

clinically sound medication use

PRIOR AUTHORIZATION



Q Why do I need a prior authorization for some medications?

Some medications must be authorized for coverage because they're only approved or effective in treating specific illnesses, they cost more, or they may be prescribed for conditions for which safety and effectiveness have not been well-established.

REVIEWING MEDICATIONS

At Innoviant, an independent review committee (including physicians and pharmacists) meets every three months to review medications and recommend prior authorization guidelines as needed. For each new and existing prescription product, they consider how the medication should be covered under the prescription benefit plan. These physicians and pharmacists will recommend when a medication needs prior authorization.

SAFE AND EFFECTIVE

When making a recommendation, the review committee focuses on a medication's proven safety, effectiveness and cost.

The committee considers:

- Food and Drug Administration (FDA) approved indications
- Manufacturer's package labeling instructions
- Well-accepted or published clinical recommendations

GETTING A SHORT-TERM SUPPLY

If the medication you need requires prior authorization and you must start taking it right away, ask your doctor if a drug sample is available. Or check with your pharmacy to request a short-term supply (five days or less). Keep in mind you would be responsible for the full

payment at that time. If the prior authorization is approved, your pharmacist can then dispense the rest of the prescription.

REQUESTING A PRIOR AUTHORIZATION

You, your pharmacist, or physician can start the prior authorization process by contacting our customer service center. An Innoviant customer service representative works with your doctor's office and/or pharmacy to gather the needed information. If requested, the representative can fax a prior authorization form to your prescribing physician.

When the physician returns the completed form, a detailed clinical review is done within two business days. You and your physician receive letters with the prior authorization decision.

See reverse side for the prior authorization medication list.

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PRIOR AUTHORIZATION LIST

The following products require prior authorization:

ANTIBIOTIC

Zyvox

ANTIDEPRESSANT

Emsam

ANTIFUNGAL

Noxafil

ANTINEOPLASTIC

Tasigna

Zolinza

ANTIPSYCHOTIC

Clozaril (clozapine)

Invega

Seroquel 25mg

ANTIVIRAL

Fuzeon

ANTIVIRAL MONOCLONAL ANTIBODIES

Synagis

ANTI-CATAPLEXY

Xyrem

ANTI-EMETIC

Cesamet

ANTI-PSORIATIC

Raptiva

ASTHMA

Xolair

CNS STIMULANT

Provigil

ENZYME REPLACEMENT THERAPY

Elaprase

Myozyme

GROWTH HORMONE

Genotropin

Humatrope

Norditropin

Nutropin

Omnitrope

Protropin

Saizen

Serostim

Tev-Tropin

GROWTH HORMONE RECEPTOR ANTAGONIST

Somavert

HEMATOLOGICAL AGENTS

Soliris

HEMATOPOIETIC AGENTS

Aranesp

Epogen

Procrit

HEPATITIS C

Infergen

Pegasys

PEG-Intron

Rebetron

INSULIN-LIKE GROWTH FACTOR

Increlex

Iplex

NEUROMUSCULAR BLOCKING AGENT

Botox

MULTIPLE SCLEROSIS

Avonex

Betaseron

Copaxone

Rebif

NARCOTIC ANALGESIC

Actiq (fentanyl oral transmucosal)

Fentora

PAGET'S DISEASE

Reclast

PULMONARY HYPERTENSION

Letairis

Revatio

Tracleer

SOMATOSTATIC AGENTS

Somatuline

END



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cost saving choices

COMMON PREFERRED ALTERNATIVES



Q Can I save money with preferred alternative products?

A Yes. Preferred alternative products offer you choice in deciding with your physician if lower cost medications are right for you. Preferred products have lower co-pays than nonpreferred products, and are often available as generics.

GENERICS OFFER GREATEST SAVINGS

Generics, when available, offer you the greatest savings. They are safe, effective and reliable alternatives to higher priced brand products. Always check with your doctor to see if a generic product is right for you.

SAVING MONEY

At Innoviant, we care about cost savings and know how important it is to keep your medication expenses down. That's why we've developed a preferred alternatives list. If you

see one of your medications in the nonpreferred brand column, consider asking your physician about a preferred generic or preferred brand alternative. A preferred alternative may be just as effective and save you money too.

