



Elderplan 2012 Part B vs D Prior Authorization List

<i>The following drugs 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</i>		
Drug Name	Prior Authorization	Coverage Duration
ABRAXANE	B vs. D Prior Authorization	12/31/2012
ACETYLCYSTEINE	B vs. D Prior Authorization	12/31/2012
ACYCLOVIR SODIUM	B vs. D Prior Authorization	12/31/2012
ADRIAMYCIN	B vs. D Prior Authorization	12/31/2012
ALBUTEROL SULFATE NEB SOLN	B vs. D Prior Authorization	12/31/2012
ALBUTEROL SULFATE/ IPRATROPIUM NEB SOLN	B vs. D Prior Authorization	12/31/2012
ALCOHOL 5%/DEXTROSE 5%	B vs. D Prior Authorization	12/31/2012
ALDURAZYME	B vs. D Prior Authorization	12/31/2012
ALIMTA	B vs. D Prior Authorization	12/31/2012
ALLOPURINOL SODIUM	B vs. D Prior Authorization	12/31/2012
ALOXI	B vs. D Prior Authorization	12/31/2012
A-METHAPRED	B vs. D Prior Authorization	12/31/2012
AMIKACIN SULFATE	B vs. D Prior Authorization	12/31/2012
AMINOPHYLLINE	B vs. D Prior Authorization	12/31/2012
AMINOSYN	B vs. D Prior Authorization	12/31/2012
AMINOSYN II	B vs. D Prior Authorization	12/31/2012
AMINOSYN M	B vs. D Prior Authorization	12/31/2012
AMINOSYN-HBC	B vs. D Prior Authorization	12/31/2012
AMINOSYN-HF	B vs. D Prior Authorization	12/31/2012
AMINOSYN-PF	B vs. D Prior Authorization	12/31/2012
AMIODARONE INJECTION	B vs. D Prior Authorization	12/31/2012
AMMONIUM CHLORIDE INJECTION	B vs. D Prior Authorization	12/31/2012
AMPHOTERICIN B	B vs. D Prior Authorization	12/31/2012
AMPICILLIN SODIUM	B vs. D Prior Authorization	12/31/2012
AMPICILLIN-SULBACTAM	B vs. D Prior Authorization	12/31/2012
ANZEMET	B vs. D Prior Authorization	12/31/2012
ARALAST	B vs. D Prior Authorization	12/31/2012
ARRANON	B vs. D Prior Authorization	12/31/2012
ARZERRA	B vs. D Prior Authorization	12/31/2012
ASTRAMORPH	B vs. D Prior Authorization	12/31/2012
ATGAM	B vs. D Prior Authorization	12/31/2012

The following drugs 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 Name	Prior Authorization	Coverage Duration
AVASTIN	B vs. D Prior Authorization	12/31/2012
AZASAN	B vs. D Prior Authorization	12/31/2012
AZATHIOPRINE	B vs. D Prior Authorization	12/31/2012
AZITHROMYCIN	B vs. D Prior Authorization	12/31/2012
BICNU W/DILUENT ABSOLUTE	B vs. D Prior Authorization	12/31/2012
BLEOMYCIN SULFATE	B vs. D Prior Authorization	12/31/2012
BUDESONIDE 0.125 MG/ML INHALANT SOLUTION	B vs. D Prior Authorization	12/31/2012
BUDESONIDE 0.25 MG/ML INHALANT SOLUTION	B vs. D Prior Authorization	12/31/2012
BUMETANIDE INJECTION	B vs. D Prior Authorization	12/31/2012
BUSULFEX	B vs. D Prior Authorization	12/31/2012
BUTORPHANOL TARTRATE	B vs. D Prior Authorization	12/31/2012
CALCITRIOL	B vs. D Prior Authorization	12/31/2012
CAMPATH	B vs. D Prior Authorization	12/31/2012
CANCIDAS	B vs. D Prior Authorization	12/31/2012
CARBOPLATIN	B vs. D Prior Authorization	12/31/2012
CARIMUNE NANOFILTERED	B vs. D Prior Authorization	12/31/2012
CEFAZOLIN SODIUM	B vs. D Prior Authorization	12/31/2012
CEFEPIME	B vs. D Prior Authorization	12/31/2012
CEFOTAXIME SODIUM	B vs. D Prior Authorization	12/31/2012
CEFOTETAN	B vs. D Prior Authorization	12/31/2012
CEFTRIAOXONE	B vs. D Prior Authorization	12/31/2012
CEFUROXIME	B vs. D Prior Authorization	12/31/2012
CELLCEPT	B vs. D Prior Authorization	12/31/2012
CEREDASE	B vs. D Prior Authorization	12/31/2012
CEREZYME	B vs. D Prior Authorization	12/31/2012
CHLORAMPHENICOL SODIUM SU	B vs. D Prior Authorization	12/31/2012
CHLORPROMAZINE HCL	B vs. D Prior Authorization	12/31/2012
CISPLATIN	B vs. D Prior Authorization	12/31/2012
CLADRIBINE	B vs. D Prior Authorization	12/31/2012
CLEOCIN	B vs. D Prior Authorization	12/31/2012
CLIMIMIX	B vs. D Prior Authorization	12/31/2012
CLINISOL SF 15%	B vs. D Prior Authorization	12/31/2012
CLOLAR	B vs. D Prior Authorization	12/31/2012
COLISTIMETHATE SODIUM	B vs. D Prior Authorization	12/31/2012
COUMADIN	B vs. D Prior Authorization	12/31/2012
CROMOLYN SODIUM NEB SOLUTION	B vs. D Prior Authorization	12/31/2012
CUBICIN	B vs. D Prior Authorization	12/31/2012
CYCLOPHOSPHAMIDE	B vs. D Prior Authorization	12/31/2012
CYCLOSPORINE	B vs. D Prior Authorization	12/31/2012

