

# Prior authorization — How it works

We want to make sure prescription medications filled through our prescription drug programs administered by FutureScripts® are right for you.

Prior authorization requirements, which apply to specific medications, ensure that the drug prescribed is the most clinically appropriate, is prescribed in accordance with Food and Drug Administration guidelines, and is available at the lowest cost-sharing level.

Prior authorization requires your doctor to obtain approval for coverage of a medication. Prior authorization helps prevent improper prescribing, substance abuse, fraud, and duplicated medication therapies from multiple prescribers. If prior authorization is required for a specific medication, it is not covered until approval has been obtained.

## Prior authorization in five steps

1. If a prescription requires prior authorization, the pharmacist will receive an electronic message when they are filling the prescription.
2. The pharmacist notifies your doctor that prior authorization is required for the prescribed drug. Your doctor can either prescribe an alternative medication that does not require prior authorization or complete a prior authorization form and fax the necessary paperwork to FutureScripts for review.
3. A clinical pharmacist will review the prior authorization request according to the clinical data, information submitted by the prescribing physician, and any available prescription drug history. If the clinical pharmacist cannot approve the request based on policy criteria alone, a medical director reviews the request and makes a determination. The review can take up to two business days once all the information has been received.
4. *If the medication is approved*, a prior authorization for that medication is documented in your pharmacy record. Your doctor will be notified of approval by phone or fax within two working days of the approval decision. You can also call Customer Service at [1-800-ASK-BLUE \(1-800-275-2583\)](tel:1-800-ASK-BLUE) to find out if the prior authorization has been approved. Once your record shows the drug has been approved, the pharmacist can fill the prescription.
5. *If the medication is denied*, you will receive written notification of the denial and your doctor will be notified of the denial by phone or fax within two working days of the denial decision. You may appeal this decision. The appeals process is explained in detail on all denial letters.



## 96-hour Temporary Supply Program

Since the prior authorization review and communication process may take up to two business days, a 96-hour temporary supply is available for most medications. Some medications are not eligible due to packaging, or other limitations.

- You will not be charged for a 96-hour supply of medicine.\*
- Obtaining a 96-hour temporary supply of medication does not guarantee that the prior authorization request will be approved.
- If you receive a 96-hour supply of medication, we will inform your doctor of the prior authorization requirement.
- If the prior authorization request is approved, the remainder of the prescription order will be filled and the appropriate cost-sharing amount will be applied.\*

You should ask the pharmacist if your medication is eligible for a 96-hour supply.†

\*Members with a CMM or Major Medical integrated drug benefit will pay the discounted cost of the 96-hour supply as well as the remainder of the prescription order (if approved) at the time of purchase, and the medical claim for reimbursement will be handled through the standard process.

†Applies to participating pharmacies only.

