**Information Valid as of January 9, 2009**

| Prior_Authorization_Group_Description | Drug_Name | Covered_Uses | Exclusion_Criteria | Required_Medical_Information | Age_Restrictions | Prescriber_Restrictions | Coverage_Duration | Other_Criteria |
|---|---|---|---|---|---|---|---|---|
| 5HT3 ANTI-NAUSEA AGENT BVD DETERMINATION | GRANISETRON HCL \| ONDANSETRON HCL \| ONDANSETRON ODT | 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. | | | | | | |
| ALDARA | ALDARA | EXTERNAL GENITAL AND PERIANAL WARTS/CONDYLOMA ACUMINATA, NONHYPERKERATOTIC, NONHYPER TROPHIC ACTINIC KERATOSES ON THE FACE OR SCALP, PRIMARY SUPERFICIAL BASAL CELL CARCINOMA. | ACTINIC KERATOSIS: NOT PRESCRIBED OR SUPERVISED BY DERMATOLOGIST. SUPERFICIAL BASAL CELL CARCINOMA: NOT PRESCRIBED OR SUPERVISED BY DERMATOLOGIST OR ONCOLOGIST. | PERINEAL GENITAL WARTS: FAILED/CONTRAINDICATION TO CONDYLOX. ACTINIC KERATOSIS: NON-HYPERKERATOTIC, NON-HYPERTROPHIC ACTINIC KERATOSES ON THE FACE OR SCALP, AND PATIENT IS GREATER THAN OR EQUAL TO 18 YEARS OF AGE, IMMUNOCOMPETENT, SUPERVISED BY DERMATOLOGIST, AND HAS FAILED OR HAS CONTRAINDICATION TO TOPICAL 5-FLUOROURACIL. SUPERFICIAL BASAL CELL CARCINOMA: NO GREATER THAN 2CM IN SIZE, NOT ON THE FACE, AND THE MEDICATION HAS BEEN PRESCRIBED OR IS CURRENTLY BEING SUPERVISED BY A DERMATOLOGIST OR ONCOLOGIST | ACTINIC KERATOSIS: GREATER THAN OR EQUAL TO 18 YEARS OF AGE | ACTINIC KERATOSIS: DERMATOLOGIST ONLY. SUPERFICIAL BASAL CELL CARCINOMA: DERMATOLOGIST OR ONCOLOGIST ONLY. | 4 MONTHS | CRITERIA APPLIES TO NEW STARTS ONLY |
| ARANESP | ARANESP ALBUMIN FREE \| ARANESP ALBUMIN FREE SURE | ANEMIA ASSOCIATED WITH CHRONIC RENAL FAILURE OR ANEMIA DUE TO EFFECT OF CONCOMITANTLY ADMINISTERED CHEMOTHERAPY. | HEMOGLOBIN GREATER THAN OR EQUAL TO 12GM/DL | ANEMIA ASSOCIATED WITH CHRONIC RENAL FAILURE OR ANEMIA DUE TO THE EFFECT OF CONCOMITANTLY ADMINISTERED CHEMOTHERAPY: HEMOGLOBIN LESS THAN 12GM/DL | | | RENAL FAILURE: 1 YEAR. CANCER CHEMOTHERPY: COURSE OF TREATMENT BASED ON CHEMOTHERAPY CYCLE. | |
| ARIXTRA | ARIXTRA | PREVENTION (PROPHYLAXIS) OF DEEP VEIN THROMBOSIS (DVT) AFTER HIP FRACTURE SURGERY, HIP REPLACEMENT SURGERY, KNEE REPLACEMENT SURGERY, OR PREVENTION OF VENOUS THROMBOEMBOLISM (VTE) IN PATIENTS UNDERGOING ABDOMINAL SURGERY, OUTPATIENT TREATMENT OF ACUTE DVT OR ACUTE PULMONARY EMBOLISM (PE) ADMINISTERED IN CONJUNCTION WITH WARFARIN | | FOR TREATMENT OF DVT/PE INDICATION ONLY: NOT CURRENTLY STABILIZED ON WARFARIN OR HAS NOT ESTABLISHED AN ORAL ANTICOAGULANT EFFECT WITH A THERAPEUTIC INR BETWEEN 2 TO 3. | | | HIP REPLACEMENT/FRACTURE SURGERY UP TO 30 DAYS KNEE/ABDOMINAL SURGERY/DVT/PE TREATMENT UP TO 14 DAYS | |
| BYETTA | BYETTA | TYPE II DIABETES | | TYPE II DIABETES: FAILURE TO REACH TREATMENT GOALS WITH EITHER METFORMIN, A SULFONYLUREA AGENT, OR A THIAZOLIDINEDIONE | | | 1 YEAR | |
| CERTOLIZUMAB PEGOL | CIMZIA | MODERATE TO SEVERE CROHNS DISEASE | CURRENTLY TAKING KINERET, ORENCIA OR RAPTIVA. | PATIENT TRIED ONE OR MORE CONVENTIONAL THERAPIES FOR CROHNS DISEASE SUCH AS CORTICOSTEROIDS, AZATHIOPRINE, MERCAPTOPURINE, METHOTREXATE, OR MESALAMINE | | DRUG BEEN PRESCRIBED BY OR IS IT CURRENTLY BEING SUPERVISED BY A GASTROENTEROLOGIST | 12 MONTHS | |
| CHANTIX | CHANTIX | SMOKING CESSATION | PATIENT NOT ENROLLED IN A SMOKING CESSATION PROGRAM | INITIAL: ENROLLMENT IN A SMOKING CESSATION PROGRAM RENEWAL: ABSTAINMENT FROM CIGARETTE USE DURING THE INITIAL 12 WEEKS OF TREATMENT | | | INITIAL: 12 WEEKS RENEWAL:12 WEEKS | |
