

**VIVA Health Drugs Requiring Prior Authorization List  
As of January 2010**

This is a list of prescription drugs that either require prior authorization or are excluded from coverage. This is not an all inclusive list. It is provided strictly as a guide and may change periodically. Please call VIVA Health Medical Management at 933-1201 in Birmingham or 1-800-294-7780 if you have questions regarding a particular drug.

Pharmaceuticals
Accutane
Adderall (amphetamine), Adderall XR (amphetamine ER), Ritalin (methylin), Concerta, Focalin, Strattera, Metadate, Provigil, Nuvigil and Vyvanse
Arava
Axid
<b>COX II's:</b> Celebrex
Desoxyn
Dexedrine
Dextrostat
Diflucan/Fluconazole 150mg (QL)
<b>Hypnotic/Sedatives-(QLC):</b> Ambien/Ambien CR(zolpidem), Lunesta, Sonata (zaleplon), Restoril (temazepam), Rozerem Lamisil (terbinafine), Sporanox (itraconazole)
Lovenox, Arixtra-Auth required if use exceeds 14 days
<b>NSAIDS:</b> Arthrotec, Naprelan, Ponstel
Proscar
<b>Proton Pump Inhibitors-</b> Prevacid, Kapidex, Nexium, Aciphex, Protonix (pantoprazole) <b>*Auth required after initial 8 weeks*</b>
Retin-A, Avita, Vesanoid, Renova, Tazorac
Stadol NS
<b>Triptans-(QL):</b> Amerge, Axert, Frova, sumatriptan, Maxalt, Replax, Treximet & Zomig
Wellbutrin/Wellbutrin SR, Bupropion, Budeprion SR
Zofran

Exclusions
OTC and OTC Equivalents
Anorexiants/Weight Loss/Gain
Depigmenting Drugs
ED Drugs
Hair Loss Drugs
All Infertility Drugs
Smoking Cessation Drugs
All RX vitamins except Prenatal & Fluoride Combos

Injectible and Biological Drugs	
Adagen	Lupron
	Neulasta
ACTH	
Aldurazyme	Neupogen
Aloxi	Neumega
Amevive	Nexavar
Aralast	Orencia
Aranesp	Pegasys
Aredia	Peg-Intron
Arixtra*	Procrit
Avonex	Proleukin
Betaseron	Pulmozyme
Botox	Raptiva
Ceredase	Rebetol
Copaxone	Rebetron
Copegus	Rebif
Enbrel	Remicade
Epogen	Remodulin
Euflexxa	Revlimid
Fabrazyme	Respigam
Factor VIII	Revatio
Flolan	Supartz
Fludara	Sutent
Forteo	Synagis
Fragmin	Synvisc
Gamimmune	Temodar
Growth Hormones	Tev-Tropin
Hemophilia Injectibles	Thalomid
Hepatitis A Vaccine	Thryogen
Humira	TOBI
Hyalgan	Tracleer
Increlex	Trelstar
Intron A	Ventavis
Iressa	Vivaglobulin
IGIV	Xeloda
Kineret	Xolair
Leukine	Zoladex
Lovenox*	Zometa
Letairis	

\* Not required to come from Caremark Specialty and auth required for greater than 14 day utilization.

\*\* FDA standard recommended quantity limits on some narcotics. Prior Authorization is required when limits are exceeded.

**(QL) Authorization only required if standard quantity limits are exceeded.**

**(QLC) Short-term use medications with 15-day quantity limits per copay. Mail-order not available.**

**VIVA Health Half-Tab and Proper Dosing Programs**

VIVA Health has a half-tab program for **Celexa, Paxil and Zoloft**. VIVA Health has a proper dosing program for **Mevacor, Lescol, Lipitor, Pravachol, and Zocor**. Call VIVA Health Customer Service at 558-7474 or 1-800-294-7780 for details.

**All of the unclassified Drug codes (such as J3490, J3590, J8999, and J9999) require a prior authorization. When requesting a prior authorization for an unclassified drug please submit the NDC#, Drug name, and Dosage.**