

Prior Authorization Group Description	Drug Name
5HT3 ANTI-NAUSEA AGENT BVD DETERMINATION	GRANISETRON HCL ONDANSETRON HCL ONDANSETRON ODT
ALDARA	ALDARA
ARANESP	ARANESP ALBUMIN FREE ARANESP ALBUMIN FREE SURE
BYETTA	BYETTA
CERTOLIZUMAB PEGOL	CIMZIA
CHANTIX	CHANTIX
CHOLINESTERASE INHIBITORS FOR ALZHEIMER'S DISEASE EMEND BVD DETERMINATION	ARICEPT ARICEPT ODT EXELON EMEND
ERYTHROPOIETIN AGENTS	EPOGEN PROCRIT
FENTANYL TRANSDERMAL PATCH	FENTANYL
FENTANYL TRANSMUCOSAL AGENTS	FENTANYL CITRATE ORAL TRANSMUCOSAL FENTORA
FORTEO	FORTEO

GROWTH HORMONE AGENTS

GENOTROPIN | GENOTROPIN MINIQUICK | HUMATROPE | HUMATROPE COMBO PACK | NORDITROPIN CARTRIDGE | NORDITROPIN NORDIFLEX PEN | NUTROPIN | NUTROPIN AQ | NUTROPIN AQ PEN | OMNITROPE | SAIZEN | SAIZEN CLICK.EASY | SEROSTIM | TEV-TROPIN | ZORBTIVE

HEPATITIS A VACCINE (INACTIVATED)
BVD DETERMINATION

HAVRIX | VAQTA

HEPATITIS B VACCINE BVD
DETERMINATION

ENGERIX-B | RECOMBIVAX HB

HUMIRA

HUMIRA | HUMIRA PEN | HUMIRA PEN-CROHNS DISEASE

IMMUNE GLOBULIN BVD
DETERMINATION

CARIMUNE NANOFILTERED | FLEBOGAMMA | GAMASTAN S/D | GAMMAGARD LIQUID | GAMUNEX | IVEEGAM EN | OCTAGAM | PANGLOBULIN NF | POLYGAM S/D | VIVAGLOBIN

IMMUNOSUPPRESSANT BVD
DETERMINATION

AZATHIOPRINE | AZATHIOPRINE SODIUM | CELLCEPT | CELLCEPT INTRAVENOUS | CYCLOSPORINE | CYCLOSPORINE MODIFIED | GENGRAF | MYFORTIC | ORTHOCLONE OKT3 | PROGRAF | RAPAMUNE | SIMULECT | ZENAPAX

INFUSIBLE DRUG BVD DETERMINATION	ABELCET ACYCLOVIR SODIUM ADRIAMYCIN AMBISOME AMPHOTEC AMPHOTERICIN B BLEOMYCIN SULFATE CLADRIBINE CYTARABINE CYTARABINEAQUEOUS CYTOVENE DOXIL DOXORUBICIN HCL FLUOROURACIL FOSCARNET SODIUM REMICADE REMODULIN VINBLASTINE SULFATE VINCASAR PFS VINCRISTINE SULFATE
INTERFERON AGENTS, OTHER	INFERGEN PEGASYS PEG-INTRON PEG-INTRON REDIPEN PEG-INTRON REDIPEN PAK 4

INTERFERON ALFA-2A AND 2B MONOTHERAPY AGENTS	INTRON-A INTRON-A W/DILUENT
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MEASLES VIRUS LIVE VACCINE BVD DETERMINATION	ATTENUVAX
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PROTOPIC	PROTOPIC
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PROVIGIL	PROVIGIL
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QUALAQUIN RABIES VACCINE BVD DETERMINATION	QUALAQUIN IMOVAX RABIES (H.D.C.V.) RABAVERT
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RANEXA	RANEXA
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REGRANEX	REGRANEX
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RESTASIS

