

Prior Authorization

The Prior Authorization Program is administered by WellPoint NextRxSM. Plan availability and/or coverage may vary by state.



What is Prior Authorization?

Prior Authorization is a feature of your pharmacy benefit plan that helps ensure selected drugs prescribed are the most appropriate and cost-effective choice.

- Refer to the next page for a list of drugs that require Prior Authorization.

WHAT HAPPENS AT THE PHARMACY?

- 1** The pharmacist enters your prescription information into the WellPoint system. If the drug you were prescribed is subject to Prior Authorization, the pharmacist will receive a message alert and contact your prescribing physician. Your physician will be asked to contact WellPoint to complete a prior authorization form to determine whether the intended use of the drug is authorized on your plan. Once WellPoint receives the form from your physician, the Prior Authorization process begins. Please allow approximately three business days for standard Prior Authorization and one business day for an urgent Prior Authorization request.
- 2** If authorization is granted, your prescription will be filled, and you will be charged your applicable copay or coinsurance.
- 3** If authorization is not granted at the retail pharmacy, you have two choices:
 - a. You may have the prescription filled by paying the entire retail cost of the drug yourself or;
 - b. You may ask your physician to prescribe an alternate drug, if available, covered by your plan.
- 4** If authorization is not granted for your mail order prescriptions, you will receive a notice in the mail from the NextRx mail service pharmacy.

Prior Authorization differs by plan. Please refer to your benefit materials to see if Prior Authorization applies to you.

Effective January 1, 2010

WellPoint NextRx and Trustmark periodically review this list to help ensure the appropriate use of select prescription drugs. In some cases the program asks that you try lower-cost alternative drugs. **This list is subject to change without notice.** Contact WellPoint NextRx Customer Service at **866.841.8951** with any questions you may have about the drugs listed.

All forms of the drugs listed below, including corresponding generics, are included.

Drugs to Which Prior Authorization Applies

- | | | | |
|---------------|----------------------|------------------|------------------|
| • Accutane | • Concerta | • Focalin/XR | • Ritalin/LA/SR |
| • Actiq | • Crinone | • Lamisil Tablet | • Sotret |
| • Adderall/XR | • Daytrana | • Lotronex | • Sporanox |
| • Amnesteem | • Delatestryl | • Metadate CD/ER | • Strattera |
| • Androxy | • Depo-testosterone | • Methitest | • Striant |
| • Androderm | • Desoxyn | • Methylin/ER | • Tesamone - 100 |
| • Androgel | • Dexedrine | • Nuvigil | • Testim |
| • Android | • Dextrostat | • Plan B | • Testopel |
| • Avita | • Differin | • Prochieve | • Testred |
| • Avodart | • Endometrin | • Proscar | • Vfend |
| • Byetta | • Fentora | • Provigil | • Vyvanse |
| • Claravis | • First-Testosterone | • Renova | • Zyvox |
| | | • Retin-A | |

Specialty Drugs - injectables and oral medications used for complex conditions

- | | | | |
|------------------|-------------------|------------------|----------------|
| • Amevive | • Ganirelix | • Norditropin | • Simponi |
| • Aranesp | • Genotropin | • Novarel | • Sprycel |
| • Avastin | • Geref | • Nutropin/AQ | • Supprelin/LA |
| • Avonex | • Gleevac | • Nutropin Depot | • Sutent |
| • Betaseron | • Gonal-F | • Octagam | • Synagis |
| • Botox | • Herceptin | • Omnitrope | • Synarel |
| • Bravelle | • Humatrope | • Orencia | • Tarceva |
| • Carimune | • Humira | • Ovidrel | • Targretin |
| • Ceredase | • Immune Globulin | • Panglobulin | • Tassigna |
| • Cerezyme | • Increlex | • Pegasys | • Tev-Tropin |
| • Cetrotide Kits | • Infergen | • Peg-Intron | • Thalomid |
| • Cimzia | • Intron-A | • Polygam S/D | • Trelstar |
| • Copaxone | • Iveegam | • Pregnyl | • Tykerb |
| • Copegus | • Kineret | • Procrit | • Tysabri |
| • Eligard | • Leukine | • Pulmozyme | • Vantas |
| • Enbrel | • Lucentis | • Rebetol | • Vectibix |
| • Epogen | • Lupron | • Rebetron | • Ventavis |
| • Erbitux | • Lupron Depot | • Rebif | • Viadur |
| • Flebogamma | • Luveris | • Remicade | • Vivaglobin |
| • Flolan | • Macugen | • Remodulin | • Vivitrol |
| • Follistim AQ | • Menopur | • Repronex | • Xeloda |
| • Forteo | • Myobloc | • Revatio | • Xenazine |
| • Gamastan | • Naglazyme | • Revlimid | • Xolair |
| • Gamimune | • Neulasta | • Rituxan | • Zavesca |
| • Gammagard | • Neumega | • Roferon-A | • Zoladex |
| • Gammar-P | • Neupogen | • Saizen | • Zolinza |
| | • Nexavar | • Serostim | • Zorbivte |

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Plan availability and/or coverage may vary by state. Insured products are underwritten by Trustmark Life Insurance Company or Trustmark Insurance Company.

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