



Preauthorization and Step Therapy Drug Lists

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Preauthorization helps encourage safe, cost-effective use of prescription drugs by requiring a "prior authorization" request from your physician before the drug will be covered.

Step Therapy is a different form of preauthorization, which requires a trial of one or more prerequisite medications before a Step Therapy medication will be covered. If it is medically necessary for a member to use a Step Therapy medication as initial therapy, the treating physician can request coverage of such drug as a medical exception by submitting a Prior Authorization Request Form.

If you have questions, please contact our Pharmacy Services Department at (541) 225-3784, or toll-free at (800) 624-6052 ext. 3784, or email pharmacy@pacificsource.com.

Remember to present your PacificSource ID card at the time of purchase and use a CVS Caremark® participating pharmacy to fully use your benefits and get the best price on your medication.

Drugs Requiring Preauthorization:	Erivedge	Mozobil	Revatio	Xolair
Actemra	Euflexxa	Myobloc	Ribavirin	Zavesca
Acthar HP	Fabrazyme	Myozyme	Sabril	Zemaira
Actimmune	Fentora	Naglazyme	Saizen	Zorbtive
Actiq	Firazyr	Norditropin Flexpro	Serostim	Zyvox
Adcirca	Flebogamma	Norditropin NordiFlex	Simponi	
Aldurazyme	Flolan	Nplate	Sporanox	
Amevive	Gammagard SD	Nutropin	Stelara	Step Therapy
Ampyra	Gammaplex	Nutropin AQ	Striant	Drugs:
Androderm	Gammar PIV	Nuvigil	Subsys	Aciphex
Androgel	Gamunex	Octogam	Supartz	Adderall XR
Aralast	Genotropin	Oculinum	Synagis	Butrans
Aranesp	Gilenya	Omnitrope	Synvisc	Celebrex
Arcalyst	Glassia	Omontys	Synvisc One	Conzip
Avastin	Hemophilia Factors	Onsolis	Testim	Crestor
Axiron	Hizentra	Orencia	Testosterone	Exalgo
Benlysta	Humatrope	Orthovisc	Compounds	Intuniv
Berinert	Humira	Panglobulin	Tev-Tropin	Kapvay
Botox	Hyalgan	Pegasys	Tracleer	Lamictal
Brilinta	Ilaris	Peg-Intron	Tysabri	Lunesta
Bydurean	Increlex	Polygam SD	Tyvaso	Nexicon
Byetta	Infergen	Pradaxa	Velitri	Nucynta
Carimune NF	Intron-A	Privigen	Venoglobulin	Nucynta ER
Ceredase	Iveegam EN	Procrit	Ventavis	Opana ER
Cerezyme	IVIG	Prolastin	Victoza	Oxecta
Cimzia	Kalbitor	Prolastin C	Victrelis	Solodyn
Cinryxe	Kalydeco	Promacta	Vivaglobulin	Strattera
Delasteryl	Kineret	Protropin	Vpriv	Suboxone
Dysport	Letairis	Provigil	Xarelto	Vyvanse
Enbrel	Lovaza	Pulmozyme	Xenazine	
Epoge	Lozanda	Remicade	Xeomin	
	Lumizyme	Remodulin	Xiaflex	

Please refer to your benefit handbook for more details on your pharmacy benefits and how to use your pharmacy program. This list is subject to change as new drugs constantly enter the market.