

Formulary Drugs Requiring Prior Authorization (PA) for Medical Necessity*

Drug	Usual Diagnosis	Edit Requirements or Limits to Exceed Before Prior Authorization (PA) Required for Benefit Coverage
Actiq	Management of cancer pain	PA required
Actonel 30mg	Paget's disease of the bone	PA required, treatment if approved is limited to 2 months
Actos	Diabetes Type II	PA required if no history of prerequisite therapy
Amerge	Acute Migraine	PA required > 9 tablets per prescription per month
Anzemet	Nausea and Vomiting (Chemotherapy)	PA required > 1 unit per prescription
Avapro, Avalide	Hypertension	PA required if no history of ACE drug therapy
Avelox	Infections	PA required > 10 tablets per prescription
Avita	Acne vulgaris	PA required age > 40 years
Benicar, Benicar HCT	Hypertension	PA required if no history of ACE drug therapy
Biaxin and Biaxin XL	Infections	PA required > 28 tablets
Ceclor CD	Infections	PA required > 14 tablets
Comtan	Parkinson's Disease	Concurrent drug therapy of Levadopa/Carbidopa required
Crinone 8%	Luteal Phase Defect as part of ART	PA required
Detrol, Detrol LA	Overactive bladder	PA required for HMO & 65 Plus only, history of oxybutynin use
Differin	Acne	PA required age > 40 years
Diflucan (for all but 1 tablet of 150mg)	Fungal Infections	PA required for all except 1 tablet of 150mg for vaginal yeast infection
Diovan, Diovan HCT	Hypertension	PA required if no history of ACE drug therapy
Elidel	Atopic Dermatitis	PA required: Quantity limit 1 tube per 30 days if approved
Gleevec	Chronic Myeloid Leukemia	PA required
Hepsera	Hepatitis B	PA required: Quantity limit of 1 per day
Insulins (Humulin/Humalog)	Diabetes	PA required for pen-fills, PA not required for vials
Imitrex Nasal Spray	Acute Migraine	PA required > 6 units/box per month
Imitrex Tablets	Acute Migraine	PA required > 9 tablets per month
Kytril Oral (1mg)	Nausea and Vomiting (Chemotherapy)	PA required > 2 tablets per prescription
Lamisil	Fungal Infections	PA required to verify medical necessity. Not covered if prescribed for nail fungus without functional impairment.
Malarone	Antimalarial	PA required
Maxalt	Acute Migraine	PA required > 6 tablets per month
Mepron	Antiparasitics/PCP	PA required
Miacalcin Nasal Spray	Osteoporosis	PA required
Migranal Nasal Spray	Acute Migraine	PA required > 1 kit per month; 1 kit = 4 doses
Muse	Erectile Dysfunction	PA required. If approved quantity limited to 6 per 30 days
Oxsoralen, Ultra	Antipsoriatic	PA required: Lotion is non-formulary
Oxytrol	Overactive Bladder	PA required, history of oxybutynin use required
Patanol	Allergic Conjunctivitis	PA required > 1bottle per 30 days
Proscar	Prostatic Hypertrophy	PA required if no prior use of Hytrin or Cardura in past 6 months
Provigil	Narcolepsy	PA required
Rebetol	Hepatitis C	PA required
Regranex	Diabetic Foot Ulcers	PA required
Renagel	Phosphorus reduction, dialysis patients w/ESRD	PA required
Restasis	Severe Dry Eye	PA required
Retin A, Retin A Micro	Acne vulgaris	PA required age > 40
Singulair	Asthma / Allergic Rhinitis	PA required: Allergic Rhinitis (computer looks for asthma meds)
Stadol NS	Acute Pain	PA required > 2 canisters per prescription or > 4 canisters per 30 days
TOBI	Cystic Fibrosis	PA required
Viagra	Erectile Dysfunction	PA required: If approved quantity limited to 6 per 30 days
Zithromax 250 mg	Bacterial Infection	PA required >6 tablets per prescription or greater than 8 tablets of 600mg per 30 days for MAC prophylaxis.
Zofran 4, 8 or 24 mg	Nausea and Vomiting (Chemotherapy)	PA required >9 tablets(4 or 8mg) per prescription or >1 tablet (24mg tablet)per prescription
Zyvox	Infections	PA Required

*Medications listed above require member's physician to obtain Prior Authorization (PA) for medical necessity from Blue Shield Pharmacy Services at 800-535-9481. Applies to all HMO/POS and PPO groups. (HMO/POS groups also require PA for coverage of non-formulary drugs if formulary alternatives failed). Last updated 10/02/03