

Prior Authorization

INFORMATION FOR TRUSTMARK LIFE MEMBERS



What Is Prior Authorization?

Prior Authorization is a cost-savings feature of your prescription benefit plan that helps ensure the appropriate use of selected prescription drugs. This program is designed to prevent improper prescribing or use of certain drugs that may not be the best choice for a health condition. Please refer to the Prior Authorization list (on reverse) to see which drugs are included.

What Happens at the Pharmacy?

1. The pharmacist enters your prescription information into the Caremark system. If your plan requires Prior Authorization for the drug, the pharmacist will receive an alert and ask you to contact your prescribing doctor. Your doctor, in turn, may need to contact Caremark to discuss whether the intended use of the drug is allowable on your plan. Please allow additional time for this process: approximately two business days for standard prior authorization and approximately one business day for an urgent prior authorization request.
2. If authorization is granted, your prescription will be filled.
3. If authorization is not granted at the retail pharmacy, you have two choices:
 - a. You may still have the prescription filled by paying the entire retail cost of the drug yourself, or;
 - b. You may ask your doctor to prescribe an alternate drug covered by your benefit, if available.
4. If authorization is not granted for your mail service prescriptions, you will receive a notice in the mail.

Prior Authorization differs by plan.

Please refer to your benefit plan to see if Prior Authorization applies to you.

Prior Authorization Drug Classes Effective January, 2008

The following list of medications will require prior authorization before they are covered. Caremark and Trustmark Life conduct periodic medical reviews of this list, which is subject to change. Contact Caremark Customer Care toll-free at **1-866-216-MARK (6275)** with any questions you may have about the drugs listed.

Prior Authorization/Drug Class	Drugs Included in Class (All forms of the drugs listed below are included.)
ADHD/Narcolepsy	Adderall, Adderall XR, Concerta, Cylert, Desoxyn, Dexedrine, Dextrostat, Focalin Metadate CD, Metadate ER, Methylin, Provigil, Ritalin, Ritalin LA, Strattera, Vyvanse
Anabolic Steroids	Anadrol-50, Nandrolone, Oxandrin
Anemia Treatments	Aranesp, Epogen, Leukine, Neupogen, Neulasta, Procrit
Alzheimer's Agents	Aricept, Cognex, Exelon, Namenda, Razadyne
Androgens	Androderm, Androgel, Androxy, Delatestryl (testosterone enanthate), Depo -Testosterone (testosterone cypionate), fluoxymestrone, Halotestin, methyltestosterone, Striant, testosterone, Testred
Arthritis Agents	Arava, Enbrel, Humira, Kineret, Orencia, Remicade
Asthma	Xolair
Botulinum Toxin	Botox, Myobloc
Diabetic Ulcer	Regranex
Gastrointestinal	Lotronex
Gaucher Disease	Ceredase, Cerezyme, Zavesca
Growth Hormones	Genotropin, Geref, Geref diagnostic, Humatrope, Iplex, Increlex, Norditropin, Nutropin, Nutropin AQ, Nutropin Depot, Serostim, Saizen, Tev-Tropin, Zorbtive
Multiple Sclerosis Drugs	Avonex, Betaseron, Copaxone, Novantrone, Rebif, Tysabri
Oral Acne Agents	Isotretinoins
Oral Antifungal	Diflucan, Lamisil, Sporanox
Osteoporosis	Forteo
Pain	Oral fentanyl products
Psoriasis	Amevive, Raptiva, Soriatane
Pulmonary Arterial Hypertension (PAH)	Revatio
Respiratory Syncytial Virus (RSV)	Synagis
Selected Interferons	Infergen, Intron A, Peg-Intron, Pegasys, Rebetol, Roferon A, Copegus
Topical Acne Agents	Avita, Differin, Retin-A, Tazorac, Ziana

The Quantity Limits and Prior Authorization Programs are administered by Caremark. Plan availability may vary by state.

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