



PRIOR AUTHORIZATION GUIDELINES 2009

Brand Name	Generic Name	Prior Auth Criteria
Abilify	Aripiprazole	Risperidone first line. Seroquel second line. Tablet splitting may be required if approved.
Aciphex	Rabeprazole	Omeprazole tablets first line.
Arava	Leflunomide	Tx of active RA; failure or intolerance to MTX; prescribed by rheumatologist
Aricept	Donepezil	Tx of Alzheimer's Disease or related dementia with baseline MMSE between 10-26 or evidence of Dementia with an alternate assessment tool. 12 month MMSE or other assessment tool.
Avandia	Rosiglitazone	Trial and failure or contraindication to use of first line therapy of both a sulfonyleurea or metformin, and second line therapy with pioglitazone. TZD use should be used in combo with other oral agents and not in patients with heart disease.
Avonex/Betaseron/Rebif	Interferon beta-1a	Tx of relapsing form of Multiple Sclerosis in ambulatory patients; Prescribed by a neurologist.
Byetta	Exenatide	Adjunct to oral agents used in type 2 DM without adequate control and trial and failure of formulary agents(sulfonyleureas, metformin, tzds, or insulin) Documentation of significant response to therapy (HA1c lowered by 0.6% or better)
Catapres TTS (patch)	Clonidine	Documented contraindication to oral clonidine
Celebrex	Celecoxib	Patient age: >65; tried and failed at least 1 rx NSAID; concurrent and chronic PPI or H2 antagonist therapy; anticoagulants/antiplatelets, oral glucocorticoids, misoprostol or sucralfate; history of PUD.
Colazal	Balsalazide	Trail and failure of Sulfasalazine



PRIOR AUTHORIZATION GUIDELINES 2009

Copaxone	Glatiramer Acetate	Tx of relapsing form of Multiple Sclerosis in ambulatory patients; Prescribed by a neurologist.
Copegus	Ribavirin	Tx: Chronic Hep C for members who have been evaluated by a gastroenterologist and/or an HIV specialist. Baseline labs/reports required. TX beyond 12 weeks for genotype 1 requires evidence of an early viral response (EVR) defined as a minimum 2 log decrease in viral load (HCV/RNA). Max duration of therapy limited to 24 weeks for genotypes 2 and 3 and 48 weeks for genotype 1. TX for members beyond these limits or retreatment for members who were “nonresponders” with previous therapy must be clinically justified.
Cozaar Cozaar HCT	Losartan Losartan HCT	Step Therapy: Trial and failure or adverse reaction to ACE Inhibitors.
Cymbalta	Duloxetine	Tx: (1) depression for members who have tried and failed fluoxetine, paroxetine, citalopram, sertraline, bupropion, mirtazapine or effexor/effexor XR; (2) Diabetic neuropathy for members who have tried and failed gabapentin at high doses.
Diovan	Valsartan	Step Therapy: Trial and failure or adverse reaction to ACE Inhibitors.
Duragesic Patch	Fentanyl	Tx: persistent, moderate to severe chronic pain that: <ul style="list-style-type: none"> • requires continuous, around-the-clock opioid administration for an extended period of time, and • cannot be managed by other means such as non-steroidal analgesics, opioid combination products, or immediate-release opioids



PRIOR AUTHORIZATION GUIDELINES 2009

		<p>Fentanyl® should ONLY be used in patients who are already receiving opioid therapy, who have demonstrated opioid tolerance, and who require a total daily dose at least equivalent to Fentanyl 25 mcg/h.</p> <p>Patients who are considered opioid-tolerant are those who have been taking, for a week or longer, at least 60 mg of morphine daily, or at least 30 mg of oral oxycodone daily, or at least 8 mg of oral hydromorphone daily or an equal analgesic dose of another opioid.</p>
Effexor XR	Venlafaxine	Trial and failure of fluoxetine, paroxetine, sertraline or citalopram required. Venlafaxine trial required before XR.
Enablex	Darifenacin	Trial and failure of formulary products: Detrol, Detrol LA, Oxybutnin, Ditropan and Ditropan XR.
Enbrel	Etanercept	TX: (1) Rheumatoid Arthritis in members who have failed treatment with MTX and at least 1 other DMARD. (2) Plaque Psoriasis involving >5% BSA (<i>exceptions may apply</i>); prescribed by a dermatologist; AND trial and failure of at least 1 DMARD.
Epogen, Procrit	Erythropoietin	<ul style="list-style-type: none"> • Patient has anemia associated with chronic renal failure, including patients on dialysis and patients not on dialysis with Hgb < 11G/Dl OR • Treatment of anemia in zidovudine-treated HIV-infected patients OR • Treatment of anemia in cancer



