

Prior Authorization Group	Drugs	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
ACTEMRA		<ul style="list-style-type: none"> <li>Active infection including tuberculosis</li> <li>Concurrent therapy with other biologics</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate response or intolerance or contraindication to 1 TNF antagonist</li> <li>For reauthorization: Patient's condition must have improved or stabilized in response to Actemra therapy.</li> </ul>			Plan year	<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 for latent tuberculosis.</li> <li>Evaluate for HBV risk and initiate treatment if appropriate.</li> </ul>
ACTIMMUNE						Plan year	
ADAGEN		<ul style="list-style-type: none"> <li>Severe thrombocytopenia</li> <li>Use in preparation for or in support of bone marrow transplantation</li> </ul>				Plan year	Use for direct replacement for deficient enzyme (no benefit achieved in patients with immunodeficiency due to other causes).
ADCIRCA		Nitrate therapy	PAH confirmed by right heart catheterization			Plan year	
AFINITOR					Oncologist	Plan year	
ALDURAZYME			Diagnosis confirmed by measurement of alpha-L-iduronidase activity (enzymatic assay) or DNA testing			Plan year	<ul style="list-style-type: none"> <li>For Scheie form of MPS I: Patient must have at least 2 moderate to severe symptoms.</li> <li>Patients who have previously received at least 26 weeks of Aldurazyme therapy must demonstrate improvement in lung function for reauthorization.</li> </ul>
ALPHA1-PROTEINASE INHIBITOR	Aralast NP	IgA deficiency with antibody formation	<ul style="list-style-type: none"> <li>Alpha 1-proteinase inhibitor concentration less than 11 micromoles per liter</li> <li>FEV1 level between 35% and 60% predicted or greater than 60% predicted</li> <li>If FEV1 level is greater than 60% predicted, patient has experienced a rapid decline in lung function (reduction of FEV1 more than 120ml/year) that warrants treatment.</li> </ul>	Approve for those 18 years of age and older		Plan year	
AMPHETAMINES	<ul style="list-style-type: none"> <li>Amphetamine/Dextroamphetamine</li> <li>Dextroamphetamine sulfate</li> </ul>	MAOI concurrent use or within the last 14 days unless prescriber is a psychiatrist with experience prescribing both MAOI and amphetamine/dextroamphetamine drugs	Sleep studies for narcolepsy diagnosis	Approve for those 3 years of age and older		Plan year	Consider benefits of use versus potential risks of serious cardiovascular events.
AMPYRA		<ul style="list-style-type: none"> <li>Moderate to severe renal impairment (CrCl less than or equal to 50mL/min)</li> <li>History of seizures</li> <li>Dosage exceeding 10mg twice daily</li> </ul>	Patient must demonstrate sustained walking impairment, but with the ability to walk 25 feet (with or without assistance) prior to starting Ampyra.			2 months, then plan year upon renewal	For continuation: Patient must experience an improvement in walking speed or other objective measure of walking ability since starting Ampyra.
ANABOLIC STEROIDS	<ul style="list-style-type: none"> <li>Anadrol-50</li> <li>Oxandrolone</li> </ul>	<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</li> <li>Hypercalcemia</li> </ul>				6 months	

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ANAGRELIDE		Severe hepatic impairment			<ul style="list-style-type: none"> <li>Oncologist</li> <li>Hematologist</li> </ul>	6 months	
ARANESP	Aranesp Albumin Free	<ul style="list-style-type: none"> <li>Uncontrolled hypertension</li> <li>Hgb at or exceeding 13g/dL</li> </ul>	<ul style="list-style-type: none"> <li>Pretreatment Hgb level less than 10g/dL (or less than or equal to 11g/dL with clinical symptoms of anemia)</li> <li>After 12 weeks of therapy Hgb must increase at least 1g/dL.</li> <li>Once on therapy, Hgb should be maintained to a level below 12g/dL. If level exceeds 12g/dL, prescriber must reduce the dose.</li> </ul>			12 weeks	<ul style="list-style-type: none"> <li>Patients with chronic kidney disease or those treated with myelosuppressive chemotherapy must have adequate iron stores or be receiving concomitant iron supplementation.</li> <li>Patient is instructed by the prescriber to report any signs or symptoms of adverse cardiovascular or thrombotic events.</li> </ul>
ARCALYST		<ul style="list-style-type: none"> <li>Active or chronic infection</li> <li>Concurrent therapy with other biologics</li> </ul>		Approve for those 12 years of age and older		Plan year	For reauthorization: Patient's condition must have improved or stabilized in response to Arcalyst therapy.
ATYPICAL ODT	Fazaclo	<ul style="list-style-type: none"> <li>Any of the following contraindications: agranulocytosis, bone marrow suppression, coma, ileus, leukopenia, myocarditis, neutropenia</li> <li>CNS depression</li> <li>Dementia-related psychosis</li> <li>Uncontrolled epilepsy</li> </ul>	<ul style="list-style-type: none"> <li>Patient must be unable/unwilling to take tablets or capsules, or be high risk for non-compliance.</li> <li>Patient must not be receiving other tablets or capsules indicating that they can take non-dissolvable tablets.</li> </ul>			Plan year	
AVONEX						Plan year	
BANZEL		Diagnosis of familial short QT Syndrome	Patient must be diagnosed with seizures associated with Lennox-Gastaut Syndrome.		Neurologist or affiliation with a neurology practice	Plan year	
BUPRENORPHINE	<ul style="list-style-type: none"> <li>Buprenorphine HCl</li> <li>Suboxone</li> </ul>	Dosage in excess of 4 units daily	Documentation that the member is not receiving other opioids	Approve for those 16 years of age and older	Prescribers must be certified through Center for Substance Abuse Treatment of Substance Abuse and Mental Health Services Administration to prescribe Suboxone and Subutex.	<ul style="list-style-type: none"> <li>Buprenorphine - 1 month (12 months if pregnant)</li> <li>Suboxone - 12 months</li> </ul>	<ul style="list-style-type: none"> <li>Buprenorphine and Suboxone should be part of an overall treatment program.</li> <li>Patient should be monitored periodically.</li> </ul>
BYETTA		History of pancreatitis	<ul style="list-style-type: none"> <li>Diagnosis of type-2 diabetes with an HbA1c level greater than 7</li> <li>CrCl greater than 30ml/min or normal kidney function</li> <li>Patient has had an inadequate treatment response, intolerance, or contraindication to metformin or a sulfonylurea medication.</li> </ul>			Plan year	Patients with previous Byetta therapy must demonstrate a reduction in HbA1c since initiation of therapy.
CAMPRAL		Renal failure	<ul style="list-style-type: none"> <li>Clinical diagnosis for alcohol dependence</li> <li>Clinical evidence indicating patient will be abstinent at least 5 days prior to treatment initiation</li> <li>A trial of naltrexone (oral or injectable) has been attempted at clinically significant dosage and duration or therapy is documented to be clinically inappropriate (hepatic insufficiency, chronic pain medication use).</li> </ul>			6 months	Medication administration should be part of a comprehensive psychosocial treatment program.

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CAYSTON			<ul style="list-style-type: none"> <li>• Diagnosis of cystic fibrosis confirmed by appropriate diagnostic or genetic testing</li> <li>• Confirmation of P. aeruginosa in cultures of the airways</li> </ul>			Plan year	For continuation: <ul style="list-style-type: none"> <li>• Patients 6 years of age or older: Pulmonary function tests have not deteriorated more than 10% from baseline or there is a clinical reason to continue therapy such as symptomatic improvement.</li> <li>• Patients younger than 6 years of age must have a clinical reason to continue therapy such as symptomatic improvement.</li> </ul>
CELEBREX		Post-operative pain following CABG surgery				<ul style="list-style-type: none"> <li>• JRA – 6 months</li> <li>• Dysmenorrhea, OA, RA, AS – 12 months</li> <li>• Acute pain – 1 month</li> </ul>	
CEREZYME		Concurrent therapy with Zavesca	<ul style="list-style-type: none"> <li>• Diagnosis confirmed by bone marrow histology, DNA testing, or measurement of b-glucocerebrosidase enzyme activity less than 30%</li> <li>• Patient must have at least one of the following conditions: anemia, thrombocytopenia, bone disease, hepatomegaly, or splenomegaly.</li> </ul>			Plan year	Patients who have previously received 24 months of Cerezyme therapy must demonstrate a decrease in liver and spleen volume, and/or increase in platelet count, and/or increase in Hgb concentration for reauthorization.
CHANTIX		Concurrent Zyban use	<ul style="list-style-type: none"> <li>• Evaluation for neuropsychiatric symptoms</li> <li>• If patient is currently receiving Chantix, treatment has resulted in smoking cessation.</li> </ul>			Initial therapy – 12 weeks; additional 12 weeks upon renewal	Member is participating in a smoking cessation program.
COPAXONE		Concurrent use of Interferon-beta therapy (Avonex, Betaseron, Extavia, or Rebif) or mitoxantrone				Plan year	Patients with 12 or more months of previous use must demonstrate one of the following clinical responses: decrease in frequency of relapses, slowing of disease progression, diminished MRI lesions, or patient is stable on therapy.
DRONABINOL			For diagnosis of nausea and vomiting associated with cancer chemotherapy: <ul style="list-style-type: none"> <li>• Patient is receiving a chemotherapy or radiation regimen.</li> <li>• Patient has had a full trial and failure through at least 1 cycle of chemotherapy with IV ondansetron and at least one of the following oral anti-emetic agents: metoclopramide, promethazine, prochlorperazine, meclizine, trimethobenzamide, oral 5-HT3 receptor antagonists.</li> <li>• If patient has received previous dronabinol therapy, he/she must show a positive response by showing a reduced incidence of emesis and/or nausea.</li> </ul>			6 months	B vs. D coverage determination per CMS guidelines  (Required Medical Information continued) For diagnosis of anorexia associated with weight loss in a patient with AIDS: <ul style="list-style-type: none"> <li>• Involuntary weight loss of greater than 10% of pre-illness baseline body weight or a BMI less than 20kg/m2 in the absence of a concurrent illness or medical condition other than HIV that may cause weight loss</li> <li>• Failure to respond to a 30-day drug regimen of megestrol</li> <li>• If patient has received previous dronabinol therapy, he/she must show a positive response by maintaining or increasing initial weight and/or muscle mass.</li> </ul>

