



PRIOR AUTHORIZATION DRUG LIST

STANDARD/STANDARD WITH STEP THERAPY

ANDROGENS

Anadrol-50
 Androderm
 Axiron
 Fluoxymesterone (oral)
 Methyltestosterone (oral)
 Oxandrin
 Striant
 Testosterone gel

ANTIFUNGAL

Lamisil Granules
 Onmel
 Sporanox Capsules
 Sporanox Solution
 Vfend

BUPRENORPHINE

Bunavail
 Buprenorphine/naloxone
 Buprenorphine sublingual
 (brand not available)
 Suboxone Film

FENTANYL PRODUCTS

Abstral
 Actiq
 Fentora
 Lazanda
 Onsolis
 Subsys

HEPATITIS

Tyzeka
 Hepsera

MISCELLANEOUS

Abilify Discmelt
 Emsam
 Marinol
 Regranex gel
 Relistor
 Sancuso patch

NARCOLEPSY

Nuvigil
 Provigil
 Xyrem

SEIZURE DISORDERS

Banzel Suspension
 Banzel Tablets
 Vimpat

SUBLINGUAL IMMUNOTHERAPY

Grastek
 Oralair
 Ragwitek

SPECIALTY MEDICATION - SPECIALTY GUIDELINE MANAGEMENT

ACROMEGALY

Octreotide
 Sandostatin
 Somatuline Depot
 Somavert

ANEMIA

Aranesp
 Epogen
 Mircera
 Procrit

CAPS

Arcalyst
 Ilaris
 Kineret

CUSHING'S SYNDROME

Korlym
 Signifor

CYSTIC FIBROSIS

Bethkis
 Cayston
 Kalydeco
 Pulmozyme
 Tobi
 Tobi Podhaler



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

Medication listed in the Specialty Medication-Specialty Guidance Management section may require the prescription to be filled at an in-network specialty pharmacy only.



PRIOR AUTHORIZATION DRUG LIST

SPECIALTY MEDICATION - SPECIALTY GUIDELINE MANAGEMENT (CONT.)

ELECTROLYTE DISORDERS

Samsca

GROWTH HORMONE

Humatrope
Increlex
Norditropin
Nutropin

HEMATOPOIETICS

Mozobil
Neumega

HEMOPHILIA

Stimate

HEPATITIS

Harvoni
Pegasys
PegIntron
Ribavirin
Sovaldi

HEREDITARY ANGIOEDEMA

Firazyr

IDIOPATHIC PULMONARY FIBROSIS

Esbriet
Ofev

IDIOPATHIC THROMBOCYTOPE- NIA PURPURA

Nplate
Promacta

IMMUNE THERAPIES

Hizentra
HyQvia

INFECTIOUS DISEASES

Actimmune

INFERTILITY PRODUCTS

Bravelle
Cetrotide
Clomid
Follistim AQ
Ganirelix
Leuprolide
Luveris
Menopur
Novarel
Ovidrel

INFLAMMATORY BOWEL DISORDER

Cimzia
Humira
Simponi

IRON OVERLOAD

Exjade
Ferriprox
Jadenu

LIPID DISORDERS

Juxtapid
Kynamro

MOVEMENT DISORDERS

Apokyn
Xenazine

MULTIPLE SCLEROSIS

Ampyra
Aubagio
Betaseron
Copaxone
Extavia
Gilenya
Glatopa
Tecfidera

NEUTROPENIA

Granix
Leukine
Neulasta
Neupogen

ONCOLOGY

Afinitor
Bosulif
Caprelsa
Cometriq
Erivedge
Gilotrif
Gleevec
Hycamtin
Ibrance
Iclusig
Imbruvica
Inlyta
Intron A
Jakafi
Lynparza
Mekinist
Nexavar
Pomalyst
Revlimid
Sprycel
Stivarga
Sutent
Sylatron
Tafinlar
Tarceva
Targretin
Tasigna
Temodar
Thalomid

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PRIOR AUTHORIZATION DRUG LIST

SPECIALTY MEDICATION - SPECIALTY GUIDELINE MANAGEMENT (CONT.)

ONCOLOGY (CONT.)

Tykerb
Votrient
Xalkori
Xeloda
Xtandi
Zaltrap
Zelboraf
Zolinza
Zytiga

OSTEOPOROSIS

Forteo

PKU

Kuvan

PSORIASIS

Enbrel
Humira
Otezla
Otrexup
Rasuvo
Stelara

PULMONARY ARTERIAL HYPERTENSION

Adcirca
Adempas
Letairis
Opsumit
Orenitram
Remodulin
Revatio
Tracleer
Tyvaso
Ventavis

RHEUMATOID ARTHRITIS

Actemra
Cimzia
Cosentyx
Enbrel
Humira
Kineret
Orencia
Otezla
Otrexup
Rasuvo
Simponi
Xeljanz

SEIZURE DISORDERS

HP Acthar
Sabril

UREA CYCLE DISORDERS

Buphenyl
Carbaglu
Ravicti

NON-DISCRIMINATION AND LANGUAGE ASSISTANCE NOTICE

NOTICE: Our Company complies with applicable federal and state civil rights laws and does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, age, disability, or sex.

We provide free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in various formats (large print, audio, accessible electronic formats, other formats), and language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. **If you need these services, contact our Civil Rights Coordinator.**

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator

601 Gaines Street, Little Rock, AR 72201
Phone: 1-844-662-2276; TDD: 1-844-662-2275

You can file a grievance in person, by mail, or by email. If you need help filing a grievance our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201
Phone: 1-800-368-1019; TDD: 1-800-537-7697

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-844-662-2276.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-662-2276.

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-662-2276。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-662-2276.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-662-2276 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-662-2276.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-662-2276.

ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. إتصل بالرقم 1-844-662-2276.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-844-662-2276.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-662-2276.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-662-2276.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-844-662-2276.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-662-2276.

注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。1-844-662-2276 まで、お電話にてご連絡ください。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-662-2276.

توجه: اگر بہ زبان فارسی صحبت می‌کنید، خدمات و کمک‌های زبانی رایگان برای شما موجود است. برای کسب اطلاعات بیشتر، با شماره 1-844-662-2276 تماس بگیرید.

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-844-662-2276.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-844-662-2276 पर कॉल करें।

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-844-662-2276.

انتباه: اگر آپ اردو بولتے ہیں تو، آپ کے لئے زبان کی مدد کی خدمات بلا معاوضہ دستیاب ہیں۔ 1-844-662-2276 پر کال کریں۔

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-844-662-2276.

LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe aṃ ejje!ok wōñāān. Kaalok 1-844-662-2276.