



The university's prescription drug program provides coverage for some medications only if they are prescribed for certain uses. For this reason, some medications must receive prior authorization before the drugs can be covered under your university medical plan. In most cases, the prior authorization is valid for one year. If your prescription drug is not approved for coverage under the plan, you will be responsible for paying the full cost of the medication. Medications requiring prior authorization include the following:

- Alpha Interferons
 - Peg Intron and Pegasys
- Antifungals
 - Lamisil/Sporanox/Diflucan
- Botox/Myobloc
- Colony Stimulating Factors
- COX2 Agents
 - Celebrex
- Erythroid Stimulants
- Fertility
- Forteo
- Growth Hormones
- MS Agents
 - Rebif, Betaseron, Avonex, Copaxone
- Prolastin/Aralast
- Psoriasis Therapy - Raptiva
- Regranex
- Rheumatoid Arthritis Agents
 - Humira, Kineret, Enbrel
- Synagis
- Testosterone/Anabolic Steroids
- Tretionoids/Tazorac (>35 yrs old)
- Xolair

Note: This list is subject to change; for the current list contact OSU Managed Health Care Systems (MHCS) at (614) 292-4700 or 1-800-678-6269.