



Washington Rx Plus Drugs Requiring Prior Authorization

Effective October 1, 2014
(Published September 15, 2014)

Brand Name

Comments

Absorica	Prior authorization required otherwise not covered.
Aciphex Sprinkle	Prior authorization required otherwise not covered.
Actemra	Prior authorization required otherwise not covered.
Adcirca	Prior authorization required otherwise not covered.
Adempas	Prior authorization required otherwise not covered.
Afinitor	Prior authorization required otherwise not covered. Limited to 1 tablet per day. Not available through mail order.
Afinitor Disperz	Prior authorization required otherwise not covered. Not available through mail order.
Apokyn	Prior authorization required otherwise not covered. Not available through mail order.
Apriso	Prior authorization required otherwise not covered.
Aranesp	Prior authorization required otherwise not covered. Not available through mail order.
Aubagio	Prior authorization required otherwise not covered. Not available through mail order.
Avonex injection	Prior authorization required otherwise not covered. Not available through mail order.
Axiron	Prior authorization required otherwise not covered. Limited to 1 bottle per month.
Betaseron injection	Prior authorization required otherwise not covered. Not available through mail order.
Bunavail	Prior authorization required otherwise not covered.
buprenorphine SL tablet	Prior authorization required otherwise not covered.
buprenorphine-naloxone SL tablet	Prior authorization required otherwise not covered.
Cimzia	Prior authorization required otherwise not covered. Not available through mail order.
Copaxone	Prior authorization required otherwise not covered. Not available through mail order.
Dexilant	Prior authorization required otherwise not covered. Limited to 1 capsule per day.
Doryx 200mg	Prior authorization required otherwise not covered.
Enbrel	Prior authorization required otherwise not covered. Not available through mail order.
enoxaparin	Prior authorization required otherwise not covered. The first fill of up to 20 syringes per year will process without prior authorization. Not available through mail order.
Epogen	Prior authorization required otherwise not covered. Not available through mail order.
Esomeprazole Strontium	Prior authorization required otherwise not covered. Limited to 1 capsule per day.
Falessa	Prior authorization required otherwise not covered. Limited to 1 package per copay.
fondaparinux	Prior authorization required otherwise not covered. The first fill of up to 10 syringes per year will process at retail without prior authorization. Not available through mail order.
Forteo	Prior authorization required otherwise not covered. Not available through mail order.
Fortesta	Prior authorization required otherwise not covered. Limited to 2 bottles per month.
Fragmin	Prior authorization required otherwise not covered. The first fill of up to 20 syringes per year will process without prior authorization. Not available through mail order.
Fulyzaq	Prior authorization required otherwise not covered. Limited to 2 tablets per day.
Fuzeon	Prior authorization required otherwise not covered. Not available through mail order.
Gattex	Prior authorization required otherwise not covered.
Genotropin	Prior authorization required otherwise not covered. Not available through mail order.
Giazo	Prior authorization required otherwise not covered. Limited to 6 tablets per day.
Gilenya	Prior authorization required otherwise not covered. Not available through mail order.
Gilotrif	Prior authorization required otherwise not covered. Not available through mail order.
Hetlioz	Prior authorization required otherwise not covered.
Humatrope	Prior authorization required otherwise not covered. Not available through mail order.
Humira	Prior authorization required otherwise not covered. Not available through mail order.
Iclusig	Prior authorization required otherwise not covered. Not available through mail order.
Imbruvica	Prior authorization required otherwise not covered. Not available through mail order.
Incivek	Prior authorization required otherwise not covered.
Inlyta	Prior authorization required otherwise not covered. Not available through mail order.
Iprivask	Prior authorization required otherwise not covered. The first fill of up to 20 vials per year will process without prior authorization. Not available through mail order.
itraconazole capsule	Prior authorization required otherwise not covered. Not covered for nail fungus.
Juxtapid	Prior authorization required otherwise not covered.
Kalydeco	Prior authorization required otherwise not covered.
Kineret	Prior authorization required otherwise not covered.
Kynamro	Prior authorization required otherwise not covered. Not available through mail order.
Lamisil oral granules packet	Prior authorization required otherwise not covered. Not covered for the treatment of nail fungus.
Lazanda	Prior authorization required otherwise not covered.
Lyrica 225,300mg	Prior authorization required otherwise not covered. Up to 2 tablets per day.
Lyrica 25,50,75,100,150,200mg	Prior authorization required otherwise not covered. Up to 3 tablets per day.
Lyrica solution	Prior authorization required otherwise not covered. Limited to 30ml per day.
Mekinist	Prior authorization required otherwise not covered. Not available through mail order.
minocycline tab SR 24hr 45,90,135mg	Prior authorization required otherwise not covered.

