

Prior Authorization Prescription Medications for CarelinkSM – Tufts Health Plan Members

CareLink–Tufts Health Plan members and providers should contact CaremarkPCS Health, L.L.C. with coverage requests for prescription medications * covered under Tufts Health Plan's Pharmacy Management Programs. Our Pharmacy Management Programs include drugs listed in our [formulary](#) as requiring prior authorization (PA) or step therapy prior authorization (ST^{PA}), those with quantity limitations (QL), and non-covered (NC) or new-to-market (NTM) medications.

Authorization requests for prescription medications should be submitted by telephone:

- For **standard** medications, call toll-free at 888.413.2723.
- For **specialty** medications, call toll-free at 866.814.5506.
- For **non-covered drugs** with suggested alternatives (NC), call either toll-free number.

For members of **Rhode Island-based** employer groups, providers should call **Tufts Health Plan Provider Services** at **888.884.2404** to determine who to contact for Pharmacy prior authorization requests.

Standard Pharmacy Medications

Addyi™
 Aptiom®
 ADHD medications – Step Therapy (ST^{PA})
 Antidepressants – Step Therapy (ST^{PA})
 Anti-obesity Medications
 Atypical Antipsychotic Step Therapy (ST^{PA})
 Austedo™
 Briviact®
 Calquence
 Caprelsa®
 Carbaglu®
 Cerdelga™
 Cholbam®
 Cialis for BPH
 Coenzyme Q
 Cometriq™
 Corlanor®
 Difucid™
 Dexilant
 Drugs with Quantity Limitations (QL)
 Duzallo®
 Elidel® and Protopic® – Step Therapy (STPA)
 Emflaza™
 Endari™
 Entresto™
 Eucrisa™
 Evzio™
 Ferriprox®
 Flolipid
 Fluoxetine tablets
 Fycompa™
 Gilotrif™
 Glaucoma Step Therapy (ST^{PA})™
 Hetlioz™
 Iclusig®
 Imbruvica™
 Ingrezza™

Specialty Pharmacy Medications

Actemra® prefilled syringe
 Afinitor®
 Alecensa®
 Alunbrig™
 Ampyra™
 Arcalyst™
 Benlysta®
 Bosulif®
 Cabometyx®
 Cimzia® Prefilled Syringes
 Cosentyx®
 Cotellic®
 Dupixent®
 Egrifta™
 Enbrel®
 Epclusa®
 Erivedge™
 Farydak®
 Firazyr®
 Forteo™
 Fulphila
 Growth Hormone Replacement Therapy
 Granix®
 Haegarda®
 Harvoni®
 Hemlibra®
 Humira®
 Hycamtin® oral
 Ibrance®
 Increlex®
 Inlyta®
 Jakafi™
 Kevzara®
 Kisqali®
 Kuvan®
 Kynamro™
 Lonsurf®

Standard Pharmacy Medications

Insomnia Treatments – Step Therapy (ST^{PA})
Inspra™ – Step Therapy (ST^{PA})
Iressa®
itraconazole
Juxtapid™
Kalydeco™
Keveyis™
Kineret
Korlym™
Lenvima™
lidocaine 5% patch
Lynparza™
Lyrica® – Step Therapy (ST^{PA})
Myalept®
Mytesi
Migraine Medications – Step Therapy (ST^{PA})
Northera™
Nityr
Non-Covered Drugs with Suggested
Nuedexta™
Nutrestore
Modafinil & Nuvigil® – Step Therapy (ST^{PA})
Onfi®
Onmel™
Orfadin®
Orkambi™
Opioid Dependence Medications
Overactive Bladder Medications – Step Therapy
Prevymis
Proton Pump Inhibitors
Ravicti®
Restasis™
Retinoids for Acne
Savella® – Step Therapy (ST^{PA})
Signifor®
Sirturo™
Strensiq™
Sublingual Allergy Immunotherapy
Symdeko
Tagrisso®
Topical corticosteroids
Valchlor™
Venclexta™
Vimpat®
Xadagoau
Xatmep
Xermelo™

Specialty Pharmacy Medications

Mekinist™
Natpara®
Neulasta
Neupogen
Nexavar®
Ninlaro®
Nuplazid™
Ocaliva®
Odomzo®
Orencia® Prefilled Syringe
Otezla®
PCSK9 Inhibitors
Pomalyst®
Pulmonary Hypertension Medications – oral
Revlimid®
Rubraca™
Rydapt®
Siliq™
Simponi™®
Somavert®
Sprycel™
Stelara®
Stivarga®
Sutent®
Tafinlar®
Taltz®
Tasigna®
Tracleer
Tremfya™
Tykerb®
Tymlos™
Verzenio™
Vosevi®
Votrient™
Xalkori®
Xeljanz®
Xeljanz XR®
Xenazine®
Xtandi®
Zelboraf™
Zinbryta™
Zolinza®
Zytiga™
Zykadia™

Standard Pharmacy Medications

Xifaxan[®]
Xiidra[™]
Xuriden[™]
Zavesca[®]
Zejula[™]
Zurampic[®]
Zydelig[®]

Specialty Pharmacy Medications

*This list does not include drugs covered under the member's medical benefit. Coverage requests for those medications should be submitted to Cigna at 800.CIGNA24 (800.244.6224).