

Prior Authorization

_Group_Desc (Required - 100 Char)	Covered_Uses (Required - 3000 Char)	Exclusion_Criteria (Optional 2000 Char)	Required_Medical_Information (Optional - 2000 Char)	Age_Restrictions (Optional - 500 Char)
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ACTIMMUNE	chronic granulomatous disease, severe malignant osteopetrosis, atopic dermatitis			
ALDURAZYME	mucopolysaccharidosis I: Hurler, Hurler-Scheie, or Scheie who have moderate to severe symptoms			
AMITIZA	chronic idiopathic constipation, irritable bowel syndrome	history of mechanical gastrointestinal obstruction		greater than or equal to 18 years of age
AMPHETAMINE	ADHD, narcolepsy	MAOI concurrent use or within the last 14 days, contraindications of advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, glaucoma, agitated states, history of drug abuse	sleep studies for narcolepsy diagnosis, other causes of excessive daytime sleepiness, ADHD symptoms in more than one setting, ADHD symptoms for longer than 6 months, symptoms causing clinically significant impairment in social, academic, or occupational functioning	greater than or equal to 3 years old

<p>ARANESP</p>	<p>ESRD patients on Dialysis, Chronic kidney disease patients NOT on dialysis, non-myeloid malignancies where anemia is due to the effect of chemotherapy, anemia related to AZT and/or other Nucleoside Reverse Transcriptase Inhibitors (NRTI) therapy for HIV/AIDS, myelodysplastic syndrome, anemia of chronic disease (rheumatoid arthritis, Crohn's disease, ulcerative colitis, and hepatitis C with anemia due to the medication therapy)</p>	<p>Inadequately controlled blood pressure, serum ferritin concentration of the patient less than 100 mg/L and transferrin saturation of the patient less than 20%, continuation of Hgb/Hct of greater than 12 gm/dL and 36%, exclusion of the following causes of anemia= Iron deficiency, underlying infection or inflammatory process, underlying hematological disease, hemolysis, vitamin deficiencies (e.g. folic acid or B12), blood loss, aluminum intoxication</p>	<p>Hb/HCT less than 10 / 30% at initiation of therapy, CKD= SCr equal to or greater than 3, CrCL less than 60 ml/min, or GFR less than 60 mL/min/1.73 m2, chemotherapy induced anemia= when receiving concomitant chemotherapy and 8 weeks following the final dose of myelosuppressive chemotherapy</p>	
<p>ARELIA</p>	<p>Moderate or severe hypercalcemia associated with malignancy in conjunction with adequate hydration, moderate to severe Paget's disease of bone, osteolytic bone metastases of breast cancer, bone lesions associated with multiple myeloma when used in conjunction with standard antineoplastic therapy, treatment and prevention of postmenopausal osteoporosis, treatment of osteogenesis imperfecta in pediatric members, treatment of low bone mass or osteoporotic fractures following organ transplantation</p>			

<p>AVASTIN</p>	<p>metastatic colorectal cancer (when used in combination with intravenous 5-fluorouracil), use in combination with capecitabine for metastatic colorectal cancer, recurrent or metastatic breast cancer, advanced or metastatic non small cell lung cancer, intravitreal injection in the short-term treatment of wet age-related macular degeneration</p>	<p>Should not be initiated until at least 28 days following major surgery and surgical incision should be fully healed prior to initiation</p>		
<p>CEREDASE</p>	<p>Type I Gaucher's disease with moderate to severe anemia, thrombocytopenia with bleeding tendency, bone disease, and/or significant hepatomegaly or splenomegaly</p>	<p>Type II or Type III Gaucher's disease, asymptomatic or mild cases of Type I Gaucher's disease, carriers of Gaucher's disease, prophylactic use in asymptomatic or mild cases</p>	<p>Highest risk for irreversible complications as defined by having one or more of the following: symptomatic skeletal disease, moderate to severe osteopeniam, chronic bone pain, bone crises, avascular necrosis, pathological fractures, joint replacement(s), cardio-pulmonary disease, including pulmonary hypertension, platelet count less than 60,000/mm³ or documented abnormal bleeding episodes, symptomatic anemia or hemoglobin less than 8.0 g/dl, transfusion dependency, significant liver disease, severe hepatomegaly (greater than 2.5 x normal), infarcts, varices, portal hypertension, hepatitis, significant splenic disease, severe splenomegaly (greater than 15 x normal), significant renal disease, any concomitant medical condition that further complicates or exacerbates Gaucher disease or that is further complicated or exacerbated by the Gaucher disease. Lower risk for irreversible complications as defined by having one or more of the following: normal liver, cardiac, lung, and renal function, minimal impairment of quality of life, no obvious and recently rapid progression of</p>	

