



Prescription Drugs Requiring Prior Authorization

These Prescription Drugs require Prior Authorization and are eligible for Coverage only after Member specific approval. The Member's physician must provide the clinical information for the approval. This list is subject to change without notice. Prescribing physicians should contact Medco for Prior Authorization at 1-800-417-1915.

Alzheimer Therapy	Aricept, Cognex, Reminyl
Amphetamines and CNS Stimulants	Adderall, Cylert, Desoxyn, Dexedrine, methylphenidate, pemoline, Ritalin. Coverage without authorization is allowed for children through age (thirteen) 13. Patients fourteen (14) and older will require Prior Authorization.
Endometriosis Therapy	Lupron, Synarel
Growth Hormones	Humatrope, Nutropin, Serostim, Saizen, Norditropin, Genotropin, Protropin, Geref
Interferons	Rebetron, Roferon, Intron, Alferon, Infergen, Acctimmune
Dermatologicals	Retin A, Avita, Regranex, Accutane
Myeloid and Erythroid Stimulants	Neupogen, Leukine, Epogen, Procrit
Pulmonary Therapy	Pulmozyme
Multiple Sclerosis Therapy	Avonex, Betaseron, Copaxone

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