

Prior Authorization Group	Drugs	Covered Uses (Including all FDA-approved indications not otherwise excluded from Part D)	Exclusion Criteria	Required Medical Information	Age Restrictions	Coverage Duration	Other Criteria
ACNE	<ul style="list-style-type: none"> <li>• Atralin Gel</li> <li>• Avita Cream</li> <li>• Avita Gel</li> <li>• Retin-A Cream</li> <li>• Retin-A Gel</li> <li>• Retin-A Micro Gel</li> <li>• Tretinoin Cream</li> <li>• Tretinoin Gel</li> </ul>	<ul style="list-style-type: none"> <li>• Acne vulgaris</li> <li>• Keratosis follicularis (Darier's disease, Darier-White disease)</li> </ul>	Cosmetic use		Approve for those 12 years of age and older	12 months	
ACTEMRA		All FDA-approved indications not otherwise excluded from Part D	<ul style="list-style-type: none"> <li>• Active infection (including tuberculosis)</li> <li>• Concurrent use with other biologics</li> </ul>	<ul style="list-style-type: none"> <li>• Screening for latent tuberculosis is required. If results are positive, patient must have completed treatment or must currently be receiving treatment.</li> <li>• Evaluate for HBV risk and initiate treatment if appropriate.</li> </ul>		12 months	<ul style="list-style-type: none"> <li>• Must have an inadequate response to at least one nonbiologic DMARD or intolerance/contraindication to at least 2 nonbiologic DMARDs.</li> <li>• Must have an inadequate response or intolerance/contraindication to TNF therapy.</li> <li>• For renewals, patient must have responded to Actemra therapy (e.g., condition improved or stabilized).</li> </ul>
ADCIRCA		All FDA-approved indications not otherwise excluded from Part D	<ul style="list-style-type: none"> <li>• Concurrent nitrate therapy</li> <li>• PAH associated with any of the following: left heart disease, chronic thrombotic disease, embolic disease, compression of pulmonary vessels, lung diseases, hypoxemia, sarcoidosis</li> </ul>			12 months	
AFINITOR		Advanced renal cell carcinoma				6 months	
AMPHETAMINES	<ul style="list-style-type: none"> <li>• Adderall</li> <li>• Adderall XR</li> <li>• Amphetamine</li> <li>• Desoxyn</li> <li>• Dexedrine</li> <li>• Dextroamphetamine</li> <li>• Liquadd</li> <li>• Vyvanse</li> </ul>	<ul style="list-style-type: none"> <li>• ADHD</li> <li>• Narcolepsy</li> </ul>	MAOI concurrent use or within the last 14 days	Sleep studies for narcolepsy diagnosis	Approve for those 3 years of age and older	12 months	Monitor for weight loss, decreased growth velocity in children, increased heart rate and blood pressure, appearance or worsening of aggressive behavior or hostility, sleep disturbances and long-term usefulness of the drug.
ARANESP		<ul style="list-style-type: none"> <li>• Anemia associated with chronic renal failure (CRF), including patients on dialysis and patients not on dialysis</li> <li>• Anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitantly administered chemotherapy</li> </ul>	<ul style="list-style-type: none"> <li>• CRF – transferrin saturation less than 20% and patient not receiving iron supplementation where clinically appropriate.</li> <li>• CRF and patients with non-myeloid malignancies – hemoglobin level of the patient (not the result of a recent blood transfusion) greater than 13 g/dL. Lack of initial diagnosis of anemia (hematocrit less than 30% and/or hemoglobin less than 10 g/dL and/or symptomatic with hemoglobin 10-11g/dL).</li> </ul>	<ul style="list-style-type: none"> <li>• CRF – Iron status of the patient has been evaluated (serum transferrin saturation).</li> <li>• CRF and anemia of cancer – Hemoglobin level of the patient will be monitored prior to each dose when initiating therapy, for dose changes, and at regular intervals when the dose is stabilized. Blood pressure of the patient will be monitored throughout therapy. Patient will be monitored for the occurrence of thrombotic events.</li> </ul>		<ul style="list-style-type: none"> <li>• Initiation of therapy and/or dose changes – 6 weeks</li> <li>• Stable on therapy – 12 weeks</li> </ul>	Once on therapy, compared to pretreatment baseline, the patient must show an objective clinical response (e.g., hemoglobin rise greater than 1 g/dL and/or hematocrit rise greater than 3%) to an appropriate dose/dose increase and duration of therapy.