CEREZYME	Type I Gaucher's disease with moderate to severe anemia, thrombocytopenia with bleeding tendency, bone disease, and/or significant hepatomegaly or splenomegaly	Type II or Type III Gaucher's disease, asymptomatic or mild cases of Type I Gaucher's disease, carriers of Gaucher's disease, prophylactic use in asymptomatic or mild cases	Highest risk for irreversible complications as defined by having one or more of the following: symptomatic skeletal disease, moderate to severe osteopeniam, chronic bone pain, bone crises, avascular necrosis, pathological fractures, joint replacement(s), cardio-pulmonary disease, including pulmonary hypertension, platelet count less than 60,000/mm ³ or documented abnormal bleeding episodes, symptomatic anemia or hemoglobin less than 8.0 g/dl, transfusion dependency, significant liver disease, severe hepatomegaly (greater than 2.5 x normal), infarcts, varices, portal hypertension, hepatitis, significant splenic disease, severe splenomegaly (greater than 15 x normal), significant renal disease, any concomitant medical condition that further complicates or exacerbates Gaucher disease or that is further complicated or exacerbated by the Gaucher disease. Lower risk for irreversible complications as defined by having one or more of the following: normal liver, cardiac, lung, and renal function, minimal impairment of quality of life, no obvious and recently rapid progression of	
DIFFERIN	acne vulgaris			
ELAPRASE	Mucopolysaccharidosis II			
ELIDEL	atopic dermatitis			
ENBREL	adult rheumatoid arthritis, active psoriatic arthritis, active polyarticular-course Juvenile Idiopathic Arthritis, active ankylosing spondylitis, moderate-to-severe chronic adult plaque psoriasis, reactive arthritis, inflammatory bowel disease arthritis, Wegener's granulomatosis that is refractory to standard therapy (i.e., prednisone, cyclophosphamide, methotrexate, azathioprine, cyclosporine)	Risk of infections:serious infections and tuberculosis		JRA - 2 years and older

EPOETIN ALFA	<p>ESRD patients on dialysis, Chronic kidney disease patients NOT on dialysis, non-myeloid malignancies where anemia is due to the effect of chemotherapy, anemia related to AZT and/or other Nucleoside Reverse Transcriptase Inhibitors (NRTI) therapy for HIV/AIDS, myelodysplastic syndrome, anemia of chronic disease (rheumatoid arthritis, inflammatory bowel diseases, systemic lupus erythematosus, and hepatitis C with anemia due to the medication therapy), perisurgical adjuvant therapy for the reduction of allogeneic blood transfusion in surgery patients.</p>	<p>Inadequately controlled blood pressure, serum ferritin concentration of the patient less than 100 mg/L and transferrin saturation of the patient less than 20%, continuation of Hgb/Hct of greater than 12 gm/dL and 36%, exclusion of the following causes of anemia= iron deficiency, underlying infection or inflammatory process, underlying hematological disease, hemolysis, vitamin deficiencies (e.g. folic acid or B12), blood loss, aluminum intoxication</p>	<p>Hb/HCT less than 10 / 30% at initiation of therapy, CKD= SCr equal to or greater than 3, CrCL less than 60 ml/min, or GFR less than 60 mL/min/1.73 m², chemotherapy induced anemia= when receiving concomitant chemotherapy and 8 weeks following the final dose of myelosuppressive chemotherapy, perisurgical adjuvant therapy = Hb between 10 and 13 gm/dL, not a candidate for autologous blood transfusion, expected to lose more than two units of blood, have been evaluated to ensure that their anemia is due to chronic disease, MDS - low risk myelodysplasia with less than 5% blast, pretreatment erythropoietin levels of 100 or less</p>	
FABRAZYME	Fabry disease			

