

# New Pharmacy Prior Authorization Requirements

Starting **Oct. 1, 2019**, prior authorization will be required for some additional inhibitor drugs used for diabetes, homeostatic drugs used for hereditary angioedema (HAE) and drugs used to treat Gaucher disease. The new drugs that will require prior authorization are listed in the chart:

Drug	Clinical Name	Clinical Criteria
Farxiga 5 mg tablet	SGLT2 agents	To view the clinical criteria for these drugs, click <a href="#">here</a> .
Farxiga 10 mg tablet		
Invokana 100 mg tablet		
Invokana 300 mg tablet		
Jardiance 10 mg tablet		
Jardiance 25 mg tablet		
Steglatro 5 mg tablet		
Steglatro 15 mg tablet		
Berinert 500 units kit	Hereditary Angioedema (HAE) agents	To view the clinical criteria for these drugs, click <a href="#">here</a> .
Haegarda 2,000 units vial		
Haegarda 3,000 units vial		
Kalbitor 10 mg/mL vial		
Ruconest 2,100 units vial		
Takhzyro 300 mg/2 mL vial		
Cerdelga 84 mg capsule	Gaucher disease agents	
Cerezyme 400 units vial		
Eleyso 200 units vial		
Miglustat 100 mg capsule		
VPRIV 400 units vial		
Zavesca 100 mg capsule		

## How to Request Prior Authorization

You can submit your prior authorization requests in several ways:

- **Online:** Go to [covermymeds.com](http://covermymeds.com) and log in or click “create a free account” in the top right corner.
- **Phone:** 800-310-6826
- **Fax:** 866-940-7328; please send a completed prior authorization form with your request. You can access the form [here](#).

## We're Here to Help

If you have questions, please contact your Physician Advocate or call Customer Service at **888-887-9003**.