

VPHP PRIOR AUTHORIZATIONS

To help make the use of prescription drugs safer and more affordable, our plan is using a Drug **Quality Management** program. That is, for certain medications, your doctor needs to obtain a prior authorization. This gives you the appropriate medicine considered safe and effective, according to the recommendations of the U.S. Food and Drug Administration (FDA).

Based on the FDA's guidelines and other medical information, our plan developed this program together with **EnvisionRxOptions**, the company chosen to manage our prescription drug benefit. The following prior authorizations are based on a 34-day supply (unless otherwise noted). Your doctor should request a prior authorization if the wish to prescribe these medicines for you. If this request is approved, a prior authorization would let you receive the recommended medicine.

Label Name	Therapeutic Class Description
ABILIFY	ATYPICAL ANTIPSYCHOTIC
ALFERON N	INTERFERONS
ARCALYST INJECTION	INTERLEUKIN RECPTR ANTAGONIST
BENZPHETAMINE HCL TABLET	APPETITE SUPPRESSANTS
BONIVA	OTHER ENDOCRINE DRUGS
BUPRENORPHINE TABLET SL	CLASS III NARCOTICS
BUTORPHANOL SPRAY	DRUGS TO PREVENT AND TREAT HEADACHES
BYETTA PEN INJ	INCRETIN MIMETICS
CHENODAL TABLET	OTHER GI DRUGS
COPEGUS TABLET	OTHER ANTIVIRAL DRUGS
DIETHYLPROPION TABLET	APPETITE SUPPRESSANTS
DIETHYLPROPION ER TABLET	APPETITE SUPPRESSANTS
EGRIFTA VIAL	GROWTH HORMONES AND RELATED DRUGS
ELIGARD SYRINGE	ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS
ENOXAPARIN SYR	INJECTABLE ANTICOAGULANTS
ENTRESTO TABLET	ANGIOTENSION II RECEPTOR ANTAGONISTS
EPINASTINE HCL EYE DROPS	OTHER OPHTHALMIC DRUGS
ERBITUX VIAL	ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS
FENTANYL CITRATE LOZENGES	CLASS II NARCOTICS
FUZEON CONVENIENCE KIT	ANTIRETROVIRALS & PROTEASE INH
GRANISETRON HCL	ANTIVERTIGO AND ANTIEMETIC DRUGS
HARVONI	ANTIVIRAL
ILARIS VIAL	INTERLEUKIN RECPTR ANTAGONIST
INTRON A	INTERFERONS
KALBITOR	DRUGS FOR HEREDITARY ANGIOEDEMA
KINERET	INTERLEUKIN RECPTR ANTAGONIST
LATUDA	ATYPICAL ANTIPSYCHOTIC
LEUPROLIDE	SPECIALIZED OB/GYN DRUGS

Label Name	Therapeutic Class Description
LEVALBUTEROL	BETA-2 ADRENERGIC DRUGS
LIDODERM 5% PATCH	TOPICAL ANESTHETICS
LUPRON DEPOT	SPECIALIZED OB/GYN DRUGS
LUPRON DEPOT-PED	SPECIALIZED OB/GYN DRUGS
LYRICA 100 MG CAPSULE	OTHER ANTICONVULSANTS
LYRICA 150 MG CAPSULE	OTHER ANTICONVULSANTS
LYRICA CAPSULE	OTHER ANTICONVULSANTS
NPLATE VIAL	THROMBOPOIETIC AGENTS
NUDEXTA CAPSULE	OTHER CNS/AUTONOMIC DRUGS
OPANA ER TABLET	CLASS II NARCOTICS
OXYCODONE HCL CR TABLET	CLASS II NARCOTICS
OXYCONTIN TABLET	CLASS II NARCOTICS
OXYMORPHONE HCL TABLET	CLASS II NARCOTICS
OXYMORPHONE HCL ER TAB	CLASS II NARCOTICS
PAMIDRONATE	OTHER ENDOCRINE DRUGS
PHENDIMETRAZINE	APPETITE SUPPRESSANTS
PHENTERMINE CAPSULE	APPETITE SUPPRESSANTS
PROVIGIL TABLET	CNS STIMULANT DRUGS
REGRANEX	TOPICAL DERMATOLOGICAL DRUGS
REMODULIN	OTHER VASODILATING DRUGS
RESTASIS EYE EMULSION	OTHER OPHTHALMIC DRUGS
RITUXAN	ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS
SAMSCA	OTHER ENDOCRINE DRUGS
SAVELLA	OTHER ANTIDEPRESSANTS
SEROQUEL-XR	ATYPICAL ANTIPSYCHOTIC
SOLIRIS	IMMUNOGLOBULIN ANTIBODIES
SOVALDI	ANTIVIRAL
SUBOXONE SL FILM	CLASS III NARCOTICS
SYMLIN	AMYLIN ANALOGUES
TAZORAC	ANTIPSORIASIS AND ANTIECZEMA DRUGS
TOPIRAGEN	OTHER ANTICONVULSANTS
TRELSTAR	ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS
TYSABRI	ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS
TYVASO SOLUTION	OTHER VASODILATING DRUGS
VANTAS	ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS
VFEND	ORAL ANTIFUNGAL DRUGS
VIMPAT	OTHER ANTICONVULSANTS
VORICONAZOLE	ORAL ANTIFUNGAL DRUGS

Label Name	Therapeutic Class Description
XENAZINE	OTHER CNS/AUTONOMIC DRUGS
ZEMPLAR	THERAPEUTIC VITAMINS & MINERALS
ZEMPLAR 5 MCG/ML VIAL	THERAPEUTIC VITAMINS & MINERALS
ZYMAR EYE DROPS	OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS
ZYVOX	OTHER ANTIINFECTIVE DRUGS

†Quantities are per a 34-day supply and mail order quantities are triple the amount unless otherwise indicated.
Quantity limits work in conjunction with refill to soon edit (ex. member receives medication with the identified enforced ratio on a per prescription basis).