

## Vantage Health Plan 2010 Prior Authorization Criteria

Drug	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Physician Restrictions	Coverage Duration	Other Criteria
AFINITOR	All FDA-approved indications not otherwise excluded from Part D					6 months	
AMPHETAMINES	All FDA-approved indications not otherwise excluded from Part D	MAOI concurrent use or within the last 14 days	Sleep studies for narcolepsy diagnosis	Approve for those 3 years of age and older		12 months	Monitor for weight loss, decreased growth velocity in children, increased heart rate and blood pressure, appearance or worsening of aggressive behavior or hostility, sleep disturbances and long-term usefulness of the drug
ANDRODERM ANDROGEL ANDROID ANDROXY DEPO-TESTOSTERONE METHITEST STRIANT TESTIM	All FDA-approved indications not otherwise excluded from Part D	Female, prostate cancer, breast cancer	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			12 months	
ANTHRALIN AVITA RETIN-A RETIN-A MICRO TRETINOIN CREAM/GEL	All FDA-approved indications not otherwise excluded from Part D	Cosmetic use		Approve for those 12 years of age and older		12 months	

Drug	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
ARANESP	All FDA-approved indications not otherwise excluded from Part D	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)	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			Initiation of therapy and/or dose changes - 6 weeks. Stable on therapy - 12 weeks.	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.
CELEBREX	All FDA-approved indications not otherwise excluded from Part D	Cardiovascular disease, post-operative pain following CABG surgery, allergic-type reaction to aspirin, NSAIDs, or sulfonamides	Evaluation of cardiovascular disease or risk factors for cardiovascular disease			6 months for FAP and JRA, 12 months for dysmenorrhea, OA, RA, AS, 1 month for acute pain	For all diagnoses except FAP, patient must not be at risk for an NSAID-related gastrointestinal (GI) adverse event such as an NSAID-associated gastric ulcer or gastrointestinal bleeding
CHANTIX	All FDA-approved indications not otherwise excluded from Part D	Concurrent Zyban use				12 weeks initial, 12 weeks additional upon renewal	
CIMZIA	All FDA-approved indications not otherwise excluded from Part D	Patient 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 on are on concurrent biologic response modifier. Patient must also be assessed for the risk of hepatitis B and if	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)	Approve for those 18 years of age or older		12 months	

Drug	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
CONCERTA DAYTRANA DEXMETHYLPHENIDATE FOCALIN/FOCALIN XR METADATE ER/CD METHYLIN METHYLPHENIDATE RITALIN RITALIN LA/SR	All FDA-approved indications not otherwise excluded from Part D	MAOI concurrent use or within the last 14 days	Sleep studies for narcolepsy diagnosis	Approved for those 6 years of age or older		12 months	Monitor for weight loss, decreased growth velocity in children, increased heart rate and blood pressure, appearance or worsening of aggressive behavior or hostility, sleep disturbances and long-term usefulness of the drug
DIFFERIN	All FDA-approved indications not otherwise excluded from Part D	Cosmetic use		Approve for those 12 years of age and older		12 months	
ENBREL	All FDA-approved indications not otherwise excluded from Part D, reactive arthritis, inflammatory bowel disease arthritis	Patient 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 on are on concurrent biologic response modifier. Patient must also be assessed for the risk of hepatitis B and if	RA/JA - patient must demonstrate inadequate response to at least 1 DMARD. Psoriasis - failure to or contraindication phototherapy, acitretin, methotrexate, cyclosporine or azathioprine. Ankylosing spondylitis - failure to 2 NSAIDS.	Psoriasis - Approve for those 18 years of age or older		12 months	