| CHOLINESTERASE INHIBITORS FOR ALZHEIMER'S DISEASE | ARICEPT \| ARICEPT ODT \| EXELON | ALZHEIMER'S DISEASE | MINI MENTAL STATE EXAM (MMSE) SCORE GREATER THAN 26 | MINI MENTAL STATE EXAM (MMSE) SCORE OF 26 OR LESS | | | 1 YEAR | |
| EMEND BVD DETERMINATION | EMEND | 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. | | | | | | |
| ENBREL | ENBREL \| ENBREL SURECLICK | ACTIVE RHEUMATOID ARTHRITIS, PSORIATIC ARTHRITIS, JUVENILE ARTHRITIS OR ANKYLOSING SPONDYLITIS, CHRONIC MODERATE TO SEVERE PLAQUE PSORIASIS | | RHEUMATOID ARTHRITIS, PSORIATIC ARTHRITIS, ANKYLOSING SPONDYLITIS OR JUVENILE ARTHRITIS: TRIAL/FAILURE OR EXPERIENCE WITH INTOLERABLE SIDE EFFECTS TO A DMARD AGENT. CHRONIC MODERATE TO SEVERE PLAQUE PSORIASIS: INVOLVING GREATER THAN OR EQUAL TO 10% OF BODY SURFACE AREA AND PATIENT HAS FAILED OR HAS CONTRAINDICATION TO 1 OR MORE FORMS OF PREFERRED THERAPY (PUVA, UVB, ACITRETIN, METHOTREXATE OR CYCLOSPORINE). | | RHEUMATOLOGIST OR DERMATOLOGIST ONLY | INITIAL: 3 MONTHS RENEWAL: 1 YEAR | |
| ERYTHROPOIETIN AGENTS | EPOGEN \| PROCRIT | ANEMIA OF CHRONIC RENAL FAILURE, ANEMIA RELATED TO AZT THERAPY, ANEMIA IN CANCER PATIENT RECEIVING CHEMOTHERAPY, REDUCTION OF ALLOGENIC BLOOD TRANSFUSION IN PATIENT UNDERGOING ELECTIVE SURGERY | CHRONIC RENAL FAILURE: HEMOGLOBIN EQUAL TO OR GREATER THAN 10 GM/DL IF NOT UNDERGOING DIALYSIS OR GREATER THAN OR EQUAL TO 12 IF ON DIALYSIS. PATIENTS WITH ANEMIA RELATED TO AZT THERAPY/ANEMIA DUE TO CONCOMITANTLY ADMINISTERED CHEMOTHERAPY: HEMOGOBIN EQUAL TO OR GREATER THAN 12 GM/DL. PATIENTS SCHEDULED FOR ELECTIVE, NONCARDIAC SURGERY, NONVASCULAR SURGERY: HEMOGLOBULIN GREATER THAN 13 GM/DL. | CHRONIC RENAL FAILURE: HEMOGLOBIN LESS THAN 10GM/DL IF NOT UNDERGOING DIALYSIS OR LESS THAN OR EQUAL TO 12 IF ON DIALYSIS. ANEMIA RELATED TO AZT THERAPY/ANEMIA DUE TO CONCOMITANTLY ADMINISTERED CHEMOTHERAPY:HEMOGLOBIN LESS THAN 12 GM/DL PATIENT SCHEDULED FOR ELECTIVE, NONCARDIAC, NONVASCULAR SURGERY: HEMOGLOBIN LEVEL GREATER THAN 10MG/DL AND LESS THAN OR EQUAL TO 13 GM/DL | | | ANEMIA FROM CHRONIC RENAL FAILURE/AZT /CHEMOTHERAPY: 1 YEAR ANEMIA FROM ELECTIVE SURGERY: 14 DAYS | |
| FENTANYL TRANSDERMAL PATCH | FENTANYL | CHRONIC PAIN | | CHRONIC PAIN (E.G. SUCH AS THAT ASSOCIATED WITH CANCER): PATIENT RECEIVING DAILY, AROUND-THE-CLOCK PAIN MEDICATION FOR AT LEAST ONE WEEK OR A PATIENT UNABLE TO TAKE OR INTOLERANT TO ORAL LONG-ACTING OPIOID NARCOTIC ANALGESICS. | | | 12 MONTHS | |
| FENTANYL TRANSMUCOSAL AGENTS | FENTANYL CITRATE ORAL TRANSMUCOSAL \| FENTORA | ALL MEDICALLY ACCEPTED INDICATIONS NOT OTHERWISE EXCLUDED FROM PART D FOR PATIENTS WITH A DIAGNOSIS OF CANCER | | CANCER: ON A MAINTENANCE DOSE OF CONTROLLED- RELEASE PAIN MEDICATION, OR EITHER A TRIAL AND FAILURE 1 IMMEDIATE-RELEASE ORAL PAIN AGENT OR DIFFICULTY SWALLOWING TABLETS/CAPSULES | | | 6 MONTHS | |
| FORTEO | FORTEO | SEVERE OSTEOPOROSIS. ALL MEDICALLY ACCEPTED INDICATIONS NOT OTHERWISE EXCLUDED FROM PART D FOR PATIENTS WITH A T - SCORE LESS THAN OR EQUAL TO 2.5 AND MULTIPLE RISK FACTORS. ALL MEDICALLY ACCEPTED INDICATIONS NOT OTHERWISE EXCLUDED FROM PART D FOR PATIENTS WHO HAVE EITHER FAILED AN ADEQUATE TRIAL OF BISPHOSPHONATES OR HAVE A CONTRAINIDCATION TO BISPOHSPHONATES | PAGET'S DISEASE, HISTORY OF RADIATION THERAPY, BONE MALIGNANCY, HISTORY OF HYPERCALCEMIA OR HYPERPARATHYROIDISM | A PATIENT WITHOUT A DIAGNOSIS OF PAGET'S DISEASE, HISTORY OF RADIATION THERAPY, BONE MALIGNANCY, HISTORY OF HYPERCALCEMIA OR HYPERPARATHYROIDISM. A PATIENT WITH EITHER A DIAGNOSIS OF SEVERE OSTEOPOROSIS (T-SCORE LESS THAN -2.5 WITH FRAGILITY FRACTURE) OR A T SCORE EQUAL TO OR LESS THAN -2.5 AND MULTIPLE RISK FACTORS FOR FRACTURE (E.G. HISTORY OF MULTIPLE RECENT LOW TRAUMA FRACTURES, CORTICOSTEROID USE, OR USE OF GNRH ANALOGS OR A PATIENT WHO HAS FAILED AN ADEQUATE TRIAL OF BISPHOSPHONATES, IS INTOLERANT, OR HAS A CONTRAINDICATION TO BISPHOSPHONATES. | | | 12 MONTHS | |