Allergy, cough and cold, and lung medications	Adrenaclick®, Advair®, Aerospa™, Alvesco®, Anoro Ellipta®, Arnuity Ellipta®, Auv-i-Q®, Bevespi aerosphere™, Breo® Ellipta™, Esbriet®, Firazyr®, Flovent®, Grastek®, Ofev®, Oralair®, Orkambi™, Proventil® HFA, Pulmicort Flexhaler®, Ragwitek™, Stiolto Resimat™, Thiola®, Utibron™ Neohaler, Ventolin® HFA, Xopenex HFA®
Antibiotics and other drugs used for infection	Acticlate®, Adoxa®, Alodox®, Altabax™, Avidoxy™, Cayston™, Copegus®, Cresemba®, Daklinza™, Doryx® DR, Factive®, Harvoni®, Incivek®, Minocin®, Monodox®, Noxafil®, Olysio™, Onmel®, Oracea®, Qaliquin®, quinine sulfate, Rebeto®, RibaPak®, Ribasphere®, RibaTab®, Sirturo™, Sivextro™, Solodyn®, Sovaldi™, Targadox™, Technivie™, Valtrex™, Vibramycin®, Victrelis™, Viekira Pak™, Xifaxan® 550 mg, Zinbryta™, Zmax™, Zvox®
Bone, joint, and muscle medications	Actemra® SC, Amrix®, Anaprox® DS, Arthrotec®, Celebrex®, Cimizia®, Colcrys®, Cuprimine®, Daypro®, Duexis®, EC-Naprosyn®, Enbrel®, Eplusea®, Flector® patch, Forteo™, Humira®, Kineret®, Lorzone®, Mitigare®, Mobic®, Naprelan®, Naprosyn®, Orenicia® SQ, Otezla™, Otrexup™, Pennsaid® (2% drops), Rasuvo™, Simponi™, Skelaxin®, Soma®, Stelara®, Uloric®, Vimovo®, Voltaren-XR®, Xeljanz®, Zepatier™, Ziana®, Zipsor™, Zurampic® 200 mg
Cancer and organ transplant drugs	Afinitor®, Alecensa®, Bosulif®, Cabometyx™, Caprelsa®, Cometriq™, Cotellic™, Erivedge™, Farydak®, Fentora®, Gilotrif™, Gleevec®, Hycamtin® capsules, Ibrance®, Inclisig™, Imbruvica™, Inlyta®, Jakafi™, Lenvima™, Lynparza™, Mekinist®, Nexavar®, Ninlaro®, Odomzo®, Oforta™, Pomalyst®, Revlimid®, Sprycel®, Stivarga®, Sutent®, Sylatron™, Tafinlar®, Tagrisso™, Tarceva®, Targretin® Gel, Tasisign®, Temodar® Oral, Thalomid®, Tykerb®, Valchlor™, Venclexta®, Votrient™, Xalkori®, Xtandi®, Zelboraf®, Zolanza®, Zydrelig®, Zykadia™, Zygotia™
Diabetes and thyroid medications, steroids, and other hormones	Afrezza®, Androderm®, Androgel®, Apidra®, Apidra® SoloSTAR®, Axiron®, Basaglar®, Beyaz®, Diabetic test strips†, Farxiga™, First Testosterone®, Fortamet®, Fortesta™, Genotropin®, Glumetza™, Humalog®, Humatrope®, Humulin®, Janumet®, JanumetXR®, Januvia®, Jentadueto™, Kazano®, Kombiglyze XR®, Korlym™, metformin er, Minastrin® FE, Myalept™, Natpara®, Nesina®, Natesto™, Norditropin®, Nutropin®/Nutropin AQ®, Omnitrope®, Onglyza®, Oseni®, Rayos®, ReliOn®/Novolin®, Safyral®, Saizen®, Serostim®, Signifor®, Striant®, Symlin®, Tanzeum™, Testim®, Tev-Tropin®, Tradjenta™, Trulicity®, Xigduo XR™, Zomacton™ (5 mg vial), Zorbtive™
Diagnostics and miscellaneous agents	Addyi®, Advate®, Alphanate®, Alphanine® SD, Alprolix™, Bebulin®, BeneFIX®, Cerdelga®, Compound products containing any prescription bulk chemical, Exjade®, Feiba®, Ferriprox®, Helixate® FS, Hemofil® M, Humate-P®, Idelvion®, Ixinity®, Jadenu™, Kalydeco™, Kevevis™, Koate®-DVI, Kogenate® FS, Monoclate-P®, Mononine®, Novoseven® RT, Ocaliva™, Profilnine® SD, Recombinate™, Rixubis™, Strensiq®, Syprine®, Tretten®, Wilate®, Xuriden™, Xyntha®, Zavesca®
Ear, nose, and throat medications	Beconase AQ®, Dymista®, Flonase®, Nasacort® AQ, Nasonex®, Omnaris®, Qnasl™, Rhinocort Aqua®, Veramyst™, Zetonna®, Zolpimist™
Eye medications	Cystaran™, Rescula®, Xiidra™, Zioptan™
Heart, blood pressure, and cholesterol medications	Adcirca®, Adempas®, Adynovate®, Afstyla®, Alprolix® 250 Mg Vial, Amturnide™, Atacand®/Atacand HCT®, Avapro®/Avalide®, Coagadex®, Corifact®, Corlanor®, Cozaar®/Hyzaar®, Crestor®, Dibenzyline®, Diovan®, Diovan HCT®, Duragesic®, Durlaza®, Edarbi™, Edarbyclor™, Elocate™, Entresto™, Exforge®/Exforge HCT®, Inderal® LA, Kynamro®, Letairis®, Lipitor®, Livalo®, Micardis®/Micardis® HCT, Northera®, Novoeight®, Nuwiq®, Opsumit®, Orenitram™, Revatio™, Riastap®, Samsca™, sildenafil, Tekamlo™, Tekturna®/Tekturna HCT®, Tenoretic®, Tenormin®, Teveten®/Teveten® HCT, Tracleer®, Twynsta®, Tyvaso®, Upravi®, Vecamyl™, Ventavis®, Vonvendi®, Vytorin®, Wilate® 500Unit-500Unit, 1,000Unit-1,000Unit, Vial, Yosprala™ 325/40 mg, 81/40 mg