<p>GROWTH HORMONE</p>	<p>growth hormone deficiency in children, growth retardation chronic renal insufficiency, growth retardation Turner's Syndrome, growth retardation Prader-Willi Syndrome, growth retardation short stature homeobox-containing gene (SHOX) deficiency, growth retardation Noonan syndrome, growth hormone deficiency in adults with post-surgical/post-radiotherapy/trauma panhypopituitarism, growth hormone deficiency in adults with childhood-onset growth hormone deficiency, promotion of wound healing in members with life-threatening third (3rd) degree burns, small for gestational age (SGA)</p>	<p>Contraindications to GH: acute critical illness due to complications following open heart surgery, abdominal surgery, multiple accidental trauma, or acute respiratory failure, Closed epiphyses or epiphyseal fusion in pediatric members, Active neoplasia or tumor activity, Prader-Willi syndrome who are severely obese or have severe respiratory impairment, or Proliferative or preproliferative diabetic retinopathy.</p>	<p>For GHD in children: 2 growth hormone stimulation tests below 10 ng/ml (e.g., insulin-induced hypoglycemia L-dopa, clonidine, glucagon, or arginine) OR at least ONE growth hormone stimulation test level less than 15 ng/ml (e.g., insulin-induced hypoglycemia L-dopa, clonidine, glucagon, or arginine) AND IGF-I and IGFBP3 levels below normal for bone age and sex, poor growth velocity defined as less than 7 cm/year before 3 years of age, less than 5 cm/year from age 3 years to onset of puberty, delayed bone age of greater or equal to 2 standard deviations below the mean for age and sex, and height greater than or equal to 2 standard deviations below the mean for the child's age and sex, if the child shows evidence of another pituitary hormone deficiency or has received a treatment known to cause GH deficiency (i.e cranial irradiation), the criteria pertaining to the bone age delay and absolute height requirements should not be applied. For CRI - height is less than the 3rd percentile for age and sex. For Turner syndrome - appropriate genetic testing, and height is either less than the</p>	
<p>HERCEPTIN</p>	<p>single agent is indicated for the treatment of patients with metastatic breast cancer whose tumors overexpress the HER2 protein and who have received one or more chemotherapy regimens for their metastatic disease, in combination with paclitaxel is indicated for treatment of patients with metastatic breast cancer whose tumors overexpress the HER2 protein and who have not received chemotherapy for their metastatic disease, in combination with doxorubicin, cyclophosphamide, and paclitaxel is indicated for the adjuvant treatment of patients with HER2 protein overexpression, node-positive breast cancer</p>		<p>Black box warnings: cardiomyopathy and hypersensitivity reactions including anaphylaxis infusion reactions and pulmonary events</p>	

<p>HUMIRA</p>	<p>moderately to severely active rheumatoid arthritis, active psoriatic arthritis, active ankylosing spondylitis, moderately to severely active Crohn disease, moderate to severe chronic plaque psoriasis, moderately to severely active polyarticular juvenile idiopathic arthritis (JIA)</p>	<p>Risk of infections:serious infections and tuberculosis</p>		<p>Greater than or equal to 18 years of age for all indications except JIA, JIA greater than or equal to 4 years of age</p>
<p>INCRELEX</p>	<p>growth failure in children with severe primary IGF-1 deficiency (Primary IGFD) or with growth hormone (GH) gene deletion who have developed neutralizing antibodies to GH,</p>	<p>Closed epiphyses. Other secondary causes of growth failure, pre-existing thyroid, nutritional deficits, chronic treatment with anti-inflammatory steroids. Presence of active or suspected neoplasia</p>	<p>Normal or elevated growth hormone stimulation test. Genetic testing for growth hormone gene deletion. Lab testing for neutralizing antibodies to growth hormone, height of the patient greater than or equal to 3 standard deviations below the norm for children of the same age and gender prior to beginning Increlex therapy. Basal IGF-1 level greater than or equal to 3 standard deviations below the norm for children of the same age and gender prior to beginning Increlex therapy.</p>	<p>Greater than or equal to 2 years old but less than 18 years of age</p>

INTERFERON	<p>Roferon A: hairy cell leukemia, CML, hepatitis C. Intron A: hairy cell leukemia, condylomata acuminata, AIDS-related Kaposi's sarcoma, malignant melanoma, follicular lymphoma, Hepatitis C and B. Infigen and Peg Intron: hepatitis C. Pegasys: hepatitis C and B. Off label Roferon and Intron A: first-line treatment to induce remission in members with multiple myeloma, maintenance therapy to prolong response and survival in members with multiple myeloma who have responded to first-line therapy or to conventional induction chemotherapy, combination with cytotoxic agents as first-line therapy of aggressive low-grade or intermediate-grade non-Hodgkin's lymphoma, mycosis fungoides, polycythemia vera, cutaneous T cell lymphoma, malignant melanoma, renal cell carcinoma, carcinoid syndrome, bladder cancer, basal cell carcinoma, ovarian cancer, respiratory papillomatosis including laryngeal papillomatosis, essential thrombocytosis, cervical cancer, Hep B, Hep D, human papillomavirus infections, chronic myelocytic leukemia, Hemangiomas, AIDS-related Kaposi's sarcoma</p>	Autoimmune hepatitis	<p>Hepatitis C: if cirrhosis, compensated cirrhosis, genotype (GT) should be done prior to therapy, HCVRNA levels should be done prior to therapy and 2 log decrease in HCVRNA for genotype 1 or 4, HIV comorbidity, liver transplant, concomitant use with ribavirin. Hepatitis B: HBsAg positive, HBeAg positive greater than 6 months, and (ALT levels greater than 2 X ULN or moderate/severe hepatitis on biopsy) and HBsAg positive, HBeAg negative, and (HBVDNA greater than 105 copies/mL, ALT levels greater than 2 X ULN, or moderate/severe hepatitis on biopsy).</p>	Peg Intron, Pegasys - greater or equal to 18 years of age
IRESSA	<p>monotherapy for the continued treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) after failure of both platinum-based and docetaxel chemotherapies who are benefiting or have benefited from Iressa,</p>			Greater than or equal to 18 years of age

