

Prior_Authorization_Group_Desc	Covered_Uses	Exclusion_Criteria	Required_Medical_Information	Age_Restrictions	Prescriber_Restrictions	Coverage_Duration	Other_Criteria
ACNE	Acne vulgaris, keratosis follicularis (Darier's disease, Darier-White disease)	Cosmetic use		Approve for those 12 years of age and older		12 months	
AFINITOR	Treatment of patients with advanced renal cell carcinoma after failure of treatment with sunitinib or sorafenib					6 months	
AMPHETAMINES	ADHD, narcolepsy	MAOI concurrent use or within the last 14 days	Sleep studies for narcolepsy diagnosis	Approve for those 3 years of age and older		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
ARANESP	Anemia associated with chronic renal failure (CRF), including patients on dialysis and patients not on dialysis. Anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitantly administered chemotherapy.	CRF - transferrin saturation less than 20% and patient not receiving iron supplementation where clinically appropriate. CRF and anemia in patients with non-myeloid malignancies - hemoglobin level of the patient (not the result of a recent blood transfusion) greater than 13 g/dL. Lack of initial diagnosis of anemia (hematocrit less than 30% and/or hemoglobin less than 10 g/dL and/or symptomatic with hemoglobin 10-11g/dL).	CRF - iron status of the patient has been evaluated (serum transferrin saturation). CRF and anemia of cancer - Hemoglobin level of the patient be monitored prior to each dose when initiating therapy, for dose changes, and at regular intervals when the dose is stabilized. Hemoglobin level of the patient will be monitored prior to each dose when initiating therapy, for dose changes, and at regular intervals when the dose is stabilized. Blood pressure of the patient will be monitored throughout therapy. Patient will be monitored for the occurrence of thrombotic events.			Initiation of therapy and/or dose changes - 6 weeks. Stable on therapy - 12 weeks.	Once on therapy, compared to pretreatment baseline, the patient must show an objective clinical response (e.g., hemoglobin rise greater than 1 g/dL and/or hematocrit rise greater than 3%) to an appropriate dose/dose increase and duration of therapy.
CELEBREX	Juvenile Rheumatoid Arthritis (JRA), Familial Adenomatous Polyposis (FAP), primary dysmenorrhea, acute pain, osteoarthritis (OA), rheumatoid arthritis (RA), ankylosing spondylitis (AS)	Cardiovascular disease, post-operative pain following CABG surgery, allergic-type reaction to aspirin, NSAIDs, or sulfonamides	Evaluation of cardiovascular disease or risk factors for cardiovascular disease			6 months for FAP and JRA, 12 months for dysmenorrhea, OA, RA, AS, 1 month for acute pain	For all diagnoses except FAP, patient must not be at risk for a severe NSAID-induced GI adverse event such as an NSAID associated gastric ulcer GI, or not taking a gastrointestinal (GI) medication indicating an existing GI condition, or is taking the gastrointestinal medication for clinical reasons unrelated to the use of Celebrex or to prevent/treat an NSAID associated gastric ulcer
CIMZIA	Crohn's Disease	Patient must be evaluated for latent TB with a PPD test and be treated if positive. Patients are excluded if they have an active infection or on are on concurrent biologic response modifier. Patient must also be assessed for the risk of hepatitis B and if appropriate, be tested.	Patient must demonstrate inadequate response to at least 1 conventional therapy for Crohn's disease (i.e., prednisone, budesonide, sulfasalazine, azathioprine, mesalamine, infliximab or adalimumab)	Approve for those 18 years of age or older		12 months	
DIFFERIN	Acne vulgaris	Cosmetic use		Approve for those 12 years of age and older		12 months	
ENBREL	Rheumatoid arthritis, juvenile rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, plaque psoriasis, reactive arthritis, inflammatory bowel disease arthritis	Patient must be evaluated for latent TB with a PPD test and be treated if positive. Patients are excluded if they have an active infection or on are on concurrent biologic response modifier. Patient must also be assessed for the risk of hepatitis B and if appropriate, be tested.	RA/JRA - patient must demonstrate inadequate response to at least 1 DMARD or intolerance to multiple DMARDs. Psoriasis - patient must be a candidate for systemic therapy or phototherapy. Ankylosing spondylitis - patient must demonstrate inadequate response to at least 2 NSAIDs or intolerance to multiple NSAIDs. If the ankylosing spondylitis is predominantly peripheral arthritis, patient must demonstrate an inadequate response or intolerance to sulfasalazine. Reactive arthritis - patient must demonstrate inadequate response or intolerance to at least 2 NSAIDs, intra-articular steroid injections, sulfasalazine, if indicated. IBDA - patient has to be refractory to standard therapies.	Psoriasis - Approve for those 18 years of age or older		12 months	
