



**Medications requiring Prior Authorization  
for Welborn Health Plans**

WHP requires that physicians obtain approval before prescribing certain medications. This process helps to make sure that medications are prescribed using well-established medical guidelines. If a member does not fit the criteria that are established for each medication, WHP will work with the physician to find a suitable alternative.

**COVERED SERVICES UNDER PHARMACY BENEFIT**

<b>Brand Name</b>	<b>Generic Name</b>	<b>Class/Indication</b>
Retin-A (for age > 25)	Tretinoid	Acne Tx
Somatuline Depot*	Lanreotide Acetate	Acromegaly
Daytrana	Methylphenidate	ADHD
Strattera	Atomoxetine	ADHD
Allegra, Allegra-D	Fexofenadine	Allergic Rhinitis-NSAH
Clarinet (Reditab), Clarinet-D	Desloratadine	Allergic Rhinitis-NSAH
Claritin-D 12 hr	Loratadine/PSE	Allergic Rhinitis-NSAH
Exelon	rivastigmine tartrate	Alzheimer's Disease
Razadyne	galantamine HBr	Alzheimer's Disease
Sporanox	Itraconazole	Antifungal
Vfend	Voriconazole	Antifungal
Actimmune*	Interferon Gamma-1B	Biotech
Avonex*	Interferon, Beta-1a	Biotech
Betaseron*	Interferon, Beta-1b	Biotech
Copaxone*	Glatiramer Acetate	Biotech
Enbrel*	Etanercept	Biotech
Forteo*	Teriparatide	Biotech
Gleevec*	Imatinib Mesylate	Biotech
Humatrope*	Growth Hormone	Biotech
Humira*	Adalimumab	Biotech
Increlex*	Mecasermin	Biotech
Infergen*	Interferon Alfacon-1	Biotech
Iplex*	Mecasermin Rinfabate	Biotech
Iressa*	Gefitinib	Biotech
Kineret*	Anakinra	Biotech
Pegasys*	Peginterferon Alfa-2B	Biotech
Peg-Intron*	Peginterferon Alfa-2B	Biotech
Rebetron*	Ribavirin + Interferon Alfa 2b	Biotech
Rebif*	Interferon Beta 1a	Biotech
Regranex*	Becaplermin	Biotech
Simponi*	Golimumab	Biotech
Tev-Tropin*	Growth Hormone	Biotech
Zavesca*	Miglustat	Biotech
Temodar*	Temozolomide	Biotech
Provigil	Modafinil	CNS Stimulant
Celebrex	Celecoxib	COX II-Inhibitor
Xifaxan	Rifaximin	Diarrhea
Riastap*	Fibrinogen	Fibrinogen Deficiency
Novoseven-Rt*	Factor VIIA	Hemophilia
Tekturna	Aliskiren	Hypertension
Tekturna HCT	Aliskiren/HCTZ	Hypertension
Caverject	Alprostadil	Impotence
Edex	Alprostadil	Impotence
Muse	Alprostadil	Impotence
Restasis	Cyclosporine ophthalmic	Increased Tear Production
Lotronex	Alosetron	Irritable Bowel Syndrome
Nplate*	romiplostim	ITP

\*Specialty pharmacy only

\*\*Authorization required after 14 days of treatment

\*\*\*OTC covered for State of Indiana only

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Amitiza	Lubiprostone	Laxative
Coartem	Artemether/lumefantrine	Malaria
Tysabri*	natalizumab	Multiple Sclerosis, Crohn's
Onsolis	fentanyl buccal soluble film	Narcotic
Bexxar*	Tositumomab	non-Hodkin's lymphoma
Rituxan*	rituximab	non-Hodkin's lymphoma
Zevalin*	Y-90/ibritumomab/albumin	non-Hodkin's lymphoma
Relistor*	Methylnaltrexone Bromide	Opioid induced constipation
Folotyng	pralatrexate	peripheral T-cell lymphoma
Effient (PA required for age >75)	Prasugrel HCl	Platelet inhibitor
Aciphex**	Rabeprazole	PPI
Nexium**	Esomeprazole	PPI
Prilosec 10 MG & 40 MG**	Omeprazole	PPI
Protonix**	Pantoprazole	PPI
Zegerid**	Omeprazole	PPI
Prevacid NapraPAC	Lansoprazole/Naproxen	PPI/NSAID
Synagis*	palivizumab	RSV
Chantix	Varenicline Tartrate	Smoking
Nicoderm CQ	Nicotine Patch	Smoking
Nicorette	Nicotine Gum	Smoking
Nicotrol	Nicotine Patch	Smoking
Nicotrol Cartridge Inhaler	Nicotine Inhaler	Smoking
Nicotrol NS	Nicotine Nasal Spray	Smoking
Zyban	Bupropion SA 150mg	Smoking