| GROWTH HORMONE AGENTS | GENOTROPIN \| GENOTROPIN MINIQUICK \| HUMATROPE \| HUMATROPE COMBO PACK \| NORDITROPIN CARTRIDGE \| NORDITROPIN NORDIFLEX PEN \| NUTROPIN \| NUTROPIN AQ \| NUTROPIN AQ PEN \| OMNITROPE \| SAIZEN \| SAIZEN CLICK.EASY \| SEROSTIM \| TEV-TROPIN \| ZORBTIVE | PEDIATRIC GROWTH HORMONE DEFICIENCY, GROWTH FAILURE DUE TO CHRONIC RENAL INSUFFICIENCY, GROWTH FAILURE DUE TO SMALL FOR GESTATIONAL AGE OR INTRAUTERINE GROWTH RETARDATION, SHORT STATURE ASSOCIATED WITH TURNER SYNDROME, PRADER-WILLI SYNDROME, ADULT GROWTH HORMONE DEFICIENCY, HIV/AIDS-WASTING SYNDROME, SHORT-BOWEL SYNDROME AND NOONAN SYNDROME | IDIOPATHIC SHORT STATURE, NOT PRESCRIBED BY SPECIALIST, CLOSED EPIPHYSIS, RENAL TRANSPLANTATION, GROWTH HORMONE DEFICIENCIES NOT CONFIRMED BY ONE SUBNORMAL PROVACTIVE STIMULATION TEST, HIV PATIENTS NOT ON ANTIVIRAL THERAPY | FOR ALL DIAGNOSES: SPECIALITY PHYSICIAN REQUIRED FOR ALL PEDIATRIC GROWTH FAILURES, PRADER-WILLI SYNDROME (INITAL AND RENEWAL): EPIPHYSIS MAY NOT BE CLOSED AND PATIENT MUST NOT HAVE REACHED FINAL HEIGHT PEDIATRIC GROWTH HORMONE DEFICIENCY (GHD) INITIAL:SUBNORMAL PROVOCATIVE STIMULATION TEST, DIAGNOISIS CONFIRMED BY SPECIFIED CRITERIA PEDIATRIC (GHD) RENEWAL:POSITIVE RESPONSE TO THE FIRST 6 MONTHS OF THERAPY FOR GROWTH FAILURE DUE TO (CRI INITIAL): THE PATIENT HAS NOT UNDERGONE A RENAL TRANSPLANT, PATIENT'S HEIGHT AT LEAST 2 STANDARD DEVIATIONS (SD) BELOW THE MEAN HEIGHT FOR NORMAL CHILDREN OF THE SAME AGE AND GENDER, RENEWAL FOR GROWTH FAILURE DUE TO (CRI) : ABSENCE OF LACK OF RESPONSE OR NOT ELIGIBLE FOR RENEWAL IF PATIENT HAS REACHED 50TH PERCENTILE FOR TARGET HEIGHT FOLLOWING GROWTH HORMONE THERAPY GROWTH FAILURE DUE TO SMALL FOR GESTATIONAL AGE OR INTRAUTERINE GROWTH RETARDATION INITIAL: BIRTH WEIGHT (LESS THAN 2.5KG AT GESTATION AGE OF 37 WEEKS) OR BIRTH LENGTH/WEIGHT BELOW THIRD PERCENTILE FOR GESTATION AGE, HEIGHT AT LEAST 2 SD BELOW | | ONLY PEDIATRIC ENDOCRINOLOGIST OR ENDOCRINOLOGIST CAN PRESCRIBE FOR THE FOLLOWING DIAGNOSES: PEDIATRIC GROWTH HORMONE | HIV/AIDS: 3 MONTHS SHORT BOWEL: 4 WEEK ONCE. ALL OTHER DIAGNOSES: INITIAL 6 MONTHS, RENEW 12 MONTHS. | |
| HEPATITIS A VACCINE (INACTIVATED) BVD DETERMINATION | HAVRIX \| VAQTA | 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. | | | | | | |
| HEPATITIS B VACCINE BVD DETERMINATION | ENGERIX-B \| RECOMBIVAX HB | 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. | | | | | | |
| HUMIRA | HUMIRA \| HUMIRA PEN \| HUMIRA PEN-CROHNS DISEASE | RHEUMATOID ARTHRITIS, PSORIATIC ARTHRITIS, ANKYLOSING SPONDYLITIS, PLAQUE PSORIASIS, MODERATE TO SEVERE CROHN'S DISEASE, JUVENILE IDIOPATHIC ARTHRITIS | FOR ALL DIAGNOSES: CONCURRENT USE WITH ORENCIA/ KINERET/RAPTIVA ACTIVE RHEUMATOID ARTHRITIS/PSORIATIC ARTHRITIS/ANKYLOSING SPONDYLITIS INITIAL: NO TRIAL OR CONTRAINDICATION TO DMARD THERAPY ACTIVE RHEUMATOID ARTHRISTIS/PSORIATIC ARTHRITIS RENEWAL: LESS THAN 20% OR GREATER IMPROVEMENT IN TENDER JOINT COUNT AND SWOLLEN