Health Net Health Plan of Oregon, Inc.

Oregon
Drugs Requiring Prior Authorization

Effective January 1, 2015

(Published December 15, 2014)

Brand Name	*Comments*
Absorica	Prior authorization required otherwise not covered.
Abstral SL tablet	Prior authorization required otherwise not covered. Limited to 3 tablets per day.
Aciphex Sprinkle	Prior authorization required otherwise not covered.
Acticlate	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. Not available through mail order. Limited to 1 tablet per day.
Afinitor Disperz	Prior authorization required otherwise not covered. Not available through mail order.
Alsuma	Prior authorization required otherwise not covered. Limited to 4 syringes per prescription fill and up to 2 fills per month.
Ampyra	Prior authorization required otherwise not covered.
Aplenzin	Prior authorization required otherwise not covered. Limited to 1 tablet per day.
Apriso	Prior authorization required otherwise not covered.
Astagraf XL	Prior authorization required otherwise not covered.
Aubagio	Prior authorization required otherwise not covered.
Avodart	Prior authorization required otherwise not covered.
Axiron	Prior authorization required otherwise not covered. Limited to one bottle per month.
Bosulif	Prior authorization required otherwise not covered. Not available through mail order.
Brintellix	Prior authorization required otherwise not covered. Limited to 1 tablet per day.
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.
calcipotriene-betamethasone ointment	Prior authorization required otherwise not covered. Limited to 60gm per month.
celecoxib	Prior authorization required otherwise not covered. Up to 2 capsules per day.
Cerdelga	Prior authorization required otherwise not covered.
Cesamet	Prior authorization required otherwise not covered. Up to 10 capsules per fill.
Desvenlafaxine ER	Prior authorization required otherwise not covered.
Dexilant	Prior authorization required otherwise not covered. Limited to 1 capsule per day.
Doryx 200mg	Prior authorization required otherwise not covered.
Duexis	Prior authorization required otherwise not covered.
Edluar	Prior authorization required otherwise not covered. Limited to 1 tablet per day.
Elidel	Prior authorization required otherwise not covered.
Esbriet	Prior authorization requiired otherwise not covered.
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.
Fanapt	Prior authorization required otherwise not covered.
fentanyl OT lozenges	Prior authorization required otherwise not covered. Up to 3 lozenges per day.
Fentora	Prior authorization required otherwise not covered. Limited to 3 tablets per day.
Fetzima	Prior authorization required otherwise not covered.
ForFivo XL	Prior authorization required otherwise not covered. Limited to 1 tablet per day.
Fortesta	Prior authorization required otherwise not covered. Limited to 2 bottles per month.
Fulyzaq	Prior authorization required otherwise not covered. Limited to 2 tablets per day.
Giazo	Prior authorization required otherwise not covered. Limited to 6 tablets per day.
Gilenya	Prior authorization required otherwise not covered.
Gilotrif	Prior authorization required otherwise not covered. Not available through mail order.
Gralise	Prior authorization required otherwise not covered.
Grastek	Prior authorization required otherwise not covered.
Harvoni	Prior authorization required otherwise not covered.
Hetlioz	Prior authorization required otherwise not covered.
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.
Intermezzo	Prior authorization required otherwise not covered. Limited to 1 tablet per day.
itraconazole capsule	Prior authorization required otherwise not covered. Not covered for nail fungus.
Jalyn	Prior authorization required otherwise not covered.
Juxtapid	Prior authorization required otherwise not covered.
Kalydeco	Prior authorization required otherwise not covered.
Khedezla	Prior authorization required otherwise not covered. Limited to 1 tablet per day.
Korlym	Prior authorization required otherwise not covered.
Lamictal ODT	Prior authorization required otherwise not covered.
Lamisil oral granules packet	Prior authorization required otherwise not covered. Not covered for the treatment of nail fungus.

