



## Prescription Medications Requiring Prior Authorization

Accolate <sup>†</sup>	Dexedrine (over 18 years old)	Pegasys	Serostim
Aciphex <sup>†</sup>	Edex (limited coverage)	Peg-Intron	Singulair <sup>†</sup>
Actiq <sup>†</sup>	Elidel <sup>†</sup>	Prevacid <sup>†</sup>	Somavert
Allegra <sup>†</sup>	Enbrel <sup>†</sup>	Prevacid Naprapac <sup>†</sup>	Strattera (over 18 years old)
Anabolic Steroids	Exelon	Procheive	Suboxone/Subutex
Aranesp 300mcg, 500mcg	Fertility Medications*	Progesterone Powder	Symbyax <sup>†</sup>
Aricept	Forteo <sup>†</sup>	Proscar (under 45 years old)	Tretinoin (over 29 years old)
Avita (over 29 years old)	Growth Hormones	Protonix <sup>†</sup>	Vancocin/Vancomycin
Avodart (under 45 years old)	(including, but not limited to, Genotropin, Humatrope, Nutropin and Somatropin)	Protopic <sup>†</sup>	Vfend
Bextra <sup>†</sup>	Humira <sup>†</sup>	Prozac Weekly <sup>†</sup>	Viagra (limited coverage)
Caverject (limited coverage)	Infergen	Provigil	Wellbutrin SR 150mg, 200mg
Celebrex <sup>†</sup>	Inspra <sup>†</sup>	Raptiva <sup>†</sup>	Wellbutrin XL 150mg, 300mg
Cialis (limited coverage)	Intron-A	Rebetol	Xanax XR <sup>†</sup>
Clarinet <sup>†</sup>	Kineret <sup>†</sup>	Rebetron	Xolair <sup>†</sup>
CNS Stimulants and Amphetamines (over 18 years old)	Levitra (limited coverage)	Reminyl	Yohimbine (limited coverage)
Cognex	Lotronex	Restasis	Zyrtec <sup>†</sup>
Compound Drugs over \$200	Methadone	Retin-A (over 29 years old)	Zyvox
Concerta (over 18 years old)	Muse (limited coverage)	Ribavirin	
Copegus	Namenda	Ritalin (over 18 years old)	
Crinone	Nexium <sup>†</sup>	Roferon-A	
		Sargramostim	

\* Fertility medications may be covered; call the Pharmacy Services Department at 1-800-205-3636 to determine fertility medication coverage.

<sup>†</sup> Step therapy

***This list is subject to change without notice. Our Web site includes the most up-to-date and accurate information about the prior authorization requirements for prescription medications. To obtain this information, log on to our Web site, [www.mamsiUnitedHealthcare.com](http://www.mamsiUnitedHealthcare.com), click on Members and then Prescription Drug List. Select the option for looking up a prescription medication. Enter the name of the prescription medication, or select the first letter in the name of the prescription medication to identify its Tier placement, or learn if prior authorization or quantity level limits apply to the medication.***

***This list contains prescription medications that may not be covered under your policy. Please consult your Pharmacy Benefit for details.***

***Note: For prior authorization, physicians can call 1-800-205-3636.***