

2012 Vantage Health Plan Prior Authorization Criteria

ACNE

Drugs

Atralin, Avita, Retin-A Micro, tretinoin

Covered Uses

All FDA-approved indications not otherwise excluded from Part D, keratosis follicularis (Darier's disease, Darier-White disease)

Exclusion Criteria

Cosmetic use

Required Medical Information

N/A

Age Restriction

Approve for those 12 years of age and older

Prescriber Restriction

N/A

Coverage Duration

12 months

Other Criteria

N/A

2012 Vantage Health Plan Prior Authorization Criteria

ACTEMRA

Drugs

Actemra

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Diagnosis of moderate to severe, active adult rheumatoid arthritis, inadequate response to at least ONE of the following medications OR patient has a contraindication to ALL of the following medications
Humira, Cimzia, Enbrel or Simponi

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

Approve for lifetime

Other Criteria

N/A

2012 Vantage Health Plan Prior Authorization Criteria

ANTINEOPLASTIC

Drugs

Afinitor, Nexavar, Sutent, Tarceva

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Diagnosis

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

12 months

Other Criteria

N/A

2012 Vantage Health Plan Prior Authorization Criteria

ARANESP

Drugs

Aranesp (polysorbate)

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Part B coverage is excluded from Part D benefit. CRF - transferrin saturation less than 20% and patient not receiving iron supplementation where clinically appropriate. CRF and anemia in patients with non-myeloid malignancies - hemoglobin level of the patient (not the result of a recent blood transfusion) greater than 13 g/dL. Lack of initial diagnosis of anemia (hematocrit less than 30% and/or hemoglobin less than 10 g/dL and/or symptomatic with hemoglobin 10-11g/dL).

Required Medical Information

CRF - iron status of the patient has been evaluated (serum transferrin saturation). CRF and anemia of cancer - Hemoglobin level of the patient be monitored prior to each dose when initiating therapy, for dose changes, and at regular intervals when the dose is stabilized. Hemoglobin level of the patient will be monitored prior to each dose when initiating therapy, for dose changes, and at regular intervals when the dose is stabilized. Blood pressure of the patient will be monitored throughout therapy. Patient will be monitored for the occurrence of thrombotic events.

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

Initiation of therapy and/or dose changes - 6 weeks. Stable on therapy - 12 weeks.

Other Criteria

Once on therapy, compared to pretreatment baseline, the patient must show an objective clinical response (e.g., hemoglobin rise greater than 1 g/dL and/or hematocrit rise greater than 3%) to an appropriate dose/dose increase and duration of therapy. Part B vs. D coverage determination for Always Considered ESRD Related Drug.

2012 Vantage Health Plan Prior Authorization Criteria

CAYSTON

Drugs

Cayston

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Diagnosis of cystic fibrosis with *Pseudomonas aeruginosa*. Patient must also be using an inhaled bronchodilator.

Age Restriction

Patient older than 7 years of age

Prescriber Restriction

N/A

Coverage Duration

6 months

Other Criteria

N/A

2012 Vantage Health Plan Prior Authorization Criteria

CHANTIX

Drugs

Chantix, Chantix Starting Month Pak

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Concurrent Zyban use

Required Medical Information

N/A

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

12 weeks initial, 12 weeks additional upon renewal

Other Criteria

N/A

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CIMZIA

Drugs

Cimzia Powder for Reconstitution

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Member must be evaluated for latent TB with a PPD test and be treated if positive. Patients are excluded if they have an active infection or are on concurrent biologic response modifier. Patient must also be assessed for the risk of hepatitis B and if appropriate, be tested.

Required Medical Information

Patient must demonstrate inadequate response to at least 1 conventional therapy for Crohn's disease (i.e., prednisone, budesonide, sulfasalazine, azathioprine, mesalamine, infliximab or adalimumab)

Age Restriction

Approve for those 18 years of age or older

Prescriber Restriction

N/A

Coverage Duration

12 months

Other Criteria

N/A

2012 Vantage Health Plan Prior Authorization Criteria

DIFFERIN

Drugs

adapalene, Differin

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Cosmetic use

Required Medical Information

N/A

Age Restriction

Approve for those 12 years of age and older

Prescriber Restriction

N/A

Coverage Duration

12 months

Other Criteria

N/A

2012 Vantage Health Plan Prior Authorization Criteria

EPO

Drugs

Epogen, Procrit

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Part B coverage excluded from Part D benefit. CRF, Hepatitis C, elective surgery, HIV/zidovudine - transferrin saturation less than 20% and patient not receiving iron supplementation where clinically appropriate. CRF, Hepatitis C, elective surgery, HIV/zidovudine, MDS, and anemia in patients with non-myeloid malignancies - hemoglobin level of the patient (not the result of a recent blood transfusion) greater than 13 g/dL.

