

Pharmaceuticals Requiring Prior Authorization

The list below outlines the medications that require review by the clinical pharmacist, and if necessary, a Health Alliance medical director. If your doctor asked for coverage of a drug designated as prior authorization (PA) required, he or she must provide documentation to meet criteria for that particular medication. Providers must request prior authorization from Health Alliance Medicare for drugs on this list:

- Abstral
- Actemra
- Actiq
- Aczone
- Adcirca
- Amevive
- Ampyra
- Apokyn
- Atralin
- Avita
- Azelex
- Butrans
- Chantix
- Chorionic
Gonadotropin
- Copegus
- Egrifta
- Enbrel
- Exjade
- Fentanyl Citrate
- Fentora
- Finacea
- Forteo
- Gilenya
- Hepsera
- Hizentra
- Humira
- Ilaris
- Increlex
- Intron A
- Kepivance
- Kuvan
- Letairis
- Lotronex
- Megace
- Megace ES
- Megestrol Acetate
- Neumega
- Novarel
- Noxafil
- Onsolis
- Pegasys
- Pegintron
- Pegintron Redipen
- Pregnyl
- Prolastin
- Prolastin C
- Promacta
- Pulmicort
- Qualaquin
- Rebetol
- Rebif
- Relistor
- Retin-A
- Retin-A Micro
- Revatio
- Ribapak
- Ribashere
- Ribatab
- Ribavirin
- Sabril
- Sensipar
- Simponi
- Soliris
- Somatuline Depot
- Somavert
- Stelara
- Synagis
- Tev-Tropin
- Tracleer
- Tretinoin
- Tretin-X
- Tysabri
- Tyvaso
- Tyzeka
- Ventavis
- Vfend
- Vfend IV
- Voriconazole
- Xolair
- Xopenex
- Zetia

To request a written copy of the coverage criteria, please call Health Alliance Medicare Services at 1-800-965-4022 (TTY 711 or 1-800-526-0844 for Illinois Relay) from 8 a.m. to 8 p.m. weekdays.