UPlan

UPlan Prior Authorization (PA) Program Information

Prior Authorization

Certain drugs require prior authorization to encourage safe and clinically appropriate use. It will be necessary for your provider or Medication Therapy Management (MTM) pharmacist to complete and submit a PA form to Prime Therapeutics to request continued coverage of the selected drug.

The prior authorization form is available on the website at www.MyPrime.com.

Prior Authorization program name	Drugs included in program
BLOOD MODIFYING DRUGS	
Erythropoiesis Stimulating Agents	Aranesp®, Epogen®, Omontys®, Procrit®
CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES (CAPS)	
Arcalyst, Ilaris	Arcalyst®, Ilaris®
Cystic Fibrosis	
Kalydeco	Kalydeco™
DERMATOLOGY	
Tretinoins	adapalene, Atralin™, Avita®, Differin®, Fabior 0.1% foam®, Retin-A®, Retin-A Micro®, Tretin-X™, tretinoin
Aldara, Zyclara	Aldara®, imiquimod, Zyclara®
Lidoderm	lidocaine patch, Lidoderm®
ENDOCRINOLOGY	
H.P. Acthar	H.P. Acthar Gel®
Weight Loss Agents	Adipex-P®, Belviq®, Bontril SR®, Didrex®, diethylpropion, phentermine, Qsymia®, Regimex®, Suprenza® and Xenical®
GASTROINTESTINAL	
Antiemetic – Emend	Emend®
Antiemetic – Sancuso	Sancuso®
GROWTH HORMONE	
Growth Hormones	Genotropin®, Genotropin® Miniquick, Humatrope®, Nutropin, Nutropin AQ®, Norditropin®, Omnitrope®, Saizen®, Serostim®, Tev-Tropin®, Zorbtive® Upon meeting criteria, use of a preferred growth hormone Norditropin or Omnitrope will be required.
HEPATITIS C	
Pegylated Interferons	Pegasys®, PegIntron®, Incivek®, Victrelis®, Olysio and Sovaldi®. Upon meeting criteria for coverage, use of the preferred pegylated interferon Pegasys will be required.
INFECTIOUS DISEASE	
Noxafil/Vfend	Noxafil®, Vfend®, voriconazole
INFERTILITY	
Follicle Stimulating Hormone	Bravelle®, Gonal-F®

MULTIPLE SCLEROSIS	
Ampyra	Ampyra®
Multiple Sclerosis Agent	Aubagio®, Avonex®, Betaseron®, Copaxone®, Extavia®, Gilenya™, Rebif®, Tecfidera® Upon meeting criteria for coverage, use of two of the preferred agents, Betaseron, Copaxone, Tecfidera or Rebif will be required.
Tysabri	Tysabri®
ONCOLOGY	
Aromatase Inhibitors	anastrozole, Arimidex®, Aromasin®, exemestane, Femara®, letrozole
Opioid Dependence	
buprenorphine, buprenorphine-naloxone	buprenorphine, Suboxone®, Zubsolv®
PAIN MANAGEMENT	
Fentanyl Products	Abstral®, Actiq®, Duragesic®, Fentora®, Lazanda®, fentanyl citrate lollipop, fentanyl transdermal patch
PSYCHIATRIC – NARCOLEPSY	
Nuvigil/Provigil	modafinil, Nuvigil®, Provigil®
Xyrem	Xyrem®
PULMONARY ARTERIAL HYPERTENSION	
Adcirca/ Revatio	Adcirca®, Revatio®, generic sildenafil 20mg
RESPIRATORY	
Synagis	Synagis®
Xolair	Xolair®
WOMEN'S HEALTH	
Forteo	Forteo®