

Drugs that Require Prior-Authorization

Effective 1/1/2010

Prior Authorization Group Desc	Covered Uses	Exclusion Criteria	Required Medical Information	Prescriber Restrictions	Coverage Duration
Amevive	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Phototherapy failure, • Clinical rationale for exclusion of phototherapy, • Documentation of failure with oral therapy, • Clinical rationale for exclusion of oral therapy, • Documentation of approved diagnosis by prescribing provider. 	<ul style="list-style-type: none"> • Rheumatologist -or- • Dermatologist 	1 year
Apokyn	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Documentation of approved diagnosis by prescribing provider 		1 year
Avastin	<ul style="list-style-type: none"> • All FDA-approved indications not otherwise excluded from Part D. • Neovascular (wet) Age-related Macular Degeneration. 		<ul style="list-style-type: none"> • Avastin being used in combination with a 5-FU chemotherapy regimen (colorectal CA), • Avastin is being used in conjunction with carboplatin and paclitaxel (NSCLC), • Avastin has been prepared by a compounding pharmacy and is being administered by an ophthalmologist (wet AMD), • Documentation of approved diagnosis by prescribing provider 	<ul style="list-style-type: none"> • Oncologist, • Ophthalmologist 	1 year
Botox	All FDA-approved indications not otherwise excluded from Part D	<ul style="list-style-type: none"> • Cosmetic Indications 	<ul style="list-style-type: none"> • Documentation of approved diagnosis by prescribing provider 		1 year
Desoxyn	All FDA-approved indications not otherwise excluded from Part D	<ul style="list-style-type: none"> • Indications related to the treatment of obesity 	<ul style="list-style-type: none"> • Documentation of approved diagnosis by prescribing provider 		1 year

Emend	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • For chemotherapy related N/V: Must be used in conjunction with a moderate to highly emetic chemotherapy regimen, please state which regimen. • For chemotherapy related N/V, must be used in combination with another anti-emetic, please state which anti-emetic, • If being used for PONV, documentation required 	<ul style="list-style-type: none"> • Oncologist -or- • Physician supporting post operative N/V 	1 year
Enbrel	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Documentation of approved diagnosis by prescribing provider. 	<ul style="list-style-type: none"> • Rheumatologist, • Physician experienced with etanercept therapy. 	1 year
Erbix	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Intolerant to irinotecan or cancer that is refractory to therapy with irinotecan (colorectal CA), • Given in combination with radiation therapy (head neck CA), • Refractory to platinum based therapy if monotherapy (head neck CA), • Documentation of approved diagnosis by prescribing provider. 	<ul style="list-style-type: none"> • Oncologist 	1 year
Exjade	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Patient over 2 years old, • Provide serum ferritin level (must be greater than 1000mcg/L), • Documentation of approved diagnosis by prescribing provider. 		1 year
Faslodex	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Patient has tried and failed tamoxifen, • Documentation of approved diagnosis by prescribing provider 	<ul style="list-style-type: none"> • Oncologist 	1 year
Forteo	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Refractory or intolerant to previous osteoporosis therapy, • Please state which therapy, • Documentation of approved diagnosis by prescribing provider. 		1 year

Gleevec	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Documentation of approved diagnosis by prescribing provider. 	<ul style="list-style-type: none"> • Oncologist 	1 year
Growth Hormone	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Documentation of growth hormone deficiency • Documentation of diagnosis by prescribing provider. 		1 year
Humira	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Moderate to Severe disease and refractory to conventional therapy (Chron's), • Documentation of approved diagnosis by prescribing provider. 	<ul style="list-style-type: none"> • Rheumatologist, • Physician experienced with Humira therapy. 	1 year
Immune Globulin	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Documentation of approved diagnosis by prescribing provider. 		1 year
Iressa	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Cancer progression despite prior regimens with docetaxel and platinum based chemotherapy, • Documentation of approved diagnosis by prescribing provider. 	<ul style="list-style-type: none"> • Oncologist 	1 year
Ixempra	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Being used in conjunction with capecitabine or cancer is refractory to capecitabine therapy, • Cancer is refractory or resistant to anthracycline and taxane therapy, • Documentation of approved diagnosis by prescribing provider. 	<ul style="list-style-type: none"> • Oncologist 	1 year
Kineret	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Patient must have tried and failed therapy with a DMARD, • Please check which DMARD, • Documentation of approved diagnosis by prescribing provider. 	<ul style="list-style-type: none"> • Rheumatologist, • Physician experienced with Kineret therapy. 	1 year
Kuvan	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Documentation of approved diagnosis by prescribing provider. 		1 year