EPO	All FDA-approved indications not otherwise excluded from Part D, Anemia associated with chronic renal failure (CRF), including patients on dialysis (end-stage renal disease (ESRD)) and patients not on dialysis. Anemia related to therapy with zidovudine in HIV-infected patients. Anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitantly administered chemotherapy. Anemia associated with myelodysplastic syndromes. Anemia of chronic disease. Anemia associated with management (Ribavirin with interferon alfa or peginterferon alfa) of hepatitis C, reduction of allogenic blood transfusion in surgery patients (elective, non-cardiac, nonvascular)	CRF, Hepatitis C, elective surgery, HIV/zidovudine - transferrin saturation less than 20% and patient not receiving iron supplementation where clinically appropriate. CRF, Hepatitis C, elective surgery, HIV/zidovudine, MDS, and anemia in patients with non-myeloid malignancies - hemoglobin level of the patient (not the result of a recent blood transfusion) greater than 13 g/dL. Lack of initial diagnosis of anemia (hematocrit less than 30% and/or hemoglobin less than 10 g/dL and/or symptomatic with hemoglobin 10-11g/dL).	CRF, Hepatitis C, elective surgery, HIV/zidovudine - iron status of the patient has been evaluated (serum transferrin saturation). CRF, Hepatitis C, elective surgery, HIV/zidovudine, and anemia of cancer - Hemoglobin level of the patient be monitored prior to each dose when initiating therapy, for dose changes, and at regular intervals when the dose is stabilized. Hemoglobin level of the patient will be monitored prior to each dose when initiating therapy, for dose changes, and at regular intervals when the dose is stabilized. Blood pressure of the patient will be monitored throughout therapy. Patient will be monitored for the occurrence of thrombotic events.			Initiation of therapy and/or dose changes - 6 weeks. Stable on therapy - 12 weeks.	Once on therapy, compared to pretreatment baseline, the patient must show an objective clinical response (e.g., hemoglobin rise greater than 1 g/dL and/or hematocrit rise greater than 3%) to an appropriate dose/dose increase and duration of therapy.
FORTEO	Primary osteoporosis, hypogonadal osteoporosis	Page't disease, unexplained elevation of alkaline phosphatase, open epiphyses, bone cancer or cancer that has metastasized to the bone, history of breast cancer, prior radiation therapy involving the skeleton, hypercalcemia, treatment with Forteo for greater than or equal to 24 months, concurrent bisphosphonate therapy during treatment with Forteo				12 months	For diagnosis of primary osteoporosis or hypogonadal osteoporosis patient must have at least one of the following: history of osteoporotic fractures, multiple risk factors for fractures, OR has failed or is intolerant to traditional osteoporosis therapy
GROWTH HORMONE	Growth failure in pediatric patients due to inadequate secretion of normal endogenous growth hormone whose epiphyses are not closed, treatment of short stature associated with Turner syndrome, growth failure due to Prader-Willi syndrome, growth failure in children born small for gestational age who fail to manifest catchup growth by 2 years of age, adult patients with growth hormone deficiency either alone or associated with multiple hormone deficiencies (hypopituitarism) as a result of pituitary disease, hypothalamic disease, surgery, radiation therapy or trauma, or who were growth hormone deficient during childhood as a result of congenital, genetic, acquired, or idiopathic causes, idiopathic short stature, short stature or growth failure in children with SHOX (short stature homeobox-containing gene) deficiency whose epiphyses are not closed, children with short stature associated with Noonan syndrome, short stature associated with chronic renal insufficiency up to the time of renal transplantation, treatment of adult AIDS patients with cachexia.	Severe respiratory impairment or sleep apnea (Prader-Willi syndrome)	Growth hormone stimulation tests			6 months	

HUMIRA	Rheumatoid arthritis, juvenile idiopathic arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease, plaque psoriasis	Patients are excluded if they have an active infection or on are on concurrent biologic response modifier.	Patient must be evaluated for latent TB with a PPD test and be treated if positive. Patient must also be assessed for the risk of hepatitis B and if appropriate, be tested.	Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease, plaque psoriasis - Approve for those 18 years of age or older		12 months	RA/JIA - patient must demonstrate inadequate response to at least 1 DMARD or intolerance to multiple DMARDs. Psoriasis - patient must be a candidate for systemic therapy or phototherapy. Ankylosing spondylitis - patient must demonstrate inadequate response to at least 2 NSAIDs or intolerance to multiple NSAIDs. If the ankylosing spondylitis is predominantly peripheral arthritis, patient must demonstrate an inadequate response or intolerance to sulfasalazine. Crohn's disease - patient must demonstrate an inadequate response to conventional therapy or Remicade.