PRIOR AUTHORIZATION GUIDELINES 2009

		<p>patients on chemo OR</p> <ul style="list-style-type: none"> • Reduction of allogeneic blood transfusion in surgery patients OR • Myelodysplastic syndrome OR • Anemia due to chronic disease OR • Chronic anemia assoc. with malignancy OR • Anemia in patients with Hep C virus infection OR • Allogeneic bone marrow transplantation • AND • Patient has HCT/HGB levels less than 30/ 10 g/dl, prior to initiation of therapy (unless otherwise specified below: • Prior to and during therapy, the patient's iron status, including transferrin saturation and serum ferritin, is evaluated with transferrin sats at least 20% and ferritin at least 100 ng/mL prior to initiation and during therapy • For patients with uncontrolled hypertension, blood pressure is adequately controlled before initiation of therapy and closely monitored and controlled during therapy
Flomax	Tamsulosin	Trial and failure of formulary agents: doxazosin (Cardura) or terazosin (Hytrin)
Forteo	Teriparatide	Tx: Osteoporosis in postmenopausal women at high risk



PRIOR AUTHORIZATION GUIDELINES 2009

		for fracture or men with primary or hypogonadal osteoporosis at risk for fracture; risk factors: history of osteoporotic fracture and/or very low bone density. T-score at least 2.5 standard deviations from the mean; Failure of bisphosphonate therapy. Approval for 3 month initially up to 24 months total.
Fosrenol	Lanthanum carbonate	For control of hyperphosphatemia in dialysis members unresponsive to calcium based phosphate binder therapy (PhosLo) in amounts exceeding 2,000mg total elemental calcium content;* members with hypercalcemia; members with vascular or soft tissue calcifications; or members with low PTH. *PhosLo 667=169 elemental Ca per tab.
Geodon	Ziprasidone	Risperidone first line.
Humira	Adalimumab	TX: (1) Rheumatoid Arthritis in members who have failed treatment with MTX and at least 1 other DMARD. (2) Plaque Psoriasis involving >5% BSA (<i>exceptions may apply</i>); prescribed by a dermatologist; AND trial and failure of at least 1 DMARD.
Lexapro	Escitalopram	For treatment in members who have failed or have contraindications to 2 agents: fluoxetine, paroxetine, sertraline or citalopram, one of which must have been citalopram. Half tablet substitution required.
Lidoderm 5% Patch	Xylocaine	Rx or recommendation from pain specialist. Tx: post herpetic neuralgia; history of chemical/narcotic dependency; treatment failure with 3 other formulary agents for pain. Limit 1



PRIOR AUTHORIZATION GUIDELINES 2009

		patch per day.
Lipitor	Atorvastatin	Generic statins first line. Lipitor 80mg reserved for members requiring LDL lowering of $\geq 50\%$. Half tablet dosing required.
Lovaza	Omega-3 Polyunsaturated Fatty Acid	Tx; hypertriglyceridemia where TG $> 500\text{mg/dL}$; members must not be allergic to fish. Trial and failure of formulary niacin and/or formulary statins.
Lunesta	Eszopiclone	Temazepam, Zolpidem (Ambien-not CR) is first line formulary.
Lyrica	Pregabalin	Automatic approval for patients with history of selected anticonvulsant use within the past 120 days. Tx: Fibromyalgia, Seizure disorder neuropathic pain associated with diabetic peripheral neuropathy or postherpetic neuralgia when patients fail gabapentin at a total daily dose of $\geq 2400\text{mg}$ or are contraindicated, or intolerant to gabapentin.
Marinol	Dronabinol	Tx; anorexia associated with weight loss for members with HIV/AIDS or n/v associated with cancer chemo in members not responding to conventional antiemetic tx.
Megace Susp.	Megestrol Acetate	Tx: Cancer chemo or weight loss in patients with chronic diseases such as AIDS, CHF, lung, kidney or liver disease not responding to conventional tx such as nutritional support and anti-emetic therapy.
Mirapex	Pramipexole	Requip (not XL) is formulary. Trial and failure of Ropinerole required.
Namenda	Memantine	Tx: moderate to severe Alzheimer's Disease or related dementia as single therapy or in combination with an AchE inhibitor. A baseline MMSE score between 3 -14 or