CELEBREX		<ul style="list-style-type: none"> <li>• Juvenile rheumatoid arthritis (JRA)</li> <li>• Familial Adenomatous Polyposis (FAP)</li> <li>• Primary dysmenorrhea</li> <li>• Acute pain</li> <li>• Osteoarthritis (OA)</li> <li>• Rheumatoid arthritis (RA)</li> <li>• Ankylosing spondylitis (AS)</li> </ul>	<ul style="list-style-type: none"> <li>• Post-operative pain following CABG surgery</li> <li>• Allergic-type reaction to aspirin, NSAIDs, or sulfonamides</li> </ul>	Evaluation of cardiovascular disease or risk factors for cardiovascular disease		<ul style="list-style-type: none"> <li>• FAP and JRA – 6 months</li> <li>• Dysmenorrhea, OA, RA, and AS – 12 months</li> <li>• Acute pain – 1 month</li> </ul>	For all diagnoses, patient must undergo determination of risk versus benefit of treatment with celecoxib for an NSAID-related gastrointestinal (GI) adverse event such as an NSAID-associated gastric ulcer or gastrointestinal bleeding.

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CHANTIX		All FDA-approved indications not otherwise excluded from Part D	Concurrent Zyban use			Initial therapy – 12 weeks; additional 12 weeks upon renewal	
CIMZIA		Crohn's Disease	<ul style="list-style-type: none"> <li>Active infection or concurrent use of a biologic response modifier</li> <li>Patient must be evaluated for latent TB with a PPD test and be treated if positive.</li> <li>Patient must also be assessed for the risk of hepatitis B and if appropriate, be tested.</li> </ul>	Patient must demonstrate inadequate response to at least 1 conventional therapy for Crohn's disease (i.e., prednisone, budesonide, sulfasalazine, azathioprine, mesalamine, infliximab or adalimumab).	Approve for those 18 years of age or older	12 months	
DIFFERIN		Acne vulgaris	Cosmetic use		Approve for those 12 years of age and older	12 months	
ENBREL		<ul style="list-style-type: none"> <li>Rheumatoid arthritis (RA)</li> <li>Juvenile rheumatoid arthritis (JRA)</li> <li>Psoriatic arthritis</li> <li>Ankylosing spondylitis (AS)</li> <li>Plaque psoriasis</li> <li>Reactive arthritis</li> <li>Inflammatory bowel disease arthritis (IBDA)</li> </ul>	<ul style="list-style-type: none"> <li>Active infection or concurrent use of a biologic response modifier</li> <li>Patient must be evaluated for latent TB with a PPD test and be treated if positive.</li> <li>Patient must also be assessed for the risk of hepatitis B and if appropriate, be tested.</li> </ul>	<ul style="list-style-type: none"> <li>RA/JRA – Patient must demonstrate inadequate response to at least one DMARD or intolerance to multiple DMARDs.</li> <li>Psoriasis – Patient must be a candidate for systemic therapy or phototherapy.</li> <li>AS – Patient must demonstrate inadequate response or intolerance to at least 2 NSAIDs.</li> <li>Reactive arthritis – Patient must demonstrate inadequate response or intolerance to at least 2 of the following: NSAIDs, intra-articular steroid injections, or sulfasalazine, if indicated.</li> </ul>	Psoriasis – Approve for those 18 years of age or older	12 months	
EPO	<ul style="list-style-type: none"> <li>Epogen</li> <li>Procrit</li> </ul>	<p>Anemia associated with one of the following:</p> <ul style="list-style-type: none"> <li>Chronic renal failure (CRF), including patients on dialysis [end-stage renal disease (ESRD)] and patients not on dialysis</li> <li>Therapy with zidovudine in HIV-infected patients</li> <li>Patients with non-myeloid malignancies where anemia is due to the effect of concomitantly administered chemotherapy</li> <li>Myelodysplastic syndromes (MDS)</li> <li>Chronic disease</li> <li>Management of hepatitis C (Ribavirin with interferon alfa or peginterferon alfa)</li> <li>Reduction of allogenic blood transfusion in surgery patients (elective, non-cardiac, nonvascular)</li> </ul>	<ul style="list-style-type: none"> <li>CRF, Hepatitis C, elective surgery, HIV/zidovudine – transferrin saturation less than 20% and patient not receiving iron supplementation where clinically appropriate</li> <li>CRF, Hepatitis C, elective surgery, HIV/zidovudine, MDS, and anemia in patients with non-myeloid malignancies – hemoglobin level of the patient (not the result of a recent blood transfusion) greater than 13 g/dL. Lack of initial diagnosis of anemia (hematocrit less than 30% and/or hemoglobin less than 10 g/dL and/or symptomatic with hemoglobin 10-11 g/dL)</li> </ul>	<ul style="list-style-type: none"> <li>CRF, Hepatitis C, elective surgery, HIV/zidovudine – Iron status of the patient has been evaluated (serum transferrin saturation).</li> <li>CRF, Hepatitis C, elective surgery, HIV/zidovudine, and anemia of cancer – Hemoglobin level of the patient will be monitored prior to each dose when initiating therapy, for dose changes, and at regular intervals when the dose is stabilized. Blood pressure of the patient will be monitored throughout therapy. Patient will be monitored for the occurrence of thrombotic events.</li> </ul>		<ul style="list-style-type: none"> <li>Initiation of therapy and/or dose changes – 6 weeks</li> <li>Stable on therapy – 12 weeks</li> </ul>	Once on therapy, compared to pretreatment baseline, the patient must show an objective clinical response (e.g., hemoglobin rise greater than 1 g/dL and/or hematocrit rise greater than 3%) to an appropriate dose/dose increase and duration of therapy.