The following drugs 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 Name	Prior Authorization	Coverage Duration
CYKLOKAPRON	B vs. D Prior Authorization	12/31/2012
CYTARABINE	B vs. D Prior Authorization	12/31/2012
DACARBAZINE	B vs. D Prior Authorization	12/31/2012
DACOGEN	B vs. D Prior Authorization	12/31/2012
DAUNORUBICIN HCL	B vs. D Prior Authorization	12/31/2012
DESMOPRESSIN ACETATE	B vs. D Prior Authorization	12/31/2012
DEXAMETHASONE SODIUM PHOS	B vs. D Prior Authorization	12/31/2012
DEXRAZOXANE	B vs. D Prior Authorization	12/31/2012
DEXTROSE 10%/NACL 0.45%	B vs. D Prior Authorization	12/31/2012
DEXTROSE 5%	B vs. D Prior Authorization	12/31/2012
DEXTROSE 10%	B vs. D Prior Authorization	12/31/2012
DEXTROSE 10%/NACL 0.2%	B vs. D Prior Authorization	12/31/2012
DEXTROSE 2.5%/SODIUM CHLO	B vs. D Prior Authorization	12/31/2012
DEXTROSE 5%/NACL 0.225%	B vs. D Prior Authorization	12/31/2012
DEXTROSE 5%/NACL 0.33%	B vs. D Prior Authorization	12/31/2012
DEXTROSE 5%/NACL 0.45%	B vs. D Prior Authorization	12/31/2012
DEXTROSE 5%/NACL 0.9%	B vs. D Prior Authorization	12/31/2012
DEXTROSE 5%/POTASSIUM CHL	B vs. D Prior Authorization	12/31/2012
DIHYDROERGOTAMINE MESYLAT	B vs. D Prior Authorization	12/31/2012
DILTIAZEM HCL	B vs. D Prior Authorization	12/31/2012
DOXIL	B vs. D Prior Authorization	12/31/2012
DOXORUBICIN HCL	B vs. D Prior Authorization	12/31/2012
DOXYCYCLINE	B vs. D Prior Authorization	12/31/2012
DRONABINOL	B vs. D Prior Authorization	12/31/2012
DURAMORPH	B vs. D Prior Authorization	12/31/2012
ELAPRASE	B vs. D Prior Authorization	12/31/2012
ELITEK	B vs. D Prior Authorization	12/31/2012
ELLECE	B vs. D Prior Authorization	12/31/2012
ELSPAR	B vs. D Prior Authorization	12/31/2012
EMEND	B vs. D Prior Authorization	12/31/2012
ENGERIX-B	B vs. D Prior Authorization	12/31/2012
ERBITUX	B vs. D Prior Authorization	12/31/2012
ETOPOPHOS	B vs. D Prior Authorization	12/31/2012
ETOPOSIDE	B vs. D Prior Authorization	12/31/2012
FABRAZYME	B vs. D Prior Authorization	12/31/2012
FAMOTIDINE	B vs. D Prior Authorization	12/31/2012
FLUCONAZOLE INJECTION	B vs. D Prior Authorization	12/31/2012
FLUDARABINE PHOSPHATE	B vs. D Prior Authorization	12/31/2012
FOMEPIZOLE	B vs. D Prior Authorization	12/31/2012