JOINT COUNT ANKYLOSING SPONDYLITIS RENEWAL: LESS THAN 50% IMPROVEMENT OF 2 UNITS IMPROVEMENT IN BASDAI PLAQUE PSORIASIS: NOT PRESCRIBED/SUPERVISED BY A RHEUMATOLOGIST OR DERMATOLOGIST, NO TRIAL/CONTRAINDICATION TO CONVENTIONAL TOPICAL THERAPY/PHOTOTHERAPY PLAQUE PSORIASIS RENEWAL: PATIENT HAS NOT ACHIEVED CLEAR OR MINIMIMAL DISEASE OR A DECREASE IN PASI OF 75% OR MORE CROHN'S DISEASE: NOT INITIATED/RECOMMENDED BY A GASTROENTEROLOGIST, NO TRIAL/CONTRAINDICATION TO CONVENTIONAL THERAPIES/INFLIXIMAB CROHN'S DISEASE RENEWAL: PATIENT HAS NOT EXPERIENCED AT LEAST A 70 POINT DECREASE IN CDAI SCORE | RHEUMATOID ARTHRITIS/PSORIATIC ARTHRITIS/ANKYLOSING SPONDYLITIS INITIAL: TRIAL /FAILURE OR ADVERSE EFFECTS TO DMARDS RHEUMATOID/PSORIATIC ARTHRITIS RENEWAL:AT LEAST 20% IMPROVEMENT IN TENDER JOINT COUNT AND SWOLLEN JOINT COUNT ANKYLOSING SPONDYLITIS RENEWAL: IMPROVEMENT OF AT LEAST 50% OR 2 UNITS IN THE BATH ANKYLOSING SPONDYLITIS DISEASE ACTIVITY INDEX (BASDAI) PLAQUE PSORIASIS INITIAL: PRESCRIBED OR SUPERVISED BY A RHEUMATOLOGIST OR DERMATOLOGIST, TRIAL/FAILURE OR ADVERSE EFFECT TO AT LEAST ONE CONVENTIONAL TOPICAL THERAPY AND TRIAL/FAILURE OF PHOTOTHERAPY PLAQUE PSORIASIS RENEWAL: EXPERIENCED/ACHIEVED CLEAR OR MINIMAL DISEASE OR A DECREASE IN PASI OF 75% OR MORE MODERATE/SEVERE CROHN'S DISEASE INITIAL: INITIATED/RECOMMENDED BY A GASTROENTEROLOGIST, TRIAL OF ONE OR MORE CONVENTIONAL THERAPIES FOR CROHN'S DIESEASE AND FAILED TREATMENT WITH INFLIXIMAB CROHN'S DISEASE RENEWAL: AT LEAST A 70 POINT DECREASE IN THE CROHN'S DISEASE ACTIVITY INDEX (CDAI) SCORE. | | PLAQUE PSORIASIS: RHEUMATOLOGIST, DERMATOLOGIST, ONLY CROHN'S DIESEASE: GASTROENTEROLOGIST ONLY | INITIATION: 3 MONTHS, EXCEPT FOR PLAQUE PSORIASIS INITIAL APPROVAL FOR 4 MONTHS RENEWAL: 1 YEAR | RHEUMATOID ARTHRITIS/PSORIATIC ARTHRITIS RENEWAL: FOR HUMIRA DOSE OF 40 MG EVERY WEEK, THE PATIENT MUST HAVE TRIED/FAILED AT LEAST A 3-MONTH TRIAL OF HUMIRA 40MG EVERY OTHER WEEK. |
| IMMUNE GLOBULIN BVD DETERMINATION | CARIMUNE NANOFILTERED \| FLEBOGAMMA \| GAMASTAN S/D \| GAMMAGARD LIQUID \| GAMUNEX \| IVEEGAM EN \| OCTAGAM \| PANGLOBULIN NF \| POLYGAM S/D \| VIVAGLOBIN | 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. | | | | | | |
| IMMUNOSUPPRESSANT BVD DETERMINATION | AZATHIOPRINE \| AZATHIOPRINE SODIUM \| CELLCEPT \| CELLCEPT INTRAVENOUS \| CYCLOSPORINE \| CYCLOSPORINE MODIFIED \| GENGRAF \| MYFORTIC \| ORTHOCLONE OKT3 \| PROGRAF \| RAPAMUNE \| SIMULECT \| ZENAPAX | 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. | | | | | | |
| INFUSIBLE DRUG BVD DETERMINATION | ABELCET \| ACYCLOVIR SODIUM \| ADRIAMYCIN \| AMBISOME \| AMPHOTEC \| AMPHOTERICIN B \| BLEOMYCIN SULFATE \| CLADRIBINE \| CYTARABINE \| CYTARABINEAQUEOUS \| CYTOVENE \| DOXIL \| DOXORUBICIN HCL \| FLUOROURACIL \| FOSCARNET SODIUM \| REMICADE \| REMODULIN \| VINBLASTINE SULFATE \| VINCASAR PFS \| VINCRISTINE SULFATE | 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. | | | | | | |