Drug	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
FORTEO	All FDA-approved indications not otherwise excluded from Part D	Paget's disease, unexplained elevation of alkaline phosphatase, open epiphyses, bone cancer or cancer that has metastasized to the bone, history of breast cancer, prior radiation therapy involving the skeleton, hypercalcemia, treatment with Forteo				12 months	For diagnosis of primary osteoporosis or hypogonadal osteoporosis patient must have at least one of the following: history of osteoporotic fractures, multiple risk factors for fractures, OR has failed or is intolerant to traditional osteoporosis therapy
GENOTROPIN HUMATROPE NORDITROPIN NUTROPIN SAIZEN SEROSTIM TEV-TROPIN	All FDA-approved indications not otherwise excluded from Part D	Severe respiratory impairment or sleep apnea (Prader-Willi syndrome)	Growth hormone stimulation tests			6 months	
HUMIRA	All FDA-approved indications not otherwise excluded from Part D	Patients are excluded if they have an active infection or on are on concurrent biologic response modifier.	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.	Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease, plaque psoriasis - Approve for those 18 years of age or older		12 months	RA/JA-failure to 1 DMARD. Psoriasis-failure phototherapy, acitretin, MTX, cyclosporine, or azathioprine. Ankylosing spondylitis-failure to 2 NSAIDs. Crohn's-failure to azathioprine, MTX, sulfasalazine, 6-mercaptopurine, or glucocorticoids.

Drug	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
INCRELEX	All FDA-approved indications not otherwise excluded from Part D	Closed epiphyses. Other secondary causes of growth failure. Pre-existing thyroid and/or nutritional deficits. Presence of active or suspected neoplasia.	Failure of a growth hormone stimulation test. Genetic testing for growth hormone gene deletion. Lab testing for neutralizing antibodies to growth hormone.	Approve for those 2 years of age or older		12 months	Height of the patient greater than or equal to 3 standard deviations below the norm for children of the same age and gender prior to beginning Increlex therapy. Basal IGF-1 level greater than or equal to 3 standard deviations below the norm for children
INFERGEN	All FDA-approved indications not otherwise excluded from Part D		Patient must have compensated liver disease with detectable levels of hepatitis C virus RNA in the serum			3 to 9 months depending on genotype and initial vs. renewal therapy	2-log decrease in viral load for renewals
ITRACONAZOLE	All FDA-approved indications not otherwise excluded from Part D.		LFTs, fungal diagnostic test (e.g., KOH preparation, fungal culture, or nail biopsy)			1, 2, 3, or 6 months depending on the diagnosis (see duration in parentheses in covered uses)	

Drug	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
IVIG	All FDA-approved indications not otherwise excluded from Part D		HSCT - IVIG is to be used in patients that have developed severe hypogammaglobulinemia (IgG less than 400) within the first 100 days post transplant.	BMT - patients have to be 20 years of age or older. HIV - patient has to be younger than 13 years of age.		4 mos- CIDP, BMT, HSCT 6 mos - ITP, Kawasaki, Parvovirus B19 12 mos - remaining covered uses	Kawasaki disease - IVIG is to be used in conjunction with high dose aspirin. BMT - IVIG is to be used within the first 100 days after BMT. Dermatomyositis - IVIG is to be used only if corticosteroid is not a therapeutic option.
KINERET	All FDA-approved indications not otherwise excluded from Part D	Active infection or concurrent use of a TNF blocking agent.	Patient must demonstrate inadequate response to at least 1 DMARD			12 months	
LIDODERM	All FDA-approved indications not otherwise excluded from Part D	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.				12 months	
MOZOBIL	All medically accepted indications not otherwise excluded from Part D	Part B Coverage	Diagnosis , Patient's weight, Concurrent Treatments: used in combination with granulocyte-colony stimulating factor	Approved for those patients 18 years of age or older		1 year	

Drug	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
NEULASTA	All FDA-approved indications not otherwise excluded from Part D	Neulasta treatment within the last 14 days. Treatment of acute afebrile neutropenia.	Current and periodic monitoring of WBC count at initiation of and during therapy.			6 months	Neulasta administration will be delayed a minimum of 24 hours after the administration of cytotoxic chemotherapy.
NEUMEGA	All FDA-approved indications not otherwise excluded from Part D		Patient's renal function above or below 30 mL/min for dosage adjustment. Any cardiovascular/fluid comorbidities for monitoring of fluid status (if applicable).	Approved for those 18 years of age or older		3 months	Treatment not to exceed 21 days per treatment course. Treatment to be discontinued at least two days prior to starting next round of chemotherapy. Discontinue therapy when post-nadir platelet count (not the result of recent platelet transfusions) is great

Drug	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
NEUPOGEN LEUKINE	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.	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.	Current and periodic monitoring of WBC count at initiation of and during therapy.			3 months	Treatment to be halted in the event of excessive leukocytosis.
NUVIGIL	All FDA-approved indications not otherwise excluded from Part D		If diagnosis is narcolepsy require polysomnography, if diagnosis of OSAHS require polysomnography and whether pt using CPAP			12 months	