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ELAPRASE			Diagnosis confirmed by DNA testing or enzymatic analysis (deficiency of iduronate 2-sulfatase enzyme activity)			Plan year	
EMSAM		<ul style="list-style-type: none"> <li>• Pheochromocytoma</li> <li>• Concurrent use of dextromethorphan or St. John's Wort</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosis of major depressive disorder not responsive to other antidepressants as demonstrated by at least 2 documented trials (clinically sufficient dose and duration of 6 weeks or longer) of the following: SSRI, SNRI, bupropion, mirtazipine, or tricyclic/tetracyclic antidepressants.</li> <li>• Diagnosis of major depressive disorder for patients who cannot take any oral preparations (including commercially available liquid antidepressants).</li> </ul>		<ul style="list-style-type: none"> <li>• Psychiatrist or affiliation with a psychiatry practice</li> </ul>	Plan year	For requests over 6mg/24 hours: Patient must agree to adhere to a tyramine restrictive diet.
ENBREL		<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>• RA: must have one of the following – 1) inadequate response to MTX 2) inadequate response to another nonbiologic DMARD (e.g. leflunomide, hydroxychloroquine, sulfasalazine) if contraindicated or intolerant to MTX 3) intolerance or contraindication to at least 2 nonbiologic DMARDs 4) use Enbrel as first-line therapy with MTX for severely active RA</li> <li>• Psoriatic arthritis with predominantly peripheral symptoms: inadequate response or intolerance or contraindication to at least an 8-week maximum tolerated dose trial of at least 1 nonbiologic DMARD</li> <li>• AS and psoriatic arthritis with predominantly axial symptoms: inadequate response or intolerance or contraindication to at least 2 NSAIDs</li> <li>• Polyarticular JIA: inadequate response to at least 1 nonbiologic DMARD or intolerance or contraindication to at least 2 nonbiologic DMARDs</li> </ul>	Psoriasis – Approve for those 18 years of age or older		Plan year	(Required Medical Information continued) <ul style="list-style-type: none"> <li>• Plaque psoriasis: Affected area is greater than 10% of BSA or affects crucial body areas (e.g. feet, hands, face). Inadequate response or intolerance or contraindication to at least a 60-day trial of 2 conventional therapies (e.g. phototherapy, calcipotriene, MTX, acitretin)</li> <li>• Screening for latent tuberculosis is required. If results are positive, patient must have completed treatment or must currently be receiving treatment for latent tuberculosis.</li> <li>• Evaluate for HBV risk and initiate treatment if appropriate.</li> <li>• For reauthorization: Patient's condition must have improved or stabilized in response to Enbrel therapy.</li> </ul>
EPLERENONE			<ul style="list-style-type: none"> <li>• Diagnosis of hypertension or post-myocardial infarction with LVEF less than or equal to 40% and clinical evidence of CHF after an acute MI</li> <li>• Serum potassium level less than 5.5mEq/L</li> <li>• Post-MI: CrCl greater than 30 mL/min</li> <li>• Hypertension: CrCl greater than 50mL/min, patient does not have type-2 diabetes with microalbuminuria, and patient had an inadequate treatment response or unacceptable toxicity to a 60-day trial of maximum tolerated doses of spironolactone.</li> </ul>			Plan year	
EPO	Procrit	Uncontrolled hypertension	<ul style="list-style-type: none"> <li>• For use in anemic patients prior to surgery: Patient must also receive concomitant iron supplementation.</li> <li>• For other indications all of the following criteria are required: 1) pretreatment Hgb less than or equal to 10g/dL for initial authorization 2) concomitant iron supplementation if iron stores are inadequate 3) Hgb maintained at or below 12g/dL once on therapy 4) after 12 weeks of therapy Hgb must increase at least 1g/dL in response to epoetin alfa.</li> </ul>			12 weeks	

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EXJADE		<ul style="list-style-type: none"> <li>• CrCl less than 40ml/min or evidence of overt proteinuria</li> <li>• Platelet count less than 50 x 10(9)/L</li> <li>• Advanced malignancy</li> <li>• High-risk MDS with poor performance status</li> <li>• Concurrent use of deferoxamine or iron-containing products</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosis of transfusion-dependent anemia with chronic iron overload due to blood transfusions</li> <li>• Pretreatment serum ferritin level within the last 60 days of at least 1,000mcg/L</li> <li>• Patient will have baseline and monthly monitoring of serum ferritin, serum creatinine, CrCl, serum transaminases, and bilirubin.</li> </ul>	Approve for those 2 years of age and older	Hematologist	3 months	For patients already receiving Exjade, the prescriber will consider temporary interruption of Exjade when serum ferritin is less than 500mcg/L.
EXTAVIA		Concurrent use of Interferon-beta therapy (Avonex, Betaseron, or Rebif), glatiramer acetate, or mitoxantrone				Plan year	Patients with 12 or more months of previous use must demonstrate one of the following clinical responses: decrease in frequency of relapses, slowing of disease progression, diminished MRI lesions, or patient is stable on therapy.
FABRAZYME			Diagnosis confirmed with an enzyme assay measuring a deficiency of alphagalactosidase enzyme activity or DNA testing			Plan year	
FENTANYL PATCH		<ul style="list-style-type: none"> <li>• Opioid intolerance</li> <li>• Patients who do not require continuous opioid analgesia</li> <li>• Patients taking any CYP450 3A4 agents without being monitored</li> </ul>	Assessment for clinical risk of opioid/substance abuse/addiction through Screener and Opioid Assessment for Patients with Pain (SOAPP 1.0 or SOAPP-R), Opioid Risk Tool (ORT), Current Opioid Misuse Measure (COMM), the Diagnosis, Intractability, Risk, and Efficacy Score (DIRE) or other assessment tool	Approve for those 2 years of age and older		6 months	
GILENYA			New starts: inadequate response or intolerance or contraindication to a trial of a beta interferon agent or Copaxone			Plan year	
GLEEVEC			<ul style="list-style-type: none"> <li>• CML and ALL: must be positive for the Philadelphia chromosome or BCR-ABL gene</li> <li>• CML: Patient meets one of the following - 1) newly diagnosed 2) resistance or intolerance to prior therapy 3) recurrence after stem cell transplant.</li> <li>• ALL: Patient meets one of the following - 1) newly diagnosed and Gleevec is used in combination with chemotherapy 2) ALL is relapsed or refractory.</li> <li>• GIST: Patient meets one of the following - 1) unresectable, recurrent, or metastatic disease 2) use of Gleevec for adjuvant therapy following resection 3) use of Gleevec for pre-operative therapy and patient is at risk for significant surgical morbidity.</li> </ul>			Plan year	
GONADOTROPIN	<ul style="list-style-type: none"> <li>• Chorionic Gonadotropin</li> <li>• Novarel</li> <li>• Pregnyl w/ Diluent Benzyl</li> </ul>	<ul style="list-style-type: none"> <li>• Female</li> <li>• For prepubertal cryptorchidism: presence of anatomic obstruction or precocious puberty</li> <li>• For hypogonadotropic hypogonadism: presence of prostatic carcinoma or other androgen-dependent neoplasm</li> </ul>				Plan year	

