

Many insurance plans follow a drug formulary which lists prescription drugs that are covered for their members. Drugs have been reviewed by the Pharmacy and Therapeutics Committee to ensure our members receive safe, effective treatment at a reasonable cost. To search the online list of DHP Formulary drugs, visit [deancare.com/drugformulary](http://deancare.com/drugformulary). If an excluded drug has been prescribed for you, please ask your physician or pharmacist for an alternative covered medication. (Please note some members may currently have coverage for one of these listed drugs due either to an exception in their pharmacy benefit, or because they have an approved authorization from Dean Health Plan.)

**Drugs Requiring Prior Authorization:** The following medications require Prior Authorization by Dean Health Plan. The drug prior authorization process can be initiated by a qualified practitioner by faxing a *Drug Prior Authorization Request Form* to (920) 735-5350. The prior authorization forms are available at [www.deancare.com/providers/pharmacy](http://www.deancare.com/providers/pharmacy). A copy of this request, including the determination, will be mailed to the member and requesting practitioner. Please note the drugs are listed by their generic name, followed by the brand name. For questions, contact the DHP Customer Care Center at (800) 279-1301.

Abatacept (ORENCIA) <sup>M</sup>	Epoetin Alfa (EPOGEN, PROCRIT)	Palivizumab (SYNAGIS) <sup>M</sup>
Abiraterone (ZYTIGA) <sup>1</sup>	Everolimus (ZORTRESS)	Pregabalin (LYRICA)
Agalsidase (FABRAZYME) <sup>M</sup>	Fingolimod (GILENYA)	Ramelteon (ROZEREM)
Almotriptan (AXERT)	Fluvastatin Sodium (LESCOL (XL))	Rabeprazole (ACHIPHAX)
Ambrisentan (LETAIRIS)	Follitropin Alpha (GONAL-F)	Rituximab (RITUXAN) <sup>M</sup>
Anakinra (KINERET)	Fondaparinux Sodium (ARIXTRA)	Sapropterin (KUVAN)
Armodafanil (NUVIGIL)	Golimumab (SIMPONI)	Sildenafil (REVATIO)
Aripiprazole (ABILIFY)	Guanfacine-ER (INTUNIV)	Tadalafil (ADCIRCA)
Bexarotene (TARGRETIN)	Human Growth Hormone	Tazarotene (TAZORAC)
Bosentan (TRACLEER)	Intravenous Immune Globulin (IVIG)	Tetrabenazine (XENAZINE)
Celecoxib (CELEBREX)	Itraconazole (SPORANOX)	Tocilizumab (ACTEMRA) <sup>M</sup>
Certolizumab (CIMZIA)	Menotropins (HUMEGON)	Treprostinil (REMODULIN)
Denosumab (PROLIA) <sup>M</sup>	Methynaltrexone (RELISTOR)	Treprostinil (TYVASCO)
Dexamethasone intravitreal implant (OZURDEX) <sup>M</sup>	Montelukast (SINGULAIR)	Urofollitropin (METRODIN)
Darbepoetin Alpha (ARANESP)	Omalizumab (XOLAIR) <sup>M</sup>	Ustekinumab (STELARA) <sup>M</sup>
Eltrombopag (PROMACTA)	Omeprazole (ZEGERID)	

**Drugs tagged with the letter "M" are medical injectables, and are to be given by a medical professional. These drugs are covered under the patient's medical benefit.**

**Drugs Restricted to Certain Specialists:** The drugs below **are covered only** when prescribed by the following specific specialties. Submission of prior authorization is not required for the specialties indicated. For all other specialties the drugs are available through the Prior Authorization process.

**Allergy, Infectious Disease, or Otolaryngology clinicians**

Telithromycin (KETEK)

**Cardiology clinicians**

Dronedarone (MULTAQ)

**Endocrinology or Nephrology clinicians**

Cinacalcet (SENSIPAR)

**Gastroenterology and Rheumatology clinicians**

Adalimumab (HUMIRA)  
Etanercept (ENBREL)  
Infliximab (REMICADE)<sup>M</sup>

**Infectious Disease, Ophthalmology, or Optometry clinicians**

Ganciclovir, oral (CYTOVENE)

**Infectious Disease or Transplant clinicians**

Valganciclovir (VALCYTE)

**Infections Disease or Gastroenterology clinicians**

Boceprevir (VICTRELIS)  
Telaprevir (INCIVEK)

**Neurology clinicians**

Diazepam rectal gel (DIASTAT)  
Natalizumab (TYSABRI)<sup>M</sup>

**Oncology clinicians**

Erlotinib (TARCEVA)  
Everolimus (AFINITOR)  
Gefitinib (IRESSA)  
Imatinib mesylate (GLEEVEC)

**Oncology clinicians**

Lapatinib (TYKERB)  
Lenalidomide (REVLIMID)  
Nilotinib (TASIGNA)  
Pazopanib (VOTRIENT)  
Rituximab (RITUXAN)<sup>M</sup>  
Sorafenib (NEXAVAR)  
Sunitinib (SUTENT)  
Thalidomide (THALOMID)  
Vandetanib (CAPRELSA)  
Dasatinib (SPRYCEL)

**Oncology or Anesthesiology Clinicians**

Aprepitant (EMEND)

**Oncology or Dermatology clinicians**

Bexarotene (TARGRETIN)  
Vorinostat (ZOLINZA)

**Oncology Clinicians or Infectious Disease clinicians**

Voriconazole (VFEND)  
Linezolid (ZYVOX)

**Oncology clinicians, Infectious Disease, or Hematology**

Filgrastim (NEUPOGEN)

**Ophthalmology and Optometry clinicians**

Cyclosporine ophthalmic (RESTASIS)

**Retinal clinicians**

Pegaptanib (MACUGEN)<sup>M</sup>  
Ranibizumab (LUCENTIS)<sup>M</sup>  
Verteporfin (VISUDYNE)<sup>M</sup>