



Prescription Oncology Drugs with Prior Authorization Requirements

Prior Authorization is required for these medications.

You can reach both MHBP and CVS/Caremark by calling 1-800-410-7778

ORAL ONCOLOGY DRUGS PRIOR AUTHORIZED BY CVS/CAREMARK

(CVS/Caremark reviews only if drug is purchased at a retail network pharmacy, CVS Caremark specialty pharmacy or through mail order. Drugs billed by a physician office or home health agency will be reviewed by the MHBP Clinical department.)

Trade Name	Generic/Chemical Name	Trade Name	Generic/Chemical Name
Afinitor	everolimus	Tarceva	erlotinib
Gleevec	imatinib mesylate	Tasigna	nilotinib
Hycamtin	topotecan hydrochloride	Temodar	temozolomide
Iressa	gefitinib	Thalomid*	thalidomide
Nexavar	sorafenib	Tykerb	lapatinib
Oforta	fludarabine phosphosphate	Votrient	pazopanib
Revlimid*	lenalidomide	Xeloda	capecitabine
Sprycel	deferasirox	Zolinza	vorinostat
Sutent	sunitimib		

*Limited to a 28-30 day dispense by the manufacturer or FDA

ONCOLOGY/OTHER DRUGS ALWAYS PRIOR AUTHORIZED BY MHBP CLINICAL DEPARTMENT

Trade Name	Generic/Chemical Name	Trade Name	Generic/Chemical Name
Abraxane	paclitaxel protein-bound particles	Kepivance Injection	palifermin
Alimta Injection	pemetrexed	Leucovorin Calcium Injection (vial)	calcium folinate
Avastin Injection	bevacizumab	Novantrone Injection*	mitoxantrone
Clolar Injection	clofarabine	Proleukin Injection	aldesleukin
Dacogen Injection	decitabine	Provenge	sipuleucel-T
Erbitux Injection	cetuximab	Rituxan Infusion*	rituximab
Gemzar Injection	gemcitabine	Treanda Injection	bendamustine
Herceptin Injection	trastuzumab	Vectibix Injection	panitumumab
Intron A Injection*	interferon alpha-2b	Vidaza Injection	azacitidine
Jevtana Injection	carbaxitaxel		

*Medications may be prescribed for multiple indications, including indications that are unrelated to oncology

Prior authorization applies to all brand and generic equivalents unless otherwise indicated. This list is subject to change without notification.