Drug	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
OCTREOTIDE	All FDA-approved indications not otherwise excluded from Part D.					12 months	
ORAL FENTANYL	All FDA-approved indications not otherwise excluded from Part D.					1 month for initial or titrating patients, 3 months for all others	

Drug	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
ORENCIA	All FDA-approved indications not otherwise excluded from Part D	Patients are excluded if they are on concurrent biologic response modifier.	Patient must be evaluated for latent TB with a PPD test and be treated if positive.	Approved for those 6 years of age or older		12 months	Patient must demonstrate inadequate response to at least 1 DMARD or a TNF blocking agent.
OXANDRIN OXANDROLONE	All FDA-approved indications not otherwise excluded from Part D					6 months	
PEGASYS	All FDA-approved indications not otherwise excluded from Part D		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 grea			Chronic hepatitis C - 3 to 9 months. Chronic hepatitis B - 12 months.	For chronic hepatitis C, patient must have 2-log decrease in viral load for renewals.

Drug	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
PEGINTRON	All FDA-approved indications not otherwise excluded from Part D		Patient must have compensated liver disease with detectable levels of hepatitis C virus RNA in the serum			3 to 9 months depending on genotype and initial vs. renewal therapy	2-log decrease in viral load for renewals
PROCRIT EPOGEN	All FDA-approved indications not otherwise excluded from Part D	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 no	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 prio			Initiation of therapy and/or dose changes - 6 weeks. Stable on therapy - 12 weeks.	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.
PROVIGIL	All FDA-approved indications not otherwise excluded from Part D		If diagnosis is narcolepsy require polysomnography, if diagnosis of OSAHS require polysomnography and whether pt using CPAP			12 months	

Drug	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
REGRANEX	All FDA-approved indications not otherwise excluded from Part D	Neoplasm at intended site of application, active wound infection not under control by way of active treatment	Ulcer size after 10 weeks of therapy, does ulcer have adequate blood supply, ulcer extending into subcutaneous tissue or beyond			3 months, then additional 2 months upon renewal	
REMICADE	All FDA-approved indications not otherwise excluded from Part D	Patients are excluded if they have an active infection or moderate to severe CHF.	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.			12 months	ra-fail 1 dmard;use with mtx.Crohns-fail 2 firstline agent unless multi draining enterocutaneous or rectovaginal fistulae.UC-fail agents oral or rectal 5-ASA or glucocorticosteroids. AS-fail 2 NSAIDs.Ps-candidate for systemic/photo tx.
REVATIO	All FDA-approved indications not otherwise excluded from Part D	Concurrent nitrate therapy. PAH associated with any of the following: left heart disease, chronic thrombotic disease, embolic disease, compression of pulmonary vessels, lung diseases, hypoxemia, sarcoidosis				12 months	

Drug	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
REVLIMID	All FDA-approved indications not otherwise excluded from Part D	Pregnancy	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 Intermedia			12 months	Instruction regarding importance and proper utilization of appropriate contraceptive methods. Monitor CBC on regular basis.
RIBAVIRIN	All FDA-approved indications not otherwise excluded from Part D	History of unstable heart disease, hemoglobin less than 8.5, creatinine clearance less than 50, pregnancy, hemoglobinopathy.	Patient must have detectable levels of HCV RNA in the serum and be on an alfa interferon product concurrently.			4 to 8 months, depending on genotype and initial vs. renewal therapy.	2-log decrease in viral load for renewals

Drug	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
RITUXAN	All FDA-approved indications not otherwise excluded from Part D, Chronic lymphocytic leukemia (CLL). Immune thrombocytopenic purpura (ITP). Waldenstrom's macroglobulinemia.	RA - Rituxan cannot be used concomitantly with another biologic DMARD.	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.			NHL, RA, CLL, Waldenstrom's macroglobulinemia - 12 months. ITP - 1 month.	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
SANDOSTATIN LAR	All FDA-approved indications not otherwise excluded from Part D		Patient had prior therapy with sandostatin injection (not depot form) and treatment was effective and tolerated.			12 months	
SEROSTIM	All FDA-approved indications not otherwise excluded from Part D	Weight loss less than 10% of body weight. Other causes of weight loss such as inadequate nutritional intake, malabsorption, opportunistic infections, or hypogonadism.	BMI, patient weight.			12 weeks	Continuation of prescribed HIV (anti-viral) therapy.
SOMATULINE DEPOT	All FDA-approved indications not otherwise excluded from Part D					12 months	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