The following drugs 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 Name	Prior Authorization	Coverage Duration
FOSCARNET SODIUM	B vs. D Prior Authorization	12/31/2012
FREAMINE HBC 6.9%	B vs. D Prior Authorization	12/31/2012
FREAMINE III	B vs. D Prior Authorization	12/31/2012
GAMMAGARD LIQUID	B vs. D Prior Authorization	12/31/2012
GEMZAR	B vs. D Prior Authorization	12/31/2012
GENGRAF	B vs. D Prior Authorization	12/31/2012
GENTAMICIN INJECTION	B vs. D Prior Authorization	12/31/2012
GLYCOPYRROLATE	B vs. D Prior Authorization	12/31/2012
HECTOROL	B vs. D Prior Authorization	12/31/2012
HEPARIN SODIUM INJECTION	B vs. D Prior Authorization	12/31/2012
HEPATAMINE	B vs. D Prior Authorization	12/31/2012
HEPATASOL	B vs. D Prior Authorization	12/31/2012
HERCEPTIN	B vs. D Prior Authorization	12/31/2012
IFOSFAMIDE	B vs. D Prior Authorization	12/31/2012
IMURAN 50 MG TABLET	B vs. D Prior Authorization	12/31/2012
INFUMORPH 200	B vs. D Prior Authorization	12/31/2012
INTRALIPID	B vs. D Prior Authorization	12/31/2012
INTRON-A	B vs. D Prior Authorization	12/31/2012
INTRON-A W/DILUENT	B vs. D Prior Authorization	12/31/2012
IONOSOL-B/DEXTROSE 5%	B vs. D Prior Authorization	12/31/2012
IONOSOL-MB/DEXTROSE 5%	B vs. D Prior Authorization	12/31/2012
IONOSOL-T/DEXTROSE 5%	B vs. D Prior Authorization	12/31/2012
IPRATROPIUM BROMIDE	B vs. D Prior Authorization	12/31/2012
IRINOTECAN	B vs. D Prior Authorization	12/31/2012
ISOLYTE-H/DEXTROSE 5%	B vs. D Prior Authorization	12/31/2012
ISOLYTE-S	B vs. D Prior Authorization	12/31/2012
ISOLYTE-S/DEXTROSE 5%	B vs. D Prior Authorization	12/31/2012
ISONIAZID	B vs. D Prior Authorization	12/31/2012
ISOTONIC GENTAMICIN	B vs. D Prior Authorization	12/31/2012
KANAMYCIN SULFATE	B vs. D Prior Authorization	12/31/2012
KCL 0.075%/D5W/NACL ALL	B vs. D Prior Authorization	12/31/2012
KCL 0.15%/D5W/LR	B vs. D Prior Authorization	12/31/2012
KCL 0.15%/D5W/NACL 0.2%	B vs. D Prior Authorization	12/31/2012
KCL 0.3%/D5W/LR IV LAC RI	B vs. D Prior Authorization	12/31/2012
KCL 0.3%/D5W/NACL 0.2%	B vs. D Prior Authorization	12/31/2012
KCL 0.3%/D5W/NACL 0.45%	B vs. D Prior Authorization	12/31/2012
KCL 0.3%/D5W/NACL 0.9%	B vs. D Prior Authorization	12/31/2012
LABETALOL HCL	B vs. D Prior Authorization	12/31/2012
LACTATED RINGER'S VIAFLEX	B vs. D Prior Authorization	12/31/2012
LEUCOVORIN CALCIUM	B vs. D Prior Authorization	12/31/2012
LEVAQUIN INJECTION	B vs. D Prior Authorization	12/31/2012
LEVETIRACETAM INJECTION	B vs. D Prior Authorization	12/31/2012
LEVOCARNITINE	B vs. D Prior Authorization	12/31/2012