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<b>GROWTH HORMONE</b>	<ul style="list-style-type: none"> <li>Norditropin Flexpro</li> <li>Norditropin Nordiflex Pen</li> </ul>	<ul style="list-style-type: none"> <li>Active malignancy or history of malignancy in past 12 months</li> <li>Active proliferative or severe non-proliferative diabetic retinopathy</li> <li>Acute critical illness</li> <li>Concurrent use with Increlex</li> <li>Closed epiphyses for pediatric patients</li> <li>For PWS only: upper airway obstruction and severe respiratory impairment</li> </ul>	<ul style="list-style-type: none"> <li>All pediatric patients: short stature or slow growth velocity and patients have been evaluated for other causes of growth failure. Growth more than 2cm per year for renewal.</li> <li>Pediatric GHD: delayed bone age</li> <li>Pediatric GHD with a pituitary or CNS disorder: clinical evidence of GHD and low IGF-1/IGFBP3</li> <li>Neonate with hypoglycemia: pediatric GHD and a randomly assessed GH level less than 20ng/mL. Other causes of hypoglycemia have been ruled out and other treatments have been ineffective.</li> <li>TS and SHOX: diagnosis confirmed by genetic testing</li> <li>CRI: Metabolic, endocrine and nutritional abnormalities have been treated or stabilized and patient has not had a kidney transplant.</li> <li>SGA: low birth weight or length for gestational age</li> </ul>	<ul style="list-style-type: none"> <li>TS and SGA - Approve for those 2 years of age and older</li> <li>Noonan syndrome and SHOX - Approve for those 3 years of age and older</li> </ul>	<ul style="list-style-type: none"> <li>Endocrinologist</li> <li>Gastroenterologist</li> <li>Infectious Disease Specialist</li> <li>Nutritional Support Specialist</li> <li>Pediatric Nephrologist</li> </ul>	Plan year	<p>(Required Medical Information continued)</p> <ul style="list-style-type: none"> <li>ISS: Pediatric GHD has been ruled out with one stimulation test.</li> <li>Adult GHD: Patient has been assessed for other causes of GHD-like symptoms. For renewal, patient has seen clinical improvement and IGF-1 will be monitored.</li> <li>Adult GHD with at least 3 pituitary hormone deficiencies (PHD) or panhypopituitarism: low IGF-1</li> <li>Adult GHD with less than 3 PHD: low IGF-1 and failed 1 stimulation test</li> <li>Adult and pediatric GHD without pituitary disease: failed 2 stimulation tests</li> <li>PWS: Improved body composition for renewal</li> </ul>
<b>HEPSERA</b>		<ul style="list-style-type: none"> <li>Renal impairment without dosing adjustment</li> <li>Patients taking tenofovir or PMPA</li> <li>Use of Hepsera as a first-line therapy in treatment-naïve patients with HBV</li> </ul>	<ul style="list-style-type: none"> <li>Diagnosis of chronic hepatitis B</li> <li>Evidence of a positive HBsAg (+ or -) serological marker for more than 6 months or evidence by a liver biopsy showing chronic hepatitis</li> <li>Hepatitis B viral load greater than 20,000 IU/ml (100,000 copies per ml) except for HBeAg-negative HBV, viral load is greater than 2,000 IU/ml (10,000 copies per ml)</li> <li>Elevations in liver aminotransferases (ALT or AST) that are 2 times greater than normal, or normal levels with evidence of significant disease found on biopsy</li> <li>Documented evidence of diagnosis, serological markers or liver biopsy, viral load, and liver aminotransferases</li> </ul>	Approve for those 12 years of age and older	<ul style="list-style-type: none"> <li>Gastroenterologist</li> <li>Infectious Disease Specialist</li> <li>Affiliation with an infectious disease or gastroenterology practice</li> <li>PCP with experience treating HBV</li> </ul>	Plan year	<ul style="list-style-type: none"> <li>Patient is not receiving duplicate therapy with Intron A.</li> <li>If patient has received previous Hepsera treatment, documented clinical improvement is shown by a drop in viral load or reduction in liver aminotransferases.</li> </ul>
<b>HUMIRA</b>	<ul style="list-style-type: none"> <li>Humira</li> <li>Humira pen – Crohn's Disease</li> </ul>	<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>RA: Must have one of the following – 1) inadequate response to MTX 2) inadequate response to another nonbiologic DMARD (e.g. leflunomide, hydroxychloroquine, sulfasalazine) if contraindicated or intolerant to MTX 3) intolerance or contraindication to at least 2 nonbiologic DMARDs 4) use Humira as first-line therapy with MTX for severely active RA</li> <li>Psoriatic arthritis with predominantly peripheral symptoms: inadequate response or intolerance or contraindication to at least an 8-week maximum tolerated dose trial of at least 1 nonbiologic DMARD</li> <li>AS and psoriatic arthritis with predominantly axial symptoms: inadequate response or intolerance or contraindication to at least 2 NSAIDs</li> <li>Crohn's disease: Inadequate response or intolerance or contraindication to at least a 60-day trial of to 2 conventional therapies (e.g. sulfasalazine, mesalamine, azathioprine, corticosteroids) or either Remicade or Cimzia</li> </ul>	Psoriasis – Approve for those 18 years of age or older		<ul style="list-style-type: none"> <li>Initial - 3 months for Crohn's disease, plan year for all other indications</li> <li>Renewal - plan year</li> </ul>	<p>(Required Medical Information continued)</p> <ul style="list-style-type: none"> <li>Plaque psoriasis: Affected area is greater than 10% of BSA or affects crucial body areas (e.g. feet, hands, face). Inadequate response or intolerance or contraindication to at least a 60-day trial of to 2 conventional therapies (e.g. phototherapy, calcipotriene, MTX, acitretin)</li> <li>Polyarticular JIA: inadequate response to at least 1 nonbiologic DMARD or intolerance or contraindication to at least 2 nonbiologic DMARDs</li> <li>Screening for latent tuberculosis is required. If results are positive, patient must have completed treatment or must currently be receiving treatment for latent tuberculosis.</li> <li>Evaluate for HBV risk and initiate treatment if appropriate.</li> <li>For reauthorization: Patient's condition must have improved or stabilized in response to Humira therapy.</li> </ul>

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INCIVEK		<ul style="list-style-type: none"> <li>Failed previous therapy with a treatment regimen that includes a protease inhibitor (e.g., Incivek, Victrelis)</li> <li>Concurrent use with a drug that is highly dependent on CYP3A for clearance or strongly induces CYP3A</li> </ul>	<ul style="list-style-type: none"> <li>HCV infection confirmed by presence of viral load in serum</li> <li>HCV Genotype 1</li> <li>HCV-RNA less than or equal to 1,000 IU/ml at week 4 of treatment</li> </ul>			<ul style="list-style-type: none"> <li>Initial - 6 weeks</li> <li>Renewal - up to 12 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Incivek must be given in combination with pegylated interferon (i.e., Pegasys or PegIntron) and ribavirin.</li> <li>Assess HCV RNA level at weeks 4, 12, and 24 of Incivek triple therapy.</li> </ul>
INCRELEX		<ul style="list-style-type: none"> <li>Epiphyseal closure</li> <li>IV administration of Increlex</li> <li>Active malignancy</li> <li>Use in neonates</li> <li>Concurrent use with GH therapy</li> <li>Secondary causes of IGF-1 deficiency</li> </ul>	<ul style="list-style-type: none"> <li>Prior to starting therapy: height greater than 3 SD below the mean for chronological age and sex, and IGF-1 level greater than or equal to 3 SD below the mean for chronological age and gender</li> <li>One stimulation test showing patient has a normal or elevated GH level</li> </ul>	Between 2 and 20 years of age	Endocrinologist	Plan year	For continuation of therapy: Patient grew more than 2.5cm in 1 year.
INFERGEN		<ul style="list-style-type: none"> <li>Decompensated liver disease</li> <li>Autoimmune hepatitis</li> </ul>	<ul style="list-style-type: none"> <li>Prior to initiating therapy: detectable levels of HCV RNA in the serum</li> <li>Treatment naïve: Patient must have tried and had intolerance to pegylated interferon-based treatment regimen. Allow Infergen monotherapy if intolerance/contraindication to ribavirin.</li> <li>Genotype 1 and 4: undetectable HCV RNA after 12 weeks of treatment or at least 2 log decrease in HCV RNA after 12 weeks of therapy and undetectable HCV RNA after 24 weeks of treatment</li> </ul>		<ul style="list-style-type: none"> <li>ID Specialist</li> <li>Gastroenterologist</li> <li>Oncologist</li> </ul>	12 weeks to a total of 72 weeks depending on genotype and initial vs. renewal therapy	<ul style="list-style-type: none"> <li>Retreatment: Use in combination with ribavirin. Failure to respond to pegylated interferon and ribavirin. Allow only one time for retreatment.</li> <li>Monitor for evidence of depression.</li> </ul>
INVEGA SUSTENNA		<ul style="list-style-type: none"> <li>Dementia-related psychosis</li> <li>Occurrence of torsade de pointes</li> <li>Prior use of risperidone demonstrated a hypersensitivity reaction</li> </ul>	<ul style="list-style-type: none"> <li>Diagnosis is an FDA-approved indication—acute and maintenance treatment of schizophrenia in adults.</li> <li>Diagnosis is not documented as dementia-related psychosis.</li> <li>Patient has a history of non-compliance and/or refuses to utilize oral medication.</li> <li>Patient has received at least one of the following: 3 test doses of risperidone, 3 test doses of oral Invega, or previous use of Invega Sustenna.</li> </ul>		Psychiatrist or receiving input from a psychiatry practice	Plan year	To increase dosage patient must have a history of 2 prior injections.
ITRACONAZOLE		<ul style="list-style-type: none"> <li>Concurrent use with drugs metabolized by CYP3A4 (e.g. cisapride, dofetilide, pimozide, quinidine)</li> <li>Ventricular dysfunction (congestive heart failure or history of CHF) – do not use for onychomycosis.</li> </ul>	<ul style="list-style-type: none"> <li>Diagnosis of one of the following: <ul style="list-style-type: none"> <li>Blastomycosis, pulmonary or extrapulmonary</li> <li>Histoplasmosis, including chronic cavitary pulmonary disease or disseminated, non-meningeal histoplasmosis</li> <li>Aspergillosis, pulmonary or extrapulmonary</li> <li>Onychomycosis of the toenail or fingernail due to dermatophytes (tinea unguium) – confirmed with fungal diagnostic test (e.g. KOH preparation, fungal culture, or nail biopsy)</li> </ul> </li> </ul>			12 weeks	
IVIG	<ul style="list-style-type: none"> <li>Gammagard liquid</li> <li>Gamunex</li> </ul>	<ul style="list-style-type: none"> <li>IgA deficiency with antibody formation and a history of hypersensitivity</li> <li>History of anaphylaxis or severe systemic reaction to human immune globulin</li> <li>Presence of risk factor(s) for acute renal failure unless patient will receive IGIV products at the minimum concentration available and at the minimum rate of infusion practicable or Gamunex/Gamunex-C is administered SC for PID</li> </ul>	<ul style="list-style-type: none"> <li>CIDP: presence of objective findings consistent with diagnosis</li> <li>CLL: serum IgG level less than 500mg/dL and recurrent bacterial infections</li> <li>Kawasaki syndrome: use of IGIV in conjunction with high-dose aspirin</li> </ul>		CIDP diagnosis by a neurologist	Plan year	Gamunex/Gamunex-C: If administered SC outside a controlled healthcare setting, appropriate treatment (anaphylaxis kit) should be available for managing an acute hypersensitivity reaction.