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<b>GROWTH HORMONE</b>	<ul style="list-style-type: none"> <li>• Genotropin</li> <li>• Humatrope</li> <li>• Norditropin</li> <li>• Nutropin</li> <li>• Nutropin AQ</li> <li>• Saizen</li> <li>• Serostim</li> <li>• Tev-Tropin</li> </ul>	<ul style="list-style-type: none"> <li>• Growth failure in pediatric patients due to inadequate secretion of normal endogenous growth hormone whose epiphyses are not closed</li> <li>• Treatment of short stature associated with Turner syndrome</li> <li>• Growth failure due to Prader-Willi syndrome</li> <li>• Growth failure in children born small for gestational age who fail to manifest catchup growth by 2 years of age</li> <li>• Adult patients with growth hormone deficiency either alone or associated with multiple hormone deficiencies (hypopituitarism) as a result of pituitary disease, hypothalamic disease, surgery, radiation therapy or trauma, or who were growth hormone deficient during childhood as a result of congenital, genetic, acquired, or idiopathic causes</li> <li>• Idiopathic short stature</li> <li>• Short stature or growth failure in children with SHOX (short stature homeobox-containing gene) deficiency whose epiphyses are not closed</li> <li>• Children with short stature associated with Noonan syndrome</li> <li>• Short stature associated with chronic renal insufficiency up to the time of renal transplantation</li> <li>• Treatment of adult AIDS patients with cachexia</li> </ul>	Severe respiratory impairment or sleep apnea (Prader-Willi syndrome)	Growth hormone stimulation tests		6 months	
<b>HUMIRA</b>		<ul style="list-style-type: none"> <li>• Rheumatoid arthritis (RA)</li> <li>• Juvenile idiopathic arthritis (JIA)</li> <li>• Psoriatic arthritis</li> <li>• Ankylosing spondylitis (AS)</li> <li>• Crohn's disease</li> <li>• Plaque psoriasis</li> </ul>	<ul style="list-style-type: none"> <li>• Active infection or concurrent use of a biologic response modifier</li> <li>• Patient must be evaluated for latent TB with a PPD test and be treated if positive.</li> <li>• Patient must also be assessed for the risk of hepatitis B and if appropriate, be tested.</li> </ul>		RA, psoriatic arthritis, AS, Crohn's disease, plaque psoriasis – Approve for those 18 years of age or older	12 months	<ul style="list-style-type: none"> <li>• RA/JIA – patient must demonstrate inadequate response to at least 1 DMARD or intolerance to multiple DMARDs.</li> <li>• Psoriasis – patient must be a candidate for systemic therapy or phototherapy.</li> <li>• AS – patient must demonstrate inadequate response or intolerance to at least 2 NSAIDs.</li> <li>• Crohn's disease – patient must demonstrate an inadequate response to 2 conventional therapies such as glucocorticosteroids, sulfasalazine, balsalazide, mesalamine, azathioprine, cyclosporine, methotrexate, or 6-mercaptopurine, or to Remicade.</li> </ul>
<b>INCRELEX</b>		Long-term treatment of growth failure in children with severe primary insulin-like growth factor-1 (IGF-1) deficiency (Primary IGFD) or with growth hormone (GH) gene deletion who have developed neutralizing antibodies to GH	<ul style="list-style-type: none"> <li>• Closed epiphyses</li> <li>• Other secondary causes of growth failure</li> <li>• Pre-existing thyroid and/or nutritional deficits</li> <li>• Presence of active or suspected neoplasia</li> </ul>	<ul style="list-style-type: none"> <li>• Failure of a growth hormone stimulation test</li> <li>• Genetic testing for growth hormone gene deletion</li> <li>• Lab testing for neutralizing antibodies to growth hormone</li> </ul>	Approve for those 2 years of age or older	12 months	<ul style="list-style-type: none"> <li>• Height of the patient greater than or equal to 3 standard deviations below the norm for children of the same age and gender prior to beginning Increlex therapy.</li> <li>• Basal IGF-1 level greater than or equal to 3 standard deviations below the norm for children of the same age and gender prior to beginning Increlex therapy.</li> <li>• Increase in height velocity of 2 cm/year within the first year of Increlex therapy.</li> </ul>
<b>INFERGEN</b>		Chronic hepatitis C		Patient must have compensated liver disease with detectable levels of hepatitis C virus RNA in the serum.		3 to 9 months depending on genotype and initial vs. renewal therapy	2-log decrease in viral load for renewals