The following drugs 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 Name	Prior Authorization	Coverage Duration
MAGNESIUM SULFATE INJECTION	B vs. D Prior Authorization	12/31/2012
MEROPENEM 50 MG/ML	B vs. D Prior Authorization	12/31/2012
MESNA	B vs. D Prior Authorization	12/31/2012
METHADONE HCL	B vs. D Prior Authorization	12/31/2012
METHOTREXATE	B vs. D Prior Authorization	12/31/2012
METHOTREXATE SODIUM	B vs. D Prior Authorization	12/31/2012
METHYLDOPATE HCL	B vs. D Prior Authorization	12/31/2012
METHYLPREDNISOLONE SODIUM	B vs. D Prior Authorization	12/31/2012
METOCLOPRAMIDE HCL	B vs. D Prior Authorization	12/31/2012
METOPROLOL INJECTION	B vs. D Prior Authorization	12/31/2012
METRONIDAZOLE IN NAACL 0.7	B vs. D Prior Authorization	12/31/2012
MIACALCIN INJECTION	B vs. D Prior Authorization	12/31/2012
MITOMYCIN	B vs. D Prior Authorization	12/31/2012
MITOXANTRONE HCL	B vs. D Prior Authorization	12/31/2012
MORPHINE SULFATE INJECTION	B vs. D Prior Authorization	12/31/2012
MUSTARGEN	B vs. D Prior Authorization	12/31/2012
MYCAMINE	B vs. D Prior Authorization	12/31/2012
MYCOPHENOLATE MOFETIL	B vs. D Prior Authorization	12/31/2012
MYFORTIC	B vs. D Prior Authorization	12/31/2012
MYOZYME	B vs. D Prior Authorization	12/31/2012
NAFCILLIN SODIUM	B vs. D Prior Authorization	12/31/2012
NAGLAZYME	B vs. D Prior Authorization	12/31/2012
NEORAL	B vs. D Prior Authorization	12/31/2012
NEPHRAMINE	B vs. D Prior Authorization	12/31/2012
NEXIUM INJECTION	B vs. D Prior Authorization	12/31/2012
NORMOSOL-M IN D5W	B vs. D Prior Authorization	12/31/2012
NORMOSOL-R	B vs. D Prior Authorization	12/31/2012
NORMOSOL-R IN D5W	B vs. D Prior Authorization	12/31/2012
OCTREOTIDE ACETATE INJECTION	B vs. D Prior Authorization	12/31/2012
ONDANSETRON HCL INJECTION	B vs. D Prior Authorization	12/31/2012
ONDANSETRON ODT	B vs. D Prior Authorization	12/31/2012
ONTAK	B vs. D Prior Authorization	12/31/2012
ORENCIA	B vs. D Prior Authorization	12/31/2012
OXACILLIN SODIUM	B vs. D Prior Authorization	12/31/2012
OXALIPLATIN	B vs. D Prior Authorization	12/31/2012
PACLITAXEL	B vs. D Prior Authorization	12/31/2012
PENICILLIN G INJECTION	B vs. D Prior Authorization	12/31/2012
PENTOSTATIN	B vs. D Prior Authorization	12/31/2012