Prior Authorization Group	Drugs	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
KUVAN			<ul style="list-style-type: none"> <li>• Pretreatment blood phenylalanine (Phe) levels greater than 10mg/dL if patient is older than 12 years of age, or greater than 6mg/dL if less than or equal to 12 years of age.</li> <li>• Response to a therapeutic trial (greater than or equal to a 30% reduction in blood Phe levels) is required for long-term authorization.</li> </ul>			<ul style="list-style-type: none"> <li>• Initial – 1 month</li> <li>• Renewal – Plan Year</li> </ul>	Blood Phe levels should be checked after 1 week of therapy and periodically up to 1 month during a therapeutic trial.
LETAIRIS		Pregnancy	<ul style="list-style-type: none"> <li>• NYHA class II or III symptoms</li> <li>• PAH confirmed by right heart catheterization</li> </ul>			Plan year	IUD or 2 appropriate contraceptive methods for women of childbearing potential
LEUKINE		<ul style="list-style-type: none"> <li>• Administration within 24 hours preceding or following chemotherapy or radiotherapy</li> <li>• Hypersensitivity to yeast-derived products</li> <li>• For prophylaxis of febrile neutropenia: use to increase chemotherapy dose intensity or dose schedule above established regimens</li> <li>• For treatment of febrile neutropenia: when patient receives Neulasta during the current chemotherapy cycle</li> <li>• For AML: excessive (greater than or equal to 10%) leukemic myeloid blasts in the bone marrow or peripheral blood</li> </ul>	<ul style="list-style-type: none"> <li>• Patients with nonmyeloid malignancies receiving myelosuppressive chemotherapy: Leukine may be used for prevention of chemotherapy-induced febrile neutropenia if the patient experienced febrile neutropenia with a previous chemotherapy cycle or the patient is at high risk (greater than 20%) or intermediate risk (10-20%) for developing febrile neutropenia.</li> <li>• Patients at low risk (less than 10%) for developing febrile neutropenia may also receive Leukine for prophylaxis if there is a significant risk for serious medical consequences due to febrile neutropenia and the intent of chemotherapy is to prolong survival or cure the disease.</li> </ul>			6 months	(Required Medical Information continued) <ul style="list-style-type: none"> <li>• Leukine is allowable for treatment of febrile neutropenia in patients who have received prophylaxis with Leukine or Neupogen or in patients at risk for infection-related complications.</li> <li>• All patients must receive baseline and regular monitoring of complete blood counts and platelet counts.</li> </ul>
LIDODERM		<ul style="list-style-type: none"> <li>• Sensitivity to local anesthetics of the amide type (procaine, tetracaine, benzocaine)</li> <li>• Dosage in excess of 3 patches per day</li> <li>• Broken or inflamed skin where patch is to be applied</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosis documented as post-herpetic neuralgia</li> <li>• Patient has completed a one-month documented trial/failure or has a demonstrated adverse event or contraindication to gabapentin or Lyrica</li> </ul>			3 months	
LUMIZYME			<ul style="list-style-type: none"> <li>• Diagnosis of Pompe disease confirmed by an enzyme assay demonstrating a deficiency of GAA enzyme activity, or by DNA testing that identifies mutations in the GAA gene</li> <li>• Patient has late (non-infantile) onset Pompe disease with no evidence of cardiac hypertrophy.</li> </ul>	Approve for those 8 years of age and older		Plan year	Appropriate medical support is readily available when Lumizyme is administered in the event of anaphylaxis, severe allergic reaction, or acute cardiorespiratory failure.
LUPRON	<ul style="list-style-type: none"> <li>• Leuprolide acetate</li> <li>• Lupron Depot</li> <li>• Lupron Depot-Ped</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnancy and breastfeeding in female patients of childbearing potential</li> <li>• For prostate cancer: use as neoadjuvant androgen deprivation therapy (ADT) for radical prostatectomy</li> <li>• For endometriosis and fibroids: undiagnosed abnormal vaginal bleeding</li> </ul>	Prostate cancer: Allow for one of the following - 1) locally advanced, recurrent or metastatic disease 2) initial long-term neoadjuvant/concurrent/adjuvant ADT in combination with radiation therapy for clinically localized disease with high risk of recurrence 3) initial short-term neoadjuvant/concurrent/adjuvant ADT in combination with radiation therapy for clinically localized disease with intermediate risk of recurrence, or with brachytherapy for clinically localized disease with high risk of recurrence 4) neoadjuvant therapy in conjunction with brachytherapy in patients with a large prostate to shrink the prostate to an acceptable size for brachytherapy	CPP - must be less than 12 years old if female and less than 13 years old if male		<ul style="list-style-type: none"> <li>• Prostate cancer - 1 year or 6 months for short term use</li> <li>• Fibroids - 3 months</li> <li>• Endometriosis - 6 months</li> <li>• CPP - 1 year</li> </ul>	Endometriosis: Patient must have completed a trial/failure of at least 2 of the following therapies: oral contraceptives, medroxyprogesterone, danazol.
METHYLPHENIDATES	<ul style="list-style-type: none"> <li>• Metadate ER</li> <li>• Methylin</li> <li>• Methylphenidate</li> <li>• Methylphenidate SR</li> </ul>	MAOI concurrent use or within the last 14 days	Sleep studies for narcolepsy diagnosis	Approve for those 6 years of age or older		Plan year	Consider benefits of use versus the potential risks of serious cardiovascular events.
MOZOBIL						6 months	Mozobil is given in combination with granulocyte-colony stimulating factor.

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MYOZYME			Diagnosis confirmed by DNA testing or an enzymatic assay showing a deficiency in acid alpha glucosidase			Plan year	
NAGLAZYME			Diagnosis confirmed by DNA testing or an enzymatic assay showing a deficiency in N-acetylgalactosamine activity			Plan year	<ul style="list-style-type: none"> <li>• Must have at least 1 MPS VI symptom.</li> <li>• For reauthorization: must demonstrate improvement in walking and/or stair-climbing capacity</li> </ul>
NEUPOGEN		<ul style="list-style-type: none"> <li>• Administration within 24 hours preceding or following chemotherapy or radiotherapy</li> <li>• E. coli hypersensitivity</li> <li>• For prophylaxis of febrile neutropenia: use to increase chemotherapy dose intensity or dose schedule above established regimens</li> <li>• For treatment of febrile neutropenia: when patient receives Neulasta during the current chemotherapy cycle</li> </ul>	<ul style="list-style-type: none"> <li>• Patients with nonmyeloid malignancies receiving myelosuppressive chemotherapy: Neupogen may be used for prevention of chemotherapy-induced febrile neutropenia if the patient experienced febrile neutropenia with a previous chemotherapy cycle or the patient is at high risk (greater than 20%) or intermediate risk (10-20%) for developing febrile neutropenia.</li> <li>• Patients at low risk (less than 10%) for developing febrile neutropenia may also receive Neupogen for prophylaxis if there is a significant risk for serious medical consequences due to febrile neutropenia and the intent of chemotherapy is to prolong survival or cure the disease.</li> </ul>			6 months	<p>(Required Medical Information continued)</p> <ul style="list-style-type: none"> <li>• Neupogen is allowable for treatment of febrile neutropenia in patients who have received prophylaxis with Leukine or Neupogen or in patients at risk for infection-related complications.</li> <li>• All patients must receive baseline and regular monitoring of complete blood counts and platelet counts.</li> </ul>
NEXAVAR		Combination with carboplatin and paclitaxel in patients with squamous cell lung cancer			Oncologist	Plan year	
NICOTINE	<ul style="list-style-type: none"> <li>• Nictotrol inhaler</li> <li>• Nicotrol NS</li> </ul>		Documentation that patient is enrolled in a smoking cessation program			6 months	
NUDEXTA		<ul style="list-style-type: none"> <li>• Concurrent use with other drugs containing quinidine, quinine, mefloquine, MAOIs, or drugs that both prolong QT interval and are metabolized by CYP2D6 (e.g. thioridazine and pimozide)</li> <li>• Prolonged QT interval</li> <li>• Congenital long QT syndrome or a history suggestive of torsades de pointes</li> <li>• Heart failure</li> <li>• Patients with or at high risk for complete atrioventricular block without implanted pacemaker</li> <li>• Dosage in excess of 2 capsules per day</li> </ul>	Patient has amyotrophic lateral sclerosis (ALS) or multiple sclerosis (MS)			Plan year	
NUVIGIL			<ul style="list-style-type: none"> <li>• Narcolepsy: sleep lab evaluation required</li> <li>• OSAHS: polysomnography required and whether patient is using CPAP (or CPAP is contraindicated or ineffective)</li> <li>• Shift Work Sleep Disorder: Patient works night shift (at least 6 hours between 10pm and 8am) permanently or frequently (5 times or more per month) and experiences excessive sleepiness while working.</li> <li>• Mild obstructive sleep apnea/hypopnea syndrome: whether patient is using and being compliant with an oral appliance</li> </ul>			Plan year	
OCTREOTIDE						Plan year	

