

# 2019 FEP Prior Approval Drug List

A
Abstral
Aciphex
<b>Actemra</b>
<b>Acthar Gel</b>
<b>Actimmune</b>
Actiq
<b>Adcetris</b>
<b>Adcirca</b>
<b>Adempas</b>
Adderall/Adderall XR
Adzenys XR/ Adzenys ER solution
<b>Afinitor</b>
Afrezza
Aimovig
Akynzeo
Albenza
Alcortin A
Aldara (brand only)
<b>Aldurazyme</b>
<b>Alecensa</b>
<b>Alferon-N</b>
<b>Aliqopa</b>
Allzital
Aloxi (palonosetron)
Alprostadiol Powder/Injection
Alsuma
Altinac
<b>Alunbrig</b>
Ambien/Ambien CR
Ameluz Gel
Amerge
Amitiza
amphetamine salt combo
<b>Ampyra</b>
Androderm
AndroGel
Android
Androxy
Anzemet (dolasetron)
Apexicon E
Aptensio XR
Aquoral
<b>Aralast NP</b>
<b>Aranesp</b>
<b>Arcalyst</b>
<b>Arikayce</b>
Arymo ER
<b>Arzerra</b>
<b>Atgam</b>
Atralin
<b>Aubagio</b>
<b>Austedo</b>
<b>Avastin</b>
<b>Aveed</b>

Avita
<b>Avonex</b>
Axert
Axiron
<b>Azedra</b>
B
<b>Bavencio</b>
Baclofen Powder
Belbuca
<b>Beleodaq</b>
Belsomra
<b>Bendeka</b>
<b>Benlysta</b>
<b>Berinert</b>
<b>Besponsa</b>
Betamethasone Dipropionate Ointment 0.05%
<b>Betaseron</b>
<b>Bivigam</b>
<b>Blinicyto</b>
Bocasal
Bonjesta
<b>bortezomib</b>
<b>Bosulif</b>
<b>Botox</b>
<b>Braftovi</b>
<b>Bravelle</b>
<b>Brineura</b>
Bunavail
<b>Buphenyl</b>
buprenorphine SL
butorphanol
Butrans
C
<b>Cabometyx</b>
Calcipotriene Cream 0.005%
<b>Calquence</b>
Caphosol
<b>Caprelsa</b>
<b>Carbaglu</b>
carisoprodol products
cefotaxime sodium IV
ceftriaxone IV
Celecoxib Powder
Celebrex
<b>Ceprotrin</b>
<b>Cerdelga</b>
<b>Cerezyme</b>
<b>Cetrotide</b>
Cesamet
<b>Cholbam</b>
Cholestyramine resin
Cialis (2.5 mg & 5 mg)*
<b>Cimzia</b>
<b>Cinqair</b>
<b>Cinryze</b>

Cinvanti
Clomid
clomiphene citrate powder
Codeine Tablets
<b>Cometriq</b>
Compound High Dollar Limit
Compounding Kits
Concerta
Continuous Glucose Monitors (CGM)
Continuous glucose monitor supplies
Conzip
<b>Copaxone</b>
<b>Copegus</b>
<b>Copiktra</b>
Corlanor
<b>Cosentyx</b>
<b>Cotellic</b>
Cotempla XR
Cresemba
<b>Crinone</b>
<b>Crysvita</b>
<b>Cuvitru</b>
Cyclobenzaprine Powder
<b>Cyramza</b>
D
Dalmane
<b>Daklinza</b>
Daraprim
<b>Darzalex</b>
<b>Daurismo</b>
Daytrana
Delatestryl
Demerol
Depo-Testosterone
Desoxyn
Dexedrine
Dexilant
Dexmethylphenidate
Dextroamphetamine
Diabetic test strips
Diclegis
Diclofenac Powder
Diclofenac Gel 1%
Diclofenac Solution 1.5%
Differin
Dilaudid
Dolophine
<b>Doptelet</b>
Dovonex Cream 0.005%
Doxepin Cream 5%
Doxycycline IV
Dupixent
Duragesic (fentanyl)
Durlaza