The following drugs 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 Name	Prior Authorization	Coverage Duration
PHENYTOIN SODIUM INJECTION	B vs. D Prior Authorization	12/31/2012
PHOTOFRIN	B vs. D Prior Authorization	12/31/2012
PIPERACILLIN SODIUM INJECTION	B vs. D Prior Authorization	12/31/2012
PLASMA-LYTE	B vs. D Prior Authorization	12/31/2012
POTASSIUM CHLORIDE INJECTION	B vs. D Prior Authorization	12/31/2012
POTASSIUM CHLORIDE 0.15%/	B vs. D Prior Authorization	12/31/2012
POTASSIUM CHLORIDE 0.22%	B vs. D Prior Authorization	12/31/2012
POTASSIUM CHLORIDE 0.3%/D	B vs. D Prior Authorization	12/31/2012
PREMARIN INJECTION	B vs. D Prior Authorization	12/31/2012
PREMASOL	B vs. D Prior Authorization	12/31/2012
PRIMAXIN IV	B vs. D Prior Authorization	12/31/2012
PROCAINAMIDE HCL INJECTION	B vs. D Prior Authorization	12/31/2012
PROCALAMINE	B vs. D Prior Authorization	12/31/2012
PROCHLORPERAZINE EDISYLAT	B vs. D Prior Authorization	12/31/2012
PROGRAF	B vs. D Prior Authorization	12/31/2012
PROLEUKIN	B vs. D Prior Authorization	12/31/2012
PROPRANOLOL HCL	B vs. D Prior Authorization	12/31/2012
PULMOZYME	B vs. D Prior Authorization	12/31/2012
RANITIDINE HCL INJECTION	B vs. D Prior Authorization	12/31/2012
RAPAMUNE	B vs. D Prior Authorization	12/31/2012
RECOMBIVAX HB	B vs. D Prior Authorization	12/31/2012
REMICADE	B vs. D Prior Authorization	12/31/2012
RIFAMPIN	B vs. D Prior Authorization	12/31/2012
RINGER'S INJECTION	B vs. D Prior Authorization	12/31/2012
RITUXAN	B vs. D Prior Authorization	12/31/2012
SANDIMMUNE	B vs. D Prior Authorization	12/31/2012
SIMULECT	B vs. D Prior Authorization	12/31/2012
SODIUM CHLORIDE INJECTION	B vs. D Prior Authorization	12/31/2012
SODIUM LACTATE	B vs. D Prior Authorization	12/31/2012
SOLU-MEDROL	B vs. D Prior Authorization	12/31/2012
SULFAMETHOXAZOLE/TRIMETHO INJECTION	B vs. D Prior Authorization	12/31/2012
SYNERCID	B vs. D Prior Authorization	12/31/2012
TACROLIMUS	B vs. D Prior Authorization	12/31/2012
TAXOTERE	B vs. D Prior Authorization	12/31/2012
TESTOSTERONE ENANTHATE	B vs. D Prior Authorization	12/31/2012
THIOTEPA	B vs. D Prior Authorization	12/31/2012
THYMOGLOBULIN	B vs. D Prior Authorization	12/31/2012

The following drugs 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 Name	Prior Authorization	Coverage Duration
TOBRAMYCIN SULFATE INJECTION	B vs. D Prior Authorization	12/31/2012
TOPOSAR	B vs. D Prior Authorization	12/31/2012
TORISEL	B vs. D Prior Authorization	12/31/2012
TPN ELECTROLYTES FTV	B vs. D Prior Authorization	12/31/2012
TRAVASOL	B vs. D Prior Authorization	12/31/2012
TREXALL	B vs. D Prior Authorization	12/31/2012
TROPHAMINE	B vs. D Prior Authorization	12/31/2012
TYGACIL	B vs. D Prior Authorization	12/31/2012
TYSABRI	B vs. D Prior Authorization	12/31/2012
UVADEX	B vs. D Prior Authorization	12/31/2012
VALPROATE SODIUM	B vs. D Prior Authorization	12/31/2012
VANCOGIN INJECTION	B vs. D Prior Authorization	12/31/2012
VANCOMYCIN HCL	B vs. D Prior Authorization	12/31/2012
VELCADE	B vs. D Prior Authorization	12/31/2012
VENTAVIS INHALANT SOLUTION	B vs. D Prior Authorization	12/31/2012
VERAPAMIL HCL INJECTION	B vs. D Prior Authorization	12/31/2012
VFEND IV	B vs. D Prior Authorization	12/31/2012
VIDAZA	B vs. D Prior Authorization	12/31/2012
VIMPAT INJECTION	B vs. D Prior Authorization	12/31/2012
VINBLASTINE SULFATE	B vs. D Prior Authorization	12/31/2012
VINCASAR PFS	B vs. D Prior Authorization	12/31/2012
VINCRISTINE SULFATE	B vs. D Prior Authorization	12/31/2012
VINOURELBINE TARTRATE	B vs. D Prior Authorization	12/31/2012
VISTIDE	B vs. D Prior Authorization	12/31/2012
ZANOSAR	B vs. D Prior Authorization	12/31/2012
ZEMAIRA	B vs. D Prior Authorization	12/31/2012
ZEMPLAR	B vs. D Prior Authorization	12/31/2012
ZOMETA	B vs. D Prior Authorization	12/31/2012
ZORTRESS ORAL TABLET	B vs. D Prior Authorization	12/31/2012
ZYVOX INJECTION	B vs. D Prior Authorization	12/31/2012

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