Brand Name	***Comments***
lamotrigine XR	Prior authorization required otherwise not covered.
Lazanda	Prior authorization required otherwise not covered.
Lidopin	Prior authorization required otherwise not covered.
Livalo	Prior authorization required otherwise not covered. Limited to 1 tablet per day.
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.
Minastrin 24FE	Prior authorization required otherwise not covered. Limited to 1 package per copay.
minocycline tab SR 24hr 45,90,135mg	Prior authorization required otherwise not covered.
Mirvaso	Prior authorization required otherwise not covered.
modafinil	Prior authorization required otherwise not covered. Limited to 1 tablet per day.
Namenda 5,10mg	Prior authorization required otherwise not covered. Limited to 2 tablets daily.
Namenda XR	Prior authorization required otherwise not covered.
Nexiclon XR	Prior authorization required otherwise not covered.
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.
Northera	Prior authorization required otherwise not covered.
Nuvigil	Prior authorization required otherwise not covered.
Ofev	Prior authorization required otherwise not covered.
Olysio	Prior authorization requried otherwise not covered.
Onsolis	Prior authorization required otherwise not covered.
Opsumit	Prior authorization required otherwise not covered.
Oracea	Prior authorization required otherwise not covered.
Oralair	Prior authorization required otherwise not covered.
Orenitram	Prior authorization required otherwise not covered.
Otezla	Prior authorization required otherwise not covered.
Oxtellar XR	Prior authorization required otherwise not covered.
Prevacid Solutab	Prior authorization required otherwise not covered for age 13 years and older. Limited to 1 tablet per day.
Pristiq	Prior authorization required otherwise not covered.
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.
Ravicti	Prior authorization required otherwise not covered.
Rebetol solution	Prior authorization required otherwise not covered.
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.
Rexaphenac cream	Prior authorization required otherwise not covered.
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.
Rozerem	Prior authorization required otherwise not covered. Limited to 1 tablet per day.
Savella	Prior authorization required otherwise not covered. Limited to 2 tablets per day.
sildenafil 20mg tablet	Prior authorization required otherwise not covered.
Silenor	Prior authorization required otherwise not covered. Limited to 1 tablet per day.
Sitavig	Prior authorization required otherwise not covered.
Solodyn	Prior authorization required otherwise not covered.
Sovaldi	Prior authorization required otherwise not covered.
Sporanox oral solution	Prior authorization required otherwise not covered. Not covered for nail fungus.
Stivarga	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.
Sumavel	Prior authorization required otherwise not covered. Limited to 6 syringes per month.
Tafinlar	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.
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.
testosterone gel pump	Prior authorization required otherwise not covered. Limited to 10gm per day.
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.

Brand Name	***Comments***
Tyzeka	Prior authorization required otherwise not covered.
Uceris	Prior authorization required otherwise not covered.
Valchlor	Prior authorization required otherwise not covered. Not available through mail order.
Vascepa	Prior authorization required otherwise not covered.
Ventavis inhalation solution	Prior authorization required otherwise not covered.
Victrelis	Prior authorization required otherwise not covered.
Viibryd	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.
Vytorin 10-10mg	Prior authorization required otherwise highest copay applies. Limited to 1 tablet per day.
Vytorin 10-80mg	Prior authorization required otherwise not covered.
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.
Xifaxan 550mg	Prior authorization required otherwise not covered. Limited to 2 tablets per day.
Xtandi	Prior authorization required otherwise not covered. Not available through mail order.
Xyrem	Prior authorization required otherwise not covered.
Zavesca	Prior authorization required otherwise not covered.
Zelboraf	Prior authorization required otherwise not covered. Not available through mail order.
Zipsor	Prior authorization required otherwise not covered.
Zohydro ER	Prior authorization required otherwise not covered.
Zolinza	Prior authorization required otherwise not covered. Not available through mail order.
Zolpimist spray	Prior authorization required otherwise not covered. Limited to 1 bottle per month.
Zorvolex	Prior authorization required otherwise not covered. Limited to 3 tablets per day.
Zubsolv	Prior authorization required otherwise not covered.
Zydelig	Prior authorization required otherwise not covered. Not available through mail order.
Zykadia	Prior authorization required otherwise not covered. Not available through mail order.

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