| INTERFERON AGENTS, OTHER | INFERGEN \| PEGASYS \| PEG-INTRON \| PEG-INTRON REDIPEN \| PEG-INTRON REDIPEN PAK 4 | CHRONIC HEPATITIS C. HEPATITIS B | PRESCRIBER IS NOT GASTROENTEROLOGIST OR INFECTIOUS DISEASE SPECIALIST OR PHYSICIAN SPECIALIZING IN THE TREATMENT OF HEPATITIS (E.G. HEPATOLOGIST), PATIENT IS NOT 18 YEARS OF AGE OR OLDER. INITIAL CRITERIA: UNDETECTABLE PRETREATMENT HCV RNA LEVEL/VIRAL LOAD GREATER OR EQUAL TO 50 IU/ML RENEWAL CRITERIA: GENOTYPE 2,3 FOR BOTH INITIAL AND RENEWAL CRITERIA: INTERFERON MAY NOT BE SOLE THERAPY UNLESS THERE IS A CONTRAINDICATION TO THERAPY | CHRONIC HEPATITIS C INITIAL: PATIENT 18 YEARS OF AGE OR OLDER WITH DETECTABLE PRETREATMENT HCV RNA LEVEL/VIRAL LOAD OF GREATER THAN OR EQUAL TO 50 IU/ML, AND EITHER RIBAVIRIN BEING USED IN COMBINATION WITH PEG-INTRON OR PEGASYS, OR CONTRAINDICATION TO COMBINATION (RIBAVIRIN + INTERFERON) THERAPY, AND GENOTYPE 1,2,3,4, 5 OR 6. FOR PATIENTS WITH GENOTYPE 1,4,5, OR 6: PATIENT'S LIVER BIOPSY MUST SHOW CHRONIC HEPATITIS WITH SIGNIFICANT FIBROSIS (METAVIR SCORE GREATER THAN OR EQUA TO 2 OR ISHAK SCORE GREATER THAN OR EQUAL TO 3), CHRONIC HEPATATIS C RENEWAL: UNLESS THERE IS A CONTRAINDICATION TO COMBINATION THERAPY, THE REQUEST IS FOR CONTINUING TREATMENT FOR COMBINATION THERAPY WITH RIBAVIRIN AND AN INTERFERON, PATIENT ACHIEVED A GREATER THAN OR EQUAL TO 2 LOG REDUCTION IN HCV RNA FROM BASELINE VALUE IN THE FIRST 12 WEEKS OF TREATMENT, GENOTYPE 1,4,5,6 HEPATITIS C | 18 YEARS OF AGE OR OLDER | GASTROENTEROLOGIST, INFECTIOUS DISEASE SPECIALIST, PHYSICIAN SPECIALIZING IN THE TREATMENT OF HEPATITIS (E.G. HEPATOLOGIST) ONLY | HEP C GENOTYPE 1,4,5,6 INITIAL 16 WEEKS, RENEWAL 32 WEEKS, GENOTYPE 2, 3: 24 WEEKS | |
| INTERFERON ALFA-2A AND 2B MONOTHERAPY AGENTS | INTRON-A \| INTRON-A W/DILUENT | CHRONIC HEPATITIS C, HAIRY CELL LEUKEMIA, CONDYLOMATA ACUMINATA, AIDS-RELATED KAPOSI'S SARCOMA, CHRONIC HEPATITIS B, NON-HODGKIN'S LYMPHOMA, MALIGNANT MELANOMA, CHRONIC PHASE PHILADELPHIA CHROMOSOME (PH) POSITIVE CHRONIC MYELOGENOUS LEUKEMIA (CML) PATIENTS WHO ARE MINIMALLY RETREATED (WITHIN 1 YEAR OF DIAGNOSIS), FOLLICULAR LYMPHOMA | CHRONIC HEPATITIS C INITIAL: PATIENT LESS THAN 3 YEARS OF AGE, UNDETECTABLE HCV RNA LEVEL/VIRAL LOAD (LESS THAN OR EQUAL TO 50 IU/ML), MONOTHERAPY WITH RIBAVIRIN (UNLESS THE PATIENT HAS A CONTRAINDICATION), PREGNANT PATIENT OR IF THE PATIENT'S PARTNER IS PREGNANT, LIVER BIOPSY WITHOUT SIGNIFICANT FIBROSIS FOR GENOTYPE 1,4,5, OR 6. NOT SUPERVISED BY AN INFECTIOUS DISEASE SPECIALIST, GASTROENTEROLOGIST, OR A HEPATOLOGIST CHRONIC HEPATITIS C RENEWAL: GENOTYPE 2,3 | HAIRY CELL LEUKEMIA, OR CONDYLOMATA ACUMINATA, OR AIDS-RELATED KAPOSI'S SARCOMA, OR CHRONIC HEPATITIS B, NON-HODGKIN'S LYMPHOMA, OR MALIGNANT MELANOMA OR CHRONIC PHASE, OR PHILADELPHIA CHROMOSOME (PH) POSITIVE CHRONIC MYELOGENOUS LEUKEMIA (CML) PATIENTS WHO ARE MINIMALLY PRETREATED (WITHIN 1 YEAR OF DIAGNOSIS), OR FOLLICULAR LYMPHOMA. HEPATITIS C INITIAL: PATIENT 3 YEARS OF AGE OR OLDER WITH DETECTABLE PRETREATMENT HCV RNA LEVEL/VIRAL LOAD EQUAL OR GREATER THAN 50 IU/ML, RIBAVIRIN USED IN COMBINATION WITH INTRON A UNLESS THERE IS A CONTRAINDICATION TO RIBAVIRIN, THE PATIENT OR THE PATIENT'S PARTNER IS NOT PREGNANT, PATIENT INFECTED WITH GENOTYPE 1,4,5,6 THE PATIENT'S LIVER BIOPSY SHOW CHRONIC HEPATITIS WITH SIGNIFICANT FIBROSIS (METAVIR SCORE EQUAL OR GREATER THAN 2 OR ISHAK SCORE EQUAL TO OR GREATER THAN OR PATIENT INFECTED WITH GENOTYPE 2 OR 3. HEPATITIS C RENEWAL: PATIENT INFECTED WITH HEPATITIS C AND REQUEST IS FOR CONTINUING COMBINATION THERAPY WITH RIBAVIRIN, UNLESS RIBAVIRIN IS CONTRAINDICATED, PATIENT ACHIEVED A MINIMUM 2 LOG DECREASE IN VIRAL LOAD DURING | FOR HEPATITIS C DIAGNOSIS: EQUAL TO OR GREATER THAN 3 YEARS OF AGE | | HEP C:GENOTYPE 1,4,5,6:INITIAL 16 WEEKS RENEWAL 32 WEEKS GENOTYPE 2,3: 24 WEEKS. FOR OTHERS 6 MONTHS | |