<b>Durolane</b>
Duzallo
Dyanavel XR
<b>Dysport</b>
E
Ecoza
Edluar
<b>Egrifta</b>
<b>Elaprase</b>
<b>Ellelyso</b>
<b>Eligard</b>
Embeda
Emend
<b>Emflaza</b>
Emla
<b>Empliciti</b>
Emverm
<b>Enbrel</b>
<b>Endari</b>
Endometrin
Entresto
<b>Entyvio</b>
<b>Epclusa</b>
<b>Epidiolex</b>
Epiduo Gel
Episil
<b>Epogen</b>
<b>Erbix</b>
<b>Erivedge</b>
<b>Erleada</b>
Ertaczo
<b>Erwinaze</b>
<b>Esbriet</b>
Esgic/ Esgic plus
Esomeprazole strontium
estazolam
eszopiclone
Eucrisa
<b>Euflexxa</b>
Evekeo
<b>Evomela</b>
Evzio
Exalgo
Exelderm
<b>Exjade</b>
<b>Exondys 51</b>
<b>Extavia</b>
<b>Eylea</b>
F
Fabior Foam
<b>Fabrazyme</b>
Farxiga
<b>Farydak</b>
<b>Fasenra</b>
Fentanyl patches
Fentanyl powder

## 2019 FEP Prior Approval Drug List

Fentora
<b>Ferriprox</b>
Fioricet /Fioricet with codeine
Fiorinal /Fiorinal with codeine
<b>Firazyr</b>
<b>Firdapse</b>
<b>Firmagon</b>
First-Lansoprazole
<b>Flebogamma</b>
<b>Flolan</b>
Fluocinonide Cream 0.1%
Fluocinonide Cream 0.05%
flurazepam
Flurbiprofen powder
Fluticasone Powder
Fluoxymesterone Powder
Focalin/Focalin XR
<b>Follistim AQ</b>
Fortamet
<b>Forteo</b>
Fortesta
Frova
<b>Fulphila</b>
<b>G</b>
Gabapentin
Gabapentin Powder
<b>Galafold</b>
<b>Gamastan S/D</b>
<b>Gamifant</b>
<b>Gammagard</b>
<b>Gammaked</b>
<b>Gammaplex</b>
<b>Gamunex</b>
<b>Ganirelix</b>
<b>Gattex</b>
<b>Gazyva</b>
Gelclair
<b>Gel-One</b>
<b>Gel-Syn 3</b>
Gelx
<b>Genotropin</b>
<b>Genvisc</b>
<b>Gilenya</b>
<b>Gilotrif</b>
<b>Glassia</b>
<b>Gleevec</b>
Glumetza
Glyxambi
Gocovri
<b>Gonal-F/Gonal-F RFF</b>
Granisetron injection
<b>Granix</b>
Grastek
<b>H</b>
<b>Haegarda</b>
<b>Halaven</b>

Halcion
<b>Harvoni</b>
<b>HCG powder</b>
<b>Herceptin</b>
Hetlioz
<b>Hizentra</b>
<b>Humatrope</b>
<b>Humira</b>
<b>Hyalgan</b>
<b>Hyaluronate Compounding Powder</b>
Hydromorphone
<b>Hymovis</b>
<b>Hyqvia</b>
Hysingla ER
<b>I</b>
<b>Ibrance</b>
Ibuprofen Powder
<b>Iclusig</b>
<b>Idhifa</b>
<b>Ilaris</b>
<b>Ilumya</b>
<b>Imbruvica</b>
<b>Imfinzi</b>
Imitrex
<b>Imlygic</b>
<b>Increlex</b>
<b>Infergen</b>
<b>Inflectra</b>
<b>Ingrezza</b>
<b>Inlyta</b>
Intermezzo
<b>Intron-A</b>
Invokamet/ Invokamet XR
Invokana
<b>Iressa</b>
<b>Istodax</b>
<b>J</b>
<b>Jadenu</b>
<b>Jakafi</b>
Jardiance
<b>Jetrea</b>
<b>Jevtana</b>
Jublia
<b>Juxtapid</b>
<b>Jynarque</b>
<b>K</b>
<b>Kadcyla</b>
Kadian
<b>Kalbitor</b>
<b>Kalydeco</b>
<b>Kanuma</b>
Kapidex
<b>Kepivance</b>
Kerydin
Ketalar