ISOTRETINOIN	<p>severe (recalcitrant) nodular acne, mild to moderate acne vulgaris, cystic acne, carcinoma (e.g., basal cell carcinoma, squamous cell carcinoma), malignant neoplasm (e.g., cutaneous T-cell lymphoma, neuroblastoma), psoriasis, severe refractory rosacea, gram-negative folliculitis, severe Keratinization Disorders</p>		<p>Tried one three month course of systemic antibiotics and one three month course of any one of the following: topical retinoids, topical antibiotics, or benzoyl peroxide products, iPLEDGE program, bolded warnings- no symptoms of depression, psychosis, or suicide. Isotretinoin should not be taking in combination with tetracycline.</p>	
IVIG	<p>Recurrent severe infection and documented severe deficiency or absence of IgG subclass, Clinically significant functional deficiency of humoral immunity as evidenced by documented failure to produce antibodies to specific antigens and a history of recurrent infections, Acute and chronic refractory Immune thrombocytopenic purpura (ITP), Chronic lymphocytic leukemia with associated hypogammaglobulinemia, Symptomatic human immunodeficiency virus (HIV), Bone marrow transplantation, Solid Organ Transplantation, Kawasaki disease, diagnoses of acute and chronic inflammatory demyelinating polyradiculoneuropathy, Guillain-Barre syndrome, myasthenia gravis, and immune thrombocytopenic purpura in pregnancy, multifocal motor neuropathy (MMN), dermatomyositis, treatment of Autoimmune Mucocutaneous Blistering Diseases (biopsy-proven conditions: Pemphigus Vulgaris, Pemphigus Foliaceus, Bullous Pemphigoid, Mucous Membrane Pemphigoid, Epidermolysis Bullosa Acquisita), Humoral or vascular allograft rejection, Hemolytic uremic syndrome, Hemolytic anemia, Pol</p>		<p>For IgG subclass deficiency, a serum IgG subclass trough level should be monitored at least every three months prior to the dose of intravenous immune globulin, along with clinical progress of signs and symptoms for which intravenous immune globulin therapy is required. For functional deficiency, the deficient antibody (ies) should be monitored at least every 3 months, prior to the dose of intravenous immune globulin, along with clinical progress of signs and symptoms for which intravenous immune globulin therapy is required. Acute ITP: Management of acute bleeding due to severe thrombocytopenia (platelet counts less than 30,000/μl), To increase platelet counts prior to invasive major surgical procedures (e.g., splenectomy), or In patients with severe thrombocytopenia (platelet counts less than 20,000/μl) considered to be at risk for intracerebral hemorrhage. Chronic refractory ITP: Prior treatment with corticosteroids and splenectomy, Duration of illness less than 6 months, Age of 10 years or older, No concurrent illness/disease explaining thrombocytopenia, and</p>	
KUVAN	Phenylketonuria (PKU)		<p>In conjunction with a phenylalanine -restricted diet, blood phenylalanine levels be monitored regularly during treatment</p>	greater and equal to 4 years

LHRH	endometriosis, uterine leiomyomas, prostate cancer, premenopausal or perimenopausal breast cancer, precocious puberty, FDA labeled indications		For endometriosis and uterine leiomyomas, concomitantly with iron therapy for the preoperative hematologic improvement of patients with anemia caused by uterine leiomyomata.	
LOTROXEX	diarrhea-prominent chronic irritable bowel syndrome	history of severe constipation or with a history of sequelae from constipation, history of intestinal obstruction, stricture, toxic megacolon, gastrointestinal perforation, and/or adhesions, history of ischemic colitis, impaired intestinal circulation, thrombophlebitis, or hypercoagulable state, currently have, or has had a history of Crohn's disease or ulcerative colitis, have active diverticulitis or a history of diverticulitis, inability to understand or comply with the Patient-Physician Agreement, have severe hepatic impairment	Chronic IBS symptoms (generally lasting 6 months or longer), anatomic or biochemical abnormalities of the gastrointestinal tract excluded, and failed to respond to conventional therapy Diarrhea-predominant IBS is severe if it includes diarrhea and one or more of the following: frequent and severe abdominal pain/discomfort, frequent bowel urgency or fecal incontinence, disability of restriction of daily activities due to IBS	greater than or equal to 18 years old
LYRICA	fibromyalgia, neuropathic pain associated with diabetic peripheral neuropathy, partial-onset seizures, postherpetic neuralgia			