| LOW MOLECULAR WEIGHT HEPARIN AGENTS | FRAGMIN \| INNOHEP \| LOVENOX | ALL MEDICALLY ACCEPTED INDICATIONS NOT OTHERWISE EXCLUDED FROM PART D IF THE PATIENT IS CURRENTLY ON WARFARIN AND SCHEDULED FOR MINOR PROCEDURE/SURGERY. FOR PREVENTION OF THROMBOSIS FOLLOWING SURGERY OR PREVENTION OF ISCHEMIC COMPLICATIONS OF UNSTABLE ANGINA AND NON-Q WAVE. FOR OUTPATIENT TREATMENT OF ACUTE DEEP VEIN THROMBOSIS (DVT), WITHOUT PULMONARY EMBOLISM (PE) AND ADMINISTERED IN CONJUNCTION WITH WARFARIN. | | CURRENTLY ON WARFARIN AND SCHEDULED FOR MINOR SURGERY OR MAJOR SURGERY OR FOR PREVENTION OF THROMBOSIS FOLLOWING SURGERY: PATIENT DOES NOT HAVE THERAPEUTIC INR (GREATER THAN 2 FOR AT LEAST 2 DAYS), FOR OUTPATIENT TREATMENT OF ACUTE DEEP VEIN THROMBOSIS (DVT) WITHOUT PULMONARY EMBOLISM (PE): CONCURRENT TREATMENT WITH ORAL WARFARIN FOR CANCER PATIENTS WHO REQUIRE DALTEPARIN TO REDUCE THE REOCCURRENCE OF VTE (VENOUS THROMBOEMBOLISM: DVT AND/OR PE). PREVENTION OF THROMBOSIS FOLLOWING SURGERY (ABDOMINAL, KNEE OR HIP REPLACEMENT) OR FOR THE PREVENTION OF ISCHEMIC COMPLICATIONS OF UNSTABLE ANGINA AND NON-Q WAVE M | | | CANCER:LIFETIME HIP REPLACEMENT/FRACTURE SURGERY UP TO 30 DAYS OTHER FDA INDICATIONS UP TO 17 DAYS | |
| MEASLES VIRUS LIVE VACCINE BVD DETERMINATION | ATTENUVAX | 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. | | | | | | |
| NAMENDA | NAMENDA \| NAMENDA TITRATION PAK | MODERATE TO SEVERE ALZHEIMER'S DISEASE | | PATIENT HAS A DIAGNOSIS OF MODERATE TO SEVERE ALZHEIMER'S DISEASE WITH A MMSE (MINI MENTAL STATUS EXAM) OF 19 OR LESS. | | | 1 YEAR | |
| PREGABALIN | LYRICA | DIAGNOSIS OF SEIZURE DISORDER, EPILEPSY, POSTHERPETIC NEURALGIA, DIABETIC PERIPHERAL NEUROPATHY OR FIBROMYALGIA. | | FOR ALL DIAGNOSES: PRESCRIBING NEUROLOGIST OR PAIN SPECIALIST OR DIAGNOSIS OF SEIZURE DISORDER, EPILEPSY OR FIBROMYALGIA: TRIAL/FAILURE OR CONTRAINDICATION TO GABAPENTIN OR DIAGNOSIS OF NEUROPATHIC PAIN OTHER THAN TRIGEMINAL NEURALGIA OR FIBROMYALGIA (E.G. DIABETIC PERIPHERAL NEUROPATHY, POST-HERPETIC NEURALGIA): TRIAL/FAILURE OR CONTRAINDICATION TO TRICYCLIC ANTIDEPRESSANTS. | | NEUROLOGIST OR PAIN SPECIALIST | 1 YEAR | |
| PROTOPIC | PROTOPIC | ALL MEDICALLY ACCEPTED INDICATIONS NOT OTHERWISE EXCLUDED FROM PART D | PROTOPIC 0.03%: PATIENT AGE LESS THAN 2 YEARS OLD. PROTOPIC 0.1%: PATIENT AGE LESS THAN 15 YEARS OLD BUT GREATER THAN OR EQUAL TO 2 YEARS OLD | | PROTOPIC 0.03%: PATIENT AGE GREATER THAN OR EQUAL TO 2 YEARS OLD. PROTOPIC 0.1%: PATIENT AGE GREATER THAN OR EQUAL TO 15 YEARS OLD | | 12 MONTHS | |
| PROVIGIL | PROVIGIL | SHIFT WORK SLEEP DISORDER, OBSTRUCTIVE SLEEP APNEA/HYPOAPNEA SYNDROME, EXCESSIVE DAYTIME SLEEPINESS ASSOCIATED WITH NARCOLEPSY, | | SHIFT WORK DISORDER. OBSTRUCTIVE SLEEP APNEA/HYPOAPNEA SYNDROME: TRIAL OF CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) AND RECOMMENDED OR INITIATED BY A PHYSICIAN WHO SPECIALIZES IN SLEEP DISORDER. NARCOLEPSY: TRIED/FAILED OR CONTRAINDICATION TO AMPHETAMINE, DEXTROAMPHETAMINE AND/OR METHYLPHENIDATE. | | | 1YEAR | |
| QUALAQUIN | QUALAQUIN | MALARIA | | | | | 1 YEAR | |
| RABIES VACCINE BVD DETERMINATION | IMOVAX RABIES (H.D.C.V.) \| RABAVERT | 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. | | | | | | |
| RANEXA | RANEXA | CHRONIC ANGINA | PATIENTS TAKING QTC-PROLONGING DRUGS, POTENT/ MODERATELY POTENT CYP3A INHIBITORS, HIV PROTEASE INHIBITORS, MACROLIDES, PATIENT HAS NOT TRIED/FAILED OR HAVE CONTRAINDICATION TO 1 ANTI-ANGINA AGENT, RANEXA USED AS SINGLE THERAPY. | CHRONIC ANGINA: NO CONCURRENT USE OF QT PROLONGING AGENTS, POTENT/ MODERATELY POTENT CYP3A INHIBITORS, HIV PROTEASE INHIBITORS, OR MACROLIDES, AND HAVE TRIED/FAILED/HAVE A CONTRAINDICATION TO AT LEAST 1 ANTI-ANGINAL AGENT. RANEXA MUST BE USED IN COMBINATION WITH ANOTHER ANTI-ANGINAL AGENT, AMLODIPINE, ISOSORBIDE OR LONG-ACTING NITROGLYCERIN. | | | 12 MONTHS | |