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ITRACONAZOLE	<ul style="list-style-type: none"> <li>• Itraconazole caps</li> <li>• Sporanax caps</li> </ul>	<ul style="list-style-type: none"> <li>• Onychomycosis due to dermatophytes</li> <li>• Recalcitrant or very severe disfiguring or disabling infections caused by one of the following that is unresponsive to griseofulvin or topical antifungals: pityriasis versicolor, tinea corporis, tinea cruris, or tinea pedis. Severe fungal infections caused by Blastomycosis, Histoplasmosis, Aspergillosis (prophylaxis), Basidiobolomycosis, Chromomycosis, Coccidioidomycosis, Cryptococcosis, Cryptococcal Meningitis (treatment or suppression), Chronic Mucocutaneous Candidiasis, Histoplasmosis suppression in immunocompromised patients, Leishmaniasis (cutaneous treatment), Paracoccidioidomycosis, Paronychia, Penicillium marneffeii in adults, Fungal pneumonia and septicemia treatment, Sporotrichosis disseminated (treatment), Tinea manuum, Vulvovaginal Candidiasis</li> </ul>	<ul style="list-style-type: none"> <li>• Congestive heart failure</li> <li>• History of congestive heart failure</li> <li>• Evidence of left ventricular dysfunction</li> </ul>	LFTs, fungal diagnostic test (e.g., KOH preparation, fungal culture, or nail biopsy)		<ul style="list-style-type: none"> <li>• Onychomycosis – 2 months for fingernails, 3 months for toenails</li> <li>• Remaining covered uses – 6 months</li> </ul>	
IVIG	<ul style="list-style-type: none"> <li>• Carimune NF</li> <li>• Flebogamma</li> <li>• Gammagard</li> <li>• Gamunex</li> <li>• Octagam</li> <li>• Polygam S/D</li> </ul>	All FDA-approved indications not otherwise excluded from Part D		HSCT – to be used in patients that have developed severe hypogammaglobulinemia (IgG less than 400) within the first 100 days post transplant	<ul style="list-style-type: none"> <li>• BMT – Approve for those 20 years of age or older.</li> <li>• HIV – Approve for those 13 years of age or younger.</li> </ul>	<ul style="list-style-type: none"> <li>• CIDP, BMT, HSCT – 4 months</li> <li>• ITP, Kawasaki, Parvovirus B19 – 6 months</li> <li>• Remaining covered uses – 12 months</li> </ul>	<ul style="list-style-type: none"> <li>• Kawasaki disease – IVIG is to be used in conjunction with high dose aspirin.</li> <li>• BMT – IVIG is to be used within the first 100 days after BMT.</li> <li>• Dermatomyositis – IVIG is to be used only if corticosteroid is not a therapeutic option.</li> <li>• GBS – IVIG is to be used for patients who require aid to walk within 2 or 4 weeks from the onset of neuropathic symptoms.</li> <li>• Hyperimmunoglobulinemia E syndrome – Diagnosis has to be coincident with eczema and atopic dermatitis.</li> <li>• RRMS – IVIG is to be used as 2nd line treatment.</li> </ul>
KINERET		Rheumatoid Arthritis	Active infection or concurrent use of a TNF blocking agent			12 months	Patient must demonstrate inadequate response to at least 1 DMARD or intolerance to multiple DMARDs.
LIDODERM		All FDA-approved indications not otherwise excluded from Part D	<ul style="list-style-type: none"> <li>• Sensitivity to local anesthetics of the amide type (e.g. procaine, tetracaine, benzocaine)</li> <li>• Skin is broken or inflamed where the patch is to be applied.</li> </ul>			12 months	
METHYLPHENIDATES	<ul style="list-style-type: none"> <li>• Concerta</li> <li>• Daytrana</li> <li>• Dexmethylphenidate</li> <li>• Focalin</li> <li>• Focalin XR</li> <li>• Metadate</li> <li>• Metadate CD</li> <li>• Methylin</li> <li>• Methylin ER</li> <li>• Methylphenidate</li> <li>• Ritalin</li> <li>• Ritalin LA</li> <li>• Ritalin SR</li> </ul>	All FDA-approved indications not otherwise excluded from Part D	MAOI concurrent use or within the last 14 days	Sleep studies for narcolepsy diagnosis	Approve for those 6 years of age or older	12 months	Monitor for weight loss, decreased growth velocity in children, increased heart rate and blood pressure, appearance or worsening of aggressive behavior or hostility, sleep disturbances and long-term usefulness of the drug.
MOZOBI		All FDA-approved indications not otherwise excluded from Part D	Concurrent diagnosis of leukemia			6 months	Mozobil is given in combination with granulocyte-colony stimulating factor.

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NEULASTA		To decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia	<ul style="list-style-type: none"> <li>• Neulasta treatment within the last 14 days</li> <li>• Treatment of acute afebrile neutropenia</li> </ul>	Current and periodic monitoring of WBC count at initiation of and during therapy		6 months	Neulasta administration will be delayed a minimum of 24 hours after the administration of cytotoxic chemotherapy.
