

**Drugs That Require Prior Authorization (PA)
Before Being Approved for Coverage**

You will need authorization by **Universal Health Care** before filling prescriptions for the drugs shown in the chart below. **Universal Health Care** will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart. You, your pharmacist, or your physician can request prior authorization by calling toll-free at 1-800-753-2851, 8:00 a.m. to 9:00 p.m., Eastern Time, Monday through Friday. Customer Service is available in English and other languages. TTY/TDD users should call 1-800-716-3231.

Prior Authorization Group Description	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration
ACTIMMUNE	1) Chronic Granulomatous Disease 2) Severe, malignant osteoporosis		1) Patient must have pre-therapy blood tests including platelets, WBC, LFTs, and renal tests that must fall within normal limits.		Actimmune is dosed on BSA	End of plan year
ALFERON	Condyloma acuminatum, Refractory or recurring external genital warts	·Anaphylactic sensitivity to egg protein, neomycin, mouse IgG		Patient must be at least 18 years old		End of plan year
ANZEMET	Prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, including cisplatin -Greater Than-/=50 mg/m ² . Prevention of nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy. Prevention of nausea and vomiting associated with radiotherapy in patients receiving either total body irradiation, single high-dose			Patients must be at least 2 years old		End of plan year

	fraction to the abdomen, or daily fractions to the abdomen. Prevention of postoperative nausea and/or vomiting. As with other antiemetics, routine prophylaxis is not recommended for patients in whom there is little expectation that nausea and/or vomiting will occur postoperatively					
APOKYN	The patient must have a diagnosis of Parkinson's disease, Acute, intermittent treatment of hypomobility "off" episodes		Apomorphine is used to treat "off" episodes when they occur. It is not used to prevent "off" episodes. The safety and efficacy has not been established for use in pediatrics. Pregnancy category is C.	Patient must be at least 18 years old		End of plan year
ARANESP	All FDA-approved indications not otherwise excluded from Part D.	Treatment of patients who require immediate correction of severe anemia - Treatment of anemia in cancer or HIV-infected patients caused by other factors such as iron or folate deficiencies, hemolysis or GI bleeding. In	This medication must not meet the criteria for coverage under Medicare Part A or B			End of plan year

		<p>these cases the underlying cause of the anemia should be managed appropriately - Treatment of anemia in rheumatoid arthritis - Treatment of pruritis associated with renal failure - Treatment of anemia in Gaucher's disease - Treatment of anemia in Castleman's disease - Treatment of anemia in paroxysmal nocturnal hemoglobinuria (PNH) - Treatment of sickle cell anemia - Treatment of symptomatic anemia related to zidovudine therapy in HIV-infected patients where the dose of zidovudine is - Less Than- 4200 mg/week - Treatment of</p>				
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		<p>anemic patients scheduled to undergo elective, noncardiac, nonvascular surgery or patients at high risk for perioperative transfusions with significant, anticipated blood loss - Myelodysplastic syndrome in patients whose pre-treatment endogenous erythropoietin level is -Less Than- 500 mU/ml - Anemia of prematurity, when the patient has either a birthweight -Less Than- 1500 grams or a gestational age of -Less Than- 33 weeks - Special circumstance patients (such as Jehovah Witness) who will not/cannot receive whole blood or components as replacement for</p>				
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		traumatic or surgical loss. Uncontrolled hypertension.				
ARIXTRA	Arthroplasty of knee, Total - Postoperative deep vein thrombosis - Prophylaxis. Deep venous thrombosis, acute, In conjunction with warfarin sodium. Postoperative deep vein thrombosis - Prophylaxis - Repair of hiP. Postoperative deep vein thrombosis - Prophylaxis - Total replacement of hip. Pulmonary embolism, acute, In conjunction with warfarin sodium when initial therapy is administered in a hospital.	Active major bleeding - risk of uncontrollable hemorrhage-- Bacterial endocarditis-- Body weight less than 50 kg for prophylactic therapy of hip fracture, hip replacement or knee replacement surgery, or abdominal surgery - increased risk for major bleeding episodes-- Fondaparinux-related thrombocytopenia-- Hypersensitivity to fondaparinux-- Severe renal impairment (creatinine clearance less than 30 milliliters/minute) - increased risk for major bleeding episodes		Patient must be at least 18 years old		End of plan year