PRIOR AUTHORIZATION GUIDELINES 2009

		evidence of Alzheimer's Dementia with an alternate assessment tool is required yearly.
Nexium	Esomeprazole	Omeprazole tablets are formulary
Oxycontin	Oxycodone	Tx: Mod-severe pain when a continuous, around the clock analgesic is needed for an extended period of time; history of or currently taking Oxycontin; trial and failure of Morphine sulfate up to 3 times daily unless allergy or intolerance to morphine is documented.
Paxil CR	Paroxetine CR	Fluoxetine, paroxetine sertraline or citalopram are formulary options.
Pegasys/Peg-Intron	Peginterferon Alfa-2A & 2B	Tx: Chronic Hep C for members who have been evaluated by a gastroenterologist and/or an HIV specialist. Baseline labs/reports required. TX beyond 12 weeks for genotype 1 requires evidence of an early viral response (EVR) defined as a minimum 2 log decrease in viral load (HCV/RNA). Max duration of therapy limited to 24 weeks for genotypes 2 and 3 and 48 weeks for genotype 1. TX for members beyond these limits or retreatment for members who were "nonresponders" with previous therapy must be clinically justified
Penlac Nail Lacquer	Ciclopirox	Tx: onychomycosis in members for whom oral terbinafine (Lamisil) is contraindicated; member must be experiencing pain that interferes with normal activity or be immunocompromised. Tx may be authorized for up to 48 weeks with documentation of removal of the unattached, infected nail, as frequently as monthly, by a health care professional.
Proton Pump Inhibitors	Lansoprazole	Prevacid solu-tabs covered for



PRIOR AUTHORIZATION GUIDELINES 2009

		children ≤ 11 years old, otherwise Omeprazole tablets are formulary.
Provigil	Modafinil	Tx; narcolepsy or daytime sleepiness due to sleep apnea unresponsive to 1 st line therapy such as CPAP. Member must also have had a trial and failure of, or contraindication to a stimulant medication. Limit: 30 tabs/month.
Ranexa	Ranolazine	Tx: Chronic angina. Reserved for patients who have not achieved an adequate response with other antianginal drugs. Ranexa should be used in combination with amlodipine, betablockers or nitrates.
Renagel/Renvela	Sevelamer	For control of hyperphosphatemia in dialysis members unresponsive to calcium based phosphate binder therapy (PhosLo) in amounts exceeding 2,000mg total elemental calcium content;* members with hypercalcemia; members with vascular or soft tissue calcifications; or members with low PTH. *PhosLo 667=169 elemental Ca per tab.
Restasis	Cyclosporin oph.	Tx: keratoconjunctivitis sicca in patients who have failed a trial of artificial tears, Refresh Endura, and/or Lacrisert.
Revatio	Sildenafil	Brand only: for Pulmonary Arterial Hypertension only.
Sensipar	Cinacalcet	For dialysis members with uncontrolled severe secondary hyperparathyroidism despite maximal doses of vitamin D sterols who are either not candidates for parathyroidectomy, or who have failed parathyroidectomy; dialysis members with persistent hypercalcemia on vitamin D sterol



PRIOR AUTHORIZATION GUIDELINES 2009

		and off all calcium-containing products and on low calcium dialysate; or for members with parathyroid cancer. iPTH levels must be > 300 (biPTH >160) and Ca ≥ 8.4 to initiate therapy.
Singular	Montelukast	Tx: asthma in adults who are taking a concurrent long acting beta agonist, an inhaled corticosteroid, and a short acting beta agonist
Suboxone/Subutex	Buprenorphine, buprenorphine/naloxone	Tx; for opioid detox only. Physician must be registered to prescribe Suboxone.
Symlin	Pramlintide	Rx: Type 1 or Type 2 DM on basal and mealtime insulin therapy and have a HA1C between 7% and 9% , despite optimal individualized insulin management; prescribed by endocrinologist. Quantity limits: Type 1 DM: 3 vials (15ml) per 30 days, Type 2 DM: 4 vials (20ml) per 30 days.
Tektura	Aliskiren	Trial and failure of at least 2 first line formulary antihypertensive agents (thiazide, ACEI, Ca channel blocker) or inadequately controlled. Quantity limit = 30/month.
Testosterone – All forms	Testosterone	Tx: male members 18 years or older diagnosed with primary or secondary hypogonadism. Lab confirmed low testosterone level, <i>drawn before 9am</i> , within 90 days of request must be provided. For members new to plan and currently on therapy, a baseline lab before treatment was started is required. Patches, Gel, Cream require a contraindication to or trial and failure of injectable testosterone.
Tracleer	Bosentan	Limited to PAH.
Vancomycin, oral	Vancomycin	For C.Diff: Trial and failure of



PRIOR AUTHORIZATION GUIDELINES 2009

		Metronidazole. *** <i>Injectable vanco made into oral solution is the most cost effective therapy option.</i>
Vytorin	Simvastatin/Ezetimibe	Trial and failure of or contraindication to generic statins.
Zofran	Ondansetron	Restricted to use for prophylaxis of nausea and vomiting associated with cancer chemo and radiation therapy.
Zyflo	Zileuton	Tx: asthma in adults who are taking a concurrent long acting beta agonist, an inhaled corticosteroid, and a short acting beta agonist and failed Singulair.