Prior Authorization Group	Drugs	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
<b>ORAL FENTANYL</b>	Fentanyl Citrate Oral TRA	Patients taking strong or moderate cytochrome P450 3A4 inhibitor(s) (e.g. aprepitant, clarithromycin, diltiazem, erythromycin, fosamprenavir, fluconazole, itraconazole, ketoconazole, nefazodone, nelfinavir, ritonavir, verapamil) who will not be monitored or have dosing adjustments made if necessary.		<ul style="list-style-type: none"> <li>Actiq - 16 years of age and older</li> <li>All others - 18 years of age and older</li> </ul>		6 months	
<b>ORAL TESTOSTERONES</b>	Androxy	Male patients with confirmed or suspected carcinoma of the prostate or breast	<ul style="list-style-type: none"> <li>Female patients being treated for inoperable metastatic breast cancer are 1 to 5 years postmenopausal (either naturally or surgically) and have had an incomplete response to other therapies for metastatic breast cancer.</li> <li>Male patients being treated for primary or secondary hypogonadism have confirmed low testosterone levels (morning total testosterone less than 300ng/dL, morning free or bioavailable testosterone less than 5ng/dL) or absence of endogenous testosterone.</li> </ul>			Plan year	<ul style="list-style-type: none"> <li>Male patients being treated for delayed puberty: Bone development must be checked at least every 6 months.</li> <li>Patients have tried and failed or were intolerant to non-oral forms of testosterone supplementation.</li> </ul>
<b>ORFADIN</b>			Confirmation of diagnosis by either biochemical testing (e.g. detection of succinylacetone in urine) and appropriate clinical picture or DNA testing (mutation analysis)			Plan year	Protein-restricted diet that is low in phenylalanine and tyrosine
<b>OSTEOPOROSIS</b>	Forteo	<ul style="list-style-type: none"> <li>Paget's disease of bone</li> <li>Unexplained elevations in alkaline phosphatase</li> <li>Open epiphyses</li> <li>Prior radiation of the skeleton</li> <li>History of skeletal malignancy or bone metastases</li> <li>Pre-existing hypercalcemia</li> <li>Metabolic bone disease other than osteoporosis</li> <li>Concurrent bisphosphonate use</li> <li>Cumulative use of Forteo for more than 24 months lifetime</li> </ul>	Patient must meet one of the following criteria: <ul style="list-style-type: none"> <li>Prior fragility fracture</li> <li>Inadequate response or intolerance or contraindication to an adequate 1-year trial of a bisphosphonate</li> <li>Patient has 2 of the following risk factors for fracture - advanced age, parental history of fracture, low BMI, current smoker, chronic alcohol use, RA, chronic steroid use, or other secondary cause of osteoporosis.</li> </ul>			Plan year	
<b>OXSORALEN</b>	Oxsoralen Ultra	<ul style="list-style-type: none"> <li>Aphakia</li> <li>Melanoma</li> <li>Invasive squamous cell carcinoma</li> </ul>	<ul style="list-style-type: none"> <li>Patient must be diagnosed with CTCL or psoriasis</li> <li>If diagnosis is psoriasis, patient must have previous inadequate response or intolerance or contraindication to at least 1 topical steroid.</li> </ul>		<ul style="list-style-type: none"> <li>Dermatologist</li> <li>Oncologist</li> <li>Affiliation with a dermatology/ oncology practice</li> </ul>	Plan year	
<b>PEGASYS</b>		<ul style="list-style-type: none"> <li>Decompensated liver disease</li> <li>Autoimmune hepatitis</li> <li>Concurrent administration of didanosine with ribavirin in patients co-infected with HIV</li> </ul>	<ul style="list-style-type: none"> <li>HCV: detectable levels of HCV RNA in the serum prior to initiating therapy</li> <li>HCV treatment naïve: allow as monotherapy if patient has an intolerance/contraindication to ribavirin</li> <li>HCV retreatment: Use in combination with ribavirin and must have nonresponse or relapse with prior therapy. Allow only one time for retreatment with pegylated interferon and ribavirin.</li> <li>Genotype 1 and 4: undetectable HCV RNA after 12 weeks of treatment or at least 2 log decrease in HCV RNA after 12 weeks of therapy and undetectable HCV RNA after 24 weeks</li> </ul>		<ul style="list-style-type: none"> <li>ID specialist</li> <li>Gastroenterologist</li> <li>Oncologist</li> </ul>	<ul style="list-style-type: none"> <li>HCV - 12 to 72 weeks total depending on genotype and initial vs. renewal therapy</li> <li>HBV - 48 weeks</li> </ul>	(Required Medical Information continued) <ul style="list-style-type: none"> <li>HBV: Patient must have been HBsAg positive for at least 6 months and have persistent or intermittently elevated ALT greater than 2x ULN or liver biopsy showing chronic hepatitis with moderate to severe necroinflammation.</li> <li>HBsAg positive: serum HBV-DNA greater than 100,000 copies/ml or greater than 20,000 IU/ml</li> <li>HBsAg negative: serum HBV-DNA greater than 10,000 copies/ml or greater than 2,000 IU/ml</li> <li>Monitor for evidence of depression.</li> </ul>

Prior Authorization Group	Drugs	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
<b>PEGINTRON</b>	<ul style="list-style-type: none"> <li>• Pegintron</li> <li>• Pegintron Redipen</li> </ul>	<ul style="list-style-type: none"> <li>• Decompensated liver disease</li> <li>• Autoimmune hepatitis</li> <li>• Concurrent administration of didanosine with ribavirin in patients co-infected with HIV</li> </ul>	<ul style="list-style-type: none"> <li>• HCV: detectable levels of HCV RNA in the serum prior to initiating therapy</li> <li>• HCV treatment naïve: allow as monotherapy if patient has an intolerance/contraindication to ribavirin</li> <li>• HCV retreatment: Use in combination with ribavirin and must have nonresponse or relapse with prior therapy. Allow only one time for retreatment with pegylated interferon and ribavirin.</li> <li>• Genotype 1 and 4: undetectable HCV RNA after 12 weeks of treatment or at least 2 log decrease in HCV RNA after 12 weeks of therapy and undetectable HCV RNA after 24 weeks</li> </ul>		<ul style="list-style-type: none"> <li>• ID specialist</li> <li>• Gastroenterologist</li> <li>• Oncologist</li> </ul>	12 to 72 weeks total depending on genotype and initial vs. renewal therapy	Monitor for evidence of depression.
<b>PROLIA</b>		Hypocalcemia				Plan year	Patient will be adequately supplemented with calcium and vitamin D.
<b>PROMACTA</b>			<ul style="list-style-type: none"> <li>• New starts: Patients must be evaluated for other causes of thrombocytopenia and have had an insufficient response or intolerance to corticosteroids, immunoglobulins, or splenectomy. At the time of diagnosis of ITP one of the following is required: 1) pretreatment platelet count less than 30,000/microL 2) platelet count less than or equal to 50,000/microL with significant mucous membrane bleeding or risk factors for bleeding.</li> <li>• For all patients receiving Promacta therapy, if platelets increase above 200,000/microL, therapy will be adjusted to maintain the minimal platelet count needed to reduce the risk for bleeding. Liver function must be assessed pretreatment and regularly throughout therapy.</li> </ul>			<ul style="list-style-type: none"> <li>• Initial – 6 months</li> <li>• Renewal – 12 months with platelet response, 3 months without platelet response</li> </ul>	For continuation of therapy: Alanine aminotransferase levels must not be greater than or equal to 3 times ULN with any of the following characteristics: progressive, persistent, or accompanied by increased bilirubin, symptoms of liver injury, or evidence of hepatic decompensation. One of the following is required: 1) increase in platelet count to greater than or equal to 50,000/microL 2) increase in platelet level that is sufficient to avoid clinically important bleeding after at least 4 weeks of Promacta at the maximum dose.
<b>RANEXA</b>		<ul style="list-style-type: none"> <li>• Clinically significant hepatic impairment</li> <li>• Patient is receiving a medication that prolongs the QT interval</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosis documented as chronic angina with symptoms limiting daily activities</li> <li>• Patient has tried, failed, and/or been intolerant (continues to have angina symptoms that limit daily activities) to a 30-day trial of a nitrate plus a beta blocker or calcium channel blocker.</li> </ul>		<ul style="list-style-type: none"> <li>• Cardiologist</li> <li>• Affiliation with a cardiology practice</li> </ul>	<ul style="list-style-type: none"> <li>• Initial – 3 months</li> <li>• Renewal – 12 months</li> </ul>	If patient has received prior treatment with Ranexa, patient must experience a decrease in angina frequency since initiating treatment.
<b>REBIF</b>	<ul style="list-style-type: none"> <li>• Rebif</li> <li>• Rebif titration pack</li> </ul>					Plan year	
<b>RELISTOR</b>		Known or suspected mechanical gastrointestinal obstruction	<ul style="list-style-type: none"> <li>• Relistor is being prescribed for treatment of opioid-induced constipation in patients with advanced illness who are receiving palliative care.</li> <li>• Patient must have previous trial/failure of polyethylene glycol.</li> </ul>			4 months	