AVASTIN	All FDA-approved indications not otherwise excluded from Part D.			Caution in patients over 65 years old		End of plan year
AVONEX	All FDA-approved indications not otherwise excluded from Part D.		Have had at least two acute exacerbations during the previous two years, which consisting of new symptoms or aggravation of old symptoms lasting at least 24 hours in absence of fever, and proceeded by stability or improvement for at least 30 days			End of plan year
BETASERON	The patient must have a diagnosis of or Multiple Sclerosis (MS) or Relapsing-Remitting Multiple Sclerosis (RRMS).	The indication of the medication is for Hepatitis-C (off-label)--The patient has concurrent illness that is likely to alter compliance or substantially reduce life expectancy (dementia, alcoholism, malignancy, or other chronic illnesses)--Pregnancy	Have had at least two acute exacerbations during the previous two years, which consisting of new symptoms or aggravation of old symptoms lasting at least 24 hours in absence of fever, and preceded by stability or improvement	Patient must be at least 18 years old	0.25 mg SC every other day - usual dose is reached after a 6-week, gradual titration with initial dose of 0.0625 mg SC every other day increased by 25% every 1-2 weeks	End of plan year

			for at least 30 days			
CELLCEPT	The medication is being used for the prophylaxis of organ rejection in patients receiving allogeneic renal, cardiac or hepatic transplants		CellCept should be used concomitantly with cyclosporine and corticosteroids			End of plan year
COPAXONE	The patient must have a diagnosis of Relapsing-Remitting Multiple Sclerosis (RRMS).		The patient must have had an inadequate response or a documented failure due to lack of efficacy to interferon beta 1.	Patient must be at least 18 years old		End of plan year
ELIDEL	The patient has a diagnosis of mild to moderate atopic dermatitis.	Patient has a compromised immune function. Patients diagnosed with Netherton's Syndrome. Patient has an infection at the site of application	The patient is not immunocompromised. The patient has a documented failure or inadequate response with at least two topical corticosteroids, or a contraindication to topical corticosteroids.	The patient is two years of age or older.		End of plan year
ENBREL	Psoriatic arthritis. Rheumatoid arthritis (RA). Juvenile rheumatoid arthritis (JRA). Ankylosing spondylitis (AS), Adult plaque psoriasis, as defined by the American	shall not be granted for use Wegener's granulomatosis.				End of plan year

	College of Rheumatology (ACR).					
ERTHYROPOIETIN	<p>1. Treatment of symptomatic anemia associated with chronic renal failure, including patients on dialysis (end-stage renal disease) and patients not on dialysis. Non-dialysis patients with symptomatic anemia must have a pretreatment HGB of - Less Than-10 g/dl. Based on currently available data, the Anemia Work Group recommends that the hematocrit (Hct) be maintained between 33% to 36%. In striving to maintain the Hct within this target range, the Hct/Hgb will likely, at times, rise above this range. (Consistent with Center for Medicare and Medicaid Services' guidelines). To initiate therapy, patient's iron stores should be evaluated (Ferritin at least 100 ng/mL, transferrin at least 20%).</p> <p>2. Treatment of symptomatic anemia where erythropoietin level is -Less Than- 500 mU/ml, related to zidovudine therapy in HIV-infected patients where the dose of zidovudine is -Less Than- 4200 mg/week.</p> <p>3. Treatment of symptomatic anemia (Hct -Less Than- 33% or Hgb 10-12 g/dl) in patients with non-myeloid malignancies and anemia is caused by the effect of administered chemotherapy and the patient</p>	<p>1. Treatment of patients who require immediate correction of severe anemia -</p>				End of plan year

	must be on chemotherapy concomitantly for a minimum of 2 months. 4. Treatment of anemic patients (Hgb -Greater Than- 10 to -Less Than- 13 g/dl) scheduled to undergo elective, noncardiac, nonvascular surgery or patients at high risk for perioperative transfusions with significant, anticipated blood loss.					
GARDASIL	All FDA-approved indications not otherwise excluded from Part D.			Indicated for female patients 9-26 years of age	GARDASIL should be administered intramuscularly as 3 separate 0.5-mL doses according to the following schedule First dose at elected date-- Second dose 2 months after the first dose--Third dose 6 months after the first dose	End of plan year
GLEEVEC	The patient must have a diagnosis of chronic myeloid leukemia (CML) in blast crisis, accelerated phase, or in chronic phase. Patients with Philadelphia chromosome positive chronic myeloid leukemia (Ph+ CML) in blast crisis, accelerated phase, or in chronic phase after failure of interferonalph therapy.	Pregnancy category D.	IF the patient is in the chronic phase of CML, the patient must have had an inadequate response or a documented failure due to lack of efficacy to interferon-		CML patients have several dosing regimens for both adult and pediatric populations. Gastrointestinal stromal tumor, malignant, Kit	End of plan year

