



## Elderplan 2012 Prior Authorization List

** New for 2012			
# For new starts only			
Drug Name	Covered Uses	Required Medical Information for Prior Authorization	Coverage Duration
CAYSTON 28 DAY INHALATION SOLUTION #	All medically accepted uses no otherwise excluded from Part D.	Supporting statement of diagnosis from the physician	12/31/2012
CHORIONIC GONADOTROPIN INJECTION	All FDA approved indications not otherwise excluded from Part D.	Supporting statement of diagnosis from the physician	12/31/2012
NOVAREL	All FDA approved indications not otherwise excluded from Part D.	Supporting statement of diagnosis from the physician	12/31/2012
LEUKINE, NEULASTA, NEUPOGEN	All medically accepted uses no otherwise excluded from Part D .	Supporting statement of diagnosis from the physician and ANC requirement (less than or equal to 1000 cells/mm3). For PA extension, need to provide new labs (WBC and ANC)	3 months
ENBREL	All medically accepted uses no otherwise excluded from Part D.	Supporting statement of diagnosis from the physician	12/31/2012
ARANESP	All medically accepted uses no otherwise excluded from Part D.	Hemoglobin less than 10 g/dl for patients receiving Cancer Chemotherapy and Hemoglobin 11 g/dl or less for other approved FDA indications in addition to supporting statement of diagnosis from physician	3 months
EPOGEN	All medically accepted uses no otherwise excluded from Part D.	Hemoglobin less than 10 g/dl for patients receiving Cancer Chemotherapy and Hemoglobin 11 g/dl or less for other approved FDA indications in addition to supporting statement of diagnosis from physician	3 months
PROCRIT	All medically accepted uses no otherwise excluded from Part D.	Hemoglobin less than 10 g/dl for patients receiving Cancer Chemotherapy and Hemoglobin 11 g/dl or less for other approved FDA indications in addition to supporting statement of diagnosis from physician	3 months
FENTANYL LOZENGES and FENTANYL TRANSDERMAL PATCHES #	All medically accepted uses no otherwise excluded from Part D.	Supporting statement of diagnosis from the physician	12/31/2012

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FORTEO ** #	All medically accepted uses no otherwise excluded from Part D.	Documented T score of -2.5 AND documented intolerance or contraindication to bisphosphonates OR documentation of insufficient response to a bisphosphonate (compression fracture experienced while taking a bisphosphonate for at least 6 months)	24 months
GAMUNEX INJECTION	All medically accepted uses no otherwise excluded from Part D.	Supporting statement of diagnosis from the physician	
GILENYA	All medically accepted uses no otherwise excluded from Part D.	Supporting statement of diagnosis from the physician	12/31/2012
HUMATROPE and HUMATROPE COMBOPACK	All medically accepted uses no otherwise excluded from Part D.	Supporting statement of diagnosis from the physician	12/31/2012
NORDITROPIN NORDIFLEX PEN	All medically accepted uses no otherwise excluded from Part D.	Supporting statement of diagnosis from the physician	12/31/2012
SAIZEN and SAIZEN CLICK EASY	All medically accepted uses no otherwise excluded from Part D.	Supporting statement of diagnosis from the physician	12/31/2012
SEROSTIM	All medically accepted uses no otherwise excluded from Part D.	Supporting statement of diagnosis from the physician	12/31/2012
TEV-TROPIN	All medically accepted uses no otherwise excluded from Part D.	Supporting statement of diagnosis from the physician	12/31/2012
PEGASYS, PEG-INTRON, PEG-INTRON REDIPEN #	All medically accepted uses no otherwise excluded from Part D.	Supporting statement of diagnosis from the physician, submission of pretreatment viral titers (HCV RNA) and genotype. For genotypes 1 and 4 submission of documentation of RNA load at 12 weeks indicating a decrease greater than or equal to 2 logs from baseline (also known as an EVR).	12/31/2012
RIBAPAK, RIBASPHERE, RIBAVIRIN #	All medically accepted uses no otherwise excluded from Part D.	Supporting statement of diagnosis from the physician, submission of pretreatment viral titers (HCV RNA) and genotype. For genotypes 1 and 4 submission of documentation of RNA load at 12 weeks indicating a decrease greater than or equal to 2 logs from baseline (also known as an EVR).	12/31/2012
DEXTROAMPHETAMINE ** #	All medically accepted uses not otherwise excluded from Part D	Supporting statement of diagnosis from the physician, age and either of the following: documentation supporting need or benefit versus risk statement for drug use in person whose age is greater than 65 years	12/31/2012

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DIPHENHYDRAMINE ** #	All medically accepted uses not otherwise excluded from Part D. PA Exception criteria : If age is less than 65 years old, exempted from restriction	Supporting statement of diagnosis from the physician, age and either of the following: documentation supporting need or benefit versus risk statement for drug use in person whose age is greater than 65 years	12/31/2012
DIPHENOXYLATE/ ATROPINE** #	All medically accepted uses not otherwise excluded from Part D	Supporting statement of diagnosis from the physician, age and either of the following: documentation supporting need or benefit versus risk statement for drug use in person whose age is greater than 65 years	12/31/2012
DIPYRIDAMOLE** #	All medically accepted uses not otherwise excluded from Part D	Supporting statement of diagnosis from the physician, age and either of the following: documentation supporting need or benefit versus risk statement for drug use in person whose age is greater than 65 years	12/31/2012
MEPROBAMATE**#	All medically accepted uses not otherwise excluded from Part D	Supporting statement of diagnosis from the physician, age and either of the following: documentation supporting need or benefit versus risk statement for drug use in person whose age is greater than 65 years	12/31/2012
THIORIDAZINE ** #	All medically accepted uses not otherwise excluded from Part D	Supporting statement of diagnosis from the physician, age and either of the following: documentation supporting need or benefit versus risk statement for drug use in person whose age is greater than 65 years	12/31/2012
HUMIRA and HUMIRA PEN-CROHNS DISEASE	All medically accepted uses no otherwise excluded from Part D.	Supporting statement of diagnosis from the physician	12/31/2012
LIDODERM TRANSDERMAL PATCH	All medically accepted uses no otherwise excluded from Part D.	Supporting statement of diagnosis from the physician	12/31/2012
AVONEX, BETASERON, COPAXONE**	All medically accepted uses no otherwise excluded from Part D.	Supporting statement of diagnosis from the physician	12/31/2012
PROVIGIL ** #	All medically accepted uses no otherwise excluded from Part D.	Supporting statement of diagnosis from the physician	12/31/2012
REVLIMID ** #	All medically accepted uses no otherwise excluded from Part D.	Supporting statement of diagnosis from the physician	12/31/2012
SOMATULINE 300 MG/ML PFS	All medically accepted uses no otherwise excluded from Part D.	Supporting statement of diagnosis from the physician	12/31/2012
TOBI 60 MG/ML INHALANT SOLUTION	All medically accepted uses no otherwise excluded from Part D.	Supporting statement of diagnosis from the physician	12/31/2012
XENAZINE TABLETS**	All medically accepted uses no otherwise excluded from Part D.	Supporting statement of diagnosis from the physician	12/31/2012

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ZORBTIVE	All medically accepted uses no otherwise excluded from Part D.	Supporting statement of diagnosis from the physician	12/31/2012

*last updated : 09.30.2011*