METHYLPHENIDATE	Attention-Deficit/Hyperactivity Disorder	MAOI concurrent use or within the last 14 days, contraindications such as marked anxiety, tension, or agitation, glaucoma, motor tics, family history or diagnosis of Tourette's syndrome, cardiac abnormalities, and black box warnings - chronic, abusive use of methylphenidates can lead to marked tolerance and psychological dependence with varying degrees of abnormal behavior	sleep studies for narcolepsy diagnosis, diagnosis, other causes of excessive daytime sleepiness, ADHD symptoms in more than one setting, ADHD symptoms for longer than 6 months, symptoms causing clinically significant impairment in social, academic, or occupational functioning	greater or equal to 6 years old
NAGLAZYME	Mucopolysaccharidosis VI			
NEULASTA	to decrease the incidence of infection, as manifested by febrile neutropenia in patients with non-myeloid malignancies receiving myelosuppressive cancer drugs			
NEUPOGEN	All FDA-approved indications not otherwise excluded from Part D			
NEXAVAR	advanced renal cell carcinoma, unresectable hepatocellular carcinoma			
ORENCIA	moderately to severely active rheumatoid arthritis, active juvenile idiopathic arthritis		For JIA patients who have had an inadequate response to one or more DMARDs, such as methotrexate or TNF antagonists. Can be used as monotherapy or concomitantly with DMARDs other than TNF antagonists or interleukin-1 receptor antagonist	Greater than or equal to 6 years of age for JIA
PROLASTIN	lpha 1-antitrypsin deficiency and emphysema	selective immunoglobulin A (IgA) deficiency (less than 15 mg/dL) due to antibodies against IgA		

PROMACTA	thrombocytopenia with chronic immune (idiopathic) thrombocytopenic purpura who have had insufficient response to corticosteroids, immunoglobulins, or splenectomy	Risk of hepatotoxicity		
PROTOPIC	atopic dermatitis			
PROVIGIL	narcolepsy, Shift Work Sleep Disorder, fatigue associated with multiple sclerosis, obstructive sleep apnea/hypopnea syndrome		obstructive sleep apnea and narcolepsy-polysomnography, ICSD and DSM criteria, and respiratory monitoring. Shift work sleep disorder work night shift permanently or frequently on rotating basis and has excessive sleepiness while working that causes clinically significant distress or occupational impairment.	
REGRANEX	neuropathic diabetic ulcers of the lower extremity	neoplasm at the site of application	Neuropathic DM ulcers: adequate tissue oxygenation or blood supply on the foot dorsum or at the margin of the ulcer, full thickness ulcer (i.e., Stage III or IV), extending through the dermis into subcutaneous tissues, participation in a comprehensive wound management program.	Greater than or equal to 16 years of age
REMICADE	moderately to severely active rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, moderately to severely active ulcerative colitis, severe plaque psoriasis, moderately to severely active Crohn's disease, fistulizing Crohn's disease, pyoderma gangrenosum with coexisting inflammatory bowel disease, Still's Disease, sarcoid refractory to treatment with steroids and other standard regimens		moderately to severely active CD who have had an inadequate response to conventional therapy (e.g., corticosteroids, aminosalicylates, immunomodulators), fistulizing CD for the reduction in the number of draining enterocutaneous and rectovaginal fistulas and maintaining fistula closure, RA- in combination with methotrexate is who have had an inadequate response to methotrexate (minimum of 3 months) and without concurrent administration of methotrexate may be covered only for those cases where the patient is intolerant or MTX is contraindicated, PsA or AS - failed more than 2 NSAIDs as well as a three-month trial of both MTX 20 mg per week and sulfasalazine 3 grams daily given singly or in combination, UC - inadequate response to conventional therapy, psoriasis -who are candidates for systemic therapy and who have failed to respond to other systemic therapies, or who have a contraindication to, or are intolerant of, other systemic therapy including cyclosporine, MTX or psoralen—ultraviolet- light (PUVA) therapy	

