

Retired Pennsylvania State Police Program (RPSP) Prescription Drug Plan

Prior Authorization List

Prior Authorization

Your doctor needs to get prior authorization for the drugs listed below before your prescription benefit plan administered by CVS Caremark will cover them. The prior authorization process ensures that you are receiving the appropriate drugs for the treatment of specific conditions and in quantities approved by the U.S. Food and Drug Administration (FDA).

For prior authorization review, your **doctor** should call CVS Caremark toll-free at **1-800-294-5979** before you go to the pharmacy. The prior authorization line is for your doctor's use only.

Prior Authorization List

- Acne/Topical Retinoids (PA required age 25+) – tretinoin, Atralin, Avita, Retin-A, Retin-A Micro, Tretin-X
- Regranex
- Arava

Specialty Guideline Management - Prior Authorization for Specialty Drugs

Your doctor needs to get prior authorization for select specialty drugs before they will be covered by your prescription benefit plan. The prior authorization process ensures that you are receiving the appropriate drugs for the treatment of specific conditions.

For specialty drug prior authorization review, your **doctor** should call CVS Caremark toll-free at **1-866-814-5506** before you go to the pharmacy. The prior authorization line is for your doctor's use only.

- Allergic Asthma – Xolair
- Neutropenia – Leukine, Neupogen, Neulasta
- Hematopoietics - Neumega
- Cystic Fibrosis – Pulmozyme
- Anemia – Aranesp, Epogen, Procrit
- Growth Hormones & Related Disorders – Genotropin, Humatrope, Norditropin, Nutropin, Omnitrope, Saizen, Serostim, Tev-Tropin, Zorbtive, Increlex
- Hepatitis C – Infergen, Intron-A, Pegasys, PegIntron

Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. Due to the large number of available medicines, this list may not be all inclusive and may change without notice. Dispensing limits and/or prior authorization requirements apply to all brand and generic equivalents unless otherwise indicated. Products distributed and therapies covered by CVS Caremark may change or expand from time to time. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.
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- Hormonal Therapies – Lupron (leuprolide), Lupron Depot
- Infertility Therapies - Bravelle, Cetrotide, chorionic gonadotropin (Novarel, Pregnyl), Follistim AQ, ganirelex acetate, Gonal-F, Luveris, Menopur, Ovidrel, Repronex
- Multiple Sclerosis – Ampyra, Avonex, Betaseron, Copaxone, Extavia, Gilenya, Rebif
- Osteoporosis – Forteo
- Pulmonary Arterial Hypertension – Tracleer
- Rheumatoid Arthritis/Inflammatory Diseases – Enbrel, Humira, Kineret
- Acromegaly – Somavert
- Botulism Toxins – Botox, Dysport, Myobloc, Xeomin
- ITP - Promacta
- Infectious Diseases – Actimmune, Alferon-N

Log in to **www.caremark.com** to check coverage and copay information for a specific medicine. For additional information, contact a CVS Caremark Customer Care Representative toll-free at **1-888-321-3261**.