

Medication Name	Dosage form	Route	Prior Approval Class	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration
TOBI	Nebulizer	Inhalation	Aminoglycosides	All FDA-approved indications not otherwise excluded from Part D					Benefit year
THALOMID	Capsules	Oral	Antileptotics	All FDA-approved indications not otherwise excluded from Part D					Benefit year
QUALAQUIN	Capsules	Oral	Antimalarial Drugs	All FDA-approved indications not otherwise excluded from Part D		Patient Chart Notes with diagnosis			patients 16 years and older 2 capsules every 8 hours for 7 days
HERCEPTIN	Solution	Intravenous	Antineoplast Egf Receptor Blocker Rcmb Mc Antibody	All medically accepted indications not otherwise excluded from Part D		HER 2 test positive with level 2 or 3 and/or FISH technique ratio greater than 2 on a pathbysion test			30 days - re-evaluate based on Required medical information
REVLIMID	Capsules	Oral	Antineoplastic Immunomodulator Agents	All FDA-approved indications not otherwise excluded from Part D		Myelodysplastic Syndrome (MDS) diagnosis			Benefit year
SUTENT TARCEVA	Capsules Tablets	Oral Oral	Antineoplastic Systemic Enzyme Inhibitors	All FDA-approved indications not otherwise excluded from Part D					Benefit year
RITUXAN	Concentrate	Intravenous	Antineoplastics Antibody/Antibody-Drug Complexes	All medically accepted indications not otherwise excluded from Part D		Chart notes showing pharmacological treatments and the severity of rheumatoid arthritis must be moderate to severe. Evidence of Methotrexate treatment and inadequate response to 1 or more TNF antagonist			30 days - re-evaluate based on Required medical information
SORIATANE CK	Kit	Combination	Antipsoriatic Agents,Systemic	All FDA-approved indications not otherwise excluded from Part D		Negative pregnancy test			Benefit year
RAPTIVA	Kit	Subcutaneous	Antipsoriatic Agents,Systemic Raptiva	All FDA-approved indications not otherwise excluded from Part D		Plaque psoriasis			Benefit Year
ATGAM CARIMUNE NANOFILTERED FLEBOGAMMA GAMASTAN S/D GAMMAGARD LIQUID GAMUNEX IVEEGAM EN OCTAGAM PANGLOBULIN PANGLOBULIN NF POLYGAM S/D THYMOGLOBULIN VIVAGLOBIN	Injection Solution Injection Injection Solution Injection Solution Solution Solution Solution Solution Solution Solution Solution Solution	Intravenous Intravenous Intravenous Intramuscular Intravenous Intravenous Intravenous Intravenous Intravenous Intravenous Intravenous Intravenous Subcutaneous	Antisera	All medically accepted indications not otherwise excluded from Part D	Conditions- Acquired factor VIII inhibitors,Acquired von Willebrand's disease, Acute lymphoblastic leukemia, Adrenoleukodystrophy, Amyotropic lateral sclerosis, Angioedema, Antiphilipid syndrome, Aplastic anemia, Asthma, Autism, Autoimmume chronic urticaria, Autoimmume hemolytic amenia, Behcet's syndrome, acute Cardiomyopathy, Chronic fatigue syndrome, Chronic sinusitis, Congential heart block, Cystic fibrosis, Dermatosis auotimmune blistering, Diabeters mellitus, Diamond Blackfan anemia, acute idiopathic Dysautonomia, Eczema, acute disseminated Encephalomyelitis, Encephalopathy, Endtoxemia, Epilepsy, Goodpasture's syndrome, Hemolytic transfusion reaction, Hemolytic uremic syndrome, Hemophagocytic syndrome, Idiopathic lumbosacral plexopathy, Immune mediated neutropenia, Inclusion body myositis, Infection prevention and control in newborns, Intractable seizures, acute lymphoblastic leukemia, lower motor neuron syndrome, primary progressive or secondary types...<continued next cell>	"serum trough and IgG levels below 600, platlet counts, CD4 counts and lymphocyte counts. Chart notes of past illness and for multiple myeloma, any infections in the past year. Evidence of positive GMI antibodies. "			30 days then re-evaluate with new Lab work