#### SPECIALTY-EDIT DRUG LIST

Specialty-Edit Drug	Class/Indication	Specialty MD
Somatuline Depot (lanreotide acet)*	Acromegaly	endocrinologist
Banzel (rufinamide)	Anticonvulsant	neurologist
Felbatol (felbamate)	Anticonvulsant	neurologist
Gabitril (tiagabine)	Anticonvulsant	neurologist
Keppra (levetiracetam)	Anticonvulsant	neurologist
Lyrica (Pregabalin)	Anticonvulsant	neurologist, pain specialist
Topamax (topiramate)	Anticonvulsant	neurologist, pain specialist
Trileptal (oxcarbazepine)	Anticonvulsant	neurologist
Vimpat (lacosamide)	Anticonvulsant	neurologist
Zonegran (zonisamide)	Anticonvulsant	neurologist
Afinitor*	Antineoplastic	specialty pharmacy
Degarelix	Antineoplastic	specialty pharmacy
Promacta (eltrombopag olamine)*	Chronic ITP	specialty pharmacy
Cinryze (C1 esterase inhibitor)*	Hereditary Angioedema	specialty pharmacy
Prezista*	HIV	specialty pharmacy
Xenazine (tetraabenazine)*	Huntington's Chorea	specialty pharmacy
Synvisc-One	Osteoarthritis	specialty pharmacy
Apokyn (apomorphine)	Parkinson's Disease	neurologist

#### COVERED SERVICES UNDER MEDICAL BENEFIT

Brand Name	Generic Name	Class/Indication
Amevive*	Alefacept	Biotech
Antihemophilic Factor VIII "	Antihemophilic Factor VIII	Biotech
Aranesp**	Darbepoetin alfa	Biotech
Benefix (& other brands)?*	Coagulation factor IX	Biotech
Botox	Botulinum Toxin Type A	Biotech
Coagulation factor IX?*	Coagulation factor IX	Biotech
Epogen**	Epoetin alfa	Biotech

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List updated 2Q10

Gammar-P (& other brands) <sup>#*</sup>	Immune Globulin	Biotech
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Intron-A <sup>**</sup>	Interferon alpha-2b	Biotech
Leukine <sup>**</sup>	Sargramostim (Gm-CSF)	Biotech
Myobloc*	Botulinum Toxin Type B	Biotech
Neulasta <sup>**</sup>	Pegfilgrastim	Biotech
Neupogen <sup>**</sup>	Filgrastim (G-CSF)	Biotech
Procrit <sup>**</sup>	Epoetin alfa	Biotech
Recombinate (& other brands)*	Antihemophilic Factor VIII	Biotech
Remicade*	Infliximab	Biotech
Roferon -A <sup>**</sup>	Interferon Alfa-2a	Biotech
Somavert <sup>**</sup>	Pegvisomant	Biotech
Synagis*	Palivizumab	Biotech
Xolair*	Omalizumab	Biotech
Eligard	Leuprolide	Hormone
Lupron*	Leuprolide	Hormone
Hyalgan*	Hyaluronate Na	Osteo Tx
Orthovisc*	Hyaluronate Na	Osteo Tx
Supartz*	Hyaluronate Na	Osteo Tx
Synvisc*	Hyaluronate Na	Osteo Tx

#### COVERED SERVICES UNDER INFERTILITY BENEFIT

Brand Name	Generic Name	Class/Indication
Follistim	Gonadotropins	Infertility
Gonal-F	Gonadotropins	Infertility
Menopur	Meontropins	Infertility
Ovidrel	C. Gonadotropins	Infertility
Pergonal	Meontropins	Infertility
Profasi	C. Gonadotropins	Infertility
Repronex	Meontropins	Infertility

#### STEP-EDIT DRUG LIST

Step-Edit drugs require a trial of first line therapy prior to approval of the Step-Edit drug.

Step-Edit Drug	Class	First Line Therapy
Inspra (eplerenone)	Aldosterone Antagonist	spironolactone
Singulair (montelukast)	Allergy	Other RX Allergy Medication
Allegra - D (OTC)	Allergy	OTC loratadine/pseu or cetirizine/pseu
Allegra (fexofenadine)	Allergy	OTC loratadine or cetirizine
Astelin (azelastine)	Allergy	fexofenadine, OTC cetirizine, loratadine
Astepro Nasal Spray (azelastine)	Allergy	fexofenadine, OTC cetirizine, loratadine
Clarinx	Allergy	fexofenadine, OTC cetirizine, loratadine
Clarinx-D (State of Indiana only)	Allergy	OTC loratadine/Pseu or cetirizine Pseu
Claritin-D (loratadine/pseudoephedrine)	Allergy	OTC loratadine/Pseu or cetirizine Pseu
Xyzal (levocetirizine)	Allergy	fexofenadine, OTC cetirizine, loratadine
Gabitril (tiagabine)	Anticonvulsant	Review indication
Keppra/XR (levetiracetam)	Anticonvulsant	IR levetiracetam
Lyrica (pregabalin)	Anticonvulsant	Tricyclic antidepressant or, anticonvulsant
Stavzor (valproic acid delayed release)	Anticonvulsant	IR Valproic acid or divalproex sodium
Topamax (topiramate)	Anticonvulsant	Review indication
Trileptal (oxcarbazepine)	Anticonvulsant	Review indication
Zonegran (zonisamide)	Anticonvulsant	Review indication
Effexor XR	Antidepressant	venlafaxine IR
Pristiq	Antidepressant	venlafaxine IR
Sarafem (fluoxetine)	Antidepressant	fluoxetine-generic
Actos (pioglitazone)	Antidiabetic	metformin
Avandamet (rosiglitazone/metformin)	Antidiabetic	metformin