| REGRANEX | REGRANEX | ALL MEDICALLY ACCEPTED INDICATIONS NOT OTHERWISE EXCLUDED FROM PART D IF THE PATIENT IS DIAGNOSED WITH DIABETES MELLITUS | DIAGNOSED NEOPLASM, NECROTIC TISSUE, INFECTION OR OSTEOMYELITIS AT SITE OF APPLICATION, NOT WRITTEN BY VASCULAR SURGEON, PODIATRIST, ENDOCRINOLOGIST OR PHYSICIAN PRACTICING IN A SPECIALTY WOUND CLINIC | ALL MEDICALLY ACCEPTED INDICATIONS NOT OTHERWISE EXCLUDED FROM PART D IF THE PATIENT IS DIAGNOSED WITH DIABETES MELLITUS: PRESCRIPTION WRITTEN OR CURRENTLY SUPERVISED BY A VASCULAR SURGEON, PODIATRIST, ENDOCRINOLOGIST OR PHYSICIAN PRACTICING IN A SPECIALTY WOUND CLINIC, PATIENT WITHOUT A DIAGNOSED NEOPLASM/NECROTIC TISSUE/INFECTION/OSTEOMYELITIS AT SITE OF APPLICATION | | VASCULAR SURGEON, PODIATRIST, ENDOCRINOLOGIST OR PHYSICIAN PRACTICING IN A SPECIALTY WOUND CLINIC ONLY | 3 MONTHS | |
| RESTASIS | RESTASIS | ALL MEDICALLY ACCEPTED INDICATIONS NOT OTHERWISE EXCLUDED FROM PART D IF PRESCRIBED BY AN OPHTHALMOLOGIST, OPTOMETRIST, OR RHEUMATOLOGIST, KERATOCONJUNCTIVITIS SICCA, DRY EYE DISEASE | KERATOCONJUNCTIVITIS SICCA (KCS) OR DRY EYE DISEASE: HAS NOT FAILED A TRIAL OF ARTIFICIAL TEARS AND/OR LACRISERT | ALL MEDICALLY ACCEPTED INDICATIONS NOT OTHERWISE EXCLUDED FROM PART D: PRESCRIBED BY AN OPHTHALMOLOGIST, OPTOMETRIST, OR RHEUMATOLOGIST. DIAGNOSIS OF KERATOCONJUNCTIVITIS SICCA/DRY EYE DISEASE. | | OPHTHALMOLOGIST, OPTOMETRIST, RHEUMATOLOGIST | 1 YEAR | |
| REVATIO | REVATIO | PULMONARY ARTERIAL HYPERTENSION | PHYSICIAN NOT A CARDIOLOGIST OR PULMONOLOGIST | PULMONARY ARTERIAL HYPERTENSION: WHO CLASS II-IV SYMPTOMS | | CARDIOLOGIST OR PULMONOLOGIST ONLY | 1 YEAR | |
| SAPROPTERIN | KUVAN | ALL MEDICALLY ACCEPTED INDICATIONS NOT OTHERWISE EXCLUDED FROM PART D | INITIAL: PRESCRIBER NOT AN ENDOCRINOLOGIST, PATIENT LESS THAN 4 YEARS OLD , HAS NOT TRIED DIETARY MODIFICATIONS RENEWAL: PATIENT HAS NOT ACHIEVED AT LEAST 20% REDUCTION IN BLOOD PHE WITH INITIAL TREATMENT | ALL MEDICALLY ACCEPTED INDICATIONS NOT OTHERWISE EXCLUDED FROM PART D INITIAL: TREATMENT BY AN ENDOCRINOLOGIST AND AGE 4 YEARS OR OLDER, AND PATIENT FAILED TO ACHIEVE ADEQUATE REDUCTION OF PHE LEVELS WITH DIETARY MODIFICATIONS. RENEWAL: PATIENT ACHIEVED AT LEAST 20% REDUCTION IN BLOOD PHE WITH INITIAL TREATMENT | 4 YEARS OF AGE OR OLDER | ENDOCRINOLOGIST ONLY | INITIAL USE: 4 WEEKS. CONTINUED USE: 6 MONTHS | |
| STRATTERA | STRATTERA | ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD), ATTENTION DEFICIT DISORDER (ADD) | | ADHD/ADD: TRIED AND FAILED A STIMULANT MEDICATION OR A HISTORY OF SUBSTANCE ABUSE | | | 12 MONTHS | |
| SYMLIN | SYMLIN \| SYMLINPEN 120 \| SYMLINPEN 60 | TYPE I OR TYPE II DIABETES | AGE LESS THAN 16 YEARS, RECENT HBA1C VALUE (WITHIN THE LAST 3 MONTHS) GREATER THAN 9, GASTROPARESIS DIAGNOSIS, OR REQUIRES THE USE OF DRUGS TO STIMULATE GASTROINTESTINAL MOTILITY, POOR COMPLIANCE WITH INSULIN REGIMEN, POOR COMPLIANCE WITH BLOOD GLUCOSE MONITORING REGIMEN, OR SEVERE HYPOGLYCEMIA REQUIRING ASSISTANCE WITHIN THE LAST 6 MONTHS | TYPE I OR TYPE II DIABETES: PATIENT AT LEAST 16 YEARS OLD, AND FAILURE TO REACH TREATMENT GOALS WITH INSULIN (ALONE OR IN COMBINATION WITH