NEUMEGA		Prevention of severe thrombocytopenia and the reduction of the need for platelet transfusions following myelosuppressive chemotherapy in adult patients with nonmyeloid malignancies who are at high risk of severe thrombocytopenia		<ul style="list-style-type: none"> <li>• Patient's renal function above or below 30 mL/min for dosage adjustment</li> <li>• Any cardiovascular/fluid comorbidities for monitoring of fluid status (if applicable)</li> </ul>	Approve for those 18 years of age or older	3 months	Treatment not to exceed 21 days per treatment course. Treatment to be discontinued at least two days prior to starting next round of chemotherapy. Discontinue therapy when post-nadir platelet count (not the result of recent platelet transfusions) is greater than 50,000/µL.
NEUTROPHIL	<ul style="list-style-type: none"> <li>• Leukine</li> <li>• Neupogen</li> </ul>	<ul style="list-style-type: none"> <li>• Bone marrow transplantation failure or engraftment delay</li> <li>• Neutropenia, AIDS associated with treatment or disease</li> <li>• Myelodysplastic syndromes (MDS)</li> <li>• Drug-induced neutropenia</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment of acute afebrile neutropenia</li> <li>• Patients not at high risk for infection-associated complications or not having prognostic factors that are predictive of poor clinical outcomes</li> </ul>	Current and periodic monitoring of WBC count at initiation of and during therapy		3 months	Treatment to be halted in the event of excessive leukocytosis.
NUVIGIL		All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> <li>• Narcolepsy – Polysomnography required</li> <li>• OSAHS – Polysomnography required and whether patient is using CPAP</li> </ul>		12 months	
OCTREOTIDE	<ul style="list-style-type: none"> <li>• Octreotide</li> <li>• Sandostatin</li> </ul>	<ul style="list-style-type: none"> <li>• Acromegaly</li> <li>• Carcinoid tumor</li> <li>• Vasoactive intestinal peptide tumors (VIPomas)</li> </ul>				12 months	
ORAL FENTANYL	<ul style="list-style-type: none"> <li>• Actiq</li> <li>• Fentanyl OT lozenges</li> <li>• Fentora</li> </ul>	All FDA-approved indications not otherwise excluded from Part D				<ul style="list-style-type: none"> <li>• Initial or titrating patients – 1 month</li> <li>• All others – 3 months</li> </ul>	
ORENCIA		All FDA-approved indications not otherwise excluded from Part D	<ul style="list-style-type: none"> <li>• Concurrent use of a biologic response modifier</li> <li>• Patient must be evaluated for latent TB with a PPD test and be treated if positive.</li> </ul>		Approve for those 6 years of age or older	12 months	Patient must demonstrate inadequate response to at least 1 DMARD or a TNF blocking agent.
OSTEOPOROSIS	Forteo	<ul style="list-style-type: none"> <li>• Primary osteoporosis</li> <li>• Hypogonadal osteoporosis</li> </ul>	<ul style="list-style-type: none"> <li>• Paget's disease</li> <li>• Unexplained elevation of alkaline phosphatase</li> <li>• Open epiphyses</li> <li>• Bone cancer or cancer that has metastasized to the bone</li> <li>• History of breast cancer</li> <li>• Prior radiation therapy involving the skeleton</li> <li>• Hypercalcemia</li> <li>• Treatment with Forteo for greater than or equal to 24 months</li> <li>• Concurrent bisphosphonate therapy during treatment with Forteo</li> </ul>			12 months	For diagnosis of primary osteoporosis or hypogonadal osteoporosis patient must have at least one of the following: history of osteoporotic fractures, multiple risk factors for fractures, OR has failed or is intolerant to traditional osteoporosis therapy.
PEGASYS		<ul style="list-style-type: none"> <li>• Chronic hepatitis C</li> <li>• Chronic hepatitis B</li> </ul>		<ul style="list-style-type: none"> <li>• For chronic hepatitis C, patient must have compensated liver disease with detectable levels of HCV RNA in the serum.</li> <li>• For chronic hepatitis B, patient must have a positive serum marker for HBV replication, persistently elevated aminotransferase levels greater than 2 times ULN, or signs of chronic hepatitis B on liver biopsy, or cirrhosis of the liver as evidenced by radiological or clinical data, or extrahepatic complications.</li> </ul>		<ul style="list-style-type: none"> <li>• Chronic hepatitis C - 3 to 9 months</li> <li>• Chronic hepatitis B - 12 months</li> </ul>	For chronic hepatitis C, patient must have 2-log decrease in viral load for renewals.