Required Medical Information

CRF, Hepatitis C, elective surgery, HIV/zidovudine - iron status of the patient has been evaluated (serum transferrin saturation). CRF, Hepatitis C, elective surgery, HIV/zidovudine, and anemia of cancer - Hemoglobin level of the patient be monitored prior to each dose when initiating therapy, for dose changes, and at regular intervals when the dose is stabilized. Hemoglobin level of the patient will be monitored prior to each dose when initiating therapy, for dose changes, and at regular intervals when the dose is stabilized. Blood pressure of the patient will be monitored throughout therapy. Patient will be monitored for the occurrence of thrombotic events.

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

Initiation of therapy and/or dose changes - 6 weeks. Stable on therapy - 12 weeks.

Other Criteria

Once on therapy, compared to pretreatment baseline, the patient must show an objective clinical response (e.g., hemoglobin rise greater than 1 g/dL and/or hematocrit rise greater than 3%) to an appropriate dose/dose increase and duration of therapy. Part B vs. D coverage determination for Always Considered ESRD Related Drug.

2012 Vantage Health Plan Prior Authorization Criteria

GLASSIA

Drugs

Glassia

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Diagnosis of emphysema, patient has alpha1-proteinase inhibitor deficiency.

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

12 months

Other Criteria

Also subject to B vs. D payment determination.

2012 Vantage Health Plan Prior Authorization Criteria

HALAVEN

Drugs

Halaven

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Initial approval requires documented failure, intolerance, or clinical rationale for at least two chemotherapy regimens that include an anthracycline and a taxane. Subsequent approval requires documentation of treatment success.

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

3 months initially, subsequent approvals will be approved for 6 months

Other Criteria

Subject to Part B vs. D review

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HIGH RISK MEDICATIONS

Drugs

atropine, carisoprodol, carisoprodol-aspirin, chlorzoxazone, cyclobenzaprine, cyproheptadine, dexchlorpheniramine maleate, dicyclomine, diphenhydramine HCl, diphenoxylate-atropine, Fexmid, hydroxyzine HCl, hydroxyzine pamoate, ketorolac, Macrochantin, meperidine, meperidine (PF), meprobamate, metaxalone, methocarbamol, nitrofurantoin macrocrystal, nitrofurantoin monohydrate/macrocrystal, orphenadrine citrate, Orphenadrine Compound, Orphenadrine Compound-DS, pentazocine-acetaminophen, Phenadoz, Premarin, promethazine, Promethazine VC, Promethegan, Robaxin, Talwin, Transderm-Scop, trimethobenzamide

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Prescriber or patient provides a reason why any ONE unrestricted formulary alternative cannot be tried, OR pt has already tried and failed any ONE alternative medication, OR MD has been made aware that the incoming drug is a high risk medication and wishes to proceed with originally prescribed medication. Formulary Alternative Meds per class include but are NOT limited to:

ANALGESICS:(Mild Pain) ibuprofen, naproxen, or meloxicam. (Moderate/severe Pain) tramadol, morphine sulfate, hydrocodone/apap, oxycodone, oxycodone/apap, Oxycontin, Avinza. NSAIDs: ibuprofen, naproxen, nabumetone, meclizolamine, sulindac, ANTI-EMETICS: ondansetron, granisetron. ANXIOLYTICS: buspirone. ANTIHISTAMINES: fexofenadine, Clarinex, levocetirizine. ANTIPSYCHOTICS: Risperidone, Abilify, Fanapt, Geodon, Invega, Latuda, Seroquel, Zyprexa. DIHYDROPYRIDINES: nifedipine extended-release. ORAL ESTROGENS: estradiol patch. ADHD AMPHETAMINES: Strattera, Vyvanse. ANTIDIARRHEAL: loperamide. SKELETAL MUSCLE RELAXANTS: tizanidine, baclofen. Zanaflex. UTI ANTIBACTERIALS: sulfamethoxazole/trimethoprim, ciprofloxacin. VASODILATORS: Aggrenox, Plavix. SULFONYLUREAS: glimepiride, glyburide, Glycron, glipizide.