REVATIO	pulmonary hypertension with New	nitrate therapy on a regular or on an intermittent basis		
REVLIMID	treatment of patients with transfusion-dependent anemia due to Low- or Intermediate-1-risk myelodysplastic syndromes associated with a deletion 5q cytogenetic abnormality with or without additional cytogenetic abnormalities, combination with dexamethasone is indicated for the treatment of multiple myeloma patients		physician must register in the RevAssist program, women with childbearing potential must have pregnancy excluded as confirmed by a negative urine or serum pregnancy test, black box warnings - monitor complete blood count for neutropenia and thrombocytopenia, and signs and symptoms of thromboembolism.	
RIBAVIRIN	Hepatitis C in combination with pegylated interferon or interferon	monotherapy is not effective, primary toxicity of ribavirin is hemolytic anemia, pregnancy category X	if cirrhosis, compensated cirrhosis, genotype (GT) should be done prior to therapy, HCVRNA levels should be done prior to therapy and 2 log decrease in HCVRNA for genotype 1 or 4, no history of unstable heart disease, hemoglobin greater than 8.5 g/dL, CrCL greater than 50ml/min, no history of hemoglobinopathy such as thalassemia major or sickle-cell anemia	

RITUXAN	<p>Non-Hodgkin's Lymphoma: relapsed or refractory, low-grade or follicular, CD20-positive, non-Hodgkin's lymphoma, or first-line treatment of diffuse large B-cell, CD20-positive, non-Hodgkin's lymphoma in combination with CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone) or other anthracycline-based chemotherapy regimens, first-line treatment of follicular, CD20-positive, B-cell non-Hodgkin's lymphoma in combination with CVP (cyclophosphamide, vincristine, and prednisolone) chemotherapy, treatment of low-grade, CD20-positive, B-cell non-Hodgkin's lymphoma in patients with stable disease or who achieve a partial or complete response following first-line treatment with CVP chemotherapy, moderately- to severely-active rheumatoid arthritis used in combination with methotrexate who have had an inadequate response to one or more TNF antagonist therapies, used in combination with Ibritumomab tiuxetan for both the diagnostic (treatment planning) and therapeutic administrations, immune or idiopathic thrombocytopenic purpura who have failed steroid treatment and</p>	<p>Fatal infusion reactions, tumor lysis syndrome (TLS), severe mucocutaneous reactions</p>		
SANCUSO	<p>prevention of nausea and vomiting in patients receiving moderately to highly emetogenic chemotherapy regimens of up to 5 consecutive days</p>		<p>unable to take oral 5HT3 antagonists</p>	
SPRYCEL	<p>adults with chronic, accelerated, or myeloid or lymphoid blast phase chronic myeloid leukemia with resistance or intolerance to prior therapy including imatinib, adults with Philadelphia chromosome-positive acute lymphoblastic leukemia with resistance or intolerance to prior therapy</p>			<p>greater than or equal to 18 years of age</p>

STRATTERA	ADHD	MAOI concurrent use or within the last 14 days	ADHD symptoms in more than one setting, ADHD symptoms for longer than 6 months, symptoms causing clinically significant impairment in social, academic, or occupational functioning	greater or equal to 6 years of age
SUTENT	treatment of gastrointestinal stromal tumor (GIST) after disease progression on or intolerance to imatinib mesylate, treatment of advanced renal cell carcinoma (RCC)			
TARCEVA	locally advanced or metastatic non-small cell lung cancer after failure of at least one prior chemotherapy regimen, in combination with gemcitabine is indicated for the first-line treatment of patients with locally advanced, unresectable or metastatic pancreatic cancer			
TASIGNA	chronic phase and accelerated phase Philadelphia chromosome positive (Ph+) chronic myelogenous leukemia (CML) in adult patients resistant or intolerant to prior therapy that included imatinib		Safety black box warnings: prolong QT syndrome, electrocardiogram monitoring, electrolyte disorder monitoring, liver function test monitoring, Pregnancy category D	
TESTOSTERONES	primary hypogonadism in men (e.g. testicular failure due to cryptorchidism, bilateral torsion, or chemotherapy), and hypogonadotropic hypogonadism in men (e.g. idiopathic gonatropin or LHRH deficiency)	Breast cancer and prostate cancer	deficiency (less than 300ng/dL) or absence of endogenous testosterone, blood samples for endogenous testosterone levels drawn in the morning, monitored for potential adverse events associated with testosterone replacement therapy	

