



PRIOR AUTHORIZATION (PA) MEDICATION LIST

Prior Authorization supports coverage of safe, effective and high value medications, and helps you and your doctor choose quality medications that provide the most value for improving your health.

Medications on this list require approval prior to your health plan covering the medication. Only a written prior authorization approval will guarantee coverage for such products, and quantity limits may apply.

How Do I Get Approval for a Medication on this List?

- Step 1. You and your healthcare provider consider all treatment options and decide a medication on the list below is the correct treatment for you.
- Step 2. Your healthcare provider fills out a Prior Authorization Request Form. This form can be found at www.prescriptive.com/prescriber.
- Step 3. Questions? Call Prescriptive Member Services at the phone number on the back of your Member ID card.

How Will I Be Informed of My Approval?

You will be notified of your approval or denial through the mail. We will send a letter by mail to the address on the request or, if no address is included, the physical address we have on file for you. Letters are sent to both you and your requesting provider.

The notice will include:

- Rationale for the approval or denial.
- Detailed review criteria or benefit provisions used in the determination, and instructions for how to obtain a copy of the review criteria.
- Details about how to initiate a member appeal.
- Information about how a provider can contact the reviewer regarding how the decision was made.

Please note: The information provided here is for general information purposes only and does not guarantee coverage. Pharmacy products and services covered by a plan member's benefit plan may change from time to time. Some products may not be covered under a member's specific benefit plan. To confirm your coverage, reference your specific plan documents at www.prescriptive.com or contact Prescriptive Member Services at the phone number on your Member ID Card.



MEDICATIONS REQUIRING PRIOR AUTHORIZATION

Category	Medication	Status
ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiant	Wakix	Non-Preferred
Allergenic Extracts/Biologicals	Palforzia	Preferred
Aminoglycosides	Arikayce	Preferred
Aminoglycosides	Kitabis	Generic Preferred
Aminoglycosides	Tobi Podhaler	Preferred
Analgesics - Anti-Inflammatory	Actemra	Non-Preferred
Analgesics - Anti-Inflammatory	Arcalyst	Preferred
Analgesics - Anti-Inflammatory	Enbrel	Preferred
Analgesics - Anti-Inflammatory	Humira	Preferred
Analgesics - Anti-Inflammatory	Ilaris	Preferred
Analgesics - Anti-Inflammatory	Kevzara	Non-Preferred
Analgesics - Anti-Inflammatory	Kineret	Non-Preferred
Analgesics - Anti-Inflammatory	Olumiant	Non-Preferred
Analgesics - Anti-Inflammatory	Orencia	Preferred
Analgesics - Anti-Inflammatory	Orencia	Non-Preferred
Analgesics - Anti-Inflammatory	Otezla	Preferred
Analgesics - Anti-Inflammatory	Rinvoq	Preferred
Analgesics - Anti-Inflammatory	Simponi	Non-Preferred
Analgesics - Anti-Inflammatory	Xeljanz, XR	Preferred
Androgens-Anabolic	Anadrol-50	Preferred
Antiasthmatic And Bronchodilator Agents	Fasenra	Preferred
Antiasthmatic And Bronchodilator Agents	Nucala	Preferred
Antiasthmatic And Bronchodilator Agents	Xolair	Preferred
Antiasthmatic And Bronchodilator Agents	Zileuton ER	Generic Preferred
Antiasthmatic And Bronchodilator Agents	Zyflo	Non-Preferred
Anticonvulsants	Epidiolex	Preferred
Antidiabetics	Korlym	Preferred
Antidotes And Specific Antagonists	Chemet	Preferred



Category	Medication	Status
Antiparkinson And Related Therapy Agents	Nourianz	Preferred
Antiparkinson And Related Therapy Agents	Xadago	Preferred
Antiparkinson And Related Therapy Agents	Zelapar	Preferred
Antipsychotics/Antimanic Agents	Nuplazid	Preferred
Antivirals	<i>Adefovir Dipivoxil</i>	<i>Generic Preferred</i>
Antivirals	Epclusa	Non-Preferred
Antivirals	Harvoni	Non-Preferred
Antivirals	Ledipasvir-Sofosbuvir	Preferred
Antivirals	Mavyret	Preferred
Antivirals	Pegasys	Preferred
Antivirals	Peg-Intron	Preferred
Antivirals	Sofosbuvir-Velpatasvir	Preferred
Antivirals	Sovaldi	Non-Preferred
Antivirals	Viekira	Non-Preferred
Antivirals	Vosevi	Preferred
Antivirals	Zepatier	Non-Preferred
Cardiovascular Agents	Adempas	Preferred
Cardiovascular Agents	<i>Ambrisentan</i>	<i>Generic Preferred</i>
Cardiovascular Agents	<i>Bosentan</i>	<i>Generic Preferred</i>
Cardiovascular Agents	Opsumit	Preferred
Cardiovascular Agents	Orenitram	Preferred
Cardiovascular Agents	Tyvaso	Preferred
Cardiovascular Agents	Uptravi	Preferred
Cardiovascular Agents	Ventavis	Preferred
Cardiovascular Agents	Vyndamax	Preferred
Cardiovascular Agents	Vyndaqel	Preferred
Corticosteroids	Emflaza	Preferred
Corticosteroids	Rayos	Non-Preferred
Dermatologicals	Cosentyx	Preferred