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SYNAGIS	Solution	Intramuscular	Antiviral Monoclonal Antibodies	All FDA approved indications not otherwise excluded from Part D		Charts notest and risk factors required - Gestational age required- diagnosis of CLD or evidence of exposure of RSV- Patient Age at start of RSV season			Prior Approval for 30 days intervals up to 6 months of therapy
REMICADE	Solution	Intravenous	Drugs To Tx Chronic Inflamm. Disease Of Colon	All medically accepted indications not otherwise excluded from Part D		"Chart notes with disease manafestation and sign and symptoms, pharmacological treatment and non pharmacological treatment "			30 days - then reevaluate based on physician notes
ACIPHEX NEXIUM NEXIUM NEXIUM I.V. PANTOPRAZOLE SODIUM PREVACID PREVACID SOLUTAB PRILOSEC PROTONIX PROTONIX PROTONIX ZEGERID ZEGERID	Tablets Capsules Pack Solution Tablets Capsules Tablets Capsules Tablets Pack Solution Capsules Pack	Oral Oral Oral Intravenous Oral Oral Oral Oral Oral Oral Oral Intravenous Oral Oral	Gastric Acid Secretion Reducers	All FDA-approved indications not otherwise excluded from Part D		Chart Notes with diagnosis			Ulcers 4 wks. H.Pylori 10 days all other FDA indications approved for the benefit year.

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GENOTROPIN GENOTROPIN MINIQUICK HUMATROPE COMBO PACK HUMATROPE NORDITROPIN CARTRIDGE NORDITROPIN NORDIFLEX PEN NUTROPIN NUTROPIN AQ NUTROPIN AQ PEN OMNITROPE SAIZEN CLICK EASY SAIZEN TEV-TROPIN SEROSTIM	Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution Solution	Subcutaneous Subcutaneous Injectable Injectable Subcutaneous Subcutaneous Subcutaneous Subcutaneous Subcutaneous Subcutaneous Injectable Injectable Subcutaneous	Growth Hormones	All FDA approved indications not otherwise excluded from Part D		Growth chart for children with short stature for initial therapy and every 12 months. Child: positive growth more than 2.5cm/year or epiphyseal closure occurs or when the bone age is 16 years (in females) or 18 years (in males)			PA provided for benefit year. Based on required Medical information
ARANESP ALBUMIN FREE EPOGEN PROCRIT	Solution Solution Solution	Injectable Injectable Injectable	Hematinics,Other	All medically accepted indications not otherwise excluded from Part D	"Condition - Iron deficiency, Underlying infection or inflammatory process, Underlying hematological disease, Hemolysis, Vitamin deficiencies, Blood loss, Aluminum intoxication."	Chart notes - diagnosis. Labs - Tranferrin at least 20 percent, Ferritin at least 100 ng per ml. Labs- Hb less than 10 gm per dl and HCT less than 30 percent at initiation therapy. Serum Creatinine equal to or greater than 3, Creatinine clearance less than 60 ml per min per 1.73 m2. Post 60 days therapy labs- Hb/HCT less than 10/30 and rise in Hb/HCT is greater than 1/3. For perisurgical adjuvant therapy Hb between 10 and 13 gm per dl.			60 day intervals then re-evaluate with new Lab work
LOVENOX	Solution	Subcutaneous	Heparin And Related Preparations	All FDA-approved indications not otherwise excluded from Part D		After 7 days of therapy diagnosis required			Total of 60 days
COPEGUS INFERGEN PEGASYS PEG-INTRON PEG-INTRON REDIPEN PEG-INTRON REDIPEN PAK 4 REBETOL REBETOL RIBAPAK RIBAPAK RIBASPHERE RIBASPHERE RIBATAB RIBATAB RIBAVIRIN RIBAVIRIN	Tablets Injection Kit Kit Kit Kit Capsules Solution Misc Tablets Capsules Tablets Misc Tablets Capsules Tablets	Oral Subcutaneous Subcutaneous Subcutaneous Subcutaneous Oral Oral Oral Oral Oral Oral Oral Oral Oral Oral Oral	Hepatitis C Treatment Agents	All FDA-approved indications not otherwise excluded from Part D		"Hepatitis C diagnosis, genotpye: 1, 2, 3 or 4 and detectable viral load"			"upto 24 wks, re-evaluate. Additional 24 wks for genotypes 1 / 4 if decrease of 1 log in viral load"
ALFERON N INTRON-A W/DILUENT INTRON-A INTRON-A PROLEUKIN	Solution Solution Solution Kit Solution	Injectable Injectable Injectable Subcutaneous Intravenous	Immunomodulators	All FDA approved indications not otherwise excluded from Part D		Chart notes of direct exposure			Up to 16 weeks