<p>THALOMID</p>	<p>treatment of erythema nodosum leprosum, suppression of recurrent erythema nodosum leprosum, mucocutaneous lesions associated with Behcet's syndrome, human immunodeficiency virus-associated wasting syndrome, refractory Aphthous stomatitis or refractory Immunodeficiency-associated Aphthous stomatitis, newly diagnosed multiple myeloma with dexamethasone, advanced, refractory multiple myeloma, treatment of Chronic Graft Versus Host Disease (CGVHD) following allogenic bone marrow transplant where conventional therapy (e.g. cyclosporine, azathioprine, and high-dose corticosteroids) is refractory or contraindicated, human immunodeficiency virus (HIV)-associated esophageal aphthous ulcer, refractory Crohn's disease after trial and failure of other therapies, cachexia, Kaposi's sarcoma, HIV associated diarrhea</p>		<p>physician must register in the S.T.E.P.S.® program, women with childbearing potential must have pregnancy excluded as confirmed by a negative urine or serum pregnancy test, black box warnings including signs and symptoms for thromboembolism</p>	
<p>TOPICAL TRETINOIN</p>	<p>acne vulgaris, Keratosis Follicularis or Darier's/Darier-White disease, Verruca Plana, Verrucae Plantaris, Actinic Keratosis</p>			
<p>TYKERB</p>	<p>in combination with capecitabine for treatment of patients with advanced or metastatic breast cancer whose tumors overexpress HER2 and who have received prior therapy including an anthracycline, a taxane, and trastuzumab</p>			
<p>VELCADE</p>	<p>mantle cell lymphoma, multiple myeloma, and all FDA labeled indications</p>			

VIDAZA	diagnosis of any of the following myelodysplastic syndrome subtypes: refractory anemia, refractory anemia with ringed sideroblasts (if accompanied by neutropenia or thrombocytopenia and requiring transfusions), refractory anemia with excess blasts, refractory anemia with excess blasts in transformation, chronic myelomonocyte leukemia			
VIVAGLOBIN	primary immune deficiency (PID)	anaphylactic or severe systemic response to immune globulin preparations and selective immunoglobulin A (IgA) deficiency (serum IgA less than 0.05 g/L)	IgG level of the patient be regularly monitored while on therapy	greater than 2 years of age
XENAZINE	treatment of chorea associated with	actively suicidal, untreated or inadequately treated for depression, impaired hepatic function, currently taking MAOIs, currently taking reserpin within preceding 20 days		
XOLAIR	moderate to severe persistent asthma who have had a positive skin test or in-vitro reactivity to a perennial aeroallergen and whose symptoms are inadequately controlled with inhaled corticosteroids			greater than or equal to 12 years of age
ZAVESCA	Type 1 Gaucher disease for whom enzyme replacement therapy is not a therapeutic option due to hypersensitivity, allergy, or poor venous access	Patients with severe renal impairment (creatinine clearance less than 30 mL/min/1.73 m ²) and patients who are pregnant because this drug is classified as pregnancy category X	not indicated for use in combination therapy with alglucerase or imiglucerase	greater than or equal to 18 years of age

<p>ZOLINZA</p>	<p>cutaneous T-cell lymphoma who have progressive, persistent or recurrent disease on or following two systemic therapies</p>			<p>greater than or equal to 18 years of age</p>
<p>ZOMETA</p>	<p>hypercalcemia of malignancy, documented bone metastases from solid tumors, multiple myeloma with at least one osteolytic lesion, prostate cancer only after treatment failure with at least one hormonal therapy, to manage osteoporosis secondary to the endocrine management of malignancy (breast cancer and prostate cancer)</p>	<p>Contraindicated in pregnant or breast feeding patients or those who may become pregnant.</p>	<p>hypercalcemia of malignancy, albumin-corrected serum calcium level must be ≥ 12 mg/dl,</p>	

Prescriber_Restrictions (Optional - 500 Char) **Coverage_Duration (Required - 100 Char)** **Other_Criteria (Optional - 3000 Char)**

	12 months		
	12 months	Part B versus D determination: resident of a long-term care facility	
	12 months	QL of 2 tablets per day, females who could become pregnant should have a negative urine or serum pregnancy test prior to beginning therapy and should be capable of complying with effective contraceptive measures	
	12 Months	monitor for weight loss, decreased growth velocity in children, increased heart rate and blood pressure, appearance or worsening of aggressive behavior or hostility, sleep disturbances and long-term usefulness of the drug, added black box warning on misuse of amphetamines may cause sudden death or serious cardiovascular adverse reactions	

	12 weeks	Part B versus D determination: resident of a long-term care facility, CKD on dialysis	
	1 month to 6 months	Part B versus D determination: resident of a long-term care facility, injected in the office setting more than 50% of the time	

	6 months	Part B versus D determination: resident of a long-term care facility, injected in the office setting more than 50% of the time	
	12 months	QL = 30U/kg every 2 weeks for low risk patients and than 60 U/kg every 2 weeks initially for high risk patients, Part B versus D determination: resident of a long-term care facility	

	12 months	QL = 30U/kg every 2 weeks for low risk patients and than 60 U/kg every 2 weeks initially for high risk patients, Part B versus D determination: resident of a long-term care facility	
	12 months		
	12 months	QL of 0.5mg/kg weekly infusions Part B versus D determination: resident of a long-term care facility	
	12 months		
	Initial - 6 months Renewal 12 months	not in combination with biologic response modifier - tumor necrosis factor blocking agent or interleukin-1 receptor antagonist.	