INCRELEX	Long-term treatment of growth failure in children with severe primary insulin-like growth factor-1 (IGF-1) deficiency (Primary IGFD) or with growth hormone (GH) gene deletion who have developed neutralizing antibodies to GH.	Closed epiphyses. Other secondary causes of growth failure. Pre-existing thyroid and/or nutritional deficits. Presence of active or suspected neoplasia.	Failure of a growth hormone stimulation test. Genetic testing for growth hormone gene deletion. Lab testing for neutralizing antibodies to growth hormone.	Approve for those 2 years of age or older		12 months	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. Increase in height velocity of 2 cm/year within the first year of Increlex therapy.
INFERGEN	Chronic hepatitis C		Patient must have compensated liver disease with detectable levels of hepatitis C virus RNA in the serum			3 to 9 months depending on genotype and initial vs. renewal therapy	2-log decrease in viral load for renewals
ITRACONAZOLE	All FDA-approved indications not otherwise excluded from Part D. Onychomycosis due to dermatophytes (2 months for onychomycosis of fingernails only or 3 months for onychomycosis if toenail involvement), Recalcitrant or very severe disfiguring or disabling infections caused by one of the following that is unresponsive to griseofulvin or topical antifungals (1 month for pityriasis versicolor, tinea corporis, tinea cruris, tinea pedis) and for 6 months in severe fungal infections caused by Blastomycosis, Histoplasmosis, Aspergillosis (in patients who are intolerant of or who are refractory to amphotericin B therapy) Basidiobolomycosis, Chromomycosis, Coccidioidomycosis, Cryptococcosis, Cryptococcal Meningitis (treatment or suppression), Chronic Mucocutaneous Candidiasis, Histoplasmosis suppression in immunocompromised patients, Leishmaniasis (cutaneous treatment), Paracoccidioidomycosis, Paronychia, Penicillium mameffeii in adults, Fungal pneumonia and septicemia treatment, Sporotrichosis disseminated (treatment), Tinea manuum, Vulvovaginal Candidiasis	Congestive heart failure, history of congestive heart failure, evidence of left ventricular dysfunction, For onychomycosis only: no diabetes mellitus, peripheral vascular disease, or redness and swelling in surrounding tissue	LFTs, fungal diagnostic test (e.g., KOH preparation, fungal culture, or nail biopsy)			1, 2, 3, or 6 months depending on the diagnosis (see duration in parentheses in covered uses)	
METHYLPHENIDATES	All FDA-approved indications not otherwise excluded from Part D	MAOI concurrent use or within the last 14 days	Sleep studies for narcolepsy diagnosis	Approved for those 6 years of age or older		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
NEULASTA	To decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.	Neulasta treatment within the last 14 days. Treatment of acute afebrile neutropenia.	Current and periodic monitoring of WBC count at initiation of and during therapy.			6 months	Neulasta administration will be delayed a minimum of 24 hours after the administration of cytotoxic chemotherapy.