Letairis	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> Documentation of approved diagnosis by prescribing provider. 	<ul style="list-style-type: none"> Pulmonologist -or- Cardiologist 	1 year
Myobloc	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> Documentation of approved diagnosis by prescribing provider. 		1 year
Nexavar	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> Documentation of approved diagnosis by prescribing physician. 	<ul style="list-style-type: none"> Oncologist 	1 year
Orencia	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> Patient must have tried and failed therapy with a DMARD and/or TNF antagonist, Please state which DMARD or TNF antagonist, Documentation of approved diagnosis by prescribing provider. 		1 year
Prolastin	All FDA-approved indications not otherwise excluded from Part D	<ul style="list-style-type: none"> Patients with PiMZ or PIMS phenotypes. Patients with a low risk of developing panacinar emphysema. 	<ul style="list-style-type: none"> Care Management Nurse has been notified and will follow patient's course of therapy, Documentation of approved diagnosis by prescribing provider. 	<ul style="list-style-type: none"> Pulmonologist 	1 year
Provigil	All FDA-approved indications not otherwise excluded from Part D and fatigue associated with drug therapy of Parkinson's Disease		<ul style="list-style-type: none"> Documentation of approved diagnosis by prescribing physician. 		1 year
Remicade	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> IF PRESCRIBED FOR RA: Documentation of failure of at least one Disease Modifying Anti-Rheumatic Drug (RA), Given at the recommendation of a rheumatologist (RA), Documentation of approved diagnosis by prescribing provider. OTHER DIAGNOSES DOES NOT REQUIRE PA 		1 year

Revatio	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Documentation of approved diagnosis by prescribing physician. 	<ul style="list-style-type: none"> • Pulmonologist -or- • Cardiologist 	1 year
Revlimid	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Patient has a deletion of 5q cytogenetic abnormality. • Provision of EPO serum level or documentation of EPO failure. • Patient is requiring more than two units of RBC's in 8 weeks. • Patient is receiving dexamethasone. • Patient must have tried one previous therapy. • Please state patient's renal function, • Documentation of approved diagnosis by prescribing provider. 	<ul style="list-style-type: none"> • Oncologist -or- • Hematologist., • Physician must be registered with RevAssist. 	1 year
Sprycel	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Patient has attempted therapy with Gleevec and is intolerant or refractory. • Adult patient, • Documentation of approved diagnosis by prescribing provider. 	<ul style="list-style-type: none"> • Oncologist 	1 year
Sutent	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Documented intolerance to Gleevec therapy (GIST), • Disease progression despite previous therapy (GIST), • Documentation of approved diagnosis by prescribing provider. 	<ul style="list-style-type: none"> • Oncologist 	1 year
Tarceva	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Chemotherapy regimen includes gemcitabine (pancreatic CA), • Chemotherapy regimen includes other therapy, please list, • Documentation of approved diagnosis by prescribing provider. 	<ul style="list-style-type: none"> • Oncologist 	1 year

Tasigna	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Patient has attempted therapy with Gleevec and is intolerant or refractory. • Adult patient, • Documentation of approved diagnosis by prescribing provider. 	<ul style="list-style-type: none"> • Oncologist 	1 year
Torisel	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Documentation of approved diagnosis by prescribing physician. 	<ul style="list-style-type: none"> • Oncologist 	1 year
Tracleer	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Documentation of approved diagnosis by prescribing physician. 	<ul style="list-style-type: none"> • Pulmonologist 	1 year
Tykerb	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Patient is refractory to treatment with an anthracycline, taxane, and trastuzumab. • Tykerb must be used on a 21 day cycle with 14 day cycles of capecitabine treatment, • Documentation of approved diagnosis by prescribing provider. 	<ul style="list-style-type: none"> • Oncologist, • Patient and physician must be registered with the Tykerb Cares program 	1 year
Tysabri	All FDA-approved indications not otherwise excluded from Part D	<ul style="list-style-type: none"> • In combination with other MS treatments or immunosuppressive treatment 	<ul style="list-style-type: none"> • Disease progression despite therapy with Avonex, Betaseron, Copaxone, or Rebif (MS), • Please state duration of therapy with previous regimen (MS), • Must be prescribed as monotherapy (MS), • Inadequate response to conventional therapy (CD), • Documentation of approved diagnosis by prescribing provider. 	<ul style="list-style-type: none"> • Neurologist, • Gastroenterologist, • Patient and Physician must be enrolled in TOUCH program. 	1 year
Vectibix	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Refractory to therapy with a fluoropyrimidine, oxaliplatin, and irinotecan based chemotherapy regimen, please state which regimen, • Documentation of approved diagnosis by prescribing provider. 	<ul style="list-style-type: none"> • Oncologist 	1 year

Vivaglobin	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Consider appropriateness of therapy with Immune Globulin infusion, • Documentation of approved diagnosis by prescribing provider. 		1 year
Xolair	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • PFT confirmed reversible airway disease, • Report patient weight and IgE level, • Patient over 12 years old, • Positive test confirms allergic sensitivity, • Inadequate control despite high dose inhaled steroids, • Re-approvals must document medication success, • Documentation of approved diagnosis by prescribing provider. 	<ul style="list-style-type: none"> • Allergist, • Pulmonologist, 	1 year
Zavesca	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Patient refractory or intolerant to enzyme replacement therapy, • Documentation of approved diagnosis by prescribing provider. 		1 year
Zolinza	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • At least 2 prior systemic therapies have been tried, please list therapies, • Documentation of approved diagnosis by prescribing provider. 	<ul style="list-style-type: none"> • Oncologist 	1 year
Cimzia	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Diagnosis must be moderate to severe active Crohn's Disease or moderate to severe Rheumatoid Arthritis 		1 year
Adcirca	All FDA-approved indications not otherwise excluded from Part D		<ul style="list-style-type: none"> • Documentation of approved diagnosis by prescribing physician. 	<ul style="list-style-type: none"> • Pulmonologist -or- • Cardiologist 	1 year