leukotriene Receptor Antagonists/Modifiers
Starlix	PA	Oral Hypoglycemics
Strattera	PA	Agents for ADHD
Symlyn	PA	Hypoglycemics
Tamiflu	PA	Antiviral
Targretin	PA	Antineoplastic
Terbinafine (Lamisil)	PA	Antifungals
TevTropin	PA	Growth Hormone
Testim Gel	PA	Androgens, Androgen Inhibitors/Anabolic Steroids
TOBI	PA	Antiinfective, misc
Topamax	PA	Anticonvulsants
Transderm-Scop	PA	Antiemetic/Antivertigo
Tretinoin	PA age <12 or >35	Antiacne
Tysabri	PA	Interferons/Immunomodulators
Valacyclovir (Valtrex)	PA	Antiviral
Vigamox	PA	Ophthalmic Antibiotic
Viread	PA	Hepatitis B
Zavesca	PA	Agents for Gauchers Disease