Ketamine powder
Ketoconazole
Ketoprofen powder
Keveyis
<b>Kevzara</b>
<b>Keytruda</b>
<b>Kineret</b>
<b>Kisqali/ Kisqali-Femara</b>
<b>Korlym</b>
<b>Krystexxa</b>
<b>Kuvan</b>
<b>Kymriah</b>
<b>Kynamro</b>
<b>Kyprolis</b>
Kytril (granisetron)
<b>L</b>
<b>Lartuvo</b>
Lazanda
<b>Lemtrada</b>
<b>Lenvima</b>
<b>Letairis</b>
<b>Leukine</b>
Levorphanol
Levulan
<b>Libtayo</b>
Lidocaine injection
Lidocaine Powder
Lidocaine Topical ointment
Lidoderm
Linzess
Locoid cream
Lokelma
<b>Lonsurf</b>
<b>Lorbrena</b>
Lucemyra
<b>Lucentis</b>
<b>Lumizyme</b>
<b>Lumoxiti</b>
Lunesta
<b>Lupron Depot</b>
<b>Lutathera</b>
<b>Luxturna</b>
Luzu
<b>Lynparza</b>
Lyrica/ Lyrica CR
<b>M</b>
<b>Macugen</b>
Marinol
<b>Marqibo</b>
<b>Mavyret</b>
Maxalt/Maxalt MLT
Medical foods
<b>Mekinist</b>
<b>Mektovi</b>
Meloxicam Powder
<b>Menopur</b>

Meperidine
<b>Mepsevii</b>
Metadate CD/Metadate ER
metformin ER (generic Glumetza)
Methadone
Methadose
Methamphetamine
Methitest
Methylin/Methylin ER
Methylphenidate
Methyltestosterone Powder
Migranal nasal spray
<b>Mircera</b>
Mirvaso
<b>Moderiba</b>
Mometasone Powder
<b>Monovisc</b>
Morphine
Movantik
MS Contin
Mucotrol
Mugard
<b>Mulpleta</b>
<b>Myalept</b>
Mydayis
<b>Mylotarg</b>
<b>Myobloc</b>
<b>N</b>
<b>Naglazyme</b>
Natesto nasal gel
<b>Natpara</b>
<b>Nerlynx</b>
<b>Neulasta</b>
<b>Neupogen</b>
Neutrasal
<b>Nexavar</b>
Nexium
Nilandron (brand only)
Nocturna
Noctiva
Norditropin
<b>Ninlaro</b>
<b>Nivestym</b>
<b>Northera</b>
Novacort
<b>Novarel</b>
<b>Nplate</b>
<b>Nucala</b>
Nucynta/Nucynta ER
Nuedexta
Numoisyn
<b>Nuplazid</b>
<b>Nutropin</b>
Nuvigil
<b>O</b>

## 2019 FEP Prior Approval Drug List

<b>Ocaliva</b>
<b>Ocrevus</b>
<b>Octagam</b>
<b>Odactra</b>
<b>Odomzo</b>
<b>Ofev</b>
<b>Olumiant</b>
Omeclamox-Pak
<b>Omnitrope</b>
<b>Onivyde</b>
Onmel
Onpattro
Onsolis
Onzetra Xsail
Opana/Opana ER
<b>Opdivo</b>
Opioid cough medications
Opioid powders
<b>Opsumit</b>
<b>Oralair</b>
Oramagic Rx
<b>Orencia</b>
<b>Orenitram</b>
Orilissa
<b>Orkambi</b>
<b>Orthovisc</b>
Osmolex ER
<b>Otezla</b>
Otrexup
<b>Ovidrel</b>
Oxistat
Oxecta
<b>Oxervate</b>
Oxycodone
Oxycontin ER
Oxymorphone
<b>P</b>
<b>Palynziq</b>
<b>Panzyga</b>
Papaverine Powder
<b>Parsabiv</b>
<b>Pegasys</b>
<b>Peg-Intron</b>
penicillin G potassium IV
Pennsaid Topical Solution 1.5%
Pentazocine-Naloxone (Talwin)
<b>Perjeta</b>
Phentolamine powder
<b>Plegridy</b>
Pliaglis
<b>Pomalyst</b>
<b>Portrazza</b>
<b>Poteligeo</b>
<b>Praluent</b>

