



2017 Authorization Requirements—Injectable Drugs

Special Needs Program - Minnesota Senior Health Options, Connect + Medicare

All of these drugs require authorization before dispensing/administering. Please use this as a guide to determine your point of contact.

| Self-Administered Drugs (Pharmacy Benefit) Part D | Provider-Administered Drugs (Medical Benefit) Part B | Provider OR Self-Administered (Medical (Part B) or Pharmacy Benefit (Part D))? |
|--|--|---|
| <p>Obtain authorization under the pharmacy benefit (Express Scripts) before dispensing the drug.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>ARCALYST AVONEX BETASERON IBANDRONATE SYR BYDUREON BYETTA CINRYZE ENBREL EGRIFTA EXTAVIA FIRAZYR FORTEO GLATOPA</p> </div> <div style="width: 45%;"> <p>HUMIRA MYALEPT NATPARA OMNITROPE PRALUENT PLEGRIDY REBIF REPATHA SYMLINPEN TANZEUM TRULICITY VICTOZA</p> </div> </div> | <p>Obtain authorization under the medical benefit from UCare before administering and billing for the drug.</p> <p>ACTHAR ARANESP CHORIONIC GONADOTROPIN DUOPA DYSPORT ENTYVIO GEL-ONE HYALGAN LEMTRADA MYOBLOC ORTHOVISC PROVENGE SIMPONI ARIA STELARA SUPARTZ XEOMIN XGEVA</p> <p><u>NO PA NEEDED FOR:</u> EUFLEXXA SYNVISC SYNVISC-ONE</p> | <p>Obtain authorization under the medical benefit from UCare before administering and billing UCare for the drug.</p> <p style="text-align: center;">OR</p> <p>Obtain authorization under the pharmacy benefit from Express Scripts before dispensing the drug</p> <p>ACTEMRA BOTOX EPOGEN GRANIX* ILARIS IMMUNE GLOBULINS KADCYLA* NEULASTA* NEUPOGEN* NUCALA* ORENCIA PROCRIT PROLIA REMODULIN TYSABRI XOLAIR</p> <p>Note: If the member is obtaining the drug via Fairview Specialty Pharmacy, contact Express Scripts for PA.</p> <p style="text-align: right;">*Requires PA on the Part D benefit only</p> |
| <p>Which UCare plan does the member have? SNP/MSHO</p> | | |
| <p>Contact for Authorization Review: Pharmacy Benefit - Express Scripts 1-877-558-7521</p> | | |
| <p>Contact for Authorization Review: Medical Benefit: UCare 612-676-6705 or 1-877-447-4384</p> | | |