Pain, nervous system, and psychiatric medications (including sleep aids)	Abilify®, Abstral®, Actiq®, Adasuve®, Adderall®, Ambien®, Ambien CR® (12.5mg), Amerge®, Ampyra™, armodafinil, Ativan®, Aubagio®, Avinza® (120mg), Axert®, Belbuca™ (strengths greater than 300mcg), Belsonra®, Belviq®, Brintellix®, Briviact®, Bunavail®, bupropion HCL, Butrans™ 15 mcg/hr and 20 mcg/hr patch, Concerta®, ContravER®, Daytrana™, Desoxyn®, Dexedrine®, Dilaudid® (4mg, 8mg), Dolophine®, Doral®, Duragesic (strengths greater than 25mcg), Ecoza™, Edluar™, Effexor XR®, Embeda®, Evekeo™, Evzio®, Exalgo™, Extavia®, eszopiclone (3mg), Fanapt™, fentanyl citrate, fentanyl patches (strengths greater than 25mcg), Fetzima™, Focalin XR®, Frova®, Gilenya®, Gralise™, Halcion®, Hetlioz™, Horizant™, hydromorphone (4mg,8mg), hydromorphone er, Hysingla™, Imitrex®, Intermezzo®, Intuniv™, Invega™, Kadian® 50 mg, Kadian® (strengths greater than 60mg), Kapvay®, Keppra®, Khedezla®, Lamictal ODT™, Lamictal®, Latuda®, Lazanda®, Lexapro®, Lunesta®, Lyrica®, Maxalt®, Metadate CD®, Methadone, modafinil, morphine sulfate ER (strengths greater than 60mg for generic Kadian and MS Contin; 120mg for generic Avinza), Migranal®, morphine sulfate ir (30 mg), MS Contin® (strengths greater than 60mg), Narcan®, Nucynta (100mg), Nucynta ER (strengths greater 150mg), Nuedexta™, Nuplazid™, Nuvigil®, Olux®[E], Onsolis®, Onzetra Xsail™, Opana® (10mg), Opana ER® (strengths greater than 20mg), Oxaydo™, Oxistat®, oxycodone (30 mg), oxycodone er (strengths greater than 30mg), Oxycontin® (strengths greater than 30mg), oxymorphone 10mg, oxymorphone er (strengths greater than 20 mg), Pandel®, Pegasys ProClick®, Percocet®, Pristiq™, Provigil®, Prozac®, Psorcon®, Qsymia®, Rebif®, Regimex®, Relpax®, Restoril®, Rexulti®, Ritalin LA®, Roxicodone® (30mg), Rybix™ ODT, Saphris®, Saxenda®, Silenor®, Sonata®, Suboxone®, Subsys®, Subutex®, Sumavel™, Suprenza™ ODT, Treximet™, Valium®, Viibryd®, Vraylar™, Wellbutrin® XL, Xanax®, Xartemis® XR, Xenazine™, Xtampza™ ER, Xyrem®, Zecuity®, Zembrace Symtouch™, Zohydro™ ER, Zolofit®, zolpidem, zolpidem ER (12.5mg), Zomig®, Zorvolex®, Zubsolv®
Skin medications	Absorica™, Acanya®, Aczone®, Atralin®, Avita®, Azelex®, Benzaclin® (1-5% gel), Benzaclin® Pump, Benzamycin® gel, Benzamycinpak®, Capex®, Carac®, Ciclodan®, Cleocin T®, Clindagel®, Clobex®, Cloderm®, Cordran® Cosentyx™, Cutivate®, Derma-Smothe FS®, Desonate®, Desowen® diclofenac gel, Differin® Cream/Gel, Duac®, Enstilar®, Ertaczo®, Evoclin® foam, Exelderm®, Extina®, Halog® Jublia®, Kenalog™, Kerydin®, Lidoderm®, Locoid® [lipocream], Loprox®, Luxiq®, Luzu® Onexton™, Penlac®, Picato®, Proctocort® (30 mg supp), Retin-A®, Retin-A Micro®, Sernivo™, Solaraze® Gel, Synalar®, Taclonex®, Taclonex® Scalp, Taltz Autoinjector®, Topicort®, Ultravate®, Vanos™, Veltin™, Vusion®, Xolegel®, Ziana®
Stomach, ulcer, and bowel medications	AcipHex®, Amitiza®, Cesamet®, Cholbam®, Dexamyl™, Diclegis®, Duexis®, esomeprazole strontium, First® Lansoprazole, First® Omeprazole, Fulyzaq™, Gattex®, Nexium®, Prevacid®, Prevacid® NapraPAC®, omeprazole/sodium bicarbonate, Prilosec®, Prilosec® suspension, Protonix®, Pylera™, Ravicti™, Relistor®, Viberzi™, Vimovo®, Zegerid®
Urinary and prostate medications	Caverject®, Cialis®, Edex®, Elmiron®, Levitra®, MUSE®, Procysbi®, Staxyn™, Stendra™, Toviaz™, Viagra®
Vitamins & Electrolytes	Nascobal®

\* This list is subject to change and is updated quarterly. † All diabetic test strips require prior authorization except the following: Autodisc®, Ascencia®, Breeze® 2, Contour®, Elite®, FreesStyle®, FreeStyle Lite®, and Precision Xtra®.

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FutureScripts is an independent company providing pharmacy benefits management services for Independence Blue Cross.

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

## Language Assistance Services

**Spanish:** ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

**Chinese:** 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

**Korean:** 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

**Portuguese:** ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

**Gujarati:** સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

**Vietnamese:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

**Russian:** ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

**Italian:** ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

**Arabic:** ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

**Pennsylvania Dutch:** BASS UFF: Wann du Pennsylvania Deutsch schwetzscht, kannscht du Hilfgrieche in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

**Japanese:** 備考: 母国語が日本語の方は、言語アシスタンスサービス（無料）をご利用いただけます。1-800-275-2583へお電話ください。

### Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

**Navajo:** Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódííłnih koji' 1-800-275-2583.

### Urdu:

توجہ درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

**Mon-Khmer, Cambodian:** សូមមេត្តាចាប់អារម្មណ៍៖

ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

## Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: [civilrightscordinator@1901market.com](mailto:civilrightscordinator@1901market.com). If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.