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SANDIMMUNE SANDIMMUNE SANDIMMUNE SANDIMMUNE	Capsules Solution Capsules Solution	Oral Oral Oral Intravenous	Immunosuppressives	All FDA approved indications not otherwise excluded from Part D		Chart notes and diagnosis			Benefit Year
INTRALIPID	Emulsion	Intravenous	Iv Fat Emulsions	All FDA-approved indications not otherwise excluded from Part D		Chart notes status of gut function and percentage of body mass loss in a given duration. Abnormal Albumin levels			30 days then re-evaluate based on required medical information
KEPIVANCE	Solution	Intravenous	Keratinocyte Growth Factor (Kgf)	All FDA approved indications not otherwise excluded from Part D		Chart notes and diagnosis			30 days
LEUKINE LEUKINE NEULASTA NEUPOGEN	Solution Solution Solution Solution	Intravenous Injectable Subcutaneous Injectable	Leukocyte (Wbc) Stimulants	All medically accepted indications not otherwise excluded from Part D		Neutrophil count less than 1000000000 per liter			60 day intervals then re-evaluate with new Lab work
XOLAIR	Solution	Subcutaneous	Monoclonal Antibodies To Immunoglobulin E(Ige)	All FDA approved indications not otherwise excluded from Part D		Labs - Positive RAST test or evidence of positive skin test. Labs- IgE level greater than or equal to 30 IU per ml to less than or equal to 700 IU per ml. Chart notes - Failure to respons to treatment for moderate, persisent asthma greater than or equal to 6 months with either moderate dose ICS and long acting beta agonist ot low to moderate dose ICS, long acting inhaled beta 2 agonist and leukotriene modifiers. Chart notes - Failure to respond to treatment for severe persistent asthma for greater than or equal to 6 months with high dose ICS, long acting inhaled beta 2 agonist and leukotriene modifiers. Chart notes - Evidence of reversible disease (such as greater than or equal to 12 percent improvement in FEV1.	Not covered for children less than 12 years		Benefit year
BOTOX	Solution	Intramuscular	Neuromuscular Blocking Agents	All medically accepted indications not otherwise excluded from Part D		Chart notes with injection sites			90 days
PREVACID NAPRAPAC	Kit	Oral	Nsaid, Cox Inhibitor-Type / Proton Pump Inhib Comb	All FDA-approved indications not otherwise excluded from Part D		Chart Notes with diagnosis			Ulcers 4 wks. H.Pylori 10 days all other FDA indications approved for the benefit year.
KETOROLAC TROMETHAMINE KETOROLAC TROMETHAMINE	Solution Solution	Injectable Intramuscular	Nsaids, Cyclooxygenase Inhibitor - Type	All FDA-approved indications not otherwise excluded from Part D		Patient Chart Notes - Patient should not have GI bleeds/Ulcers			5 day supply
ZYVOX ZYVOX ZYVOX	Suspension Tablets Solution	Oral Oral Intravenous	Oxazolidinones	All FDA-approved indications not otherwise excluded from Part D		Culture and sensitivity and CBC within normal limits			Up to 28 days
KUVAN	Tablets	Oral	Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase	All FDA-approved indications not otherwise excluded from Part D		Positive PKU test and patient's weight (to calculate dose)			Benefit year
TICLID	Tablets	Oral	Platelet Aggregation Inhibitors	All FDA-approved indications not otherwise excluded from Part D		CBC within normal limits			Benefit year
PROCHIEVE	Gel	Vaginal	Pregnancy Facilitating/Maintaining Agent,Hormonal	All FDA-approved indications not otherwise excluded from Part D		Chart Notes with diagnosis			Duration of Pregnancy
VENTAVIS	Solution	Inhalation	Pulmonary Antihypertensives, Prostacyclin-Type	All FDA-approved indications not otherwise excluded from Part D		Chart Notes with diagnosis			Benefit year
SANDOSTATIN	Solution	Injectable	Somatostatic Agents	All FDA-approved indications not otherwise excluded from Part D					Benefit year

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COMVAX ENGERIX-B ENGERIX-B GARDASIL PEDIARIX RECOMBIVAX HB RECOMBIVAX HB TWINRIX ZOSTAVAX	Suspension Injection Suspension Suspension Suspension Injection Suspension Suspension Solution	Intramuscular Intramuscular Injectable Intramuscular Intramuscular Injectable Injectable Intramuscular Subcutaneous	Viral/Tumorigenic Vaccines	All FDA approved indications not otherwise excluded from Part D		Chart notes of direct exposure			"One-time fill, re-evaluation titers"
RETIN-A RETIN-A RETIN-A MICRO TRETINOIN TRETINOIN	Cream Gel Gel Gel Cream	Topical Topical Topical Topical Topical	Vitamin A Derivatives	All FDA-approved indications not otherwise excluded from Part D		diagnosis of acne required in patients over 35 years old			Benefit Year

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