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PEGINTRON		Chronic hepatitis C		Patient must have compensated liver disease with detectable levels of hepatitis C virus RNA in the serum.		3 to 9 months depending on genotype and initial vs. renewal therapy	2-log decrease in viral load for renewals
PROVIGIL		<ul style="list-style-type: none"> <li>Narcolepsy</li> <li>Obstructive sleep apnea/hypopnea (OSAHS)</li> <li>Shift work sleep disorder</li> </ul>		<ul style="list-style-type: none"> <li>Narcolepsy – Polysomnography required</li> <li>OSAHS – Polysomnography required and whether patient is using CPAP</li> </ul>		12 months	
REMICADE		<ul style="list-style-type: none"> <li>Rheumatoid arthritis (RA)</li> <li>Crohn's disease</li> <li>Ankylosing spondylitis (AS)</li> <li>Psoriatic arthritis</li> <li>Ulcerative colitis</li> <li>Plaque psoriasis</li> <li>Reactive arthritis</li> <li>Inflammatory bowel disease arthritis (IBDA)</li> </ul>	<ul style="list-style-type: none"> <li>Active infection or moderate to severe CHF</li> <li>Patient must be evaluated for latent TB with a PPD test and be treated if positive.</li> <li>Patient must also be assessed for the risk of hepatitis B and if appropriate, be tested.</li> </ul>	<ul style="list-style-type: none"> <li>RA – Patient must demonstrate inadequate response to at least 1 DMARD or intolerance to multiple DMARDs. Remicade is to be used in combination with methotrexate.</li> <li>Crohn's disease – Patient must demonstrate an inadequate response to at least 2 first-line agents unless the patient has multiple draining enterocutaneous or rectovaginal fistulae.</li> <li>Ulcerative colitis – Patient must demonstrate an inadequate response to at least 2 first-line agents such as oral or rectal 5-ASA products or glucocorticosteroids.</li> <li>AS – Patient must demonstrate inadequate response to at least 2 NSAIDs or intolerance to multiple NSAIDs.</li> </ul>		12 months	<ul style="list-style-type: none"> <li>Psoriasis - patient must be a candidate for systemic therapy or phototherapy.</li> <li>Reactive arthritis - patient must demonstrate inadequate response to at least 2 first-line agents such as NSAIDs or DMARDs.</li> <li>IBDA - patient must demonstrate an inadequate response to at least 2 first-line agents such as sulfasalazine, azathioprine, 6-mercaptopurine, MTX or oral steroids.</li> </ul>
REVATIO		Pulmonary arterial hypertension (PAH)	<ul style="list-style-type: none"> <li>Concurrent nitrate therapy</li> <li>PAH associated with any of the following: left heart disease, chronic thrombotic disease, embolic disease, compression of pulmonary vessels, lung diseases, hypoxemia, sarcoidosis</li> </ul>			12 months	
REVLIMID		<ul style="list-style-type: none"> <li>Multiple myeloma (MM)</li> <li>Transfusion dependent anemia due to Low- or Intermediate-1-risk myelodysplastic syndromes (MDS) associated with a deletion 5q cytogenetic abnormality</li> </ul>	Pregnancy	<ul style="list-style-type: none"> <li>If female of child bearing potential, pregnancy excluded by 2 negative urine or serum pregnancy tests.</li> <li>MM – requirement of combination therapy with dexamethasone and at least one prior MM treatment.</li> <li>MDS – diagnosis of anemia due to Low- or Intermediate-1-risk MDS associated with a deletion 5q cytogenetic abnormality, transfusion dependent.</li> </ul>		12 months	<ul style="list-style-type: none"> <li>Instruction regarding importance and proper utilization of appropriate contraceptive methods.</li> <li>Monitor CBC on regular basis.</li> </ul>
RIBAVIRIN	<ul style="list-style-type: none"> <li>Copegus</li> <li>Rebetol</li> <li>Ribapak</li> <li>Ribasphere</li> <li>Ribavirin</li> </ul>	Chronic hepatitis C	<ul style="list-style-type: none"> <li>History of unstable heart disease</li> <li>Hemoglobin less than 8.5</li> <li>Creatinine clearance less than 50</li> <li>Pregnancy</li> <li>Hemoglobinopathy</li> </ul>	Patient must have detectable levels of HCV RNA in the serum and be on an alfa interferon product concurrently.		4 to 8 months, depending on genotype and initial vs. renewal therapy	2-log decrease in viral load for renewals