	<p>Gleevec is also indicated for the treatment of pediatric patients with Ph+ chronic phase CML whose disease has recurred after stem cell transplant or who are resistant to interferon-alpha therapy. There are no controlled trials in pediatric patients demonstrating a clinical benefit, such as improvement in disease-related symptoms or increased survival. Adult patients with relapsed or refractory Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ ALL). Adult patients with myelodysplastic/myeloproliferative diseases (MDS/MPD) associated with PDGFR (platelet-derived growth factor receptor) gene rearrangements. Adult patients with aggressive systemic mastocytosis (ASM) without the D816V c-Kit mutation or with c-Kit mutational status unknown. Adult patients with hypereosinophilic syndrome (HES) and/or chronic eosinophilic leukemia (CEL) who have the FIP1L1-PDGFRa fusion kinase (mutational analysis or FISH demonstration of CHIC2 allele deletion) and for patients with HES and/or CEL who are FIP1L1-PDGFRa fusion kinase negative or unknown. Adult patients with unresectable, recurrent and/or metastatic</p>		<p>alpha therapy.</p>		<p>(CD117)-positive, unresectable and/or metastatic 400 mg ORALLY once daily or 600 mg ORALLY once daily.</p>	
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	dermatofibrosarcoma protuberans (DFSP). Gleevec® is indicated in the treatment of Kit (CD117) positive unresectable and/or metastatic malignant gastrointestinal stromal tumors (GIST).					
GROWTH HORMONES	Adolescent Growth Failure (783.43). Growth Failure. Adult patients with documented GHD (253.2, 253.3, 253.7) secondary to destructive lesions of the pituitary or the peripituitary area (e.g., pituitary adenoma), or as a result of treatment (e.g., cranial irradiation) or surgery. Adult patients with idiopathic growth hormone deficiency (783.43), Growth retardation in children with chronic renal insufficiency (593.9, 585.2-585.9), Patients with Turner's syndrome (758.6). GH therapy for patients with Turner's syndrome, Patients with AIDS (042) related wasting with involuntary weight loss of - Greater Than-10% of pre-illness baseline body weight or body mass index (BMI) less than 20, Children with Russel – Silver syndrome (759.89), Short Stature in Children with Noonan's syndrome— Norditropin (759.89)					End of plan year
HUMIRA	Juvenile Idiopathic Arthritis Crohn's Disease (555)—Humira is indicated for the reduction of signs and symptoms and inducing and maintaining		Patient must not have an active infection (chronic or acute). The			End of plan year

	<p>clinical remission in adult patients with moderately to severely active Crohn's disease who have had an inadequate response to conventional therapy. Humira is also indicated for reducing the signs and symptoms and inducing clinical remission in these patients if they have also lost response to or are intolerant to infliximab (Remicade). The patient has a diagnosis of moderate to severe rheumatoid arthritis. (714.0) (Humira is now a first line therapy for moderate to severe RA as of 10-4-2005). Ankylosing spondylitis (720.0). Plaque Psoriasis (696.1) chronic (Moderate to Severe) initial, 80 mg SUBQ, followed by 40 mg SUBQ every other week starting one week after the initial dose. Psoriatic arthritis (696.0)</p>		<p>patient has a negative TB test result prior to therapy. The patient is not receiving anakinra (Kineret), etanercept (Enbrel), or infliximab (Remicade) in combination with Humira (adalimumab). The patient must have a diagnosis of psoriatic arthritis or ankylosing spondylitis who has had an inadequate response to one or more DMARDs (disease modifying antirheumatic drugs) or a documented failure due to lack of efficacy to one or more of the following Methotrexate, Hydroxychloroquine, D-penicillamine, Sulfasalazine,</p>			
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			Leflunomide, Azathioprine, Oral/Injectable Gold Compounds (auranofin, aurothioglucose , gold sodium thiomalate)			
IMMUNIZING AGENTS, PASSIVE	<p>Immunizing Agents, Passive will be covered for B-cell chronic lymphocytic leukemia, Prevention of recurrent bacterial infections 400 mg/kg IV every 3 to 4 weeks, Hepatitis A--Prophylaxis household and institutional contact or travel of less than 3 months in hepatitis A-prevalent areas, 0.02 mL/kg IM, Hepatitis A--Prophylaxis travel of 3 months or longer in hepatitis A-prevalent areas, 0.06 mL/kg IM every 4-6 months, Idiopathic thrombocytopenic purpura induction, 400 mg/kg IV once daily for 5 days OR 1000 mg/kg IV once daily for 1 or 2 days-maintenance, 400-1000 mg/kg IV intermittently as needed to maintain a platelet count greater than 20,000/mm(3), Kawasaki disease 2 grams/kg IV as a single dose (per AHA and AAP recommendations) beginning within 7 days of the onset of fever, administered concomitantly with aspirin (80-100 mg/kg/day in 4 divided doses)- IVIG 400 mg/kg IV once daily for 4 days is</p>					End of plan year

