



Prior Authorization Drug List

Therapeutic Category

This list is subject to change based on new safety or efficacy information available in the medical literature, or released by the manufacturer or the FDA:

Anemia/Neutropenia and other Blood Modifying agents
Anti-infectives including: antibiotics, antifungals, antimalarial agents, and antivirals
Arthritis/Psoriasis/Other Inflammatory Conditions
Congestive Heart Failure/Hypertension
Diabetic Agents
Enzyme Replacement Therapy
Fabry Disease
Gastroenterology agents including: chronic constipation, irritable bowel syndrome, ulcer therapy and nausea and vomiting
Gaucher Disease
Hepatitis B and C Therapy
Hormone Therapy including: fertility and growth hormone agents
Hyperhidrosis
Immunoglobulin deficiency
Immunizations
Immunosuppressants
Inflammatory Bowel Disease
Iron Chelation (Oral Agents)
Psychotherapeutic Agents
Migraine
Multiple Sclerosis
Oncology/Antineoplastics
Ophthalmology Agents- Age Related Macular Degeneration, Dry Eye Syndrome, Uveitis
Pain/analgesics and Pain antagonists
Osteoporosis
Respiratory Agents- allergy, asthma, COPD and pulmonary hypertension agents
Sedative/Hypnotics
Supplemental Nutrition

New, FDA approved, Prescription Medications- Preferred Care extends the monitoring period for drugs which have been recently approved by the FDA. To determine if your prescribed drug meets this criterion and may require prior justification, you may contact Medco, Preferred Care Member Services Department, or refer to Preferred Care's website (www.preferredcare.org).