Express Scripts
Prescription Drug Prior Authorization List

Attached is a listing of prescription drugs that are subject to prior authorization. This list is subject to change.

**Prior Authorization Hotline.** The most efficient way to initiate a prior authorization is to ask your physician to contact Express Scripts’ prior authorization hotline at 800-417-8164.

If the request is approved, your doctor will be notified. An approval code is provided to the pharmacist for the claim to be processed. You will need to follow-up with your doctor to see if approval was received. If approval was received, the next step is to contact the pharmacist so that the prescription can be processed. If the request is not approved, your doctor is notified during the call, and a follow-up letter is sent to you and your doctor.

**Prior Authorization Form.** If your doctor wishes to complete a prior authorization form instead of calling Express Scripts, the form can be obtained by calling Express Scripts at 1-866-282-0547 or by visiting the Express Scripts website at [www.express-scripts.com](http://www.express-scripts.com). After the form has been completed, it can be faxed to Express Scripts at 800-357-9577 for review. Express Scripts will notify your doctor of the approval or denial within 48 hours of receipt of the prior authorization form.

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Skin/Nail Disorders:
Vitamin D Derivatives:
Avita® (for covered persons over age 25)
Retin-A® (for covered persons over age 25)
Tretinoin® (for covered persons over age 25)
Ziana®

Anti-Fungal Agents:
Diflucan® (excluding 150 mg tablets)
Lamisil®
Penlac®
Sporanox®

Topical Growth Factor:
Regranex®

Antipsoriasis/eczema:
Tazorac®

Plaque Psoriasis:
Amevive®
Stelara®™

Misc:
Botox®
Dysport®
Myobloc®

Respiratory Agents:
Aralast®
Prolastin®
Zemaira®

Allergies/Asthma:
Xolair®

Blood Plasma Modifiers:
Erythroids:
Aranesp®
Epogen®
Procrit®

Osteoporosis/Hypoparathyroidism Agents:
Forteo®

Rheumatoid Arthritis:
Cimzia®
Enbrel®
Humira®
Kineret®
Orencia®
Remicade®
Rituxan®
Simponi®™

Growth Promoting Agents:
Genotropin®
Humatrope®
Norditropin®
Norditropin Nordiflex®
Nutropin®
Nutropin AQ®
Nutropin Depot®
Protropin®
Saizen®
Serostim®
Tev-tropin®
Increlex®
Zorbitive®
Iplex®
Omnitrope®

Narcolepsy Agents:
Provigil®
Nuvigil®

Crohn’s Disease/Arthritis Agents:
Remicade®
Cimzia®
Humira®

Seizure Medications:
Topamax®
Zonegran®

Pulmonary/arterial hypertension:
Revatio®™
Tracleer®
Letairis®™
Adcirca®
Tyvasco®
Ventavis®

Diabetes:
Exubera®

Physicians may call 800-417-8164 to initiate a prior authorization review or fax a completed prior authorization form to 800-357-9577.

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