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RITUXAN		<ul style="list-style-type: none"> <li>Chronic lymphocytic leukemia (CLL)</li> <li>Immune thrombocytopenic purpura (ITP)</li> <li>Waldenstrom's macroglobulinemia</li> </ul>	RA – cannot be used concomitantly with another biologic DMARD.	Prescriber must assess the patient for the risk of hepatitis B, and if clinically indicated, test the patient for hepatitis B infection before initiation or continuation of therapy with Rituxan.		<ul style="list-style-type: none"> <li>NHL, RA, CLL, Waldenstrom's macroglobulinemia – 12 months</li> <li>ITP - 1 month</li> </ul>	<ul style="list-style-type: none"> <li>For NHL, the diagnosis must fall into one of the following categories of CD20-positive B-cell NHL: relapsed or refractory, low-grade or follicular – previously untreated follicular, in combination with CVP chemotherapy – low grade in patients with stable disease or who achieve a partial or complete response following first-line treatment with CVP chemotherapy – diffuse large B-cell, treated first line in combination with CHOP or other anthracycline-based chemotherapy – relapsed or refractory diffuse large B-cell lymphoma.</li> <li>For ITP, patient has to be refractory to first line treatment with corticosteroids and/or IVIG.</li> </ul>
SANDOSTATIN LAR		<ul style="list-style-type: none"> <li>Acromegaly</li> <li>Carcinoid tumor</li> <li>Vasoactive intestinal peptide tumors (VIPomas)</li> </ul>		Patient had prior therapy with sandostatin injection (not depot form) and treatment was effective and tolerated.		12 months	
SEROSTIM		Treatment of human immunodeficiency virus (HIV) patients with wasting or cachexia to increase lean body mass and body weight, and improve physical endurance. Concomitant antiretroviral therapy is necessary.	<ul style="list-style-type: none"> <li>Weight loss less than 10% of body weight</li> <li>Other causes of weight loss such as inadequate nutritional intake, malabsorption, opportunistic infections, or hypogonadism</li> </ul>	<ul style="list-style-type: none"> <li>BMI</li> <li>Patient weight</li> </ul>		12 weeks	Continuation of prescribed HIV (anti-viral) therapy
SIMPONI		All FDA-approved indications not otherwise excluded from Part D	<ul style="list-style-type: none"> <li>Active infection or concurrent use of a biologic response modifier</li> <li>Patient must be evaluated for latent TB with a PPD test and be treated if positive.</li> <li>Patient must also be assessed for the risk of hepatitis B and if appropriate, be tested.</li> </ul>	<ul style="list-style-type: none"> <li>RA – Patient must demonstrate inadequate response to at least one nonbiologic DMARD or intolerance to 2 nonbiologic DMARDs. Examples of nonbiologic DMARDs are MTX, leflunomide, hydroxychloroquine, and sulfasalazine.</li> <li>AS – Patient must demonstrate an inadequate response or intolerance to at least two NSAIDs.</li> </ul>	Approve for those 18 years of age or older	12 months	
SOMATULINE DEPOT		Acromegaly		Either surgery and/or radiotherapy is not a therapeutic option for the patient or the patient has had inadequate response to surgery and/or radiotherapy.		12 months	
SOMAVERT		Acromegaly		<ul style="list-style-type: none"> <li>Monitor IGF-1 levels at 6 month intervals after IGF-1 levels stabilize within normal range.</li> <li>Monitor LFTs as recommended during therapy.</li> </ul>		12 months	<ul style="list-style-type: none"> <li>Prior to initiation of therapy IGF-1 levels were above age and gender adjusted normal range.</li> <li>If patient has been on therapy for the past 6 months demonstration of significant decrease in IGF-1 levels required.</li> <li>Patients were considered for/received treatment with surgery, radiation therapy, or medical treatment for acromegaly but rejected as inappropriate or had inadequate response.</li> </ul>
STELARA		All FDA-approved indications not otherwise excluded from Part D	<ul style="list-style-type: none"> <li>Active infection (including tuberculosis)</li> <li>Concurrent use with other biologics</li> </ul>	Screening for latent tuberculosis is required. If results are positive, patient must have completed treatment or must currently be receiving treatment for latent tuberculosis.	Approve for those 18 years of age and older	12 months	

Prior Authorization Group	Drugs	Covered Uses (All FDA-approved indications not otherwise excluded from Part D)	Exclusion Criteria	Required Medical Information	Age Restrictions	Coverage Duration	Other Criteria
STERIODS, ANABOLIC	<ul style="list-style-type: none"> <li>• Oxandrin</li> <li>• Oxandrolone</li> </ul>	All FDA-approved indications not otherwise excluded from Part D	<ul style="list-style-type: none"> <li>• Known or suspected carcinoma of the prostate or breast (in male patients)</li> <li>• Carcinoma of the breast in women with hypercalcemia</li> <li>• Pregnancy</li> <li>• Nephrosis (the nephrotic phase of nephritis)</li> <li>• Hypercalcemia</li> </ul>			6 months	
STRATTERA		All FDA-approved indications not otherwise excluded from Part D	MAOI concurrent use or within the last 14 days		Approve for those 6 years of age or older	12 months	Monitor for suicidality, clinical worsening, changes in behavior, blood pressure changes, heart rate changes, weight loss, decreased growth velocity in children, sleep disturbances, and liver injury.