	12 weeks	Part B versus D determination: resident of a long term care facility, CKD on dialysis	
	12 months	QL of 1.0 mg/kg body weight every 2 weeks. Part B versus D determination: resident of a long-term care facility	

	12 months		
	12 months	Part B versus D determination: resident of a long-term care facility, injected in the office setting more than 50% of the time	

	Initial - 6 months Renewal - 12 months		
	12 months		

	hep C: 16 wks to 48 wks hep B: 16 wks to 48 wks, all other indications - 48 wks		
	12 months	Pregnancy category D	

	5 months (20 weeks)	Maximum duration of 2 courses (up to a total of 40 weeks)	
	12 months	transplantation was for a Medicare covered indication and patient was seronegative for cytomegalovirus (CMV) before transplantation, and the donor is seropositive. For acute and chronic inflammatory demyelinating polyradiculoneuropathy, Guillain-Barre syndrome, and myasthenia gravis, other therapy has failed or is contraindicated, difficulty with venous access for plasmapheresis, or patient may be recommended for rapidly progressive forms of these diseases. For immune thrombocytopenic purpura in pregnancy, pregnant women who have previously delivered infants with autoimmune thrombocytopenia, pregnant women who have platelet counts less than 75,000/mm ³ during the current pregnancy, or pregnant women with past history of splenectomy. For Autoimmune mucocutaneous blistering diseases, failed conventional therapy (steroids, MTX, or immunosuppressive	
s old	1 month initiate approval, 12 months for continuation		

	3-6 months for endometriosis and uterine leiomyomas, 12 months for prostate cancer and breast cancer	Part B versus D determination: resident of a long-term care facility, injected in the office setting more than 50% of the time, periodically monitoring for serum prostate specific antigen and/or testosterone.	
	12 months		
	lifetime		

	12 months	monitor for weight loss, decreased growth velocity in children, increased heart rate and blood pressure, appearance or worsening of aggressive behavior or hostility, sleep disturbances and long-term usefulness of the drug	
	12 months	QL of 1mg/kg weekly, Part B versus D determination: resident of a long-term care facility	
	2 months		
	2 months		
	12 months	Pregnancy category D	
	6 months initially, 12 months renewal	Part B versus D determination: resident of a long-term care facility	
	12 months	QL of 60 mg/kg once weekly, Part B versus D determination: resident of a long-term care facility, injected in the office setting more than 50% of the time	

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	Initial - 4 weeks Renewal - 12 weeks		
	12 months		
	12 months	QL of 2 tablets every day	
	Initial 3 months, Renewal 2 months		
	Initial - 6 months Renewal - 12 months	Part B versus D determination: resident of a long-term care facility	

	12 months		
	6 months		
	GT 1 or 4-16 wks initial, 32 wks renewal, GT 2 or 3-24 wks, HIV/HepC-48 wks, liver tx w/ HepC-48 wks		

	12 months	Part B versus D determination: resident of a long-term care facility, injected in the office setting more than 50% of the time	
	12 months		
	12 months	Pregnancy category D, not on St John's wort	

	12 months	monitor for suicidality, clinical worsening, changes in behavior, blood pressure changes, heart rate changes, weight loss, decreased growth velocity in children, sleep disturbances, liver injury	
	6 months	Pregnancy category D, monitor for hypertension, myelosuppression, drug interactions, evaluate for history of cardiovascular events	
	12 months	Pregnancy category D	
	12 months		
	12 months	QL of Androderm - 1 patch per day, Androgel - 10 grams per day, Testim - 10 grams per day, Striant - 2 buccals per day	

	12 months	QL of 50 mg – 1 capsule per day, 100 mg – 3 capsules per day, 200 mg – 4 capsules per day	
	12 months		
	12 months	Pregnancy category D, QL of 5 tabs per day	
	6 months	Part B versus D determination: resident of a long-term care facility	

	12 months	Part B versus D determination: resident of a long-term care facility	
	12 months	QL of 100 to 200 mg/kg every week, Part B versus D determination: resident of a long-term care facility, injected in the office setting more than 50% of the time	
	12 months		
	Initial = 6 months Renewal = 12 months	Part B versus D determination: resident of a long-term care facility	
	12 months	QL of 100 mg capsule three times daily	

	12 months	Pregnancy category D, monitor for blood glucose, serum electrolytes, serum creatinine, complete blood count, electrocardiogram, signs and symptoms of deep vein thrombosis/pulmonary embolism and thrombocytopenia and gastrointestinal bleeding, concomitant use with coumarin derivative medication and histone deacetylase inhibitor medications.	
	12 months	Part B versus D determination: resident of a long-term care facility	