ORAL DIABETIC AGENTS), AND REQUIRING MEALTIME INSULIN OR CONTINUOUS INSULIN INFUSION (INSULIN PUMP) FOR GLYCEMIC CONTROL, AND RECENT HBA1C VALUE (WITHIN THE LAST 3 MONTHS) LESS THAN 9%, AND DOES NOT HAVE A DIAGNOSIS OF GASTROPARESIS OR REQUIRES THE USE OF DRUGS TO STIMULATE GASTROINTESTINAL MOTILITY, AND DOES NOT HAVE POOR COMPLIANCE WITH INSULIN REGIMEN, BLOOD GLUCOSE MONITORING REGIMEN, OR AN EXPERIENCE WITH SEVERE HYPOGLYCEMIA REQUIRING ASSISTANCE WITHIN THE LAST 6 MONTHS | 16 YEARS OF AGE OR OLDER | | 1 YEAR | |
| TESTOSTERONE AGENTS | ANDRODERM \| ANDROGEL \| ANDROGEL PUMP \| TESTOSTERONE CYPIONATE \| TESTOSTERONE ENANTHATE | HYPOGONADISM (PRIMARY OR SECONDARY), DELAYED PUBERTY AND METASTATIC BREAST CANCER | LABORATORY CONFIRMED TOTAL SERUM TESTOSTERONE LEVEL EQUAL TO OR GREATER THAN 250NG/DL (8.7NMOL/L) OBTAINED WITHIN 90 DAYS OR A LABORATORY CONFIRMED TOTAL SERUM TESTOSTERONE LEVEL NOT BETWEEN 250NG/DL AND 350NG/DL (12NMOL/L) AND A FREE SERUM TESTOSTERONE LEVEL OF EQUAL OR GREATER THAN 50NG/L (174 PMOL/L) | HYPOGONADISM: MALE AGE 12 YEARS OF AGE OR OLDER, A LABORATORY CONFIRMED TOTAL SERUM TESTOSTERONE LEVEL OF LESS THAN 250NG/DL (8.7NMOL/L) OBTAINED WITHIN 90 DAYS OR A LABORATORY CONFIRMED TOTAL SERUM TESTOSTERONE LEVEL BETWEEN 250NG/DL AND 350NG/DL (12NMOL/L) AND A FREE SERUM TESTOSTERONE LEVEL OF LESS THAN 50NG/L (174 PMOL/L). | 12 YEARS OF AGE OR OLDER | | 1 YEAR | |
| TETANUS TOXOID VACCINE BVD DETERMINATION | TETANUS TOXOID ADSORBED | 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. | | | | | | |
| TOTAL PARENTARAL NUTRITION AGENT BVD DETERMINATION | AMINOSYN \| AMINOSYN 7%/ELECTROLYTES \| AMINOSYN 8.5%/ELECTROLYTES \| AMINOSYN II \| AMINOSYN II 3.5%/DEXTROSE25% \| AMINOSYN II 3.5%/DEXTROSE5% \| AMINOSYN II 3.5/DEXTROSE25% \| AMINOSYN II 4.25/DEXTROSE20% \| AMINOSYN II 5/DEXTROSE 25 \| AMINOSYN II 8.5%/ELECTROLYTES \| AMINOSYN II M 3.5%/DEXTROSE 5% \| AMINOSYN M \| AMINOSYN-HBC \| AMINOSYN-HF \| AMINOSYN-PF 7% \| CLIMIMIX E 4.25%/DEXTROSE 5% \| CLINIMIX 2.75%/DEXTROSE 5% \| CLINIMIX 4.25%/DEXTROSE 5% \| CLINIMIX 5%/DEXTROSE 15% \| CLINIMIX 5%/DEXTROSE 20% \| CLINIMIX 5%/DEXTROSE 25% \| CLINIMIX E 2.75%/DEXTROSE 10% \| CLINIMIX E 2.75%/DEXTROSE 5% \| CLINIMIX E 5%/DEXTROSE 15% \| CLINIMIX E 5%/DEXTROSE 20% \| CLINIMIX E 5%/DEXTROSE 25% \| CLINIMIX E 5%/DEXTROSE 35% \| DEXTROSE 10% \| FREAMINE HBC 6.9% \| FREAMINE III 3% \| HEPATASOL \| INTRALIPID \| INTRALIPID 20% \| NEPHRAMINE \| PREMASOL \| PROCALAMINE \| PROSOL \| RENAMIN \| TRAVASOL \| TRAVASOL 2.75%/DEXTROSE 10% \| TRAVASOL 2.75%/DEXTROSE 5% \| TRAVASOL 3.5%/ELECTROLYTES \| TRAVASOL 4.25%/DEXTROSE 10% \| TRAVASOL 4.25%/DEXTROSE 25% \| TRAVASOL 5.5%/DEXTROSE 10% \| TRAVASOL 5.5%/DEXTROSE 20% \| TRAVASOL 5. | 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. | | | | | | |
| XOLAIR | XOLAIR | MODERATE TO SEVERE ASTHMA (DAILY ASTHMA SYMPTOMS, DAILY USE OF INHALED SHORT-ACTING BETA 2 AGONIST E.G., ALBUTEROL, EXACERBATIONS GREATER OR EQUAL TO 2 TIMES A WEEK, NIGHTTIME SYMPTOMS GREATER THAN 1 TIME A WEEK, FEV1 OR PEF LESS THAN 80% PREDICTED, OR PEF VARIABILITY GREATER THAN 30%) | | ADULTS AND ADOLESCENTS (12YEARS OF AGE AND ABOVE) WITH MODERATE TO SEVERE PERSISTENT ASTHMA WITH A POSITIVE SKIN TEST OR IN VITRO REACTIVITY TO A PERENNIAL AEROALLERGEN WHOSE SYMPTOMS ARE INADEQUATELY CONTROLLED WITH INHALED CORTICOSTEROIDS. | PATIENT 12 YEARS OF AGE OR OLDER | SPECIALIST IN ALLERGY OR PULMONARY MEDICINE ONLY | 1 YEAR | |