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

1 Year

Other Criteria

N/A

2012 Vantage Health Plan Prior Authorization Criteria

INFERGEN

Drugs

Infergen

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

N/A

Required Medical Information

Patient must have compensated liver disease with detectable levels of hepatitis C virus RNA in the serum

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

3 to 9 months depending on genotype and initial vs. renewal therapy

Other Criteria

2-log decrease in viral load for renewals

2012 Vantage Health Plan Prior Authorization Criteria

Istodax

Drugs

Istodax

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Primary cutaneous T-cell lymphoma (CTCL): in patients who have received at least one prior systemic therapy.

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

12 months

Other Criteria

N/A

2012 Vantage Health Plan Prior Authorization Criteria

ITRACONAZOLE

Drugs

itraconazole

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

LFTs, fungal diagnostic test (e.g., KOH preparation, fungal culture, or nail biopsy)

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

6 months, followed by 12 months thereafter

Other Criteria

N/A

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IVIG

Drugs

Carimune NF Nanofiltered, GamaSTAN S/D, Gammagard Liquid, Gammaflex, Gamunex, Hizentra, Privigen

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

N/A

Required Medical Information

HSCT - IVIG is to be used in patients that have developed severe hypogammaglobulinemia (IgG less than 400) within the first 100 days post transplant.

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

4 months- CIDP, BMT, HSCT 6 months - ITP, Kawasaki, Parvovirus B19 12 months - remaining covered uses

Other Criteria

Kawasaki-IVIG used with high dose ASA. BMT-IVIG used in the first 100 days post BMT.

Dermatomyositis-IVIG used if corticosteroid not an option. Hyperimmunoglobulinemia E-diagnosis has to be with eczema and atopic dermatitis. RRMS-IVIG used as 2nd line treatment.

Subject to Part B vs. Part D Coverage Determination

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JEVTANA

Drugs

Jevtana

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Patient has been previously treated with a Taxotere (docetaxel) containing treatment regimen AND is being treated with prednisone in combination with Jevtana

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

1 year

Other Criteria

Subject to Part B vs. D review

2012 Vantage Health Plan Prior Authorization Criteria

LIDODERM

Drugs

Lidoderm

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Sensitivity to local anesthetics of the amide type (e.g., procaine, tetracaine, benzocaine), skin is broken or inflamed where the patch is to be applied.

Required Medical Information

N/A

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

12 months

Other Criteria

N/A

2012 Vantage Health Plan Prior Authorization Criteria

MOZOBIL

Drugs

Mozobil

Covered Uses

All medically accepted indications not otherwise excluded from Part D

Exclusion Criteria

Part B Coverage

Required Medical Information

Diagnosis , Patients weight, Concurrent Treatments: used in combination with granulocyte-colony stimulating factor

Age Restriction

Approved for those patients 18 years of age or older

Prescriber Restriction

none

Coverage Duration

1 year

Other Criteria

Subject to Part B vs. Part D coverage determination.

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NEULASTA

Drugs

Neulasta

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Neulasta treatment within the last 14 days. Treatment of acute afebrile neutropenia.

Required Medical Information

Current and periodic monitoring of WBC count at initiation of and during therapy.

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

6 months

Other Criteria

Neulasta administration will be delayed a minimum of 24 hours after the administration of cytotoxic chemotherapy.

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NEUMEGA

Drugs

Neumega

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

N/A

Required Medical Information

Patient's renal function above or below 30 mL/min for dosage adjustment. Any cardiovascular/fluid comorbidities for monitoring of fluid status (if applicable).

Age Restriction

Approved for those 18 years of age or older

Prescriber Restriction

N/A

Coverage Duration

3 months

Other Criteria

N/A

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NEUTROPHIL

Drugs

Leukine, Neupogen

Covered Uses

All FDA-approved indications not otherwise excluded from Part D, bone marrow transplantation failure or engraftment delay. Neutropenia AIDS associated with treatment or disease, myelodysplastic syndromes, drug-induced neutropenia.