RESTASIS

REVATIO
SAPROPTERIN

REVATIO
KUVAN

STRATTERA

STRATTERA

SYMLIN

SYMLIN | SYMLINPEN 120 | SYMLINPEN 60

TESTOSTERONE AGENTS

ANDRODERM | ANDROGEL | ANDROGEL PUMP |
TESTOSTERONE CYPIONATE | TESTOSTERONE
ENANTHATE

TETANUS TOXOID VACCINE BVD
DETERMINATION

TETANUS TOXOID ADSORBED

TOTAL PARENTERAL NUTRITION AGENT
BVD DETERMINATION

AMINOSYN | AMINOSYN 7%/ELECTROLYTES | AMINOSYN
8.5%/ELECTROLYTES | AMINOSYN II | AMINOSYN II
3.5%/DEXTROSE25% | AMINOSYN II 3.5%/DEXTROSE5% |
AMINOSYN II 3.5%/DEXTROSE25% | AMINOSYN II
4.25%/DEXTROSE20% | AMINOSYN II 5%/DEXTROSE 25 |
AMINOSYN II 8.5%/ELECTROLYTES | AMINOSYN II M
3.5%/DEXTROSE 5% | AMINOSYN M | AMINOSYN-HBC |
AMINOSYN-HF | AMINOSYN-PF 7% | CLIMIMIX E
4.25%/DEXTROSE 5% | CLINIMIX 2.75%/DEXTROSE 5% |
CLINIMIX 4.25%/DEXTROSE 5% | CLINIMIX 5%/DEXTROSE
15% | CLINIMIX 5%/DEXTROSE 20% | CLINIMIX
5%/DEXTROSE 25% | CLINIMIX E 2.75%/DEXTROSE 10% |
CLINIMIX E 2.75%/DEXTROSE 5% | CLINIMIX E
5%/DEXTROSE 15% | CLINIMIX E 5%/DEXTROSE 20% |
CLINIMIX E 5%/DEXTROSE 25% | CLINIMIX E
5%/DEXTROSE 35% | DEXTROSE 10% | FREAMINE HBC
6.9% | FREAMINE III 3% | HEPATASOL | INTRALIPID |
INTRALIPID 20% | NEPHRAMINE | PREMASOL |
PROCALAMINE | PROSOL | RENAMIN | TRAVASOL |
TRAVASOL 2.75%/DEXTROSE 10% | TRAVASOL
2.75%/DEXTROSE 5% | TRAVASOL 3.5%/ELECTROLYTES |
TRAVASOL 4.25%/DEXTROSE 10% | TRAVASOL
4.25%/DEXTROSE 25% | TRAVASOL 5.5%/DEXTROSE 10% |
TRAVASOL 5.5%/DEXTROSE 20% | TRAVASOL

Covered Uses

THIS DRUG 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.

EXTERNAL GENITAL AND PERIANAL WARTS/CONDYLOMA ACUMINATA, NONHYPERKERATOTIC, NONHYPER TROPHIC ACTINIC KERATOSES ON THE FACE OR SCALP, PRIMARY SUPERFICIAL BASAL CELL CARCINOMA.

ANEMIA ASSOCIATED WITH CHRONIC RENAL FAILURE OR ANEMIA DUE TO EFFECT OF CONCOMITANTLY ADMINISTERED CHEMOTHERAPY.

TYPE II DIABETES

MODERATE TO SEVERE CROHNS DISEASE

SMOKING CESSATION

ALZHEIMER'S DISEASE

THIS DRUG 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.

ANEMIA OF CHRONIC RENAL FAILURE, ANEMIA RELATED TO AZT THERAPY, ANEMIA IN CANCER PATIENT RECEIVING CHEMOTHERAPY, REDUCTION OF ALLOGENIC BLOOD TRANSFUSION IN PATIENT UNDERGOING ELECTIVE SURGERY

CHRONIC PAIN

ALL MEDICALLY ACCEPTED INDICATIONS NOT OTHERWISE EXCLUDED FROM PART D FOR PATIENTS WITH A DIAGNOSIS OF CANCER

SEVERE OSTEOPOROSIS. ALL MEDICALLY ACCEPTED INDICATIONS NOT OTHERWISE EXCLUDED FROM PART D FOR PATIENTS WITH A T -SCORE LESS THAN OR EQUAL TO 2.5 AND MULTIPLE RISK FACTORS. ALL MEDICALLY ACCEPTED INDICATIONS NOT OTHERWISE EXCLUDED FROM PART D FOR PATIENTS WHO HAVE EITHER FAILED AN ADEQUATE TRIAL OF BISPHOSPHONATES OR HAVE A CONTRAINIDCATION TO BISPOHSPHONATES

PEDIATRIC GROWTH HORMONE DEFICIENCY, GROWTH FAILURE DUE TO CHRONIC RENAL INSUFFICIENCY, GROWTH FAILURE DUE TO SMALL FOR GESTATIONAL AGE OR INTRAUTERINE GROWTH RETARDATION, SHORT STATURE ASSOCIATED WITH TURNER SYNDROME, PRADER-WILLI SYNDROME, ADULT GROWTH HORMONE DEFICIENCY, HIV/AIDS-WASTING SYNDROME, SHORT-BOWEL SYNDROME AND NOONAN SYNDROME

THIS DRUG 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.

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RHEUMATOID ARTHRITIS, PSORIATIC ARTHRITIS, ANKYLOSING SPONDYLITIS, PLAQUE PSORIASIS, MODERATE TO SEVERE CROHN'S DISEASE, JUVENILE IDIOPATHIC ARTHRITIS

THIS DRUG 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.