Drug	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
SOMAVERT	All FDA-approved indications not otherwise excluded from Part D		Monitor IGF-1 levels at 6 month intervals after IGF-1 levels stabilize within normal range. Monitor LFTs as recommended during therapy.			12 months	Prior to initiation of therapy IGF-1 levels were above age and gender adjusted normal range. If patient has been on therapy for the past 6 months demonstration of significant decrease in IGF-1 levels required. Patients were considered for/received treatment
STRATTERA	All FDA-approved indications not otherwise excluded from Part D	MAOI concurrent use or within the last 14 days		Approved for those 6 years of age or older		12 months	monitor for suicidality, clinical worsening, changes in behavior, blood pressure changes, heart rate changes, weight loss, decreased growth velocity in children, sleep disturbances, liver injury
TERBINAFINE	All FDA-approved indications not otherwise excluded from Part D		LFTs, fungal diagnostic test (e.g., KOH preparation, positive fungal culture, or nail biopsy)			2 months for fingernails only, 3 months if toenail involvement	
THALOMID	All FDA-approved indications not otherwise excluded from Part D	Pregnancy	If female of child bearing potential, pregnancy excluded by 2 negative urine or serum pregnancy tests. For MM requirement of combination therapy with dexamethasone. For ENL if have moderate to severe neuritis Thalomid can not be used as monotherapy.			12 months	Instruction regarding importance and proper utilization of appropriate contraceptive methods.

Drug	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
VIVAGLOBIN	All FDA-approved indications not otherwise excluded from Part D	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.		2 years of age and above		12 months	IgG and IgA levels should be obtained before the initiation of therapy. Patients should be monitored for adverse reactions.
XENAZINE	All FDA-approved indications not otherwise excluded from Part D	Actively suicidal, untreated or inadequately treated depression, impaired hepatic function, current use of monoamine oxidase inhibitors or reserpine.				12 months	In patients who are taking reserpine, at least 20 days should elapse after stopping reserpine before initiation of Xenazine therapy.
XOLAIR	All FDA-approved indications not otherwise excluded from Part D	Xolair is not to be used as monotherapy.	Positive aeroallergen skin or blood test. Pre-treatment IgE level to be between 30 and 700 IU/mL	12 years of age and above		12 months	Patient must demonstrate an inadequate response or failure to combination therapy with an inhaled corticosteroid and a long-acting inhaled beta-agonist

Drug	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
ZORBTIVE	All FDA-approved indications not otherwise excluded from Part D	Recently diagnosed or recurrent active neoplasia.	Tracking of patient weight for continuation/reapproval of therapy.			4 weeks	Patient is currently receiving and will continue to receive any one or a combination of the following specialized nutritional support: high complex-carbohydrate, low-fat diet, TPN, IPN, PPN, rehydration solutions, electrolyte replacement.

**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 to make the determination:**

Acetylcysteine	Colistimethate	Granisetron	Novamine	Renamin
Albuterol Inhalation solution	Coly-Mycin M	Granisol	Novarel	Sandimmune
Aminess	Cromolyn Nebulizer solution	Hepatamine	Ondansetron	Tetanus Toxoid
Aminosyn	Cyclophosphamide	Hepatasol	Perforomist	Tetanus/Diphtheria Toxoid
Anzemet	Cyclosporine	Imuran	Pregnyl	Tobi
Azasan	Decavac	Intralipid	Premasol	Travasol
Azathioprine	Diphtheria/Tetanus	Ipratropium inhalation solution	Procalamine	Trexall
Brovana	Duoneb	Ipratropium/albuterol	Prograf	Trophamine
Cellcept	Emend	Kytril	Prosol	Ventavis
Cesamet	Engerix-B	Myfortic	Pulmicort	Xopenex
Chorionic Gonadotropin	Freamine HBC	Nebupent	Pulmozyme	Zofran
Clinimix	Freamine III	Neoral	Rapamune	
Clinisol SF	Gengraf	Nephramine	Recombivax-HB	