Exclusion Criteria

Treatment of acute afebrile neutropenia. Patients not at high risk for infection-associated complications or not having prognostic factors that are predictive of poor clinical outcomes.

Required Medical Information

Current and periodic monitoring of WBC count at initiation of and during therapy.

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

3 months

Other Criteria

N/A

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ORAL FENTANYL

Drugs

fentanyl citrate, Fentora

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

1 month for initial or titrating patients, 3 months for all others

Other Criteria

N/A

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Part B/D Drugs

Drugs

acetylcysteine, Aldurazyme, Aminosyn 10 %, Aminosyn 3.5 %, Aminosyn 5 %, Aminosyn 7 %, Aminosyn 8.5 %, Aminosyn 8.5 %-Electrolytes, Aminosyn II 10 %, Aminosyn II 3.5 %/Dextrose 5 %, Aminosyn II 3.5 %-Dextrose 25%, Aminosyn II 3.5% M/Dextrose 5%, Aminosyn II 3.5%-Lytes-Ca-D25W, Aminosyn II 4.25%/Dextrose 20%, Aminosyn II 4.25%-Dextrose 10%, Aminosyn II 4.25%-Dextrose 25%, Aminosyn II 4.25%-Lytes-Ca-D25, Aminosyn II 5%/Dextrose 25%, Aminosyn II 7 %, Aminosyn II 8.5 %, Aminosyn II 8.5 %-Electrolytes, Aminosyn M 3.5 %, Aminosyn-HBC 7%, Aminosyn-HF 8 %, Aminosyn-PF 10 %, Aminosyn-PF 7 % (Sulfite-Free), amphotericin b, Anzemet, azithromycin, calcitriol, CellCept Intravenous, Cerezyme, Cesamet, chorionic gonadotropin, human, Clinimix 2.75%/D5 Sulfite Free, Clinimix 4.25%/D5 Sulfite Free, Clinimix 4.25/D10 Sulfite Free, Clinimix 4.25/D20 Sulfite Free, Clinimix 4.25/D25 Sulfite Free, Clinimix 5%/D15 Sulfite Free, Clinimix 5%/D20 Sulfite Free, Clinimix 5%/D25 Sulfite Free, Clinimix E 2.75/D10 SulfiteFree, Clinimix E 2.75/D5 SulfiteFree, Clinimix E 4.25/D25 SulfiteFree, Clinimix E 4.25/D5 SulfiteFree, Clinimix E 5%/D15 Sulfite Free, Clinimix E 5%/D20 Sulfite Free, Clinimix E 5%/D25 Sulfite Free, Clinisol SF 15%, colistimethate sodium, CUBICIN, cyclophosphamide, cyclosporine, Dacogen, DECAVAC, docetaxel, dronabinol, Eligard, Emend, Engerix-B (PF), Fabrazyme, foscarnet, Freamine III 3 %-Electrolytes, Freamine III 8.5 %, gemcitabine, granisetron, Granisol, Hectorol, heparin (porcine), heparin (porcine) in D5W, heparin (porcine) in NS (PF), heparin (porcine)-0.45% NaCl, heparin, porcine (PF), Hepatamine 8%, Hepatasol 8 %, Intralipid, leuprolide, levocarnitine, lidocaine HCl, lidocaine-prilocaine, Liposyn II, Liposyn III, Lupron Depot, Lupron Depot (3 Month), Lupron Depot (4 Month), Miacalcin, Nebupent, Nephramine 5.4 %, nitroglycerin, Novarel, ondansetron, ondansetron HCl, Pregnyl, Premasol 10 %, Premasol 6 %, Procalamine 3%, Prograf, Prosol 20%, Reclast, Recombivax HB (PF), Sandimmune, Synera, Taxotere, Teflaro, tetanus toxoid, adsorbed (PF), tetanus, diphtheria toxoid ped-PF, tetanus-diphtheria toxoid-Td, Thymoglobulin, Travasol 10 %, Trelstar, Trexall, TrophAmine 10 %, vancomycin, Vibativ, Zemplar

Covered Uses

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.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

N/A

Other Criteria

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N/A

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PEGASYS

Drugs

Pegasys, Pegasys Convenience Pack

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

N/A

Required Medical Information

For chronic hepatitis C, patient must have compensated liver disease with detectable levels of HCV RNA in the serum. For chronic hepatitis B, patient must have a positive serum marker for HBV replication, persistently elevated aminotransferase levels greater than 2 times ULN, or signs of chronic hepatitis B on liver biopsy, or cirrhosis of the liver as evidenced by radiological or clinical data, or extrahepatic complications.