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CHRONIC HEPATITIS C. HEPATITIS B

CHRONIC HEPATITIS C, HAIRY CELL LEUKEMIA, CONDYLOMATA ACUMINATA, AIDS-RELATED KAPOSI'S SARCOMA, CHRONIC HEPATITIS B, NON-HODGKIN'S LYMPHOMA, MALIGNANT MELANOMA, CHRONIC PHASE PHILADELPHIA CHROMOSOME (PH) POSITIVE CHRONIC MYELOGENOUS LEUKEMIA (CML) PATIENTS WHO ARE MINIMALLY RETREATED (WITHIN 1 YEAR OF DIAGNOSIS), FOLLICULAR LYMPHOMA

THIS DRUG 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.
ALL MEDICALLY ACCEPTED INDICATIONS NOT OTHERWISE EXCLUDED FROM PART D

SHIFT WORK SLEEP DISORDER, OBSTRUCTIVE SLEEP APNEA/HYPOAPNEA SYNDROME, EXCESSIVE DAYTIME SLEEPINESS ASSOCIATED WITH NARCOLEPSY,

MALARIA

THIS DRUG 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.
CHRONIC ANGINA

ALL MEDICALLY ACCEPTED INDICATIONS NOT OTHERWISE EXCLUDED FROM PART D IF THE PATIENT IS DIAGNOSED WITH DIABETES MELLITUS

ALL MEDICALLY ACCEPTED INDICATIONS NOT OTHERWISE EXCLUDED FROM PART D IF
PRESCRIBED BY AN OPHTHALMOLOGIST, OPTOMETRIST, OR RHEUMATOLOGIST,
KERATOCONJUNCTIVITIS SICCA, DRY EYE DISEASE
PULMONARY ARTERIAL HYPERTENSION
ALL MEDICALLY ACCEPTED INDICATIONS NOT OTHERWISE EXCLUDED FROM PART D

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD), ATTENTION DEFICIT DISORDER (ADD)
TYPE I OR TYPE II DIABETES

HYPOGONADISM (PRIMARY OR SECONDARY), DELAYED PUBERTY AND METASTATIC BREAST
CANCER

THIS DRUG 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.
THIS DRUG 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.

Exclusion_Criteria

ACTINIC KERATOSIS: NOT PRESCRIBED OR SUPERVISED BY DERMATOLOGIST. SUPERFICIAL BASAL CELL CARCINOMA: NOT PRESCRIBED OR SUPERVISED BY DERMATOLOGIST OR ONCOLOGIST.

HEMOGLOBIN GREATER THAN OR EQUAL TO 12GM/DL

CURRENTLY TAKING KINERET, ORENCIA OR RAPTIVA.

PATIENT NOT ENROLLED IN A SMOKING CESSATION PROGRAM

MINI MENTAL STATE EXAM (MMSE) SCORE GREATER THAN 26

CHRONIC RENAL FAILURE: HEMOGLOBIN EQUAL TO OR GREATER THAN 10 GM/DL IF NOT UNDERGOING DIALYSIS OR GREATER THAN OR EQUAL TO 12 IF ON DIALYSIS. PATIENTS WITH ANEMIA RELATED TO AZT THERAPY/ANEMIA DUE TO CONCOMITANTLY ADMINISTERED CHEMOTHERAPY: HEMOGLOBIN EQUAL TO OR GREATER THAN 12 GM/DL. PATIENTS SCHEDULED FOR ELECTIVE, NONCARDIAC SURGERY, NONVASCULAR SURGERY: HEMOGLOBULIN GREATER THAN 13 GM/DL.

PAGET'S DISEASE, HISTORY OF RADIATION THERAPY, BONE MALIGNANCY, HISTORY OF HYPERCALCEMIA OR HYPERPARATHYROIDISM

IDIOPATHIC SHORT STATURE, NOT PRESCRIBED BY
SPECIALIST, CLOSED EPIPHYSIS, RENAL TRANSPLANTATION,
GROWTH HORMONE DEFICIENCIES NOT CONFIRMED BY ONE
SUBNORMAL PROVACTIVE STIMULATION TEST, HIV PATIENTS
NOT ON ANTIVIRAL THERAPY

FOR ALL DIAGNOSES: CONCURRENT USE WITH ORENCIA/
KINERET/RAPTIVA ACTIVE RHEUMATOID
ARTHRITIS/PSORIATIC ARTHRITIS/ANKYLOSING SPONDYLITIS
INITIAL: NO TRIAL OR CONTRAINDICATION TO DMARD
THERAPY ACTIVE RHEUMATOID ARTHRITIS/PSORIATIC
ARTHRITIS RENEWAL: LESS THAN 20% OR GREATER
IMPROVEMENT IN TENDER JOINT COUNT AND SWOLLEN
JOINT COUNT ANKYLOSING SPONDYLITIS RENEWAL: LESS
THAN 50% IMPROVEMENT OF 2 UNITS IMPROVEMENT IN
BASDAI PLAQUE PSORIASIS: NOT PRESCRIBED/SUPERVISED
BY A RHEUMATOLOGIST OR DERMATOLOGIST, NO
TRIAL/CONTRAINDICATION TO CONVENTIONAL TOPICAL
THERAPY/PHOTOTHERAPY PLAQUE PSORIASIS RENEWAL:
PATIENT HAS NOT ACHIEVED CLEAR OR MINIMAL DISEASE
OR A DECREASE IN PASI OF 75% OR MORE CROHN'S
DISEASE: NOT INITIATED/RECOMMENDED BY A
GASTROENTEROLOGIST, NO TRIAL/CONTRAINDICATION TO
CONVENTIONAL THERAPIES/INFLIXIMAB CROHN'S DISEASE
RENEWAL: PATIENT HAS NOT EXPERIENCED AT LEAST A 70
POINT DECREASE IN CDAI SCORE