Category	Medication	Status
Endocrine And Metabolic Agents	Nitisinone	Generic Preferred
Endocrine And Metabolic Agents	Nityr	Preferred
Endocrine And Metabolic Agents	Norditropin	Preferred
Endocrine And Metabolic Agents	Nutropin AQ	Non-Preferred
Endocrine And Metabolic Agents	Octreotide	Generic Preferred
Endocrine And Metabolic Agents	Omnitrope	Non-Preferred
Endocrine And Metabolic Agents	Orfadin	Preferred
Endocrine And Metabolic Agents	Orilissa	Preferred
Endocrine And Metabolic Agents	Palynziq	Preferred
Endocrine And Metabolic Agents	Prolia	Preferred
Endocrine And Metabolic Agents	Ravicti	Preferred
Endocrine And Metabolic Agents	Rayaldee	Preferred
Endocrine And Metabolic Agents	Saizen	Non-Preferred
Endocrine And Metabolic Agents	Samsca	Preferred
Endocrine And Metabolic Agents	Sapropterin	Generic Preferred
Endocrine And Metabolic Agents	Serostim	Non-Preferred
Endocrine And Metabolic Agents	Signifor	Non-Preferred
Endocrine And Metabolic Agents	Sodium Phenylbutyrate	Generic Preferred
Endocrine And Metabolic Agents	Somavert	Preferred
Endocrine And Metabolic Agents	Strensiq	Preferred
Endocrine And Metabolic Agents	Synarel	Preferred
Endocrine And Metabolic Agents	Teriparatide	Preferred
Endocrine And Metabolic Agents	Tev-Tropin	Non-Preferred
Endocrine And Metabolic Agents	Tolvaptan	Generic Preferred
Endocrine And Metabolic Agents	Tymlos	Preferred
Endocrine And Metabolic Agents	Xgeva	Preferred
Endocrine And Metabolic Agents	Xuriden	Preferred
Endocrine And Metabolic Agents	Zomacton	Non-Preferred
Endocrine And Metabolic Agents	Zorbtive	Non-Preferred



Category	Medication	Status
Estrogens	Oriahnn	Preferred
Gastrointestinal Agents	Auryxia	Preferred
Gastrointestinal Agents	Chenodal	Preferred
Gastrointestinal Agents	Cholbam	Preferred
Gastrointestinal Agents	Cimzia	Non-Preferred
Gastrointestinal Agents	Gattex	Preferred
Gastrointestinal Agents	Gimoti	Preferred
Gastrointestinal Agents	Movantik	Preferred
Gastrointestinal Agents	Ocaliva	Preferred
Gastrointestinal Agents	Relistor	Non-Preferred
Gastrointestinal Agents	Sevelamer	Generic Preferred
Gastrointestinal Agents	Velphoro	Preferred
Gastrointestinal Agents	Viberzi	Preferred
Gastrointestinal Agents	Xermelo	Preferred
Genitourinary Agents	Cystagon	Preferred
Genitourinary Agents	Elmiron	Preferred
Genitourinary Agents	Pentosan Polysulfate Sodium	Preferred
Genitourinary Agents	Procysbi	Preferred
Hematological Agents	Thiola	Preferred
Hematological Agents	Haegarda	Preferred
Hematological Agents	Hemlibra	Preferred
Hematological Agents	Icatibant	Generic Preferred
Hematological Agents	Kalbitor	Preferred
Hematological Agents	Takhzyro	Preferred
Hematopoietic Agents	Tavalisse	Preferred
Hematopoietic Agents	Aranesp	Preferred
Hematopoietic Agents	Cerdelga	Preferred
Hematopoietic Agents	Doptelet	Preferred



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