

Beginning September 1, 2008, for CareLinkSM –Tufts Health Plan members, providers should contact CaremarkPCS Health[®] or PharmaCare Management Services, 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 dispensing limitations (DL), 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 1-888-413-2723.
- For **specialty** medications, call toll-free at 1-866-814-5506.
- 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 1-888-884-2404** to determine who to contact for Pharmacy prior authorization requests.

Standard Pharmacy Medications

ADHD medications – Step Therapy (ST^{PA})
AmitizaTM
Antidepressants – Step Therapy (ST^{PA})
Antihyperlipidemics – Step Therapy (ST^{PA})
Anti-obesity Medications
Arava[®] - Step Therapy (ST^{PA})
BanzelTM
Celebrex[®]
Coenzyme Q
Drugs with Dispensing Limitations (DL)
Detrol[®]/Detrol[®] LA
Elidel[®] and Protopic[®]
Insomnia Treatments – Step Therapy (ST^{PA})
InspraTM - Step Therapy (ST^{PA})
Lamisil[®]/Lamisil[®] Oral Granules
Lidoderm[®]
Lyrica[®] - Step Therapy (ST^{PA})
New-to-Market Drugs (NTM)
Non-Covered Drugs with Suggested Alternatives (NC)
Orfadin[®]
Oral Bisphosphonates (ST^{PA})
Penlac[®]
Proton Pump Inhibitors (ST^{PA})
Provigil[®] and Nuvigil[®] - Step Therapy (ST^{PA})
Pulmicort Respules[®] - Step Therapy (ST^{PA})
RestasisTM
Retinoids for Acne
Savella[®] - Step Therapy (ST^{PA})
Sporanox[®]/itraconazole
Subutex[®] - effective 07/01/2010
Suboxone[®] - effective 07/01/2010
Xifaxan[®]
Xopenex Inhalation Solution[®] (ST^{PA})
Vimpat[®] tablets

Specialty Pharmacy Medications

Acromegaly – Injectable Drugs
Afinitor[®]
Apokyn[®]
ArcalystTM
Cimzia[®] Prefilled Syringes
ForteoTM
Growth Hormone Replacement Therapy
Pegasys[®] and Peg-Intron[®] (pegylated interferons),
Infergen[®] (interferon alfacon)
Hycamtin[®] capsules
Humira[®] – Crohn's Disease
IncrelexTM
Kuvan[®]
Nexavar[®]
OfortaTM
Pulmonary Hypertension Medications – Oral Drugs Only
Promacta[®]
Psoriasis – Injectable Drugs
Revlimid[®]
Rheumatoid Arthritis – Injectable Drugs
SprycelTM
Sutent[®]
Tasigna[®]
Tykerb[®]
VotrientTM
Xenazine[®]
Zavesca[®]
ZolinzaTM

*This list does not include drugs covered under the member's medical benefit. Coverage requests for those medications should be submitted to CIGNA at 1-800-CIGNA24 (1-800-244-6224).