	<p>recommended per product information, Measles-- Prophylaxis 0.25 mL/kg (0.11 mL/pound) IM in susceptible persons exposed fewer than 6 days previously, Primary immune deficiency disorder 100-200 mg/kg (Vivaglobin(R)) subQ every week adjust dose and dosing interval to achieve desired clinical response and serum IgG levels, Primary immune deficiency disorder 100-600 mg/kg IV once a month, may be given more frequently as indicated, Primary immune deficiency disorder 0.66 mL/kg (at least 100 mg/kg) IM every 3-4 weeks, double dose given at onset of therapy some patients may require more frequent injections, Rubella contact in pregnancy--Prophylaxis Prophylaxis 0.55 mL/kg IM, Varicella, when varicella-zoster immune globulin is unavailable--Prophylaxis 0.6 to 1.2 mL/kg IM</p>					
INFERGEN	<p>Hepatitis C, chronic, in adult patients with compensated liver disease who have anti-HCV serum antibodies 9 mcg SC 3 times weekly for 24 wks, at least 48 hr between injections - range 7.5-15 mcg/dose for up to 6 months</p>		<p>Patient must have a baseline CBC at provider's office.</p>	<p>Patient must be at least 18 years old.</p>		<p>End of plan year</p>
INTRON-A	<p>AIDS-associated Kaposi's sarcoma - Hairy cell leukemia - Condylomata acuminata (genital warts) (intralesional</p>	<p>Acute hepatitis B - AIDS-related complex - AIDS in combination</p>	<p>Chronic hepatitis B patients who meet ALL of the</p>			<p>End of plan year</p>

	<p>only) - Hepatitis C (non-A, non-B hepatitis), in patients with compensated liver disease (laboratory parameters are all within the following ranges bilirubin -Less Than- 2 mg/dL - albumin stable and within normal limits - PT -Less Than- 3 seconds prolonged - WBC - Greater Than- 3000/mm3 - platelets -Greater Than- 70,000/mm3 - no history of hepatic encephalopathy, variceal bleeding, ascites, or other clinical signs of decompensation - serum creatinine normal or near normal) (the safety and efficacy have not been established for treatment of patients with decompensated liver disease or for immune suppressed transplant recipients) - Chronic hepatitis B patients Malignant melanoma - Renal cell carcinoma - Life-threatening hemangioma of infancy (intralesional) when patient is intolerant of, or the hemangioma is resistant to, corticosteroid therapy - Carcinoid syndrome - Chronic myelogenous leukemia (not in accelerated phase) - Essential thrombocythemia - Low-grade non-Hodgkins lymphoma (stage III/IV) (interferon alpha is used for treatment of non-Hodgkins lymphomas, especially follicular small cleaved cell lymphoma (nodular poorly differentiated</p>	<p>with AZT - Chickenpox - Chronic delta hepatitis - Cutaneous warts - Cytomegalovirus (CMV) - Hepatitis D - Herpes keratoconjunctivitis - Herpes simplex - Rhinoviruses - Vaccinia - and Varicella zoster virus (VZV).</p>	<p>following criteria Hepatitis Be antigen (HBe Ag) present in serum for at least 6 months - Serum aminotransferase (AST) greater than double the upper limit of normal range (AST normal range 0-35 u/l) - Patient has compensated liver disease (laboratory parameters are all within the following range bilirubin -Less Than-2mg/dL - albumin stable and within normal limits - PT -Less Than- 3 seconds prolonged - WBC -Greater Than- 3000/mm3 - platelets - Greater Than- 70,000/mm3 - no history of hepatic encephalopathy , variceal</p>			
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	<p>types)) - Respiratory papillomatosis - Polycythemia vera patients who meet ALL of the following criteria Phlebotomy is not effective, not tolerated, or contraindicated - Oral therapy with hydroxyurea or other myelosuppressive agent is not effective, not tolerated, or is contraindicated. Cutaneous T-cell lymphoma (including mycosis fungoides) - Multiple myeloma - Ovarian carcinoma, in patients who cannot tolerate, or whose tumor is resistant to, standard first-line therapy - Colorectal carcinoma, when used in conjunction with 5-FU - Pancreatic islet cell carcinoma - Cervical carcinoma, in patients who cannot tolerate, or whose tumor is resistant to, standard first-line therapy - Superficial bladder cancer (carcinoma in situ of the bladder) - Basal cell carcinoma, when surgical intervention is contraindicated (interferon therapy in patients with basal cell carcinoma is only considered medically necessary for those patients in which surgical intervention is contraindicated - surgical intervention is considered first-line therapy for basal cell carcinoma, and has been shown to have a 95% treatment success rate) - Malignant mesothelioma in patients who have relapsed following surgery</p>		<p>bleeding, ascites, or other clinical signs of decompensation - serum creatinine normal or near normal). (The use of interferon alpha in patients with chronic hepatitis B is considered contraindicated in the following patients those who are HIV positive - hepatitis B surface antigen (HBs Ag) positive patients undergoing liver transplantation - and those with a history of or currently active autoimmune hepatitis) - Failure of phlebotomy and/or myelosuppressive agents may be defined as</p>			
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	and failed treatment with or cannot tolerate first-line chemotherapy - Vulvar vestibulitis - Kasabach-Merritt syndrome		any of the following Lack of hematological control (e.g., hematocrit - Greater Than- 45 or platelet count -Greater Than- 600 x 10 ⁹ /L) - Phlebotomy required more often than once every two months - Occurrence of thrombotic or hemorrhagic complications - Occurrence of intractable symptoms (e.g., headaches, pruritis) - Occurrence of symptoms related to hepatosplenomegaly.			
KINERET	The patient must have a diagnosis of moderately to severely active rheumatoid arthritis (RA) as defined by the American College of Rheumatology (ACR).	Prior authorization requests shall not be granted for use in multiple sclerosis, lupus erythematosus, juvenile rheumatoid	The patient must have had an inadequate response or a documented failure due to lack of efficacy to one or more of the following disease	The patient must be - Greater Than- 18 years of age.		End of plan year