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

Chronic hepatitis C - 3 to 9 months. Chronic hepatitis B - 12 months.

Other Criteria

For chronic hepatitis C, patient must have 2-log decrease in viral load for renewals.

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PEGINTRON

Drugs

PegIntron, PegIntron Redipen

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

N/A

Required Medical Information

Patient must have compensated liver disease with detectable levels of hepatitis C virus RNA in the serum

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

3 to 9 months depending on genotype and initial vs. renewal therapy

Other Criteria

2-log decrease in viral load for renewals

2012 Vantage Health Plan Prior Authorization Criteria

PRADAXA

Drugs

Pradaxa

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Diagnosis of atrial fibrillation. Inadequate response, intolerance or contraindication to Coumadin (warfarin) or inability to achieve therapeutic INR (international normalized ratio.)

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

12 months

Other Criteria

N/A

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PROLIA

Drugs

Prolia

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Diagnosis. At least ONE risk factor for osteoporotic fracture. Trial and failure of at least ONE of the following: Actonel (risedronate), Fosamax (alendronate), Boniva (ibandronate), or Evista (raloxifene).

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

Approve up to 12 months

Other Criteria

Subject to Part B vs. Part D coverage determination.

2012 Vantage Health Plan Prior Authorization Criteria

REMICADE

Drugs

Remicade

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Patients are excluded if they have an active infection

Required Medical Information

Patient must be evaluated for latent TB with a PPD test and be treated if positive. Patient must also be assessed for the risk of hepatitis B and if appropriate, be tested.

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

12 months

Other Criteria

RA-fail 1 DMARD, used with MTX. Crohn's-fail 2 first-line agents unless multiple draining enterocutaneous/rectovaginal fistulae. UC-fail agents such as oral or rectal 5-ASA or glucocorticosteroids. Psoriasis-candidate for systemic treatment/phototherapy. Reactive AR-failure to NSAIDs or DMARDs. IBDA -fail at least 2 of following sulfasalazine, azathioprine, 6-mercaptopurine, MTX or oral steroids. Subject to Part B vs. Part D coverage determination.

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REVATIO

Drugs

Revatio

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Concurrent nitrate therapy.

Required Medical Information

N/A

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

12 months

Other Criteria

N/A

2012 Vantage Health Plan Prior Authorization Criteria

REVLIMID

Drugs

REVLIMID

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Pregnancy

Required Medical Information

If female of child bearing potential, pregnancy excluded by 2 negative urine or serum pregnancy tests.
For MM requirement of combination therapy with dexamethasone and at least one prior MM treatment.
For MDS: diagnosis of anemia due to Low- or Intermediate-1-risk MDS associated with a deletion 5q cytogenetic abnormality, transfusion dependent. Instruction regarding importance and proper utilization of appropriate contraceptive methods. Monitor CBC on regular basis.

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

12 months

Other Criteria

N/A

2012 Vantage Health Plan Prior Authorization Criteria

RIBAVIRIN

Drugs

REBETOL, RibaPak Dose Pack, Ribasphere, ribavirin

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

History of unstable heart disease, hemoglobin less than 8.5, creatinine clearance less than 50, pregnancy, hemoglobinopathy.

Required Medical Information

Patient must have detectable levels of HCV RNA in the serum and be on an alfa interferon product concurrently.

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

4 to 8 months, depending on genotype and initial vs. renewal therapy.

Other Criteria

2-log decrease in viral load for renewals

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RITUXAN

Drugs

Rituxan

Covered Uses

All FDA-approved indications not otherwise excluded from Part D, Chronic lymphocytic leukemia (CLL). Immune thrombocytopenic purpura (ITP). Waldenstrom's macroglobulinemia.

Exclusion Criteria

RA - Rituxan cannot be used concomitantly with another biologic DMARD.

Required Medical Information

Prescriber has to assess the patient for the risk of hepatitis B, and if clinically indicated, test the patient for hepatitis B infection before initiation or continuation of therapy with Rituxan.

