



2011 PRIOR AUTHORIZATION CRITERIA

DRUG	COVERED USES	EXCLUSION CRITERIA	REQUIRED MEDICAL INFORMATION	AGE RESTRICTIONS	PRESCRIBER RESTRICTIONS	COVERAGE DURATION	OTHER CRITERIA
BYETTA	All FDA-approved indications not otherwise excluded from Part D		Hemoglobin A1C greater than or equal to 7% within three months preceding Byetta initiation			Duration of the contract year	Adjunctive therapy with a sulfonylurea, metformin or a thiazolidinedione.
CIMZIA	All FDA-approved indications not otherwise excluded from Part D				Restricted to rheumatology and gastroenterology	Duration of the contract year	If diagnosis is rheumatoid arthritis, must have failure or intolerance to methotrexate.

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ENBREL	All FDA-approved indications not otherwise excluded from Part D		For Psoriasis: Moderate to severe plaque psoriasis affecting greater than 5% of the body surface area (BSA) or affecting crucial body areas such as the hands, feet, face or genitals		Prescribed by a rheumatologist or dermatologist	Duration of the contract year	For Rheumatoid Arthritis: Failure or intolerance to methotrexate. For Psoriasis: Failure of at least two of the following: potent topical corticosteroids, calcipotriene, tazarotene, phototherapy, acitretin, methotrexate, or cyclosporine.
EXJADE	All FDA-approved indications not otherwise excluded from Part D		Serum ferritin level greater than 1,000 mcg/L.	Patient must be over 2 years of age.	Prescribed by an oncologist or hematologist	Duration of the contract year	Initial therapy for patients with chronic iron overload due to blood transfusions.

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FORTEO	All FDA-approved indications not otherwise excluded from Part D		<p>For use as first-line therapy: Requires documentation of osteoporotic fractures AND a T-score of less than -3.0 in the spine, femoral neck, or total hip.</p> <p>For use as second-line therapy: Requires documentation of fractures while on oral bisphosphonate therapy OR intolerance to oral bisphosphonate therapy.</p>		Prescribed by an endocrinologist	Duration of the contract year	
GLEEVEC	All FDA-approved indications not otherwise excluded from Part D				Prescribed by an oncologist	Duration of the contract year	

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HUMIRA	All FDA-approved indications not otherwise excluded from Part D		For Psoriasis: Moderate to severe plaque psoriasis affecting greater than 5% of the body surface area (BSA) or affecting crucial body areas such as the hands, feet, face or genitals.		Prescribed by a rheumatologist, dermatologist or gastroenterologist	Duration of the contract year	For Rheumatoid Arthritis: Failure or intolerance to methotrexate. For Psoriasis: Failure of at least two of the following: potent topical corticosteroids, calcipotriene, tazarotene, phototherapy, acitretin, methotrexate, or cyclosporine.
KINERET	All FDA-approved indications not otherwise excluded from Part D				Prescribed by a rheumatologist	Duration of the contract year	For Rheumatoid Arthritis: Failure or intolerance to methotrexate.
LETAIRIS	All FDA-approved indications not otherwise excluded from Part D		Requires a diagnosis of pulmonary hypertension		Prescribed by a pulmonologist	Duration of the contract year	
LEUPROLIDE ACETATE	All medically accepted indications not otherwise excluded from Part D					Duration of the contract year	

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MEGESTROL ACETATE	All medically accepted indications not otherwise excluded from Part D					Duration of the contract year	
MOZOBIL	All medically accepted indications not otherwise excluded from Part D		Requires diagnosis of non-Hodgkin's lymphoma or multiple myeloma. Requires failure of standard stem cell mobilization using a colony stimulating factor (either G-CSF or GM-CSF) alone or in combination with chemotherapy.		Prescribed by an oncologist or hematologist	Duration of the contract year	Requires use in combination with one of the following colony stimulating factors: Granulocyte Colony Stimulating Factor (G-CSF) or Granulocyte Macrophage Colony Stimulating Factor (GM-CSF).
NORDITROPIN	All FDA-approved indications not otherwise excluded from Part D				Prescribed by an endocrinologist	Duration of the contract year	
NOXAFIL	All medically accepted indications not otherwise excluded from Part D					Duration of the contract year	