		<p>arthritis, inflammatory bowel diseases, sepsis syndrome or graft-versus-host disease. Kineret should not be used in combination with Tumor Necrosis Factor (TNF) blocking agents (Enbrel, Remicade). Kineret should also not be used in patients with active infections.</p>	<p>modifying antirheumatic drugs (DMARDs), such as Methotrexate-- Hydroxychloroquine--D-penicillamine-- Sulfasalazine-- Leflunomide-- Azathioprine-- Oral/Injectable Gold Compounds (auranofin, aurothioglucose , gold sodium thiomalate). The patient must not be using Kineret in combination with Enbrel, Remicade, or Humira.</p>			
MARINOL	<p>AIDS - Loss of appetite. Chemotherapy-induced nausea and vomiting</p>	<p>Marinol will not be covered for Patients with a sesame oil allergy. Pain management.</p>			<p>AIDS - Loss of appetite initial, 2.5 mg ORALLY twice daily, before lunch and dinner, MAX 20 mg/day. Chemotherapy-induced nausea and vomiting 5 mg/m(2) ORALLY 1-3 hr before</p>	<p>End of plan year</p>

					chemotherapy , 5 mg/m(2)ORALLY every 2-4 hr after chemotherapy for a total of 4-6 d	
NEULASTA	Febrile neutropenia in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs. 6mg subcutaneous injection once per chemotherapy cycle.	Prior Authorization request shall not be granted for use in patient receiving chemotherapy associated with delayed myelosuppression. Prior Authorization request shall not be granted for use in patient with neutropenia other than chemotherapy-related.	The patient must have had an inadequate response or a documented failure due to lack of efficacy to one or more of the following colony stimulating factors. Such as Filgrastim, Neulasta must not be administered in the period between 14 days before and 24 hours after administration of cytotoxic chemotherapy.	Neulasta 6mg fixed-dose formulation must not be used in infants, children, and adolescents weighing less than 45 kg.		End of plan year
NEUMEGA	All FDA-approved indications not otherwise excluded from Part D.		Pregnancy category is C. Baseline and periodic CBC. Platelet counts at the time of expected nadir and until post-nadir counts	Safety and efficacy not established in pediatric patients - dose-limiting papilledema has occurred		End of plan year

			are greater than or equal to 50,000/microliter. Fluid and electrolyte status in patients receiving chronic diuretic therapy.			
NEUPOGEN	Neutropenia secondary to chemotherapy--Bone marrow transplantation--Idiopathic, cyclic, or congenital neutropenia, Peripheral blood progenitor cell (PBPC) mobilization or Post-PBPC transplantation, AIDS-associated neutropenia, Drug-induced neutropenia, Myelodysplastic syndromes complicated with infection	Prior authorizations will not be granted in cases of Crohn's disease, Diabetic foot infections, Agranulocytosis, Aplastic anemia, Glycogen storage disease, Pancytopenia, Sinusitis, Post-surgical infection reduction				End of plan year
NEXAVAR	Advanced renal cell carcinoma. Liver carcinoma, Unresectable 400 mg ORALLY twice daily at least 1 hour before or 2 hours after eating - continue until patient no longer benefits or until unacceptable toxicity	Patient must not be pregnant. (Category D).		Patient must be -Greater Than-18 years old.		End of plan year
ORTHOCLONE OKT3	Cardiac transplant rejection, steroid-resistant. Liver transplant rejection, steroid-resistant. Renal transplant rejection.	Patient must NOT BE PREGNANT or BREASTFEEDING . Orthoclone OKT3 will not be covered for patients History				End of plan year