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

Lifetime

Other Criteria

For NHL, the diagnosis must fall into one of the following categories of CD20-positive B-cell NHL: - relapsed or refractory, low-grade or follicular - previously untreated follicular, in combination with CVP chemotherapy - low grade in patients with stable disease or who achieve a partial or complete response following first-line treatment with CVP chemotherapy - diffuse large B-cell, treated first line in combination with CHOP or other anthracycline-based chemotherapy - relapsed or refractory diffuse large B-cell lymphoma. For ITP, patient has to be refractory to first line treatment with corticosteroids and/or IVIG.

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SANDOSTATIN LAR

Drugs

Sandostatin LAR Depot

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

N/A

Required Medical Information

Patient had prior therapy with sandostatin injection (not depot form) and treatment was effective and tolerated.

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

12 months

Other Criteria

N/A

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SKELID

Drugs

Skelid

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

12 Months

Other Criteria

N/A

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SMOKING DETERRENTS

Drugs

Buproban, Nicotrol, Nicotrol NS

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Diagnosis, drugs tried and failed, patient enrolled in any smoking cessation support program

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

3 months initially

Other Criteria

N/A

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SOMATULINE DEPOT

Drugs

Somatuline Depot

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

12 months

Other Criteria

Either surgery and/or radiotherapy is not a therapeutic option for the patient or the patient has had inadequate response to surgery and/or radiotherapy

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STELARA

Drugs

Stelara

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

For the treatment of moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy.

Age Restriction

Approve for those patients 18 years of age or older

Prescriber Restriction

N/A

Coverage Duration

12 months

Other Criteria

N/A

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STEROIDS, ANABOLIC

Drugs

oxandrolone

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

6 months

Other Criteria

N/A

2012 Vantage Health Plan Prior Authorization Criteria

TERBINAFINE

Drugs

Lamisil, terbinafine

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

N/A

Required Medical Information

LFTs, fungal diagnostic test (e.g., KOH preparation, positive fungal culture, or nail biopsy)

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

2 months for fingernails only, 3 months if toenail involvement

Other Criteria

N/A

2012 Vantage Health Plan Prior Authorization Criteria

TESTOSTERONES

Drugs

testosterone cypionate, testosterone enanthate

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Female, prostate cancer, breast cancer

Required Medical Information

Before the start of testosterone therapy patient has (or patient currently has) a confirmed low testosterone level (i.e. total testosterone less than 300 ng/dL, free or bioavailable, testosterone less than 5 ng/dL) or absence of endogenous testosterone

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

12 months

Other Criteria

N/A

2012 Vantage Health Plan Prior Authorization Criteria

TOPICAL-ULCERS

Drugs

Regranex

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

N/A

Required Medical Information

Ulcer size after 10 weeks of therapy, does ulcer have adequate blood supply, ulcer extending into subcutaneous tissue or beyond

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

3 months, then additional 2 months upon renewal

Other Criteria

N/A

2012 Vantage Health Plan Prior Authorization Criteria

VANDETANIB

Drugs

vandetanib

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Diagnosis of metastatic or unresectable medullary thyroid cancer

Age Restriction

N/A

Prescriber Restriction

Prescriber is an oncologist or endocrinologist

Coverage Duration

12 Months

Other Criteria

N/A

2012 Vantage Health Plan Prior Authorization Criteria

VIVAGLOBIN

Drugs

Vivaglobin

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Selective immunoglobulin A (IgA) deficiency (serum IgA less than 0.05 g/L) with known antibody against IgA. Patients with a history of anaphylactic or severe systemic response to immune globulin preparations.

Required Medical Information

N/A

Age Restriction

2 years of age and above

Prescriber Restriction

N/A

Coverage Duration

12 months

Other Criteria

IgG and IgA levels should be obtained before the initiation of therapy. Patients should be monitored for adverse reactions.

2012 Vantage Health Plan Prior Authorization Criteria

VPRIV

Drugs

VPRIV

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Diagnosis of Type 1 Gaucher's disease

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

Approve for lifetime

Other Criteria

N/A

2012 Vantage Health Plan Prior Authorization Criteria

XGEVA

Drugs

Xgeva

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Initial approval requires documented failure, intolerance, or clinical rationale for avoidance of Zometa AND Recent oral exam to assess osteonecrosis risk AND Concurrent treatment with Calcium and Vitamin D. Subsequent approval requires documentation of treatment success.