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PEGASYS	All FDA-approved indications not otherwise excluded from Part D					Duration of the contract year	
PEG-INTRON	All FDA-approved indications not otherwise excluded from Part D					Duration of the contract year	

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PRADAXA	All FDA-approved indications not otherwise excluded from Part D	<p>Excluded if meets one or more of the following:</p> <ol style="list-style-type: none"> 1) History of heart valve disorder (e.g., prosthetic heart valve or hemodynamically relevant valve disease) 2) Acute stroke (Any stroke within the previous 14 days or a severe disabling stroke within the previous 6 months) 3) Need for anticoagulation treatment for an indication other than atrial fibrillation 4) Active infective endocarditis 5) Active liver disease (e.g., active hepatitis, LFT elevation greater than 2 times the Upper Limit of Normal) 6) Severe renal impairment (estimated creatinine clearance less than 30 mL/min or on dialysis) 7) Active pathological bleeding 8) Pregnancy 	<p>Requires diagnosis of non-valvular atrial fibrillation AND a CHADS₂ score of 2 or higher. Listed below is the CHADS₂ scoring tool which indicates the Risk Factor and associated score:</p> <p>Congestive heart failure (score = 1) Hypertension (score = 1) Age greater than or equal to 75 years (score = 1) Diabetes mellitus (score = 1) Stroke / Transient Ischemia Attack (score = 2)</p>			Duration of the contract year	

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RETIN-A MICRO	All FDA-approved indications not otherwise excluded from Part D	Excluded if prescribed for cosmetic use				Duration of the contract year	
RIBAVIRIN	All FDA-approved indications not otherwise excluded from Part D					Duration of the contract year	
SIMPONI	All FDA-approved indications not otherwise excluded from Part D				Restricted to rheumatology and dermatology	Duration of the contract year	If diagnosis is rheumatoid arthritis, must have failure or intolerance to methotrexate.
SPRYCEL	All FDA-approved indications not otherwise excluded from Part D				Prescribed by an oncologist	Duration of the contract year	
STELARA	All FDA-approved indications not otherwise excluded from Part D		For Psoriasis: Moderate to severe plaque psoriasis affecting greater than 5% of the body surface area (BSA) or affecting crucial body areas such as the hands, feet, face or genitals.		Prescribed by a dermatologist.	Duration of the contract year.	For Psoriasis: Failure of at least two of the following: potent topical corticosteroids, calcipotriene, tazarotene, phototherapy, acitretin, methotrexate, or cyclosporine.

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TARCEVA	All FDA-approved indications not otherwise excluded from Part D				Prescribed by an oncologist	Duration of the contract year	
TAZORAC	All FDA-approved indications not otherwise excluded from Part D	Excluded if prescribed for cosmetic use.				Duration of the contract year	
TRACLEER	All FDA-approved indications not otherwise excluded from Part D		Requires a diagnosis of pulmonary hypertension.		Prescribed by a pulmonologist	Duration of the contract year	
TRETINOIN	All FDA-approved indications not otherwise excluded from Part D	Excluded if prescribed for cosmetic use				Duration of the contract year	
VALCYTE	All FDA-approved indications not otherwise excluded from Part D					Duration of the contract year	

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XIFAXAN	All medically accepted indications not otherwise excluded from Part D					Duration of the contract year	If diagnosis is hepatic encephalopathy, requires ONE of the following criteria be met: 1) Encephalopathy with admission to the hospital while on lactulose, 2) Encephalopathy with uncontrolled diarrhea, 3) Encephalopathy with intolerance to lactulose, or 4) Encephalopathy not improving on lactulose alone.

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XOLAIR	All FDA-approved indications not otherwise excluded from Part D		Requires the following: 1) Serum IgE level prior to initiation. 2) Expected dose of Xolair 3) Poor control of asthma as demonstrated by at least one of the following: one hospital admission in the prior 6 months, or 2 emergency room visits in the prior 6 months, or 2 months of daily oral corticosteroids use without significant tapering or other events which are felt to indicate poor control.			Duration of the contract year	Requires patient be on combined inhaled corticosteroid and long-acting bronchodilator therapy.