



### Prior Authorization

## Prior Authorization Drug

(If the drug you take is on this list, Express Scripts will check to make sure it meets your plan's conditions for coverage.)

### *Base Offering*

Brand Name	Generic Name
Adcirca®	tadalafil
Aranesp®	darbepoetin alfa
Arcalyst®	rilonacept for injection
Avita®	topical tretinoin
Botox®	botulinum toxin type A
Epogen®	epoetin alfa
Genotropin® Humatrope® Norditropin® Nutropin® Nutropin® AQ® Omnitrope™ Saizen® Serostim® Tev-Tropin® Zorbtive®	somatropin
Increlex®	mecasermin
Letairis®	ambrisentan
Myobloc®	botulinum toxin type B
Procrit®	epoetin alfa
Prolastin®, Aralast, Zemaira	alpha <sub>1</sub> -proteinase inhibitor
Regranex®	becaplermin
Retin-A®	topical tretinoin
Revatio®	sildenafil
Tazorac®	tazarotene
Tracleer®	bosentan
Ziana	topical tretinoin



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#### *Supplemental Offering*

Brand Name	Generic Name
Amevive®	alefacept
Cimzia®	certolizumab pegol for injection
Diflucan® 50 mg, 100 mg, 200 mg tablets and oral suspension	fluconazole 50 mg, 100 mg, 200 mg tablets and oral suspension
Enbrel®	etanercept
Forteo®	teriparatide
Humira®	adalimumab
Kineret®	anakinra
Lamisil® tablets	terbinafine tablets
Nuvigil®	armodafinil
Orencia®	abatacept
Penlac®	ciclopirox topical solution
Provigil®	modafinil
Remicade®	infliximab
Rituxan®	rituxamab
Simponi®	golimumab injection
Sporanox®	itraconazole capsules
Topamax®	topiramate
Xolair®	omalizumab
Zonegran®	zonisamide