Age Restriction

N/A

Prescriber Restriction

N/A

Coverage Duration

6 months initially, followed by 12 months thereafter

Other Criteria

Subject to Part B vs. D review

2012 Vantage Health Plan Prior Authorization Criteria

XOLAIR

Drugs

Xolair

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Xolair is not to be used as monotherapy.

Required Medical Information

Positive aeroallergen skin or blood test. Pre-treatment IgE level to be between 30 and 700 IU/mL

Age Restriction

12 years of age and above

Prescriber Restriction

N/A

Coverage Duration

12 months

Other Criteria

Patient must demonstrate an inadequate response or failure to combination therapy with an inhaled corticosteroid and a long-acting inhaled beta-agonist

2012 Vantage Health Plan Prior Authorization Criteria

ZYTIGA

Drugs

Zytiga

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Diagnosis of metastatic castrate-resistant prostate cancer. Member tried and failed Taxotere (docetaxel) therapy.

Age Restriction

N/A

Prescriber Restriction

Prescriber is an oncologist.

Coverage Duration

6 Months Initially followed by 12 months thereafter

Other Criteria

N/A

2012 Vantage Health Plan Prior Authorization Criteria

Drug Index

acetylcysteine.....	24	Clinimix 4.25/D25 Sulfite Free	24	Hepatasol 8 %.....	24
Actemra.....	2	Clinimix 5%/D15 Sulfite Free	24	Hizentra	16
adapalene.....	8	Clinimix 5%/D20 Sulfite Free	24	hydroxyzine HCl.....	12
Afinitor.....	3	Clinimix 5%/D25 Sulfite Free	24	hydroxyzine pamoate.....	12
Aldurazyme.....	24	Clinimix E 2.75/D10 SulfitFree	24	Infergen.....	13
Aminosyn 10 %.....	24	Clinimix E 2.75/D5 SulfiteFree.....	24	Intralipid	24
Aminosyn 3.5 %.....	24	Clinimix E 4.25/D25 SulfitFree	24	Istodax	14
Aminosyn 5 %.....	24	Clinimix E 4.25/D5 SulfiteFree.....	24	itraconazole.....	15
Aminosyn 7 %.....	24	Clinimix E 5%/D15 Sulfite Free	24	Jevtana	17
Aminosyn 8.5 %.....	24	Clinimix E 5%/D20 Sulfite Free	24	ketorolac	12
Aminosyn 8.5 %-Electrolytes	24	Clinimix E 5%/D25 Sulfite Free	24	Lamisil	41
Aminosyn II 10 %.....	24	Clinisol SF 15%.....	24	Leukine	22
Aminosyn II 3.5 %/Dextrose 5 %	24	colistimethate sodium.....	24	leuprolide.....	24
Aminosyn II 3.5 %-Dextrose 25%	24	CUBICIN	24	levocarnitine	24
Aminosyn II 3.5% M/Dextrose 5%	24	cyclobenzaprine.....	12	lidocaine HCl.....	24
Aminosyn II 3.5%-Lytes-Ca-D25W.....	24	cyclophosphamide.....	24	lidocaine-prilocaine	24
Aminosyn II 4.25%/Dextrose 20%	24	cyproheptadine	12	Lidoderm	18
Aminosyn II 4.25%-Dextrose 10%	24	Dacogen.....	24	Liposyn II	24
Aminosyn II 4.25%-Dextrose 25%	24	DECAVAC.....	24	Liposyn III	24
Aminosyn II 4.25%-Lytes-Ca-D25	24	dexchlorpheniramine maleate.....	12	Lupron Depot.....	24
Aminosyn II 5%/Dextrose 25%	24	dicyclomine	12	Lupron Depot (3 Month).....	24
Aminosyn II 7 %.....	24	Differin	8	Lupron Depot (4 Month).....	24
Aminosyn II 8.5 %.....	24	diphenhydramine HCl	12	Macrodantin	12
Aminosyn II 8.5 %-Electrolytes.....	24	diphenoxylate-atropine.....	12	meperidine	12
Aminosyn M 3.5 %	24	docetaxel.....	24	meperidine (PF)	12
Aminosyn-HBC 7%.....	24	dronabinol.....	24	meprobamate.....	12
Aminosyn-HF 8 %.....	24	Eligard.....	24	metaxalone	12
Aminosyn-PF 10 %.....	24	Emend.....	24	methocarbamol	12
Aminosyn-PF 7 % (Sulfite-Free)	24	Engerix-B (PF)	24	Miacalcin	24
amphotericin b	24	Epogen.....	9	Mozobil.....	19
Anzemet	24	Fabrazyme	24	Nebupent.....	24
Aranesp (polysorbate).....	4	fentanyl citrate	23	Nephramine 5.4 %	24
Atralin	1	Fentora.....	23	Neulasta	20
atropine	12	Fexmid.....	12	Neumega	21
Avita.....	1	foscarnet	24	Neupogen.....	22
azithromycin	24	Freamine III 3 %-Electrolytes	24	Nexavar.....	3
Buproban.....	37	Freamine III 8.5 %.....	24	Nicotrol.....	37
calcitriol	24	GamaSTAN S/D.....	16	Nicotrol NS.....	37
Carimune NF Nanofiltered.....	16	Gammagard Liquid.....	16	nitrofurantoin macrocrystal.....	12
carisoprodol.....	12	Gammaplex	16	nitrofurantoin monohyd/m-cryst.....	12
carisoprodol-aspirin	12	Gamunex	16	nitroglycerin.....	24
Cayston	5	gemcitabine	24	Novarel	24
CellCept Intravenous.....	24	Glassia	10	ondansetron	24
Cerezyme	24	granisetron.....	24	ondansetron HCl	24
Cesamet.....	24	Granisol	24	orphenadrine citrate	12
Chantix.....	6	Halaven.....	11	Orphenadrine Compound.....	12
Chantix Starting Month Pak.....	6	Hectorol.....	24	Orphenadrine Compound-DS	12
chlorzoxazone	12	heparin (porcine)	24	oxandrolone	40
chorionic gonadotropin, human	24	heparin (porcine) in D5W.....	24	Pegasys	26
Cimzia Powder for Reconst	7	heparin (porcine) in NS (PF)	24	Pegasys Convenience Pack	26
Clinimix 2.75%/D5 Sulfite Free	24	heparin (porcine)-0.45% NaCl	24	PegIntron	27
Clinimix 4.25%/D5 Sulfite Free	24	heparin (porcine)-0.45% NaCl	24	PegIntron Redipen	27
Clinimix 4.25/D10 Sulfite Free.....	24	heparin, porcine (PF).....	24	pentazocine-acetaminophen.....	12
Clinimix 4.25/D20 Sulfite Free.....	24	Hepatitis 8%	24	Phenadoz.....	12

