

## Prior Authorization Medications

The medications below require specific prior authorization when furnished in office, outpatient or home setting. Benefits are available for covered services only, subject to eligibility provisions, limitations, and exclusions.

Please use the standard Request for Authorization form when requesting authorization for these medications.

Brand Name	Generic Name	Brand Name	Generic Name
Actimmune	interferon gama-1b	Intron-A	interferon Alfa-2B
Alferon N	interferon alfa-N3	Iveegam EN	immune Globulin, IV, IVIG, IGIV
Antagon	ganirelix	Kineret	anakinra
Avonex	interferon beta-1a	Myobloc	botulinum toxin type B
Betaseron	interferon beta-1b	Nutropin (AQ)	somatropin
Botox	botulinum toxin type A	Orencia	abatacept
Bravelle	urofollitropin, FSH	Panglobulin NF	immune Globulin, IV, IVIG, IGIV
Byetta	extenatide	Pegasys	peginterferon alfa-2a
Carimune NF	immune Globulin, IV, IVIG, IGIV	PEG-Intron	peginterferon alpha-2b
Enbrel	etanercept	Polygam	immune Globulin, IV, IVIG, IGIV
Follistim AQ	follitropin beta	Menopur	menotropins
Gammagard	immune Globulin, IV, IVIG, IGIV	Provigil	modafinil
Gammar P IV	immune Globulin, IV, IVIG, IGIV	Raptiva	efalizumab
Gamunex	immune Globulin, IV, IVIG, IGIV	Rebif	interferon beta-1a
Genotropin	somatropin, fh-GH	Repronex	menotropins
Gonal-F	follitropin, r-FSH	Revlimid	lenalidomide
Growth Hormone	various	Roferon-A	interferon alfa-2a
Humatrope	somatropin, fh-GH	Somavert	pegvisomant
Humira	adalimumab	Symlin	pramlintide
Increlex/IPlex	mecasermin	Vigam	immune Globulin, IV, IVIG, IGIV
Infergen	interferon alfacon-1		

## Prior Authorization Medications

### Step-Therapy Prior Authorizatoin Medications

The medications below have specific step-therapy requirements and require prior authorization if a member has not filled at least one prescription for a product within the Department of Defense defined therapeutic class within the past 180 days.

Brand Name	Generic Name	Alternatives with No Prior Auth Requirement
Aciphex	rabeprazole	omeprazole, Nexium
Ambien CR	zolpidem, cntrld release	zolpidem, immed release
Flomax	tamsulosin	doxazosin, terazosin, Uroxatral
Lunesta	eszopiclone	zolpidem, immed release
Prevacid	lansoprazole	omeprazole, Nexium
Protonix	pantoprazole	omeprazole, Nexium
Rozerem	ramelteon	zolpidem, immed release
Sonata	zaleplon	zolpidem, immed release
Zegerid	omeprazole/sodium bicarb	omeprazole, Nexium

For information on how to obtain prior authorization for the above listed medications please call out Provider Inquiry department at **1-888-732-7364**.