



2017 Authorization Requirements—Injectable Drugs

SPP – PMAP, MSC+, MinnesotaCare, Connect

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)	Provider- Administered Drugs (Medical Benefit)	Provider - OR Self-Administered (Medical or Pharmacy Benefit)
<p>Obtain authorization under the pharmacy benefit (Express Scripts) before dispensing the drug.</p> <p>AVONEX BETASERON BYDUREON BYETTA COPAXONE ENBREL EXTAVIA FORTEO GENOTROPIN HUMATROPE HUMIRA NATPARA NUTROPIN, AQ PLEGRIDY PRALUENT REBIF REPATHA SEROSTIM SIGNIFOR SYMLINPEN VICTOZA ZORBTIVE</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 STELARA 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 CHORIONIC GONADOTROPIN IMMUNE GLOBULINS EPOGEN PROCRIT PROLIA REMODULIN XOLAIR</p> <p>Note: If the member is obtaining the drug via Fairview Specialty Pharmacy, contact Express Scripts for PA.</p>

Which UCare plan does the member have? SPP – PMAP, MSCPlus, MinnesotaCare, Connect
Contact for Authorization Review: Pharmacy Benefit - Express Scripts 1-877-558-7521
Contact for Authorization Review: Medical Benefit: UCare 612-676-6705 or 1-877-447-4384