PRESCRIBER IS NOT GASTROENTEROLOGIST OR INFECTIOUS DISEASE SPECIALIST OR PHYSICIAN SPECIALIZING IN THE TREATMENT OF HEPATITIS (E.G. HEPATOLOGIST), PATIENT IS NOT 18 YEARS OF AGE OR OLDER. INITIAL CRITERIA: UNDETECTABLE PRETREATMENT HCV RNA LEVEL/VIRAL LOAD GREATER OR EQUAL TO 50 IU/ML RENEWAL CRITERIA: GENOTYPE 2,3 FOR BOTH INITIAL AND RENEWAL CRITERIA: INTERFERON MAY NOT BE SOLE THERAPY UNLESS THERE IS A CONTRAINDICATION TO THERAPY

CHRONIC HEPATITIS C INITIAL: PATIENT LESS THAN 3 YEARS OF AGE, UNDETECTABLE HCV RNA LEVEL/VIRAL LOAD (LESS THAN OR EQUAL TO 50 IU/ML), MONOTHERAPY WITH RIBAVIRIN (UNLESS THE PATIENT HAS A CONTRAINDICATION), PREGNANT PATIENT OR IF THE PATIENT'S PARTNER IS PREGNANT, LIVER BIOPSY WITHOUT SIGNIFICANT FIBROSIS FOR GENOTYPE 1,4,5, OR 6. NOT SUPERVISED BY AN INFECTIOUS DISEASE SPECIALIST, GASTROENTEROLOGIST, OR A HEPATOLOGIST CHRONIC HEPATITIS C RENEWAL: GENOTYPE 2,3

PROTOPIC 0.03%: PATIENT AGE LESS THAN 2 YEARS OLD.
PROTOPIC 0.1%: PATIENT AGE LESS THAN 15 YEARS OLD BUT GREATER THAN OR EQUAL TO 2 YEARS OLD

PATIENTS TAKING QTC-PROLONGING DRUGS, POTENT/MODERATELY POTENT CYP3A INHIBITORS, HIV PROTEASE INHIBITORS, MACROLIDES, PATIENT HAS NOT TRIED/FAILED OR HAVE CONTRAINDICATION TO 1 ANTI-ANGINA AGENT, RANEXA USED AS SINGLE THERAPY. DIAGNOSED NEOPLASM, NECROTIC TISSUE, INFECTION OR OSTEOMYELITIS AT SITE OF APPLICATION, NOT WRITTEN BY VASCULAR SURGEON, PODIATRIST, ENDOCRINOLOGIST OR PHYSICIAN PRACTICING IN A SPECIALTY WOUND CLINIC

KERATOCONJUNCTIVITIS SICCA (KCS) OR DRY EYE DISEASE:
HAS NOT FAILED A TRIAL OF ARTIFICIAL TEARS AND/OR
LACRISERT
PHYSICIAN NOT A CARDIOLOGIST OR PULMONOLOGIST
INITIAL: PRESCRIBER NOT AN ENDOCRINOLOGIST, PATIENT
LESS THAN 4 YEARS OLD , HAS NOT TRIED DIETARY
MODIFICATIONS RENEWAL: PATIENT HAS NOT ACHIEVED AT
LEAST 20% REDUCTION IN BLOOD PHE WITH INITIAL
TREATMENT

AGE LESS THAN 16 YEARS, RECENT HBA1C VALUE (WITHIN
THE LAST 3 MONTHS) GREATER THAN 9, GASTROPARESIS
DIAGNOSIS, OR REQUIRES THE USE OF DRUGS TO
STIMULATE GASTROINTESTINAL MOTILITY, POOR
COMPLIANCE WITH INSULIN REGIMEN, POOR COMPLIANCE
WITH BLOOD GLUCOSE MONITORING REGIMEN, OR SEVERE
HYPOGLYCEMIA REQUIRING ASSISTANCE WITHIN THE LAST 6
MONTHS
LABORATORY CONFIRMED TOTAL SERUM TESTOSTERONE
LEVEL EQUAL TO OR GREATER THAN 250NG/DL (8.7NMOL/L)
OBTAINED WITHIN 90 DAYS OR A LABORATORY CONFIRMED
TOTAL SERUM TESTOSTERONE LEVEL NOT BETWEEN
250NG/DL AND 350NG/DL (12NMOL/L) AND A FREE SERUM
TESTOSTERONE LEVEL OF EQUAL OR GREATER THAN 50NG/L
(174 PMOL/L)

