

The drugs included in this guide are associated with prior authorization requirements which have been enacted to help ensure proper utilization. However, this list does not dictate or control decisions regarding appropriate care. As always, you and your health care provider make the final decision on which medication(s) is/are right for you.

This list is subject to change with or without notice. Contact Express Scripts at 1-866-727-5867, for the most up-to-date information regarding specific PA requirements.

Drugs¹

- Actemra
- Adcirca
- Ampyra²
- Aralast
- Aranesp
- Arcalyst²
- Avonex
- Betaseron
- Berinert²
- Botox²
- Chenodal²
- Cimzia
- Cinryze²
- Copaxone
- Dysport²
- Egrifta
- Enbrel
- Epogen
- Extavia
- Flolan
- Forteo
- Gamunex-C
- Humira
- Ilaris²
- Kalbitor²
- Kineret
- Kuvan²
- Letairis
- Makena²
- Myobloc²
- Neulasta

- Neupogen
- Nplate²
- Pegasys
- Peg-Intron
- Procrit
- Prolastin
- Promacta²
- Rebif
- Regranex
- Remodulin
- Revatio
- Samsca²
- Simponi
- Somavert
- Stelara
- Synagis
- Tazorac (≥ 35 years)
- Tracleer
- Tyvaso
- Ventavis
- Vivaglobin
- Xenazine²
- Xeomin²
- Xolair
- Zemaira

Drug Classes¹

- Growth Hormones
- Infertility Products²
- Tretinoin Products (≥ 35 years)

¹ Your health care provider must obtain a prior authorization prior to coverage through your prescription drug benefit. Each prior authorization is approved for a limited duration. Once a prior authorization expires, your health care provider must request a renewal if continuing coverage is desired.

² Your health care provider must contact OSU Health Plan at (614) 292-4700 or 1-800-678-6269 to obtain prior authorization.

For any other listed drug/drug class, your health care provider should contact Express Scripts to obtain a prior authorization. (PHYSICIANS ONLY may contact Express Scripts at 1-888-468-5539.)