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<b>REMICADE</b>		<ul style="list-style-type: none"> <li>Active infection including tuberculosis</li> <li>Concurrent use with other biologics</li> <li>Unstable moderate to severe HF (NYHA Functional Class III/IV)</li> </ul>	<ul style="list-style-type: none"> <li>RA: inadequate response or intolerance to Enbrel or Humira. Patient must also have one of the following – 1) inadequate response to MTX 2) inadequate response to another nonbiologic DMARD (e.g. leflunomide, hydroxychloroquine, sulfasalazine) if contraindicated or intolerant to MTX 3) intolerance/contraindication to at least 2 nonbiologic DMARDs</li> <li>Psoriatic arthritis with predominantly peripheral symptoms: inadequate response or intolerance or contraindication to either Enbrel or Humira and at least an 8-week maximum tolerated dose trial of at least 1 nonbiologic DMARD</li> <li>AS and psoriatic arthritis with predominantly axial symptoms: inadequate response or intolerance/contraindication to at least 2 NSAIDs</li> <li>Plaque psoriasis: Affected area is greater than 10% of BSA or affects crucial body areas (e.g. feet, hands, face). Inadequate response or intolerance/contraindication to at least a 60-day trial of 2 conventional therapies (e.g. phototherapy, calcipotriene, MTX, acitretin)</li> </ul>	Plaque psoriasis - approve for those 18 years of age and older		<ul style="list-style-type: none"> <li>Initial - 3 months for Crohn's disease and UC, plan year for all other indications</li> <li>Renewal - plan year</li> </ul>	(Required Medical Information continued) <ul style="list-style-type: none"> <li>Crohn's disease: inadequate response or intolerance or contraindication to at least a 60-day trial of 1 conventional therapy (e.g. sulfasalazine, mesalamine, azathioprine, corticosteroids) and either Humira or Cimzia</li> <li>Ulcerative colitis: inadequate response or intolerance or contraindication to at least a 60-day trial of 2 conventional therapies (e.g. corticosteroids, mesalamine)</li> <li>Screening for latent tuberculosis is required. If results are positive, patient must have completed treatment or must currently be receiving treatment for latent tuberculosis.</li> <li>Evaluate for HBV risk and initiate treatment if appropriate.</li> <li>For reauthorization: Patient's condition must have improved or stabilized in response to Remicade therapy.</li> </ul>
<b>REVATIO</b>		Nitrate therapy	<ul style="list-style-type: none"> <li>Diagnosis of pulmonary arterial hypertension (PAH) (WHO Group 1)</li> <li>PAH confirmed by right heart catheterization</li> <li>If patient is an infant, PAH diagnosed by Doppler echocardiogram</li> <li>Patient has had an inadequate response or intolerance to Adcirca.</li> </ul>			Plan year	
<b>REVLIMID</b>		Pregnancy	<ul style="list-style-type: none"> <li>Active myeloma: Revlimid is used in one of the following ways - 1) after at least one prior therapy or as salvage therapy 2) with dexamethasone as primary induction therapy or in combination with melphalan and prednisone in nontransplant candidates 3) as maintenance monotherapy following response to either stem cell transplant or primary induction therapy.</li> <li>Low or Intermediate-1 Risk MDS: For those with 5q deletion, patients should have transfusion-dependent anemia or symptomatic anemia with clinically significant cytopenias. For those with non-5q deletion and symptomatic anemia, patients should have failed to respond to epoetin alfa or darbepoetin or have a pretreatment serum erythropoietin level greater than 500mU/ml and a low probability of response to immunosuppressive therapy.</li> </ul>			Plan year	<ul style="list-style-type: none"> <li>Complete blood counts are monitored for hematologic toxicity while receiving Revlimid.</li> <li>Female patients of childbearing potential: Pregnancy is excluded by 2 negative serum or urine pregnancy tests.</li> <li>Male and female patients of child-bearing potential should be instructed on the importance of proper utilization of appropriate contraceptive methods for Revlimid use.</li> <li>Patients should be monitored for signs and symptoms of thromboembolism.</li> </ul>

Prior Authorization Group	Drugs	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
<b>RIBAVIRIN</b>	<ul style="list-style-type: none"> <li>• Rebetol</li> <li>• Ribapak</li> <li>• Ribasphere</li> <li>• Ribavirin</li> </ul>	<ul style="list-style-type: none"> <li>• Hgb less than 8.5g/dL</li> <li>• Hemoglobinopathy</li> <li>• History of unstable heart disease</li> <li>• CrCl less than 50ml/min and unwilling to use modified dose</li> <li>• Pregnancy (self or partner)</li> <li>• Unwilling to use effective contraception</li> <li>• Coadministration with didanosine in HIV coinfecting patients</li> </ul>	<ul style="list-style-type: none"> <li>• Detectable levels of HCV RNA in the serum prior to initiating therapy</li> <li>• Must use in combination with interferon</li> <li>• HCV retreatment: Patient must have nonresponse or relapse with prior therapy. Allow only one time for retreatment with pegylated interferon and ribavirin or Infigen and ribavirin.</li> <li>• Genotype 1 and 4: undetectable HCV RNA after 12 weeks of treatment or at least 2 log decrease in HCV RNA after 12 weeks of therapy and undetectable HCV RNA after 24 weeks</li> </ul>		<ul style="list-style-type: none"> <li>• ID specialist</li> <li>• Gastroenterologist</li> <li>• Oncologist</li> </ul>	12 weeks to a total of 72 weeks depending on genotype and initial vs. renewal therapy	Patient has been instructed to practice effective contraception during therapy and for 6 months after stopping ribavirin therapy.
<b>RISPERDAL CONSTA</b>		Dementia-related psychosis	<ul style="list-style-type: none"> <li>• History of non-compliance or refusal to utilize oral medications</li> <li>• Patient must have a history of 3 test doses of oral risperidone.</li> </ul>		Psychiatrist or receiving input from a psychiatry practice	Plan year	To increase dosage patient must have a history of 2 prior injections.
<b>RITUXAN</b>		<ul style="list-style-type: none"> <li>• History of severe skin or infusion reaction with Rituxan that cannot be appropriately managed</li> <li>• Use in combination with another biologic agent</li> </ul>	<ul style="list-style-type: none"> <li>• RA: inadequate response to MTX or another nonbiologic DMARD if intolerance or contraindication to MTX (except when RA is severely active and frontline Rituxan therapy is warranted) and inadequate response or intolerance/contraindication to a TNF antagonist. For continuation of RA therapy, improvement in clinical symptoms (e.g. tender and swollen joint count, mobility, stiffness, or delay in progression of disease) is required from the last treatment course which was at least 16 weeks earlier.</li> <li>• Rituxan must be used in combination with chemotherapy for mantle cell lymphoma (or other agents), Burkitt's lymphoma, lymphoblastic lymphoma, and AIDS-related B-cell lymphoma.</li> </ul>			Plan year	<ul style="list-style-type: none"> <li>• Hematologic malignancies must be positive for CD20.</li> <li>• Induction therapy for Burkitt's lymphoma</li> <li>• Prior to initiating therapy, prescriber must have assessed the risk for hepatitis B and, if appropriate, ruled out or initiated treatment for hepatitis B.</li> <li>• Patient must be monitored for pulmonary toxicity</li> </ul>
<b>SABRIL</b>		<ul style="list-style-type: none"> <li>• Patients with or at high risk of vision loss (except patients who have blindness)</li> <li>• Use of other medications associated with serious adverse ophthalmic effects such as retinopathy or glaucoma</li> </ul>	<ul style="list-style-type: none"> <li>• Vision is assessed at baseline or will be assessed by an ophthalmologist no longer than 4 weeks after starting Sabril (except patients who have blindness).</li> <li>• CPS: Patient has failed an adequate regimen with either carbamazepine or phenytoin unless contraindicated or intolerant.</li> </ul>	<ul style="list-style-type: none"> <li>• IS initial treatment - 1 month to 2 years of age</li> <li>• CPS initial treatment - 16 years of age or older</li> </ul>		<ul style="list-style-type: none"> <li>• IS - initial 4 weeks, reauthorization 6 months</li> <li>• CPS - initial 3 months, reauthorization 12 months</li> </ul>	For continuation of therapy: Patient has shown substantial clinical benefit and vision will be assessed by an ophthalmologist every 3 months (except patients who have blindness).
<b>SANCUSO</b>			Documentation showing patient has had a previous trial/failure to any oral therapy			Plan year	
<b>SANDOSTATIN LAR</b>	Sandostatin LAR Depot		Patient received initial treatment with Sandostatin injection (not Depot form) for at least 2 weeks and treatment was effective and tolerable.			Plan year	
<b>SOMATULINE DEPOT</b>						Plan year	
<b>SOMAVERT</b>		<ul style="list-style-type: none"> <li>• IV administration of Somavert</li> <li>• Concurrent use of Sandostatin or Somatuline</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosis of acromegaly confirmed by elevated IGF-1 level or elevated GH level with a glucose tolerance test</li> <li>• Patient has failed at least a 3-month trial of Sandostatin or Somatuline.</li> </ul>		Endocrinologist	Plan year	For renewal: reduction in IGF-1 level from baseline