Required Medical Information

PERINEAL GENITAL WARTS: FAILED/CONTRAINDICATION TO CONDYLOX. ACTINIC KERATOSIS: NON-HYPERKERATOTIC, NON-HYPERTROPHIC ACTINIC KERATOSES ON THE FACE OR SCALP, AND PATIENT IS GREATER THAN OR EQUAL TO 18 YEARS OF AGE, IMMUNOCOMPETENT, SUPERVISED BY DERMATOLOGIST, AND HAS FAILED OR HAS CONTRAINDICATION TO TOPICAL 5-FLUOROURACIL. SUPERFICIAL BASAL CELL CARCINOMA: NO GREATER THAN 2CM IN SIZE, NOT ON THE FACE, AND THE MEDICATION HAS BEEN PRESCRIBED OR IS CURRENTLY BEING SUPERVISED BY A DERMATOLOGIST ANEMIA ASSOCIATED WITH CHRONIC RENAL FAILURE OR ANEMIA DUE TO THE EFFECT OF CONCOMITANTLY ADMINISTERED CHEMOTHERAPY: HEMOGLOBIN LESS THAN 12GM/DL

TYPE II DIABETES: FAILURE TO REACH TREATMENT GOALS WITH EITHER METFORMIN, A SULFONYLUREA AGENT, OR A THIAZOLIDINEDIONE
PATIENT TRIED ONE OR MORE CONVENTIONAL THERAPIES FOR CROHNS DISEASE SUCH AS CORTICOSTEROIDS, AZATHIOPRINE, MERCAPTOPYRINE, METHOTREXATE, OR MESALAMINE
INITIAL: ENROLLMENT IN A SMOKING CESSATION PROGRAM RENEWAL: ABSTAINMENT FROM CIGARETTE USE DURING THE INITIAL 12 WEEKS OF TREATMENT
MINI MENTAL STATE EXAM (MMSE) SCORE OF 26 OR LESS

CHRONIC RENAL FAILURE: HEMOGLOBIN LESS THAN 10GM/DL IF NOT UNDERGOING DIALYSIS OR LESS THAN OR EQUAL TO 12 IF ON DIALYSIS. ANEMIA RELATED TO AZT THERAPY/ANEMIA DUE TO CONCOMITANTLY ADMINISTERED CHEMOTHERAPY:HEMOGLOBIN LESS THAN 12 GM/DL PATIENT SCHEDULED FOR ELECTIVE, NONCARDIAC, NONVASCULAR SURGERY: HEMOGLOBIN LEVEL GREATER THAN 10MG/DL AND LESS THAN OR EQUAL TO 13 GM/DL

CHRONIC PAIN (E.G. SUCH AS THAT ASSOCIATED WITH CANCER): PATIENT RECEIVING DAILY, AROUND-THE-CLOCK PAIN MEDICATION FOR AT LEAST ONE WEEK OR A PATIENT UNABLE TO TAKE OR INTOLERANT TO ORAL LONG-ACTING OPIOID NARCOTIC ANALGESICS.
CANCER: ON A MAINTENANCE DOSE OF CONTROLLED- RELEASE PAIN MEDICATION, OR EITHER A TRIAL AND FAILURE 1 IMMEDIATE-RELEASE ORAL PAIN AGENT OR DIFFICULTY SWALLOWING A PATIENT WITHOUT A DIAGNOSIS OF PAGET'S DISEASE, HISTORY OF RADIATION THERAPY, BONE MALIGNANCY, HISTORY OF HYPERCALCEMIA OR HYPERPARATHYROIDISM. A PATIENT WITH EITHER A DIAGNOSIS OF SEVERE OSTEOPOROSIS (T-SCORE LESS THAN -2.5 WITH FRAGILITY FRACTURE) OR A T SCORE EQUAL TO OR LESS THAN -2.5 AND MULTIPLE RISK FACTORS FOR FRACTURE (E.G. HISTORY OF MULTIPLE RECENT LOW TRAUMA FRACTURES, CORTICOSTEROID USE, OR USE OF GNRH ANALOGS OR A PATIENT WHO HAS FAILED AN ADEQUATE TRIAL OF BISPHOSPHONATES, IS INTOLERANT, OR HAS A

FOR ALL DIAGNOSES: SPECIALITY PHYSICIAN REQUIRED FOR ALL PEDIATRIC GROWTH FAILURES, PRADER-WILLI SYNDROME (INITIAL AND RENEWAL): EPIPHYSIS MAY NOT BE CLOSED AND PATIENT MUST NOT HAVE REACHED FINAL HEIGHT PEDIATRIC GROWTH HORMONE DEFICIENCY (GHD) INITIAL: SUBNORMAL PROVOCATIVE STIMULATION TEST, DIAGNOSIS CONFIRMED BY SPECIFIED CRITERIA PEDIATRIC (GHD) RENEWAL: POSITIVE RESPONSE TO THE FIRST 6 MONTHS OF THERAPY FOR GROWTH FAILURE DUE TO (CRI INITIAL): THE PATIENT HAS NOT UNDERGONE A RENAL TRANSPLANT, PATIENT'S HEIGHT AT LEAST 2 STANDARD DEVIATIONS (SD) BELOW THE MEAN HEIGHT FOR NORMAL CHILDREN OF THE SAME AGE AND GENDER, RENEWAL FOR GROWTH FAILURE DUE TO (CRI) : ABSENCE OF LACK OF RESPONSE OR NOT ELIGIBLE FOR RENEWAL IF PATIENT HAS REACHED 50TH PERCENTILE FOR TARGET HEIGHT FOLLOWING GROWTH HORMONE THERAPY GROWTH FAILURE DUE TO SMALL FOR GESTATIONAL AGE OR INTRAUTERINE GROWTH RETARDATION INITIAL: BIRTH WEIGHT (LESS THAN 2.5KG AT GESTATION AGE OF 37 WEEKS) OR BIRTH LENGTH/WEIGHT BELOW THIRD PERCENTILE FOR GESTATION AGE, HEIGHT AT LEAST 2 SD BELOW MEAN HEIGHT FOR

