

FEP Prior Approval Drug List

| | | | | | |
|------------------------|--|------------------------|--------------------------|-------------------------------|---------------------|
| - A - | | Dovonex | Lupron Depot | Restoril* | |
| Abstral | | Dysport | Luveris | Retin-A/Retin-A Micro | |
| Aciphex* | | - E - | | Revatio | |
| Acthar Gel | | Edluar* | - M - | | |
| Actimmune | | Egrifta | Maxalt*/Maxalt MLT* | Ribapak | |
| Actiq | | Elaprase | Melfiat | Ribasphere | |
| Adcirca | | Eligard | Menopur | Ribatab | |
| Adderall/Adderall XR | | Endometrin | Metadate CD/Metadate ER | Ribavirin | |
| Adipex-P | | Epiduo Gel | methamphetamine | Ritalin/Ritalin LA/Ritalin SR | |
| Aldurazyme | | Epogen | Methylin/Methylin ER | Rituxan | |
| Alferon-N | | Euflexxa | methylphenidate | - S - | |
| Alsuma* | | Exjade | Myobloc | Saizen | |
| Altinac | | - F - | | Serophene | |
| Ambien*/Ambien CR* | | Fabrazyme | - N - | | |
| Amerge* | | Fastin | Naglazyme | Serostim | |
| amphetamine salt combo | | Fentanyl powder | Neulasta | Soliris | |
| Aranesp | | Fentora | Neupogen | Sonata* | |
| Arcalyst | | First-Progesterone VGS | Nexium* | Sporanox | |
| Atgam | | Flebogamma | Norditropin | Sumavel* | |
| Atralin | | Flolan | Novarel | Supartz | |
| Avastin | | Focalin/Focalin XR | Nutropin | Synagis | |
| Avita | | Follistim AQ | Nuvigil | Synarel | |
| Axert* | | Frova* | - O - | | Synvisc/Synvisc-One |
| - B - | | - G - | | - T - | |
| Baygam | | Gamastan S/D | Octagam | Tamiflu* | |
| Berinert | | Gammagard | Omnitrope | Tazorac | |
| Bontril PDM/Bontril SR | | Gammaked | Onsolis | Tenuate | |
| Botox | | Gammalex | Orencia | Terbinex | |
| Bravelle | | Gamunex | Orthovisc | Tev-Tropin | |
| butorphanol* | | Ganirelix | Ovidrel | Tracleer | |
| - C - | | Genotropin | - P - | | Tretin-X |
| Calcitrene | | Gonal-F/Gonal-F RFF | Pegasys | Treximet* | |
| Campath | | - H - | | Tyvaso | |
| Carbaglu | | Halcion* | Peg-Intron | - V - | |
| Carimune | | HCG powder | phendimetrazine tartrate | Vectical | |
| Celebrex | | Herceptin | phentermine HCL | Veletri | |
| Ceprotin | | Hizentra | Pregnyl | Veltin | |
| Cerezyme | | Humatrope | Prevacid* | Ventavis | |
| Cetrotide | | Hyalgan | Prevpac* | Vimovo* | |
| Cialis (2.5mg & 5mg) | | - I - | | Vivaglobin | |
| Cinryze | | Ilaris | Privigen | VPRIV | |
| Clomid | | Imitrex* | ProCentra | Vyvanse | |
| clomiphene citrate | | Increlex | Prochieve | - X - | |
| Concerta | | Infergen | Procrit | Xenazine | |
| Copegus | | Intron-A | Profast | Xeomin | |
| Crinone | | Ionamin | progesterone in oil | Xiaflex | |
| - D - | | - K - | | Xolair | |
| Dalmane* | | Kalbitor | progesterone powder | - Z - | |
| Daytrana | | Kepivance | Prometrium | Zegerid* | |
| Desoxyyn | | Kuvan | Prosom* | Ziana | |
| Dexedrine | | - L - | | Zolinza | |
| Dexilant* | | Lamisil | Protonix* | Zolpimist* | |
| dexmethylphenidate | | Lazanda | Provenge | Zomig*/Zomig ZMT* | |
| dextroamphetamine | | Letairis | Provigil | Zorbitive | |
| DextroStat | | Leukine | Pulmozyme | Zyvox* | |
| Didrex | | LiquADD | - R - | | |
| diethylpropion | | Lumizyme | Rebetol | | |
| Differin | | Lunesta* | Refissa | | |
| | | | Relenza* | | |
| | | | Relpax* | | |
| | | | Remicade | | |
| | | | Remodulin | | |
| | | | Renova (0.05%) | | |
| | | | Repronex | | |

*indicates medication has a quantity allowance before prior approval is required.

Learn About Prior Approval

For certain prescription medicines, the Service Benefit Plan Pharmacy Programs must determine whether the medicine is related to a service or condition that is covered before benefits can be approved. We also evaluate whether the medicine is prescribed in accordance with generally accepted medical practices.

The prior approval program ensures members have access to appropriate quantities of medicine either by requiring prior approval of a medicine before benefits can be paid or by making available a set amount of medicine within a specific timeframe, known as a quantity allowance.

According to the terms of your coverage, prior approval is required for certain services and supplies and must be renewed periodically. This is outlined in the Blue Cross and Blue Shield Service Benefit Plan brochure (RI 71-005), your official statement of benefits.

For prescription drugs and covered medical supplies, prior approval is required if the medication

- may be used outside the Food & Drug Administration or manufacturer's guidelines;
- requires completion of diagnostic procedures to maximize the therapeutic benefits;
- may be used to treat conditions or illnesses not covered by the Plan;
- has unique dosing and/or administration requirements; or
- has a high potential for adverse affects and/or abuse.

How to Obtain Prior Approval

FEP Clinical Call Center

Your physician's office can contact our clinical call center toll-free at 1-877-727-3784 between the hours of 7 a.m. and 9 p.m., Eastern Time (starting 1/1/12), Monday through Friday and request prior approval or quantity increases. This phone number is for physicians' offices only.

Paper-based Process

The Service Benefit Plan recognizes some members and physicians prefer to use a paper-based process to obtain prior approval. You or your physician can request the appropriate form by calling the Retail Pharmacy Program Customer Care Unit toll-free at 1-800-624-5060 or printing the form from the FEP Web site, FEPBlue.org. From the home page, click on the **Pharmacy** tab, and then select the link **Learn more about Standard Option [or Basic Option] prior approval**. Scroll down and select the form for your specific medication.

Fax or mail the completed request to the number or address in the upper right-hand corner of the form. Please allow up to five business days for processing.

Prior Approval Status

You can verify the status of your prior approval request by logging on to our secure Web site. Follow the instructions above to access **Caremark's Pharmacy Site**. Once you have registered and logged in, select **Check Prescription History** from the left-side navigation bar, and select **Prior Authorization Status**. Please allow up to 24 hours for physician phoned-in requests or two to five business days for paper-based requests.