NEUTROPHIL	Following Induction chemotherapy in acute myelogenous leukemia. Mobilization and following transplantation of autologous peripheral blood progenitor cells (PBPC). Myeloid reconstitution after autologous bone marrow transplantation. Bone marrow transplantation failure or engraftment delay. Cancer patients receiving myelosuppressive chemotherapy. Patients with acute myeloid leukemia (AML) receiving induction or consolidation chemotherapy. Cancer patients receiving bone marrow transplant (BMT). Patients undergoing peripheral blood progenitor cell (PBPC) collection and therapy. Patients with severe chronic neutropenia (SCN). Chemotherapy-induced neutropenia. Neutropenia, AIDS associated with treatment or disease. Myelodysplastic syndromes. Drug-induced neutropenia.	Treatment of acute afebrile neutropenia. Patients not at high risk for infection-associated complications or not having prognostic factors that are predictive of poor clinical outcomes.	Current and periodic monitoring of WBC count at initiation of and during therapy.			3 months	Treatment to be halted in the event of excessive leukocytosis.
OCTREOTIDE	Acromegaly, carcinoid tumor, vasoactive intestinal peptide tumors (VIPomas)					12 months	
OSTEOPOROSIS	Primary osteoporosis, hypogonadal osteoporosis	Paget's disease, unexplained elevation of alkaline phosphatase, open epiphyses, bone cancer or cancer that has metastasized to the bone, history of breast cancer, prior radiation therapy involving the skeleton, hypercalcemia, treatment with Forteo for greater than or equal to 24 months, concurrent bisphosphonate therapy during treatment with Forteo				12 months	For diagnosis of primary osteoporosis or hypogonadal osteoporosis patient must have at least one of the following: history of osteoporotic fractures, multiple risk factors for fractures, OR has failed or is intolerant to traditional osteoporosis therapy
PEGASYS	Chronic hepatitis C, Chronic hepatitis B		For chronic hepatitis C, patient must have compensated liver disease with detectable levels of HCV RNA in the serum. For chronic hepatitis B, patient must have a positive serum marker for HBV replication, persistently elevated aminotransferase levels greater than 2 times ULN, or signs of chronic hepatitis B on liver biopsy, or cirrhosis of the liver as evidenced by radiological or clinical data, or extrahepatic complications.			Chronic hepatitis C - 3 to 9 months. Chronic hepatitis B - 12 months.	For chronic hepatitis C, patient must have 2-log decrease in viral load for renewals.
PEGINTRON	Chronic hepatitis C		Patient must have compensated liver disease with detectable levels of hepatitis C virus RNA in the serum			3 to 9 months depending on genotype and initial vs. renewal therapy	2-log decrease in viral load for renewals
PROVIGIL	Narcolepsy, obstructive sleep apnea/hypoapnea (OSAHS), Shift work sleep disorder		If diagnosis is narcolepsy require polysomnography, if diagnosis of OSAHS require polysomnography and whether pt using CPAP			12 months	
PULMONARY HYPERTENSION	ARTERIAL Pulmonary arterial hypertension (PAH)	Concurrent nitrate therapy. PAH associated with any of the following: left heart disease, chronic thrombotic disease, embolic disease, compression of pulmonary vessels, lung diseases, hypoxemia, sarcoidosis				12 months	

REMICADE	Rheumatoid arthritis, Crohn's disease, ankylosing spondylitis, psoriatic arthritis, ulcerative colitis, plaque psoriasis, reactive arthritis, inflammatory bowel disease arthritis	Patients are excluded if they have an active infection or moderate to severe CHF.	Patient must be evaluated for latent TB with a PPD test and be treated if positive. Patient must also be assessed for the risk of hepatitis B and if appropriate, be tested.			12 months	RA - patient must demonstrate inadequate response to at least 1 DMARD or intolerance to multiple DMARDs. Remicade is to be used in combination with methotrexate. Crohn's disease - patient must demonstrate an inadequate response to at least 2 first-line agents unless the patient has multiple draining enterocutaneous or rectovaginal fistulae. Ulcerative colitis - patient must demonstrate an inadequate response to at least 2 first-line agents such as oral or rectal 5-ASA products or glucocorticosteroids. Ankylosing spondylitis - patient must demonstrate inadequate response to at least 2 NSAIDs or intolerance to multiple NSAIDs. If the ankylosing spondylitis is predominantly peripheral arthritis, patient must demonstrate an inadequate response or intolerance to sulfasalazine. Psoriasis - patient must be a candidate for systemic therapy or phototherapy. Reactive arthritis - patient must demonstrate inadequate response to at least 2 first-line agents such as NSAIDs or DMARDs. IBDA - patient must demonstrate an inadequate response to at least 2 first-line agents such as sulfasa
REVLIMID	Multiple myeloma (MM) and transfusion dependent anemia due to Low- or Intermediate-1-risk myelodysplastic syndromes (MDS) associated with a deletion 5q cytogenetic abnormality	Pregnancy	If female of child bearing potential, pregnancy excluded by 2 negative urine or serum pregnancy tests. For MM requirement of combination therapy with dexamethasone and at least one prior MM treatment. For MDS: diagnosis of anemia due to Low- or Intermediate-1-risk MDS associated with a deletion 5q cytogenetic abnormality, transfusion dependent			12 months	Instruction regarding importance and proper utilization of appropriate contraceptive methods. Monitor CBC on regular basis.
