



FEP Prior Approval Program

Medications that require Prior Approval or quantity limitation overrides

Aciphex	<ul style="list-style-type: none">• Geref	Mobic
Actiq	<ul style="list-style-type: none">• Humatrope	Myobloc
Ambien	<ul style="list-style-type: none">• Norditropin	Naglazyme
Amerge	<ul style="list-style-type: none">• Nutropin	Namenda
Amphetamines	<ul style="list-style-type: none">• Omnitrope	Neulasta
<ul style="list-style-type: none">• Adderall	<ul style="list-style-type: none">• Saizen	Neupogen
<ul style="list-style-type: none">• Amphetamine Salt Combo	<ul style="list-style-type: none">• Tev-Tropin	Nexium
<ul style="list-style-type: none">• Desoxyn	Halcion	Orencia
<ul style="list-style-type: none">• Dexadrine	Hepatitis B therapy	Prevacid
<ul style="list-style-type: none">• Dextroamphetamine	<ul style="list-style-type: none">• Intron-A	Prevacid NapraPAC
<ul style="list-style-type: none">• DextroStat	<ul style="list-style-type: none">• Pegasys	Prevpac
<ul style="list-style-type: none">• Methamphetamine	<ul style="list-style-type: none">• PEG Intron	Prilosec
<ul style="list-style-type: none">• Vyvanse	Hepatitis C therapy	Procrit
Anorexiants	<ul style="list-style-type: none">• Pegylated Interferon	Prosom
<ul style="list-style-type: none">• Adipex-P	<ul style="list-style-type: none">• Ribavirin	Protonix
<ul style="list-style-type: none">• Bontril	IGIM	Provigil
<ul style="list-style-type: none">• Didrex	<ul style="list-style-type: none">• Baygam	Pulmozyme
<ul style="list-style-type: none">• Diethylpropion	<ul style="list-style-type: none">• Gamastan S/D	Razadyne
<ul style="list-style-type: none">• Ionamin	Imitrex	Rebetol
<ul style="list-style-type: none">• Melfiat	Immune Globulin products	Rebetron
<ul style="list-style-type: none">• Phendimetrazine	<ul style="list-style-type: none">• Carimune	Rebif
<ul style="list-style-type: none">• Phentermine	<ul style="list-style-type: none">• Flebogamma	Relenza
<ul style="list-style-type: none">• Phentermin Resin	<ul style="list-style-type: none">• Gamimune	Relpax
<ul style="list-style-type: none">• Pro-Fast	<ul style="list-style-type: none">• Gammagard S/D	Renova (0.05%)
<ul style="list-style-type: none">• Tenuate	<ul style="list-style-type: none">• Gammar P.I.V.	Restoril
Aranesp	<ul style="list-style-type: none">• Gamunex	Retin-A
Aricept	<ul style="list-style-type: none">• Iveegam	Revatio
Atgam	<ul style="list-style-type: none">• Octagam	Serostim
Atralin	<ul style="list-style-type: none">• Panglobulin	Smoking Cessation
Avastin	<ul style="list-style-type: none">• Polygam S/D	<ul style="list-style-type: none">• Chantix
Avita	<ul style="list-style-type: none">• Venoglobulin-S	<ul style="list-style-type: none">• Nicotine Inhaler
Avonex	<ul style="list-style-type: none">• Vivaglobulin	<ul style="list-style-type: none">• Nicotine NS
Axert	Increlex / iPlex	<ul style="list-style-type: none">• Nicotine Patch
Betaseron	Interferon products	<ul style="list-style-type: none">• Zyban
Botox	<ul style="list-style-type: none">• Actimmune	Soliris
Celebrex	<ul style="list-style-type: none">• Alferon-N	Sonata
Ceprotin	<ul style="list-style-type: none">• Infergen	Sporanox
Cognex	<ul style="list-style-type: none">• Intron-A	Stadol
Copaxone	<ul style="list-style-type: none">• Roferon	Tamiflu
Copegus	Kepivance	Tazorac
Dalmane	Lamisil	Tretin-X
Differin	Leukine	Treximet
Dovonex	Lunesta	Tysabri
Epogen	Lysosomal Storage Enzymes	Xolair
Exelon	<ul style="list-style-type: none">• Aldurazyme	Zegerid
Exjade	<ul style="list-style-type: none">• Cerezyme	Zolinza
Fentora	<ul style="list-style-type: none">• Elaprase	Zomig
Frova	<ul style="list-style-type: none">• Fabrazyme	Zyvox
Growth Hormones (Child/Adult)	<ul style="list-style-type: none">• Myozyme	
<ul style="list-style-type: none">• Genotropin	Maxalt	

Please note this list
Is subject to change



FEP Prior Approval Program

- Prior Approval is part of the Blue Cross and Blue Shield Service Benefit Plan's Patient Safety and Quality Monitoring Program. The PA program is designed to:
 - Verify the clinical appropriateness of drug therapy prior to initiation of therapy
 - Ensure the safe and appropriate utilization of medications
 - Allow members, who have met certain criteria, access to medications that would typically not be covered under the plan
- Authorizations are granted when predetermined clinical criteria are met. The criteria are created and reviewed by Caremark clinical staff, external medical consultants, the FEP Director's Office and FEP's own independent Pharmacy and Therapeutics Committee
- The PA process is coordinated between CVS Caremark and the mail service provider on behalf of the member. Prior approval information is transmitted between the organizations and CVS Caremark contacts the prescribing physician via fax with a PA request form. Upon receipt of the information from the physician, CVS Caremark transmits the PA outcome to the mail service provider
- Physician education and physician/patient dialogue are also components of the program

