

The following is the list of drugs for which certain criteria must be met before they are considered to be a covered benefit. The criteria fall into two categories: 1) Step Therapy\* - which requires that one or more other therapies must have been tried before the drug will be covered or 2) Medical conditions must be documented which warrant the use of this therapy.

AcipHex	Humira	Remicade
Actimmune	Innohep	Relistor
Alferon N Injection	Intron A	Revatio
Anzemet	Leukine	Rilutek
Aranesp	Lodosyn	Saizen
Aromasin	Neulasta	Sancuso
Avonex	Neumega	Smoking Cessation
Betaseron	Neupogen	Serostim
Botox	Nimotop	Soma 250
Cesamet	Norditropin	Stimate
Combination Inj. Contraception	Nutropin	Stromectol
Copegus	Nutropin AQ	Supprelin
Dovonex	Nutropin Depot	Synarel
Elidel	PEG-Intron	Syprine
Enbrel	Procrit	Taclonex
Epogen	Propecia	Tasmar
Forteo	Proscar	Temodar
Genotropin	Provigil	Testopel
Genotropin Intra-Mix	Pulmozyme	Tev-Topin
Genotropin Miniquick	Qualaquin	Vantas
Gleevec	Rebetol	Virazol
Humatrope	Regranex	Zyvox

\* Step therapy is automatically approved when the claims processing system detects that the required therapy parameters have been met.

Physicians, pharmacies or members may contact PBM Plus at 1-800-263-2178 to receive a prior authorization form or it can be downloaded from our website [www.pbplus.com](http://www.pbplus.com).

#### **Restrictions**

Refer to plan benefit documents for complete description and listing of plan restrictions.

Individually packaged items are limited to 2 units per copay/prescription (e.g. inhalers, Imitrex kits, ophthalmic bottles, etc.) Other quantity limits may also exist.