This list shows common nonpreferred brand products and preferred alternatives, but is not intended to include all products. A current listing of our preferred products is available on our Web site, www.innoviant.com, or by calling us. This list is subject to change without notice.

NONPREFERRED BRANDS

Accupril

Aciphex

Allegra/D

Ambien

Amerge

Avonex

Axert

PREFERRED GENERICS

quinapril

omeprazole, Prilosec OTC*

Alavert/D*, cetirizine*,
fexofenadine, loratadine/D*

flurazepam, temazepam, triazolam,
zolpidem

PREFERRED BRANDS

Aceon, Altace

Prevacid/SoluTab/Oral
Suspension, Protonix

Ambien CR

Imitrex, Relpax, Zomig

Betaseron, Copaxone, Rebif

Imitrex, Relpax, Zomig

* Covered only if plan participates in the Rx OTC Program.

** Generic co-pay applies as part of the Brands for Generic Program.

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COMMON PREFERRED ALTERNATIVES

NONPREFERRED BRANDS	PREFERRED GENERICS	PREFERRED BRANDS
Benicar HCT		Atacand/HCT, Avapro/Avalide, Diovan/HCT
Cefzil	cefdinir, cefprozil, cefuroxime	
Celexa	citalopram, fluoxetine capsules, paroxetine, sertraline	Lexapro
Clarinet/D	Alavert/D*, cetirizine*, fexofenadine, loratadine/D*	
Coreg / Coreg CR	atenolol, carvedilol, metoprolol ER, propranolol	
Cozaar		Atacand, Avapro, Diovan
Frova		Imitrex, Relpax, Zomig
Hyzaar		Atacand HCT, Avalide, Diovan HCT
Kineret		Enbrel, Humira
Lotrel 2.5/10, 5/10, 5/20, 10/20	amlodipine/benazepril	Atacand HCT, Avalide, Diovan HCT, Exforge
Lunesta	flurazepam, temazepam, triazolam, zolpidem	Ambien CR
Nasacort AQ	fluticasone	Astelin, Nasonex, Veramyst
Nexium	Prilosec OTC*, omeprazole	Prevacid/SoluTab/Oral Suspension, Protonix
Norvasc	amlodipine, diltiazem, nifedipine, verapamil	Sular
Omnicef	cefdinir, cefprozil, cefuroxime	
OneTouch® blood glucose test strips		ACCU-CHEK®** blood glucose test strips by Roche Diagnostics, including: ACCU-CHEK® Active, ACCU-CHEK® Aviva, ACCU-CHEK® Comfort Curve, ACCU-CHEK® Compact; AND BAYER®** blood glucose test strips by Bayer HealthCare, including: BAYER® AUTODISC®, BAYER® BREEZE® 2, BAYER® CONTOUR®, BAYER® ELITE®

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NONPREFERRED BRANDS	PREFERRED GENERICS	PREFERRED BRANDS
Pravachol	lovastatin, pravastatin, simvastatin	Advicor, Crestor, Lipitor, Vytorin
Prilosec	omeprazole, Prilosec OTC*	Prevacid/SoluTab/Oral Suspension, Protonix
Rhinocort Aqua	fluticasone	Astelin, Nasonex, Veramyst
Rozerem	flurazepam, temazepam, triazolam, zolpidem	Ambien CR
Sonata	flurazepam, temazepam, triazolam, zolpidem	Ambien CR
Teveten		Atacand, Avapro, Diovan
Toprol XL	atenolol, carvedilol, metoprolol ER, propranolol	
Tricor	gemfibrozil	Antara, Lofibra, Triglide
Wellbutrin XL	Budeprion XL 300mg, bupropion/SR	
Xyzal	Alavert/D*, cetirizine*, fexofenadine, loratadine/D*	
Zocor	lovastatin, pravastatin, simvastatin	Advicor, Crestor, Lipitor, Vytorin
Zoloft	citalopram, fluoxetine capsules, paroxetine, sertraline	Lexapro
Zyrtec/D	Alavert/D*, cetirizine*, fexofenadine, loratadine/D*	

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