		of seizures. Who are pregnant or breastfeeding. Heart failure or fluid overload. Uncontrolled hypertension.				
PEG INTRON AND PEGASYS	The patient must have a diagnosis of one of the following Chronic Hepatitis B, Chronic Hepatitis C, Chronic Hepatitis C, in patients with compensated liver disease--HIV infection.			1.Be between 18 and 65 years old	Patients with genotype 2 or 3 on combination therapy should be treated for 24 weeks total. If the HCV RNA level has not decreased by at least two log10 units by week 12, therapy should be discontinued.	End of plan year
PROTOPIC	The patient has a diagnosis of moderate to severe atopic dermatitis.	Prior authorizations will not be approved if Patient is under the age of 2. Patient has a compromised immune function. Patients diagnosed with Netherton's Syndrome. Patient has an infection at the site of	The patient is not immunocompromised. The patient has a documented failure or inadequate response with at least two topical corticosteroids, or a contraindication to topical corticosteroids	The patient is two years of age or older		End of plan year

		application.				
RAPAMUNE	Patient is in need of prophylaxis of organ rejection in patients that have received renal transplants.		It is recommended that Rapamune be used initially in a regimen with cyclosporine and corticosteroids. In patients at low to moderate immunologic risk cyclosporine should be withdrawn 2 to 4 months after transplantation and Rapamune dose should be increased to reach recommended blood concentrations. Hepatic impairment reduce maintenance dose by one-third - not necessary to reduce loading dose.	Patient must be at least 13 years old.		End of plan year
RAPTIVA	A diagnosis of moderate to severe plaque psoriasis. Chronic psoriasis (-Greater Than-6 months)		The patient must have documented failures,	The patient is 18 years of age or older.	Initial 0.7 milligrams/kilogram (mg/kg)	End of plan year

		<p>contraindications, or intolerances to two or more of the following three categories Topical Therapy (topical corticosteroids, topical retinoids, etc.) PUVA, Systemic therapy (systemic steroids, methotrexate, systemic retinoids (Soriatane), cyclosporine), The patient must have a significant Body Surface Area (BSA) affected (~20%). The use of Raptiva in conditions other than moderate to severe plaque psoriasis is not well supported by clinical literature. Prior authorization requests shall not be granted for use in mild</p>		<p>conditioning dose followed by 1 mg/kg/week - maximum single dose should not exceed 200 mg.</p>	
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			psoriasis, or psoriasis that is not of the plaque type.			
REBIF	The patient must have a diagnosis of Relapsing-Remitting Multiple Sclerosis (RRMS).	Prior authorizations will not be granted in cases of The indication of the medication is for Hepatits-C (off-label), The patient has concurrent illness that is likely to alter compliance or substantially reduce life expectancy (dementia, alcoholism, malignancy, or other chronic illnesses). Pregnancy (Category C, but not recommended). History of depression that is not well managed or controlled.	The patient must be ambulatory and have the ability to self-administer the medication. Have had at least two acute exacerbations during the previous two years, which consisting of new symptoms or aggravation of old symptoms lasting at least 24 hours in absence of fever, and proceeded by stability or improvement for at least 30 days. Has had baseline CBC and LFT lab tests.			End of plan year
REGRANEX	The patient must have a diagnosis of a lower extremity diabetic neuropathic ulcer.	Prior authorization requests shall not be granted for use in pressure ulcers.	The ulcer must extend into the subcutaneous tissue or beyond. (Stage III or IV as defined by the			End of plan year

			International Association of Enterostomal Therapy for staging chronic wounds). The patient must have failed standard therapy for at least two months (careful and frequent debridement, moist dressing changes, and non-weight bearing). The ulcer must have an adequate blood supply.			
REMICADE	Active Crohn's Disease, Fistulizing Crohn's Disease, Rheumatoid Arthritis, Psoriatic Arthritis, Psoriasis, Ulcerative colitis, In patients with an inadequate response to conventional therapy induction dose 5 mg/kg IV at 0, 2, and 6 weeks, Ulcerative colitis, In patients with an inadequate response to conventional therapy maintenance dose 5 mg/kg IV every 8 weeks					End of plan year
REVLIMID	Transfusion-dependent anemia, secondary to low- or intermediate- 1 risk myelodysplastic syndromes associated with a deletion 5q cytogenetic abnormality, with	Will not be covered for patients who have other forms of transfusion-dependent	Who enroll and follow the rules of the REVASSIST Program	Patient must be at least 18 years old.		End of plan year

	or without additional cytogenetic abnormalities. Dose is 10mg daily with water. Multiple myeloma. Dose is 25mg/day with water on days 1-21 of repeated 28-day cycles.	anemia.				
RITUXAN	Relapsed or refractory, low-grade or follicular, CD20-positive, B-cell non-Hodgkin's lymphoma. Rheumatoid Arthritis in combination with methotrexate in patients with moderate to severely active RA who have had an inadequate response to one or more TNF antagonist therapies.			Patient must be at least 18 years old.		End of plan year
SENSIPAR	All FDA-approved indications not otherwise excluded from Part D.			The patient is at least 18 years old.		End of plan year
SOMAVERT	Diagnosis of acromegaly documented by elevated GH levels (GH level -Greater Than-5ng/mL)		Patients have had a documented inadequate response to surgery and/or radiation therapy. Patient must have baseline LFTs (AST and ALT less than 3 times upper limit). Patients must have failed ONE or MORE of the following treatments Transsphenoidal surgery, Radiation	Patient must be at least 18 years old	A loading dose of 40 milligrams (mg) subcutaneously should be administered under physician supervision after which the patient should be instructed to begin daily subcutaneous injections of 10 mg. The dose may be adjusted in increments of 5 mg every 4	End of plan year

