



2017 Authorization Requirements—Injectable Drugs

EXCHANGE – UCARE CHOICES & FAIRVIEW UCARE CHOICES

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

| Self-Administered Drugs | Provider-Administered Drugs | Provider OR Self-Administered (Medical or Pharmacy Benefit) |
|--|---|---|
| <p>Obtain authorization under the pharmacy benefit (Express Scripts) before dispensing the drug.</p> <p> ACTEMRA SQ ARCALYST AVONEX BETASERON BYDUREON BYETTA CIMZIA CINRYZE COPAXONE COSENTYX ENBREL EXTAVIA FORTEO GENOTROPIN HUMATROPE HUMIRA KINERET NATPARA NORDITROPIN </p> | <p>Obtain authorization under the medical benefit from UCare before administering and billing for the drug.</p> <p> ACTEMRA IV BOTOX DUOPA DYSPORT ENTYVIO GEL-ONE HYALGAN ILARIS LEMTRADA MYOBLOC ORENCIA IV ORTHOVISC PROVENGE SIMPONI ARIA SUPARTZ TYSABRI 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>OR</p> <p>Obtain authorization under the pharmacy benefit from Express Scripts before dispensing the drug.</p> <p> ACTHAR ARANESP EPOGEN HUMAN CHORIONIC GONADOTROPIN IMMUNE GLOBULINS PROCRIT PROLIA REMODULIN STELARA XOLAIR </p> <p>Note: If the member is obtaining the drug via a Specialty Pharmacy, contact Fairview Specialty</p> |
| <p>Which UCare plan does the member have? Exchange - UCare Choices or Fairview UCare Choices</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> | | |