2012 Vantage Health Plan Prior Authorization Criteria

Pradaxa.....	28	REVLIMID	32	tetanus,diphtheria toxo ped-PF	24
Pregnyl	24	RibaPak Dose Pack	33	tetanus-diphtheria toxoids-Td	24
Premarin.....	12	Ribasphere.....	33	Thymoglobulin	24
Premasol 10 %	24	ribavirin	33	Transderm-Scop.....	12
Premasol 6 %	24	Rituxan	34	Travasol 10 %.....	24
Privigen.....	16	Robaxin	12	Trelstar	24
Procalamine 3%	24	Sandimmune.....	24	tretinoin.....	1
Procrit.....	9	Sandostatin LAR Depot.....	35	Trexall.....	24
Prograf	24	Skelid.....	36	trimethobenzamide.....	12
Prolia.....	29	Somatuline Depot.....	38	TrophAmine 10 %	24
promethazine.....	12	Stelara.....	39	vancomycin.....	24
Promethazine VC.....	12	Sutent.....	3	vandetanib.....	44
Promethegan	12	Synera.....	24	Vibativ	24
Prosol 20%.....	24	Talwin.....	12	Vivaglobin	45
REBETOL.....	33	Tarceva	3	VPRIV	46
Reclast.....	24	Taxotere.....	24	Xgeva.....	47
Recombivax HB (PF).....	24	Teflaro	24	Xolair	48
Regranex	43	terbinafine.....	41	Zemplar.....	24
Remicade.....	30	testosterone cypionate	42	Zytiga.....	49
Retin-A Micro.....	1	testosterone enanthate.....	42		
Revatio	31	tetanus toxoid,adsorbed (PF)	24		