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Avandia (rosiglitazone)	Antidiabetic	metformin
Byetta (exenatide)	Antidiabetic	metformin and sulfonylurea
Symlin (pramlintide)	Antidiabetic	short or rapid acting insulin
Victoza (liraglutide)	Antidiabetic	metformin and sulfonylurea
Atacand, HCT	Antihypertensive	ACE Inhibitor
Avapro, Avalide	Antihypertensive	ACE Inhibitor
Benicar, HCT	Antihypertensive	ACE Inhibitor
Cozaar, Hyzaar	Antihypertensive	ACE Inhibitor
Diovan, HCT	Antihypertensive	ACE Inhibitor
Micardis, HCT	Antihypertensive	ACE Inhibitor
Teveten, HCT	Antihypertensive	ACE Inhibitor
Valturna (aliskiren/valsartan)	Antihypertensive	ACE Inhibitor
Geodon (ziprasidone)	Atypical antipsychotics	risperidone, clozapine or quetiapine
Invega (paliperidone)	Atypical antipsychotics	risperidone, clozapine or quetiapine
Zyprexa (olanzapine)	Atypical antipsychotics	risperidone, clozapine or quetiapine
Avodart (dutasteride)	Benign Prostatic Hyperplasia	generic finasteride
Flomax (tamsulosin)	Benign Prostatic Hyperplasia	generic alpha-blocker (i.e. doxazosin, terazosin, prazosin)
Rapaflo (silodosin)	Benign Prostatic Hyperplasia	generic alpha-blocker (i.e. doxazosin, terazosin, prazosin)
Uroxatral (alfuzosin)	Benign Prostatic Hyperplasia	generic alpha-blocker (i.e. doxazosin, terazosin, prazosin)
Cimzia*	Crohn's disease	Humira, Remicade
Lialda	Crohn's disease	Asacol
Savella	Fibromyalgia	Generic antidepressant or gabapentin
Dexilant	Gastrointestinal	Any other PPI
Uloric	Hyperuricemia	Allopurinol
Zetia (ezetimibe)	Lipid Lowering	Moderate Dose statin (i.e. Lipitor 40,80 mg, Crestor 20,40,80 mg)
Nuvigil (armodafinil)	Narcolepsy	Trial of modafinil
Oxycontin (oxycodone SR)	Narcotic	MS Contin
Ultram ER (tramadol HCl ER)	Narcotic	tramadol immediate-release
Alamast (pemirolast)	Ophthalmic Allergy	Trial of OTC Ketotifen
Alocril (nedocromil)	Ophthalmic Allergy	Trial of OTC Ketotifen
Bepreve (bepotastine)	Ophthalmic Allergy	Trial of OTC Ketotifen
Elestat (epinastine)	Ophthalmic Allergy	Trial of OTC Ketotifen
Emadine (emedastine)	Ophthalmic Allergy	Trial of OTC Ketotifen
Opticrom (cromolyn)	Ophthalmic Allergy	Trial of OTC Ketotifen
Optivar (azelastine)	Ophthalmic Allergy	Trial of OTC Ketotifen
Patanol, Pataday (olopatadine)	Ophthalmic Allergy	Trial of OTC Ketotifen
Detrol LA	Overactive bladder	Oxybutynin IR
Ditropan XL	Overactive bladder	Oxybutynin IR
Enablex	Overactive bladder	Oxybutynin IR
Oxytrol	Overactive bladder	Oxybutynin IR
Sanctura/Sanctura XR	Overactive bladder	Oxybutynin IR
VESIcare	Overactive bladder	Oxybutynin IR

Key:

"Advate, Alphanate, Bioclote, Helixate FS, Hemofil M, Koate-HP, Kogenate, MonoClate, Recombinate, Refacto

\*Must be filled at specialty pharmacy

\*\*Authorization required only for non-office based administration of med

?Coagulation factor IX=AlphaNine SD, Benefix, Mononine, Profilnine, Profilnine SD, Proplex

#Gamimune, Gammagard, Gammar-P, Gamunex, Iveegam EN, Polygam-SD, Sandoglobulin, Venoglobulin

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