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Mirvaso	Prior authorization required otherwise not covered.	
modafinil	Prior authorization required otherwise not covered.	Limited to 1 tablet per day.
Myalept	Prior authorization required otherwise not covered.	
Neulasta	Prior authorization required otherwise not covered.	Not available through mail order.
Neupogen	Prior authorization required otherwise not covered.	Not available through mail order.
Nexium	Prior authorization required otherwise not covered.	Limited to 1 capsule per day.
Nexium oral suspension	Prior authorization required otherwise not covered.	Limited to 1 packet per day.
Non-preferred test strips	Prior authorization required otherwise not covered.	
Norditropin	Prior authorization required otherwise not covered.	Not available through mail order.
Nutropin	Prior authorization required otherwise not covered.	Not available through mail order.
Nuvigil	Prior authorization required otherwise not covered.	
octreotide acetate injection	Prior authorization required otherwise not covered.	Not available through mail order.
Olysio	Prior authorization required otherwise not covered.	
Omnitrope	Prior authorization required otherwise not covered.	Not available through mail order.
Onsolis	Prior authorization required otherwise not covered.	
Opsumit	Prior authorization required otherwise not covered.	
Oracea	Prior authorization required otherwise not covered.	
Orencia	Prior authorization required otherwise not covered.	Not available through mail order.
Orenitram	Prior authorization required otherwise not covered.	
Otezla	Prior authorization required otherwise not covered.	
Otrexup	Prior authorization required otherwise not covered.	
Pegasys	Prior authorization required otherwise not covered.	Not available through mail order.
Peg-Intron	Prior authorization required otherwise not covered.	Not available through mail order.
Prevacid Solutab	Prior authorization required otherwise not covered	for Age 13 years and older. Limited to 1 tablet per day.
Procrit	Prior authorization required otherwise not covered.	Not available through mail order.
Promacta	Prior authorization required otherwise not covered.	
Purixan	Prior authorization required otherwise not covered	for age 13 years and older.
Qudexy XR	Prior authorization required otherwise not covered.	
rabeprazole	Prior authorization required otherwise not covered.	Limited to 1 tablet per day.
Ragwitek	Prior authorization required otherwise not covered.	
Rasuvo	Prior authorization required otherwise not covered.	
Ravicti	Prior authorization required otherwise not covered.	
Rebetol solution	Prior authorization required otherwise not covered.	
Rebif	Prior authorization required otherwise not covered.	Not available through mail order.
Relistor	Prior authorization required otherwise not covered.	Not available through mail order.
Retin-A-Micro Pump 0.08%	Prior authorization required otherwise not covered.	Limited to 1 bottle per month.
Revlimid	Prior authorization required otherwise not covered.	Not available through mail order.
Ribapak 600	Prior authorization required otherwise not covered.	
ribavirin 200mg	Prior authorization required otherwise not covered.	
ribavirin 400,600mg	Prior authorization required otherwise not covered.	
Saizen	Prior authorization required otherwise not covered.	Not available through mail order.
Sandostatin LAR	Prior authorization required otherwise not covered.	Not available through mail order.
Serostim	Prior authorization required otherwise not covered.	Not available through mail order.
Signifor	Prior authorization required otherwise not covered.	Not available through mail order.
sildenafil 20mg tablet	Prior authorization required otherwise not covered.	
Simponi	Prior authorization required otherwise not covered.	Not available through mail order.
Sitavig	Prior authorization required otherwise not covered.	
Solodyn	Prior authorization required otherwise not covered.	
Somavert	Prior authorization required otherwise not covered.	Not available through mail order.
Sovaldi	Prior authorization required otherwise not covered.	
Sporanox oral solution	Prior authorization required otherwise not covered.	Not covered for nail fungus.
Stelara	Prior authorization required otherwise not covered.	Not available through mail order.
Suboxone film	Prior authorization required otherwise not covered.	
Subsys Sublingual Spray	Prior authorization required otherwise not covered.	
Tafinlar	Prior authorization required otherwise not covered.	Not available through mail order.
Tanzeum	Prior authorization required otherwise not covered.	Not available through mail order.
Tarceva	Prior authorization required otherwise not covered.	Not available through mail order.
Tasigna	Prior authorization required otherwise not covered.	Not available through mail order.
Tecfidera	Prior authorization required otherwise not covered.	Not available through mail order.
terbinafine tablet	Prior authorization required otherwise not covered.	Not covered for the treatment of nail fungus.
Testim	Prior authorization required otherwise not covered.	Up to 10gm per day.
Tev-Tropin	Prior authorization required otherwise not covered.	Not available through mail order.
Topicort Spray	Prior authorization required otherwise not covered.	
Topiramate ER	Prior authorization required otherwise not covered.	
Treximet	Prior authorization required otherwise not covered.	Limited to 9 tablets per prescription fill and 2 fills per month.
Trokendi XR	Prior authorization required otherwise not covered.	
Tyvaso	Prior authorization required otherwise not covered.	
Valchlor	Prior authorization required otherwise not covered.	Not available through mail order.

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Vascepa	Prior authorization required otherwise not covered.
Victrelis	Prior authorization required otherwise not covered.
Vimovo	Prior authorization required otherwise not covered. Limited to 2 tablets per day.
Vogelxo	Prior authorization required otherwise not covered. Limited to 10gm/day.
Xalkori	Prior authorization required otherwise not covered. Not available through mail order.
Xartemis	Prior authorization required otherwise not covered.
Xeljanz	Prior authorization required otherwise not covered.
Xtandi	Prior authorization required otherwise not covered. Not available through mail order.
Xyrem	Prior authorization required otherwise not covered.
Zelboraf	Prior authorization required otherwise not covered. Not available through mail order.
Zohydro ER	Prior authorization required otherwise not covered.
Zolinza	Prior authorization required otherwise not covered. Not available through mail order.
Zorbtive	Prior authorization required otherwise not covered. Not available through mail order.
Zorvolex	Prior authorization required otherwise not covered. Limited to 3 tablets per day.
Zubsolv	Prior authorization required otherwise not covered.
Zykadia	Prior authorization required otherwise not covered. Not available through mail order.
Zytiga	Prior authorization required otherwise not covered. Not available through mail order.