<b>Pregnyl</b>
Prevacid
Prevpac
<b>Prevymis</b>
Prilocaine powder
<b>Privigen</b>
Probuphine
ProCentra
<b>Procrit</b>
<b>Procysbi</b>
<b>progesterone in oil</b>
<b>progesterone powder</b>
<b>Prolastin-C</b>
<b>Prolia</b>
<b>Promacta</b>
<b>Prometrium</b>
Prosom
Protonix
<b>Provenge</b>
Provigil
<b>Pulmozyme</b>
Pylera
<b>Q</b>
Qtern
Quillichew ER
Quillivant XR
<b>R</b>
<b>Radicava</b>
Ragwitek
Rasuvo
<b>Ravicti</b>
Rayos
<b>Rebetol</b>
<b>Rebif</b>
Refissa
Regranex
Relenza
Relistor
Relpax
<b>Remicade</b>
<b>Remodulin</b>
<b>Renflexis</b>
Renova (0.05%)**
<b>Repatha</b>
<b>Repatha PushTronex</b>
Repronex
Restasis
Restoril
<b>Retacrit</b>
Retin-A/Retin-A Micro
Retin A Micro Pump
<b>Revatio/Revatio IV</b>
<b>Revatio oral suspension</b>
<b>Revcovi</b>
<b>Revlimid</b>
<b>Ribapak</b>

<b>Ribasphere</b>
<b>Ribatab</b>
<b>Ribavirin</b>
Riomet
Ritalin/Ritalin LA/Ritalin SR
<b>Rituxan</b>
<b>Rituxan Hycela</b>
Rhofade 1% cream
Roxybond
Rozerem
<b>Rubraca</b>
<b>Ruconest</b>
<b>Rydapt</b>
<b>S</b>
<b>Sabril</b>
<b>Saizen</b>
Salicept
SalivaMax
Salivate Rx
<b>Samsca</b>
Sancuso (granisetron) patches
<b>Sandostatin LAR</b>
Santyl Ointment
Savella
Segluromet
<b>Sensipar</b>
<b>Serophene</b>
<b>Serostim</b>
<b>Signifor/Signifor LAR</b>
<b>Siklos</b>
Sildenafil Powder
<b>Siliq</b>
<b>Simponi / Simponi Aria</b>
<b>Sinuva</b>
Sivextro
Solaraze
<b>Soliris</b>
Soliqua
Soma
Soma Compound
Soma Compound with Codeine
<b>Somatuline Depot</b>
Sonata
<b>Sovaldi</b>
<b>Spinraza</b>
Sprix
<b>Sprycel</b>
Sporanox
Stadol
Steglatro
Steglujan
<b>Stelara</b>
<b>Stivarga</b>
<b>Strensiq</b>

<b>Striant</b>
<b>Sublocade</b>
Suboxone
Subsys
sumatriptan
Sumatriptan powder
Sumavel
<b>Supartz</b>
<b>Supprelin/Supprelin LA</b>
Sustol ER Injection (granisetron)
<b>Sutent</b>
<b>Sylatron</b>
<b>Sylvant</b>
<b>Symdeko</b>
Symproic
<b>Synagis</b>
Synarel
Syndros
Synjardy/ Synjardy XR
<b>Synribo</b>
<b>Synvisc/Synvisc-One</b>
<b>T</b>
Taclonex
Tadalafil Powder
<b>Tafinlar</b>
<b>Tagrisso</b>
<b>Takhzyro</b>
<b>Taltz</b>
<b>Talzenna</b>
Tamiflu
<b>Tarceva</b>
<b>Targretin</b>
<b>Tasigna</b>
<b>Tavalisse</b>
Tazorac
Tazarotene powder
<b>Tecentriq</b>
<b>Tecfidera</b>
<b>Tegsedi</b>
temazepam
Tencon
Terbutaline
Testim
<b>Testopel</b>
Testosterone Compounding Powders
Testosterone Injectable Agents
Testosterone Oral Agents
Testred
Tetravex
<b>Tibsovo</b>
Tizanidine Powder
Tolsura