RIBAVIRIN	Chronic hepatitis C	History of unstable heart disease, hemoglobin less than 8.5, creatinine clearance less than 50, pregnancy, hemoglobinopathy.	Patient must have detectable levels of HCV RNA in the serum and be on an alpha interferon product concurrently.			4 to 8 months, depending on genotype and initial vs. renewal therapy.	2-log decrease in viral load for renewals
SANDOSTATIN LAR	Acromegaly, carcinoid tumor, vasoactive intestinal peptide tumors (VIPomas)		Patient had prior therapy with sandostatin injection (not depot form) and treatment was effective and tolerated.			12 months	
SOMATULINE DEPOT	Acromegaly					12 months	Either surgery and/or radiotherapy is not a therapeutic option for the patient or the patient has had inadequate response to surgery and/or radiotherapy
SOMAVERT	Acromegaly		Monitor IGF-1 levels at 6 month intervals after IGF-1 levels stabilize within normal range. Monitor LFTs as recommended during therapy.			12 months	Prior to initiation of therapy IGF-1 levels were above age and gender adjusted normal range. If patient has been on therapy for the past 6 months demonstration of significant decrease in IGF-1 levels required. Patients were considered for/received treatment with surgery, radiation therapy, or medical treatment for acromegaly but rejected as inappropriate or had inadequate response.
STEROIDS, ANABOLIC	All FDA-approved indications not otherwise excluded from Part D	liver disease, abnormal blood lipids, renal disease, atherosclerosis, hypercalcemia, pregnancy, prostate cancer, breast cancer, warfarin therapy				6 months	
TERBINAFINE	All FDA-approved indications not otherwise excluded from Part D		LFTs, fungal diagnostic test (e.g., KOH preparation, positive fungal culture, or nail biopsy)			2 months for fingernails only, 3 months if toenail involvement	
TESTOSTERONES	Primary hypogonadism (congenital or acquired), hypogonadotropic hypogonadism (e.g., idiopathic gonadotropin or LHRH deficiency)	Female, prostate cancer, breast cancer	Before the start of testosterone therapy patient has (or patient currently has) a confirmed low testosterone level (i.e. total testosterone less than 300 ng/dL, free or bioavailable, testosterone less than 5 ng/dL) or absence of endogenous testosterone			12 months	
THALOMID	Newly diagnosed or advanced, refractory multiple myeloma (MM), moderate to severe erythema nodosum leprosum (ENL)	Pregnancy	If female of child bearing potential, pregnancy excluded by 2 negative urine or serum pregnancy tests. For MM requirement of combination therapy with dexamethasone. For ENL if have moderate to severe neuritis Thalomid can not be used as monotherapy.			12 months	Instruction regarding importance and proper utilization of appropriate contraceptive methods.
TOPICAL-ULCERS	Diabetic neuropathic ulcer of the lower extremity	Neoplasm at intended site of application, active wound infection not under control by way of active treatment	Ulcer size after 10 weeks of therapy, does ulcer have adequate blood supply, ulcer extending into subcutaneous tissue or beyond			3 months, then additional 2 months upon renewal	
XENAZINE	Treatment of chorea associated with Huntington's disease	Actively suicidal, untreated or inadequately treated depression, impaired hepatic function, current use of monoamine oxidase inhibitors or reserpine.				12 months	In patients who are taking reserpine, at least 20 days should elapse after stopping reserpine before initiation of Xenazine therapy.