TERBINAFINE	<ul style="list-style-type: none"> <li>• Lamisil Granules</li> <li>• Lamisil Tabs</li> <li>• Terbinafine</li> </ul>	All FDA-approved indications not otherwise excluded from Part D		LFTs, fungal diagnostic test (e.g., KOH preparation, positive fungal culture, or nail biopsy)		2 months for fingernails only, 3 months if toenail involvement	
TESTOSTERONES	<ul style="list-style-type: none"> <li>• Androderm</li> <li>• Androgel</li> <li>• Striant</li> <li>• Testim</li> </ul>	<ul style="list-style-type: none"> <li>• Primary hypogonadism (congenital or acquired)</li> <li>• Hypogonadotropic hypogonadism (e.g., idiopathic gonadotropin or LHRH deficiency)</li> </ul>	<ul style="list-style-type: none"> <li>• Female</li> <li>• Prostate cancer</li> <li>• Breast cancer</li> </ul>	Before the start of testosterone therapy patient has had (or currently has) a confirmed low testosterone level (i.e. total testosterone less than 300 ng/dL, free or bioavailable, testosterone less than 5 ng/dL) or absence of endogenous testosterone.		12 months	
THALOMID		<ul style="list-style-type: none"> <li>• Newly diagnosed or advanced refractory multiple myeloma (MM)</li> <li>• Moderate to severe erythema nodosum leprosum (ENL)</li> </ul>	Pregnancy	<ul style="list-style-type: none"> <li>• If female of child bearing potential, pregnancy excluded by 2 negative urine or serum pregnancy tests.</li> <li>• MM – requirement of combination therapy with dexamethasone</li> <li>• ENL – If moderate to severe neuritis, Thalomid cannot be used as monotherapy.</li> </ul>		12 months	Instruction regarding importance and proper utilization of appropriate contraceptive methods.
TOPICAL-ULCERS	Regranex	Diabetic neuropathic ulcer of the lower extremity	<ul style="list-style-type: none"> <li>• Neoplasm at intended site of application</li> <li>• Active wound infection not under control by way of active treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Ulcer size after 10 weeks of therapy</li> <li>• Does ulcer have adequate blood supply?</li> <li>• Ulcer extending into subcutaneous tissue or beyond</li> </ul>		3 months, then additional 2 months upon renewal	
VIVAGLOBIN		All FDA-approved indications not otherwise excluded from Part D	<ul style="list-style-type: none"> <li>• Selective immunoglobulin A (IgA) deficiency (serum IgA less than 0.05 g/L) with known antibody against IgA</li> <li>• History of anaphylactic or severe systemic response to immune globulin preparations</li> </ul>		Approve for those 2 years of age or older	12 months	<ul style="list-style-type: none"> <li>• IgG and IgA levels should be obtained before the initiation of therapy.</li> <li>• Patients should be monitored for adverse reactions.</li> </ul>
XENAZINE		Treatment of chorea associated with Huntington's disease	<ul style="list-style-type: none"> <li>• Actively suicidal</li> <li>• Untreated or inadequately treated depression</li> <li>• Impaired hepatic function</li> <li>• Current use of monoamine oxidase inhibitors or reserpine</li> </ul>			12 months	In patients who are taking reserpine, at least 20 days should elapse after stopping reserpine before initiation of Xenazine therapy.
XOLAIR		All FDA-approved indications NOT otherwise excluded from Part D	Xolair is not to be used as monotherapy.	<ul style="list-style-type: none"> <li>• Positive aeroallergen skin or blood test</li> <li>• Pre-treatment IgE level between 30 and 700 IU/mL</li> </ul>	Approve for those 12 years of age or older	12 months	Patient must be inadequately controlled on inhaled corticosteroids.
ZORBIVE		Treatment of Short Bowel Syndrome in patients receiving specialized nutritional support	Recently diagnosed or recurrent active neoplasia	Tracking of patient weight for continuation/reapproval of therapy		4 weeks	Patient is currently receiving and will continue to receive any one or a combination of the following specialized nutritional support: high complex-carbohydrate, low-fat diet, TPN, IPN, PPN, rehydration solutions, electrolyte replacement.

Part B vs. Part D	Drugs
<p>These drugs may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.</p>	<p>Accuneb, Acetylcysteine, Albuterol Sulfate, Albuterol Sulfate/Ipratropium Bromide, Aminosyn, Anzemet, Azasan, Azathioprine, Brovana, Cellcept, Cesamet, Chorionic Gonadotropin, Clinimix, Clinisol SF 15%, Colistimethate Sodium, Coly-mycin M, Cromolyn Sodium, Cyclophosphamide, Cyclosporine, Cyclosporine Modified, Decavac, Diphtheria/Tetanus Toxoid Pediatric, Duoneb, Emend, Engerix-B, Freamine, Gengraf, Granisetron HCl, Granisol, Hepatamine, Hepatasol, Imuran, Intralipid, Ipratropium Bromide, Kytril, Liposyn, Mycophenolate, Myfortic, Nebupent, Neoral, Nephramine, Novamine, Novarel, Ondansetron HCl, Ondansetron ODT, Perforomist, Pregnyl, Premasol, Procalamine, Prograf, Prosol, Pulmicort, Pulmozyme, Rapamune, Recombivax HB, Renamin, Sandimmune, Tacrolimus, Tetanus Toxoid Adsorbed, Tetanus/Diphtheria Toxoids-Adsorbed Adult, Tobi, Travasol, Trexall, Trophamine, Ventavis, Xopenex, Zofran, Zofran ODT</p>