			therapy, Octreotide, Lanreotide, Vapreotide, Bromocriptine, Pergolide		to	
SPRYCEL	Treatment of adults with chronic, accelerated, or myeloid or lymphoid blast phase chronic myeloid leukemia with resistance or tolerance to prior therapy including imatinib (Gleevec). For the treatment of adults with Philadelphia chromosome positive acute lymphoblastic leukemia with resistance or intolerance to prior therapy.	Patient must not be pregnant. (cat D.)		Patient must be at least 18 years old.		End of plan year
SUTENT	Treatment of gastrointestinal stromal tumor after disease progression on or intolerance to imatinib mesylate (Gleevec). Treatment of advanced renal cell carcinoma. Approval for advanced renal cell carcinoma is based on partial response rates and duration of responses.	oPatient must not be pregnant.		Patient must be at least 18 years old.		End of plan year
TARCEVA	Pancreatic Cancer - locally advanced, unresectable, or metastatic, first line treatment in combination with gemcitabine. Non-Small Cell Lung Cancer - Locally advanced or metastatic (after failure of prior chemotherapy).	Pregnancy category D.		Patient must be at least 18 years old.	Carcinoma of pancreas, locally advanced, unresectable, or metastatic, first line treatment in combination with gemcitabine 100 mg ORALLY once	End of plan year

					daily, in combination with gemcitabine. Non-small cell lung cancer, Locally advanced or metastatic (after failur	
TARGRETIN	The patient has a diagnosis of cutaneous manifestations of cutaneous T-cell lymphoma--All stages, refractory to one prior systemic therapy. The patient has a diagnosis of cutaneous manifestations of cutaneous T-cell lymphoma--Stage 1A/1B - persistent/refractory after other therapies or unable to tolerate other therapies.	Patient must NOT be pregnant. Category X.	The patient is refractory to at least one prior systemic therapy.	Patient must be at least 18 years old.		End of plan year
THALOMID	The patient must have a diagnosis of cutaneous manifestations of moderate to severe erythema nodosum leprosum (ENL). This medication is being used for maintenance therapy for prevention and suppression of the cutaneous manifestations of ENL recurrence. THALOMID (thalidomide) IN COMBINATION WITH DEXAMETHASONE IS INDICATED FOR THE TREATMENT OF PATIENTS WITH NEWLY DIAGNOSED MULTIPLE MYELOMA.	Prior authorization will not be granted for women who are pregnant due to risk of severe birth defects. The prescribing to women of childbearing potential should be contingent upon initial and continued confirmed negative results of pregnancy testing.	THALOMID (thalidomide) may be prescribed only by licensed prescribers who are registered in the S.T.E.P.S. program and may only be dispensed by pharmacists registered with the S.T.E.P.S. program	Patients must be at least 12 years old.		End of plan year

TRACLEER	A diagnosis of pulmonary arterial hypertension with World Health Organization (WHO) Class III or IV symptoms.		The patient is not currently taking glyburide or cyclosporine. The patient has had baseline liver function tests (ALT, AST) performed prior to the initiation of therapy. For female patients of childbearing potential (12-50 years of age), a baseline negative pregnancy test is performed prior to the initiation of therapy.	Patients must be at least 18 years old.		End of plan year
VFEND	Indications/Dosages for age 18 and up Aspergillosis, Invasive initial, 6 mg/kg IV every 12 h for 2 doses, then 4 mg/kg IV every 12 hours - may switch to oral dosing as tolerated, Aspergillosis, Invasive maintenance, 200 to 300 mg ORALLY every 12 h for patients weighing over 40 kg - 100 to 150 mg ORALLY every 12 h for patients under 40 kg, ??Candidal septicemia initial, 6 mg/kg IV every 12 h for 2 doses, then 3 mg/kg IV every 12 h may switch to oral dosing			Patient must be at least 12 years old.		End of plan year