Prior Authorization Group	Drugs	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
SPRYCEL			<ul style="list-style-type: none"> <li>Patients with ALL and newly diagnosed CML must be positive for the Philadelphia chromosome or BCR-ABL gene.</li> <li>CML: Patient meets one of the following - 1) newly diagnosed in chronic phase 2) resistance or intolerance to imatinib 3) relapse after stem cell transplant.</li> <li>ALL: Patient meets one of the following - 1) newly diagnosed and Sprycel is used in combination with chemotherapy 2) resistance or intolerance to prior therapy.</li> </ul>	Approve for those 18 years of age and older		Plan year	
STRATTERA		MAOI concurrent use or within the last 14 days		Approve for those 6 years of age or older		Plan year	Monitor for suicidality, clinical worsening, changes in behavior, blood pressure changes, heart rate changes, and liver injury.
SUTENT		Clinical manifestations of CHF	<ul style="list-style-type: none"> <li>Gastrointestinal stromal tumor (GIST): disease progression while on a regimen (at least 30 days) of Gleevec or intolerance to Gleevec.</li> <li>LFT monitoring at initiation of and throughout therapy</li> </ul>		Oncologist	Plan year	Therapy will be interrupted for serious hepatic adverse events and discontinued if serious hepatic adverse events do not resolve.
SYLATRON		<ul style="list-style-type: none"> <li>Autoimmune hepatitis</li> <li>Decompensated hepatic disease</li> <li>Uncontrolled major depression or severe mental illness</li> </ul>	<ul style="list-style-type: none"> <li>Melanoma: Melanoma has microscopic or gross nodal involvement. Sylatron is used following surgical resection of the tumor and complete lymphadenectomy, and is being requested for use within 12 weeks of the surgery.</li> <li>CML: unable to tolerate TKIs (e.g. imatinib, dasatinib, or nilotinib) or patient is post-transplant without remission or with relapse of CML</li> </ul>			Plan year	Patient must be monitored and evaluated for signs and symptoms of depression and other psychiatric symptoms throughout treatment with Sylatron.
SYMLIN	<ul style="list-style-type: none"> <li>Symlin</li> <li>Symlinpen 60</li> <li>Symlinpen 120</li> </ul>	<ul style="list-style-type: none"> <li>Severe hypoglycemia that required assistance during the past 6 months</li> <li>Gastroparesis</li> <li>Patient requires drug therapy to stimulate gastrointestinal motility</li> <li>Presence of hypoglycemia unawareness (inability to detect and act upon signs or symptoms of hypoglycemia)</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate glycemic control (HbA1c greater than 7% but less than 9%) at initiation of therapy</li> <li>Patient is currently receiving optimal mealtime insulin therapy.</li> </ul>			Plan year	If patient has taken Symlin in previous 6 months, patient demonstrated a reduction in HbA1c since initiating therapy.
TARCEVA			First line therapy of locally advanced metastatic NSCLC: Patient should have a known active EGFR mutation or amplification of the EGFR gene.			Plan year	
TARGRETIN		Pregnancy	For capsules, patient meets one of the following: 1) CTCL (includes mycosis fungoides [MF] and Sezary syndrome [SS]) refractory to prior systemic therapy 2) advanced-stage MF/SS 3) early-stage MF refractory/progressive to skin-directed therapy 4) early-stage MF with blood involvement or folliculotropic/large cell transformation.			Plan year	Patient has been instructed on the importance of proper utilization of contraception.

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TASIGNA		<ul style="list-style-type: none"> <li>Long QT syndrome</li> <li>Uncorrected electrolyte disorders (hypokalemia, hypomagnesemia)</li> </ul>	<ul style="list-style-type: none"> <li>ECG obtained at baseline, 7-10 days after initiation of therapy, and periodically throughout therapy.</li> <li>Patients with newly diagnosed CML must be positive for the Philadelphia chromosome or BCR-ABL gene.</li> <li>CML: Patient meets one of the following: 1) newly diagnosed in chronic phase 2) resistance to imatinib 3) intolerance/toxicity to imatinib or dasatinib 4) relapse after stem cell transplant.</li> </ul>	Approve for those 18 years of age and older		Plan year	<ul style="list-style-type: none"> <li>Patient has been instructed to avoid eating food 2 hours before and 1 hour after taking Tasigna.</li> <li>Concurrent use of drugs known to prolong the QT interval and strong CYP3A4 inhibitors should be avoided.</li> </ul>
TAZORAC			Plaque psoriasis: Tazorac will be applied to less than 20% of BSA. Contraindication to or trial of at least two topical corticosteroids (clobetasol, fluocinonide, mometasone, triamcinolone) (patient may still be using a corticosteroid product in addition to Tazorac).			Plan year	Female patients who are able to bear children: A negative pregnancy test (sensitivity down to at least 50 mIU/mL for hCG) must be obtained within 2 weeks prior to therapy, beginning during a normal menstrual cycle. Physician must discuss with the patient potential risks of fetal harm and importance of birth control while using Tazorac.
TESTOSTERONES	<ul style="list-style-type: none"> <li>Androderm</li> <li>Testim</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 a confirmed low testosterone level (i.e. total testosterone less than 300ng/dL, free or bioavailable, testosterone less than 5ng/dL) or absence of endogenous testosterone.			Plan year	
THALOMID		Pregnancy	Active myeloma: Thalomid is used for one of the following - 1) salvage or palliative therapy 2) newly diagnosed disease or primary induction therapy in combination with dexamethasone or in combination with melphalan and prednisone in nontransplant candidates 3) maintenance monotherapy following response to either stem cell transplant or primary induction therapy.			Plan year	<ul style="list-style-type: none"> <li>Monitor for signs and symptoms of thromboembolism</li> <li>Female patients of childbearing potential: Pregnancy is excluded by a negative pregnancy test.</li> <li>Male and female patients of child-bearing potential are instructed on importance of proper utilization of appropriate contraceptive methods.</li> </ul>
THIORIDAZINE		Not covered for those who are 65 years of age and older				Plan year	
TOPICAL IMMUNO-SUPPRESSANT	<ul style="list-style-type: none"> <li>Elidel</li> <li>Protopic</li> </ul>		<ul style="list-style-type: none"> <li>Diagnosis documented as atopic dermatitis or eczema</li> <li>Patient has completed a documented trial/failure or intolerance or unresponsiveness to at least 2 medium or higher potency topical steroids.</li> </ul>	Approve for those 2 years of age and older		Plan year	Patient has been advised that Elidel and Protopic should only be used to treat the immediate problem and should be stopped when condition improves.
TOPICAL - ULCERS	Regranex	Neoplasm(s) at site(s) of application	<ul style="list-style-type: none"> <li>Must be used for treatment of lower-extremity diabetic ulcers</li> <li>Ulcer must extend into subcutaneous tissue or beyond and be less than 10cm<sup>2</sup> in size.</li> <li>Tissue must have adequate blood supply.</li> <li>Patient must have concurrent good ulcer treatment practices including debridement, pressure relief, and infection relief.</li> </ul>			10 weeks	
TRACLEER		<ul style="list-style-type: none"> <li>AST/ALT level greater than 3 times ULN</li> <li>Pregnancy</li> <li>Concurrent use of cyclosporine A or glyburide</li> </ul>	<ul style="list-style-type: none"> <li>PAH confirmed by right heart catheterization</li> <li>NYHA Class II-IV symptoms</li> </ul>			Plan year	Female patient of child-bearing potential must use more than 1 method of contraception concurrently.