RHEUMATOID ARTHRITIS/PSORIATIC ARTHRITIS/ANKYLOSING SPONDYLITIS INITIAL: TRIAL /FAILURE OR ADVERSE EFFECTS TO DMARDS RHEUMATOID/PSORIATIC ARTHRITIS RENEWAL: AT LEAST 20% IMPROVEMENT IN TENDER JOINT COUNT AND SWOLLEN JOINT COUNT ANKYLOSING SPONDYLITIS RENEWAL: IMPROVEMENT OF AT LEAST 50% OR 2 UNITS IN THE BATH ANKYLOSING SPONDYLITIS DISEASE ACTIVITY INDEX (BASDAI) PLAQUE PSORIASIS INITIAL: PRESCRIBED OR SUPERVISED BY A RHEUMATOLOGIST OR DERMATOLOGIST, TRIAL/FAILURE OR ADVERSE EFFECT TO AT LEAST ONE CONVENTIONAL TOPICAL THERAPY AND TRIAL/FAILURE OF PHOTOTHERAPY PLAQUE PSORIASIS RENEWAL: EXPERIENCED/ACHIEVED CLEAR OR MINIMAL DISEASE OR A DECREASE IN PASI OF 75% OR MORE MODERATE/SEVERE CROHN'S DISEASE INITIAL: INITIATED/RECOMMENDED BY A GASTROENTEROLOGIST, TRIAL OF ONE OR MORE CONVENTIONAL THERAPIES FOR CROHN'S DISEASE AND FAILED TREATMENT WITH INFlixIMAB CROHN'S DISEASE RENEWAL: AT LEAST A 70 POINT DECREASE IN THE CROHN'S DISEASE ACTIVITY INDEX (CAI) SCORE.

CHRONIC HEPATITIS C INITIAL: PATIENT 18 YEARS OF AGE OR OLDER WITH DETECTABLE PRETREATMENT HCV RNA LEVEL/VIRAL LOAD OF GREATER THAN OR EQUAL TO 50 IU/ML, AND EITHER RIBAVIRIN BEING USED IN COMBINATION WITH PEG-INTRON OR PEGASYS, OR CONTRAINDICATION TO COMBINATION (RIBAVIRIN + INTERFERON) THERAPY, AND GENOTYPE 1,2,3,4, 5 OR 6. FOR PATIENTS WITH GENOTYPE 1,4,5, OR 6: PATIENT'S LIVER BIOPSY MUST SHOW CHRONIC HEPATITIS WITH SIGNIFICANT FIBROSIS (METAVIR SCORE GREATER THAN OR EQUAL TO 2 OR ISHAK SCORE GREATER THAN OR EQUAL TO 3), CHRONIC HEPATITIS C RENEWAL: UNLESS THERE IS A CONTRAINDICATION TO COMBINATION THERAPY, THE REQUEST IS FOR CONTINUING TREATMENT FOR COMBINATION THERAPY WITH RIBAVIRIN AND AN INTERFERON, PATIENT ACHIEVED A GREATER THAN OR EQUAL TO 2 LOG REDUCTION IN HCV RNA FROM BASELINE VALUE IN THE FIRST 12 WEEKS OF TREATMENT, HAIRY CELL LEUKEMIA, OR CONDYLOMATA ACUMINATA, OR AIDS-RELATED KAPOSI'S SARCOMA, OR CHRONIC HEPATITIS B, NON-HODGKIN'S LYMPHOMA, OR MALIGNANT MELANOMA OR CHRONIC PHASE, OR PHILADELPHIA CHROMOSOME (PH) POSITIVE CHRONIC MYELOGENOUS LEUKEMIA (CML) PATIENTS WHO ARE MINIMALLY PRETREATED (WITHIN 1 YEAR OF DIAGNOSIS), OR FOLLICULAR LYMPHOMA. HEPATITIS C INITIAL: PATIENT 3 YEARS OF AGE OR OLDER WITH DETECTABLE PRETREATMENT HCV RNA LEVEL/VIRAL LOAD EQUAL OR GREATER THAN 50 IU/ML, RIBAVIRIN USED IN COMBINATION WITH INTRON A UNLESS THERE IS A CONTRAINDICATION TO RIBAVIRIN, THE PATIENT OR THE PATIENT'S PARTNER IS NOT PREGNANT, PATIENT INFECTED WITH GENOTYPE 1,4,5,6 THE PATIENT'S LIVER BIOPSY SHOW CHRONIC HEPATITIS WITH SIGNIFICANT FIBROSIS (METAVIR SCORE EQUAL OR GREATER THAN 2 OR ISHAK SCORE EQUAL TO OR GREATER THAN OR PATIENT INFECTED WITH GENOTYPE 2 OR 3. HEPATITIS C RENEWAL: PATIENT INFECTED WITH HEPATITIS C AND REQUEST IS FOR CONTINUING COMBINATION THERAPY WITH RIBAVIRIN, UNLESS RIBAVIRIN IS CONTRAINDICATED,