	<p>as tolerated, Candidal septicemia maintenance, 200 to 300 mg ORALLY every 12 h for patients weighing over 40 kg - 100 to 150 mg ORALLY every 12 h for patients under 40 kg, Candidiasis of the esophagus 200 mg ORALLY every 12 h for patients weighing 40 kg or more - 100 mg every 12 h for patients under 40 kg - treat for a minimum of 14 days and until 7 days after resolution of symptoms, Disseminated candidiasis, of the skin and infections in abdomen, kidney, bladder wall, and wounds initial, 6 mg/kg IV every 12 h for 2 doses, then 4 mg/kg IV every 12 h - may switch to oral dosing as tolerated, Disseminated candidiasis, of the skin and infections in abdomen, kidney, bladder wall, and wounds maintenance, 200 to 300 mg ORALLY every 12 h for patients weighing over 40 kg -100 to 150 mg ORALLY every 12 h for patients under 40 kg, Mycosis, Serious infections due to Scedosporium apiospermum and Fusarium spp. Including Fusarium solani initial, 6 mg/kg IV every 12 hr for 2 doses, then 4 mg/kg IV every 12 hours -may switch to oral dosing as tolerated, Mycosis, Serious infections due to Scedosporium apiospermum and Fusarium spp. Including Fusarium solani maintenance,</p>					
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	200-300 mg ORALLY every 12 hr for patients weighing over 40 kg - 100-150 mg ORALLY every 12 hr for patients under 40 kg. Indications for ages 12 to 18--Aspergillosis-- Candidiasis of the esophagus-- ??Mycosis					
XOLAIR	The patient must have a diagnosis of moderate to severe persistent asthma as defined by the NAEPP guidelines (nocturnal symptoms -Greater Than-1 time/week, FEV1 or PEV-Less Than-60% predicted and PEF variability -Greater Than-30%).	Prior authorizations for the use of Xolair will not be approved for Patients who have not tried inhaled corticosteroids. Patients who have allergies without a diagnosis of asthma. Patients who have irreversible airway disease	The patient must have a history of positive skin or RAST test (IgE Level) to a perennial aeroallergen. AND, The patient must have IgE levels -Greater Than-30 IU/ml.	The patient must be 12 years of age or greater		End of plan year
ZENAPAX	The medication is being used for the prophylaxis of acute organ rejection in patients receiving renal transplants.		Zenapax should be used concomitantly with cyclosporine and corticosteroids.			End of plan year
ZORBTIVE	Cachexia associated with AIDS, Growth hormone deficiency, Short Bowel Syndrome		Pregnancy category C. Antibody development can interfere with growth response if binding capacity			End of plan year

			exceeds 2mg/mL. HIV patients should be on nucleoside analogue therapy for the duration of treatment (risk of otherwise increasing viral replication). May reduce insulin sensitivity and increase glucose intolerance - diabetics may need antidiabetic treatment adjusted			
ZOSTAVAX	The prevention of varicella-zoster (shingles) in patients 60 years of age and older.	Prior Authorizations will not be granted for patients with the following criteria History of anaphylactic reaction to neomycin and gelatin. Active, untreated Tuberculosis. Currently taking immunosuppressive therapy, including high-dose				End of plan year

		<p>corticosteroids. Pregnancy With a history of primary or acquired immunodeficiency states including leukemia - lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic system - or AIDS or other clinical manifestations of infections with human immunodeficiency viruses.</p>				
ZOSYN	<p>A moderate to severe infection caused by susceptible organisms or as empiric therapy while awaiting culture results.</p>	<p>Zosyn is contraindicated in patients with a history of allergic reactions to any of the penicillins, cephalosporins, or (beta)-lactamase inhibitors.</p>	<p>To reduce the development of drug-resistant bacteria and maintain the effectiveness of Zosyn (piperacillin and tazobactam) injection and other antibacterial drugs, Zosyn (piperacillin and tazobactam) should be used only to treat or</p>		<p>Nosocomial pneumonia 4.5 g IV every 6 h with an aminoglycoside. All other indications 3.375 g IV every 6 h</p>	<p>End of plan year</p>

			prevent infections that are proven or strongly suspected to be caused by susceptible bacteria. When culture and susceptibility information are available, they should be considered in selecting or modifying antibacterial therapy. In the absence of such data, local epidemiology and susceptibility patterns may contribute to the empiric selection of therapy.			
ZYVOX	Patient has Vancomycin-resistant Enterococcus faecium infection including patients with concurrent bacteremia. Patient has nosocomial pneumonia caused by Staphylococcus aureus (methicillin-resistant or methicillin-sensitive strains) or Streptococcus pneumoniae (including multi-drug resistant strains ie penicillin, second-generation cephalosporins, macrolides, tetracycline, and		Patient requires a weekly CBC.			End of plan year

	trimethoprim/sulfamethoxazole.) Patient has a complicated skin and skin structure infection caused by Staphylococcus aureus (methicillin-resistant or methicillin-sensitive strains), Streptococcus pyogenes, or streptococcus agalactiae (including diabetic foot infections without concomitant osteomyelitis).					
NON-SELF ADMINISTERED INJECTABLES	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.					12 months
IMMUNOSUPPRESSANTS	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.					12 months
NON INJECTABLE ANTIEMETICS	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.					12 months
NEBULIZED DRUGS	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted					12 months

	describing the use and setting of the drug to make the determination.					
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