Prior Authorization Group	Drugs	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
TYKERB			Liver function tests must be monitored at baseline and every 4 to 6 weeks during therapy and as clinically indicated.			Plan year	In patients with severe hepatic impairment, Tykerb must be used at a reduced dose.
TYZEKA		Use of Tyzeqa as first-line therapy in treatment-naïve patients with HBV	<ul style="list-style-type: none"> <li>• Diagnosis of chronic hepatitis B</li> <li>• Evidence of a positive HBsAg (+ or -) serological marker for more than 6 months or evidence by a liver biopsy showing chronic hepatitis</li> <li>• Hepatitis B viral load greater than 20,000 IU/ml (100,000 copies/ml) except if for HBeAg-negative HBV, the viral load is greater than 2,000 IU/ml (10,000 copies/ml)</li> <li>• Elevations in liver aminotransferases (ALT or AST) that are 2 times greater than normal or normal liver aminotransferase levels with evidence of significant disease found on biopsy</li> <li>• Patient has been tested for HIV and is negative.</li> </ul>	Approve for those 16 years of age and older	<ul style="list-style-type: none"> <li>• Gastroenterologist</li> <li>• Infectious Disease Specialist</li> <li>• Affiliation with an infectious disease or gastroenterology practice</li> <li>• PCP with experience treating HBV</li> </ul>	Plan year	(Required Medical Information continued) <ul style="list-style-type: none"> <li>• If patient has received previous Tyzeqa treatment, documented clinical improvement is shown by a drop in viral load or reduction in the patient's liver aminotransferases.</li> <li>• Patient is not receiving duplicate therapy that includes Baraclude, Epivir and/or Intron A.</li> <li>• Evidence of diagnosis, serological markers or liver biopsy, viral load, and liver aminotransferases is documented in patient's chart.</li> </ul>
VICTRELIS		<ul style="list-style-type: none"> <li>• Failed previous therapy with a treatment regimen that includes a protease inhibitor (e.g., Incivek, Victrelis)</li> <li>• Concurrent use with a drug that is highly dependent on CYP3A4/5 for clearance or potent CYP3A4/5 inducer</li> </ul>	<ul style="list-style-type: none"> <li>• HCV infection confirmed by presence of viral load in serum</li> <li>• HCV Genotype 1</li> <li>• HCV-RNA less than 100 IU/ml after 12 weeks of therapy and undetectable HCV RNA after 24 weeks of treatment</li> </ul>			<ul style="list-style-type: none"> <li>• Initial - 8 weeks</li> <li>• Renewal - up to 44 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• Victrelis must be given in combination with pegylated interferon (i.e., Pegasys or PegIntron) and ribavirin.</li> <li>• Patient must receive 4 weeks of pegylated interferon and ribavirin prior to starting Victrelis.</li> </ul>
VOTRIENT		ALT level greater than 3 times ULN and bilirubin greater than 2 times ULN			Oncologist	Plan year	
VPRIV		Concurrent use with miglustat (Zavesca)	<ul style="list-style-type: none"> <li>• Diagnosis confirmed by bone marrow histology, DNA testing, or measurement of beta-glucocerebrosidase enzyme activity less than 30%</li> <li>• Patient must have at least one of the following conditions as a result of Type 1 Gaucher disease: anemia, thrombocytopenia, bone disease, hepatomegaly, or splenomegaly.</li> </ul>			Plan year	Patients who have previously received 24 months of VPRIV therapy must have a decrease in liver and spleen volume and/or increase in platelet count and/or increase in Hgb concentration for reauthorization.
XALKORI			Diagnosis of locally advanced or metastatic non-small cell lung cancer that is ALK-positive as detected by an FDA-approved test			Plan year	Prior authorization applies to new starts only. Refills will be approved unless use is not coverable under Part D per Medicare drug coverage policies.
XENAZINE		<ul style="list-style-type: none"> <li>• Untreated or inadequately treated depression or actively suicidal</li> <li>• History of hepatic disease</li> <li>• Use in combination with MAOIs or reserpine (or it has been less than 20 days since reserpine was discontinued)</li> </ul>				Plan year	
XIFAXAN		<ul style="list-style-type: none"> <li>• Hypersensitivity reaction to rifamycin antimicrobial agents</li> <li>• For hepatic encephalopathy: dosage exceeding the recommended two 550mg tablets daily</li> </ul>		Approve for those 18 years of age and older		Hepatic encephalopathy – 6 months	

Prior Authorization Group	Drugs	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
<b>XOLAIR</b>			<ul style="list-style-type: none"> <li>Evidence of reversible disease (demonstrates at least 20% improvement in PEF with a short-acting bronchodilator challenge)</li> <li>Patient has experienced 2 or more asthma exacerbations per month within the last 3 months.</li> <li>Positive skin test to at least 1 perennial aeroallergen</li> <li>Baseline IgE level at or above 30 IU/ml</li> <li>Asthma is inadequately controlled despite adherent use of inhaled corticosteroids.</li> <li>Inadequate response to a trial of a leukotriene modifier or long-acting beta2-agonist (unless patient demonstrates intolerance to the therapeutic trial)</li> </ul>	Approve for those 12 years of age and older	<ul style="list-style-type: none"> <li>Pulmonologist</li> <li>Allergist</li> <li>Immunologist</li> </ul>	Plan year	For continuation: must demonstrate an improvement in asthma control with use of Xolair
<b>XYREM</b>		Patients taking any of the following: anxiolytics, sedatives, hypnotics, barbiturates, benzodiazepines or ethanol.	<ul style="list-style-type: none"> <li>Diagnosis documented as excessive daytime sleepiness with symptoms that limit ability to perform normal daily activities</li> <li>Diagnosis documented as cataplexy in patients with narcolepsy</li> </ul>			3 months	Patients with prior Xyrem treatment must experience a decrease in daytime sleepiness and/or cataplexy in a narcoleptic patient.
<b>ZAVESCA</b>		<ul style="list-style-type: none"> <li>Severe renal impairment</li> <li>Pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>Diagnosis confirmed by bone marrow histology, DNA testing, or measurement of b-glucocerebrosidase enzyme activity less than 30%</li> <li>Trial/failure of enzyme replacement therapy or it is not a therapeutic option (e.g. allergy, poor venous access)</li> <li>Female patients of childbearing age must use an effective method of contraception and be educated about the potential hazards associated with Zavesca use in pregnancy.</li> </ul>	Approve for those 18 years of age and older		Plan year	Patients who have previously received 24 months of Zavesca therapy must demonstrate a decrease in liver and spleen volume and/or increase in platelet count and/or increase in Hgb concentration.
<b>ZELBORAF</b>			<ul style="list-style-type: none"> <li>Diagnosis of unresectable or metastatic melanoma</li> <li>Tumor is positive for the BRAF V600E mutation as detected by an FDA-approved test.</li> </ul>			Plan year	Prior authorization applies to new starts only. Refills will be approved unless use is not coverable under Part D per Medicare drug coverage policies.
<b>ZYTIGA</b>			Use in combination with prednisone			Plan year	Patient received prior chemotherapy containing docetaxel.

Prior Authorization Group	Description	Drugs
<b>HIGH RISK MEDICATIONS (HRM)</b>	Not covered for those who are 65 years of age and older	Carisoprodol, Chlorzoxazone, Cyclobenzaprine, Cyproheptadine, Dicyclomine, Diphenoxylate/Atropine, Dipyridamole, Estropipate, Hydroxyzine HCl, Hydroxyzine Pamoate, Metaxalone, Methocarbamol, Orphenadrine Citrate ER, Orphenadrine Compound DS, Orphenadrine/ASA/Caffeine, OrthoEst, Phenadoz, Premarin, Premphase, Prempro, Promethazine HCl, Promethazine VC, Promethegan, Transderm-Scop, Trimethobenzamide
<b>PART B VS. PART D</b>	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.	Acetylcysteine, Adriamycin, Albuterol Sulfate, Alimta, Amifostine, Aminosyns, Aminosyn/Dextrose, Aminosyn/Electrolytes, Amiodarone, Amphotericin B, Astramorph, Avastin, Azasan, Azathioprine, Bicnu, Bleomycin Sulfate, Boniva, Budesonide, Busulfex, Calcitriol, Campath, Carboplatin, Cellcept, Cisplatin, Cladribine, Clinimix/Dextrose, Clinisol SF 15%, Colistimethate Sodium, Cosmegen, Cromolyn Sodium, Cubicin, Cyclophosphamide, Cyclosporine, Cyclosporine Modified, Cytarabine, Dacarbazine, Daunorubicin HCl, Daunoxome, Decavac, Depo-Provera, Dextrazoxane, Diphtheria/Tetanus Toxoid, Doxil, Doxorubicin HCl, Duramorph, Elitek, Elspar, Emend, Engerix-B, Epirubicin HCl, Etoposide, Faslodex, Fentanyl Citrate, Fludarabine Phosphate, Fluorouracil, Freamine III, Gamastan S/D, Ganciclovir, Gemcitabine, Gengraf, Granisetron HCl, Heparin Sodium, Heparin/D5W, Heparin/NaCl, Hepatamine, Hepatasol, Herceptin, Hydromorphone HCl, Idarubicin HCl, Ifex, Ifosfamide, Ifosfamide/Mesna, Intralipid, Intron-A, Ipratropium Bromide, Ipratropium Bromide/Albuterol, Irinotecan, Istodax, Leucovorin Calcium, Levalbuterol, Levocarnitine, Liposyn, Melphalan HCl, Mesna, Methotrexate Sodium, Miacalcin, Mitomycin, Mitoxantrone HCl, Morphine Sulfate, Mustargen, Mycophenolate Mofetil, Myfortic, Neoral, Nephramine, Nulojix, Ondansetron, Ontak, Oxaliplatin, Paclitaxel, Pentostatin, Perforomist, Photofrin, Premasol, Procalamine, Prograf, Proleukin, Prosol, Pulmozyme, Rapamune, Recombivax HB, Remodulin, Sandimmune, Tacrolimus, Taxotere, Tetanus Toxoid Adsorbed, Tobi, Toposar, Topotecan HCl, TPN Electrolytes, Travasol, Treanda, Trelstar Mixjects, Trisenox, Trophamine, Vancomycin HCl, Velcade, Vidaza, Vinblastine Sulfate, Vincasar PFS, Vincristine Sulfate, Vinorelbine Tartrate, Zemplar, Zometa, Zortress