SHIFT WORK DISORDER. OBSTRUCTIVE SLEEP APNEA/HYPOAPNEA SYNDROME: TRIAL OF CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) AND RECOMMENDED OR INITIATED BY A PHYSICIAN WHO SPECIALIZES IN SLEEP DISORDER. NARCOLEPSY: TRIED/FAILED OR CONTRAINDICATION TO AMPHETAMINE, DEXTROAMPHETAMINE AND/OR METHYLPHENIDATE.

CHRONIC ANGINA: NO CONCURRENT USE OF QT PROLONGING AGENTS, POTENT/ MODERATELY POTENT CYP3A INHIBITORS, HIV PROTEASE INHIBITORS, OR MACROLIDES, AND HAVE TRIED/FAILED/HAVE A CONTRAINDICATION TO AT LEAST 1 ANTI-ANGINAL AGENT. RANEXA MUST BE USED IN COMBINATION WITH ANOTHER ANTI-ANGINAL AGENT, AMLODIPINE, ISOSORBIDE OR LONG-ACTING NITROGLYCERIN.

ALL MEDICALLY ACCEPTED INDICATIONS NOT OTHERWISE EXCLUDED FROM PART D IF THE PATIENT IS DIAGNOSED WITH DIABETES MELLITUS: PRESCRIPTION WRITTEN OR CURRENTLY SUPERVISED BY A VASCULAR SURGEON, PODIATRIST, ENDOCRINOLOGIST OR PHYSICIAN PRACTICING IN A SPECIALTY WOUND CLINIC, PATIENT WITHOUT A DIAGNOSED NEOPLASM/NECROTIC TISSUE/INFECTION/OSTEOMYELITIS AT SITE OF APPLICATION

ALL MEDICALLY ACCEPTED INDICATIONS NOT OTHERWISE EXCLUDED FROM PART D: PRESCRIBED BY AN OPHTHALMOLOGIST, OPTOMETRIST, OR RHEUMATOLOGIST. DIAGNOSIS OF KERATOCONJUNCTIVITIS SICCA/DRY EYE DISEASE.

PULMONARY ARTERIAL HYPERTENSION: WHO CLASS II-IV SYMPTOMS

ALL MEDICALLY ACCEPTED INDICATIONS NOT OTHERWISE EXCLUDED FROM PART D INITIAL: TREATMENT BY AN ENDOCRINOLOGIST AND AGE 4 YEARS OR OLDER, AND PATIENT FAILED TO ACHIEVE ADEQUATE REDUCTION OF PHE LEVELS WITH DIETARY MODIFICATIONS. RENEWAL: PATIENT ACHIEVED AT LEAST 20% REDUCTION IN BLOOD PHE WITH INITIAL TREATMENT

ADHD/ADD: TRIED AND FAILED A STIMULANT MEDICATION OR A HISTORY OF SUBSTANCE ABUSE

TYPE I OR TYPE II DIABETES: PATIENT AT LEAST 16 YEARS OLD, AND FAILURE TO REACH TREATMENT GOALS WITH INSULIN (ALONE OR IN COMBINATION WITH ORAL DIABETIC AGENTS), AND REQUIRING MEALTIME INSULIN OR CONTINUOUS INSULIN INFUSION (INSULIN PUMP) FOR GLYCEMIC CONTROL, AND RECENT HBA1C VALUE (WITHIN THE LAST 3 MONTHS) LESS THAN 9%, AND DOES NOT HAVE A DIAGNOSIS OF GASTROPARESIS OR REQUIRES THE USE OF DRUGS TO STIMULATE GASTROINTESTINAL MOTILITY, AND DOES NOT HAVE POOR COMPLIANCE WITH INSULIN REGIMEN, BLOOD GLUCOSE MONITORING REGIMEN, OR AN EXPERIENCE WITH SEVERE HYPOGLYCEMIA REQUIRING ASSISTANCE WITHIN THE LAST 6 MONTHS

HYPOGONADISM: MALE AGE 12 YEARS OF AGE OR OLDER, A LABORATORY CONFIRMED TOTAL SERUM TESTOSTERONE LEVEL OF LESS THAN 250NG/DL (8.7NMOL/L) OBTAINED WITHIN 90 DAYS OR A LABORATORY CONFIRMED TOTAL SERUM TESTOSTERONE LEVEL BETWEEN 250NG/DL AND 350NG/DL (12NMOL/L) AND A FREE SERUM TESTOSTERONE LEVEL OF LESS THAN 50NG/L (174 PMOL/L).