## 2019 FEP Prior Approval Drug List

Topiramate Powder	<b>Vantas</b>	<b>Xermelo</b>	Zembrace SymTouch
<b>Tracleer</b>	Varubi	<b>Xgeva</b>	Zenzedi
Tramadol Powder	<b>Vectibix</b>	<b>Xiaflex</b>	<b>Zepatier</b>
Tramadol/Tramadol ER	<b>Velcade</b>	Xifaxan	Ziana
<b>Treanda</b>	<b>Veletri</b>	Xiidra	<b>Zilretta</b>
<b>Trelstar / Trelstar LA</b>	Veltassa	Xigduo XR	Zofran (ondansetron)
<b>Tremfya</b>	Veltin	Xofluza	Zohydro ER
Tretin-X	<b>Venclexta</b>	<b>Xolair</b>	<b>Zoladex</b>
Treximet	<b>Ventavis</b>	<b>Xospata</b>	<b>Zolinza</b>
triazolam	<b>Verzenio</b>	Xtampza ER	Zolpidem
<b>Triptodur</b>	Vfend	<b>Xtandi</b>	Zolpimist
<b>Trogarzo</b>	Viberzi	Xultophy	<b>Zomacton (Tev-Tropin)</b>
Trulance	<b>Vimizim</b>	<b>Xuriden</b>	Zomig/Zomig ZMT
<b>Tykerb</b>	<b>Visco-3</b>	Xylocaine	Zomitriptan Powder
<b>Tymlos</b>	<b>Vitrakvi</b>	Xyrem	<b>Zorbtive</b>
<b>Tysabri</b>	<b>Vizimpro</b>	<b>Y</b>	Ztlido
<b>Tyvaso</b>	Vogelxo	<b>Yervoy</b>	Zubsolv
<b>U</b>	<b>Vosevi</b>	<b>Yescarta</b>	Zuplenz oral film (ondansetron)
<b>Udenyca</b>	<b>Votrient</b>	<b>Yondelis</b>	Zurampic
<b>Ultomiris</b>	<b>VPRIV</b>	<b>Yonsa</b>	<b>Z</b>
Ultracet	Vyvanse	<b>Z</b>	zaleplon
Ultram/Ultram ER	<b>Vyxeos</b>	<b>Zaltrap</b>	<b>Zaltrap</b>
<b>Unituxin</b>	<b>X</b>	<b>Zarxio</b>	<b>Zavesca</b>
<b>Uptravi</b>	<b>Xalkori</b>	Zegerid	<b>Zejula</b>
<b>V</b>	Xartemis XR	<b>Zelboraf</b>	<b>Zemaira</b>
<b>Valchlor</b>	<b>Xeljanz/ Xeljanz XR</b>		
Valcyte	<b>Xenazine</b>		
Vanatol LQ	<b>Xeomin</b>		
Vanos Cream 0.1%	Xepi		

Specialty medications are in bold print. Non-Specialty medications are not bolded.

\* Cialis 2.5mg and Cialis 5mg are a covered benefit with prior approval, **Cialis 10mg** and **Cialis 20mg** are NOT covered benefits under the plan.

\*\* **Renova 0.02%** is NOT a covered benefit as its only FDA approved indication is for cosmetic use.

The medicine names listed in this document are the registered and/or unregistered trademarks of third-party pharmaceutical companies. These trademarks are included for informational purposes only and are not intended to imply or suggest any affiliation with such third-party companies.

### 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 or RI 71-017), 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 effects 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, 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](http://FEPBlue.org). From the home page, click on the **Pharmacy** tab, and then select the link **Learn more about Standard Option [or Basic Option, or FEP Blue Focus] prior authorization**. 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**, then select **Prior Authorization Status** on



Federal Employee Program.

## **FEP Prior Approval Program**

the left-side navigation bar. Please allow up to 24 hours for physician phoned-in requests or two to five business days for paper-based requests.