



# Prescriptions Requiring Prior Authorization

Description	Action
Tretinoin >age 18	PA
Revatio	PA
Forteo	PA
Amevive	PA
Remicade	PA
Enbrel	PA
Topamax/Zonegran Step Therapy	PA
Xolair	PA
Kineret	PA
Raptiva	PA
Humira	PA
Botox	PA
Cerezyme	PA
Prolastin/Aralast	PA
Penlac	PA
Epogen/Procrit	PA
Aranesp	PA
Diflucan 150mg only	PA
Lamisil tablets	PA
DDAVP tablets, nasal	PA
Tazorac	PA
Regranex	PA
Orencia	PA
Sporanox	PA
Myobloc	PA
Provigil	PA
Dexedrine, dextroamphetamine, Dextrostat	PA
Desoxyn	PA
Adderall	PA
Tramadol	PA