Age_Restrictions

ACTINIC KERATOSIS: GREATER THAN OR EQUAL
TO 18 YEARS OF AGE

18 YEARS OF AGE OR OLDER

FOR HEPATITIS C DIAGNOSIS: EQUAL TO OR
GREATER THAN 3 YEARS OF AGE

PROTOPIC 0.03%: PATIENT AGE GREATER THAN
OR EQUAL TO 2 YEARS OLD. PROTOPIC 0.1%:
PATIENT AGE GREATER THAN OR EQUAL TO 15
YEARS OLD

4 YEARS OF AGE OR OLDER

16 YEARS OF AGE OR OLDER

12 YEARS OF AGE OR OLDER

Prescriber_Restrictions

ACTINIC KERATOSIS: DERMATOLOGIST ONLY.
SUPERFICIAL BASAL CELL CARCINOMA:
DERMATOLOGIST OR ONCOLOGIST ONLY.

DRUG BEEN PRESCRIBED BY OR IS IT CURRENTLY
BEING SUPERVISED BY A GASTROENTEROLOGIST

ONLY PEDIATRIC ENDOCRINOLOGIST OR ENDOCRINOLOGIST CAN PRESCRIBE FOR THE FOLLOWING DIAGNOSES: PEDIATRIC GROWTH HORMONE DEFICIENCY/GROWTH FAILURE DUE TO SMALL FOR GESTATION AGE OR INTRAUTERINE GROWTH RETARDATION/SHORT STATURE ASSOCIATED WITH TURNER'S SYNDROME/PRADER-WILLI SYNDROME. ONLY NEPHROLOGISTS CAN PRESCRIBE FOR THE FOLLOWING DIAGNOSIS: GROWTH FAILURE DUE TO CHRONIC RENAL INSUFFICIENCY. ONLY ENDOCRINOLOGISTS CAN PRESCRIBE FOR THE FOLLOWING DIAGNOSIS: ADULT GROWTH HORMONE DEFICIENCY.

PLAQUE PSORIASIS: RHEUMATOLOGIST, DERMATOLOGIST, ONLY CROHN'S DISEASE: GASTROENTEROLOGIST ONLY

GASTROENTEROLOGIST, INFECTIOUS DISEASE
SPECIALIST, PHYSICIAN SPECIALIZING IN THE
TREATMENT OF HEPATITIS (E.G. HEPATOLOGIST) ONLY

VASCULAR SURGEON, PODIATRIST, ENDOCRINOLOGIST
OR PHYSICIAN PRACTICING IN A SPECIALTY WOUND
CLINIC ONLY

OPHTHALMOLOGIST, OPTOMETRIST,
RHEUMATOLOGIST

CARDIOLOGIST OR PULMONOLOGIST ONLY
ENDOCRINOLOGIST ONLY

Coverage_Duration**Other_Criteria**

4 MONTHS

CRITERIA APPLIES TO NEW
STARTS ONLY

RENAL FAILURE: 1 YEAR. CANCER CHEMOTHERPY:
COURSE OF TREATMENT BASED ON
CHEMOTHERAPY CYCLE.
1 YEAR

12 MONTHS

INITIAL: 12 WEEKS RENEWAL:12 WEEKS

1 YEAR

ANEMIA FROM CHRONIC RENAL FAILURE/AZT
/CHEMOTHERAPY: 1 YEAR ANEMIA FROM
ELECTIVE SURGERY: 14 DAYS

12 MONTHS

6 MONTHS

12 MONTHS

HIV/AIDS: 3 MONTHS SHORT BOWEL: 4 WEEK
ONCE. ALL OTHER DIAGNOSES: INITIAL 6 MONTHS,
RENEW 12 MONTHS.

INITIATION: 3 MONTHS, EXCEPT FOR PLAQUE
PSORIASIS INITIAL APPROVAL FOR 4 MONTHS
RENEWAL: 1 YEAR

RHEUMATOID
ARTHRITIS/PSORIATIC
ARTHRITIS RENEWAL: FOR
HUMIRA DOSE OF 40 MG
EVERY WEEK, THE PATIENT
MUST HAVE TRIED/FAILED
AT LEAST A 3-MONTH TRIAL
OF HUMIRA 40MG EVERY
OTHER WEEK.

HEP C GENOTYPE 1,4,5,6 INITIAL 16 WEEKS,
RENEWAL 32 WEEKS, GENOTYPE 2, 3: 24 WEEKS

HEP C:GENOTYPE 1,4,5,6:INITIAL 16 WEEKS
RENEWAL 32 WEEKS GENOTYPE 2,3: 24 WEEKS.
FOR OTHERS 6 MONTHS

12 MONTHS

1YEAR

1 YEAR

12 MONTHS

3 MONTHS

1 YEAR

1 YEAR
INITIAL USE: 4 WEEKS. CONTINUED USE: 6
MONTHS

12 MONTHS

1 YEAR

1 YEAR