



## Prior Authorization Criteria for Medicare Part D

PA Group	Drug Name(s)	Covered Uses	Required Medical Information	Age Restriction	Prescriber Restriction	Coverage Duration	Other Criteria
Androgel/ Androderm	Androderm Anderogel	All FDA-approved uses not excluded from Part D	Diagnosis of: 1. Primary hypogonadism OR 2. Hypogonadotropic hypogonadism			12 months	
Avonex/ Rebif	Avonex Rebif	All FDA-approved uses not excluded from Part D and secondary progressive multiple sclerosis currently on Avonex or Rebif	Diagnosis of: 1. Relapsing-remitting multiple sclerosis OR 2. Secondary progressive multiple sclerosis AND currently on Avonex or Rebif			12 months	
B vs D (Antiemetics)	Anzemet Cesamet dronabinol Emend granisetron Kytril Marinol ondansetron Zofran		These drugs may be covered under Medicare Part B or D. Information may need to be provided describing the use and setting of the medication			12 months	
B vs D (Hematopoietic Agents)	Aranesp Epogen Procrit		These drugs may be covered under Medicare Part B or D. Information may need to be provided describing the use and setting of the medication			12 months	



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B vs D (Immune Globulins)	Carimune Gammagard Iveegam Octagam Panglobulin Polygam		These drugs may be covered under Medicare Part B or D. Information may need to be provided describing the use and setting of the medication			12 months	
B vs D (Immune Suppressants)	Atgam azathioprine Azasan Cellcept Cyclosporine Gengraf Imuran) Myfortic Neoral Orthoclone OKT Prograf Rapamune Sandimmune Zenapax		These drugs may be covered under Medicare Part B or D. Information may need to be provided describing the use and setting of the medication			12 months	
B vs D (Vaccines)	Energix-B Recombivax HB		These drugs may be covered under Medicare Part B or D. Information may need to be provided describing the use and setting of the medication			12 months	
Betaseron	Betaseron	All FDA-approved uses not excluded from Part D and	Diagnosis of: 1. Relapsing-remitting multiple sclerosis OR			12 months	



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		secondary progressive multiple sclerosis currently on Betaseron	2. Secondary progressive multiple sclerosis AND currently on Betaseron				
Byetta	Byetta	All FDA-approved uses not excluded from Part D	Diagnosis of Type 2 diabetes			12 months	Must have tried and failed treatment with metformin, sulfonylurea, or thiazolidinedione OR have contraindication to all three of the above classes
Copaxone	Copaxone	All FDA-approved uses not excluded from Part D and secondary progressive multiple sclerosis	Diagnosis of: 1. Relapsing-remitting multiple sclerosis OR 2. Secondary progressive multiple sclerosis			12 months	
Enbrel	Enbrel	All FDA-approved uses not excluded from Part D	Diagnosis of: 1. Juvenile rheumatoid arthritis OR 2. Rheumatoid arthritis OR 3. Psoriatic arthritis OR 4. Plaque psoriasis	Age 18 or over for any diagnosis other than juvenile arthritis		12 months	For arthritis diagnosis - must have tried and failed treatment with at least one of the following: leflunomide, hydroxychloroquine, methotrexate, sulfasalazine,



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			OR 5. Ankylosing spondylitis				penicillamine, azathioprine, or gold compounds OR currently taking methotrexate  For plaque psoriasis diagnosis - must have tried at least one conventional antipsoriatic therapy
Forteo	Forteo	All FDA-approved uses not excluded from Part D	Diagnosis of osteoporosis and at least one of the following: 1. T-score for bone mineral density below -2.5 with micro archi-tectural deterioration OR 2. History of osteoporotic fracture OR 3. Multiple risk factors for fracture	Age 18 years or older		12 months  Maximum duration of treatment not to exceed 2 years	Must have tried and failed treatment with at least one of the following: raloxifene, alendronate, risedronate, ibandronate, or calcitonin
Humira	Humira	All FDA-approved uses not excluded from Part D	Diagnosis of: 1. Juvenile rheumatoid arthritis OR 2. Rheumatoid arthritis OR	Age 18 or over for any diagnosis other than juvenile		12 months	For arthritis diagnosis - must have tried and failed treatment with at least one of the following: leflunomide,



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			3. Psoriatic arthritis OR 4. Ankylosing spondylitis OR 5. Crohn's disease	arthritis			hydroxychloroquine, methotrexate, sulfasalazine, penicillamine, azathioprine, or gold compounds  For Crohn's disease diagnosis - must have had inadequate response to conventional therapy or loss of response or inability to tolerate infliximab
Kineret	Kineret	All FDA-approved uses not excluded from Part D	Diagnosis of: Rheumatoid arthritis	Age 18 years or older		12 months	Must have tried and failed at least one of the following: leflunomide, hydroxychloroquine, methotrexate, sulfasalazine, penicillamine, azathioprine, or gold compounds
Lotronex	Lotronex	All FDA-approved uses not excluded from Part D	Diagnosis of: Severe diarrhea-predominant irritable bowel disease		Prescriber must be enrolled in GSK Prescribing	12 months	Must have tried and failed treatment with conventional therapy



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					Program for Lotronex		
Provigil	Provigil	All FDA-approved uses not excluded from Part D	Diagnosis of: 1. Narcolepsy OR 2. Residual excessive sleepiness in the treatment of apnea/ hypoapnea syndrome OR 3. Shift work sleep disorder OR 4. Multiple sclerosis with severe fatigue			12 months	
Revatio	Revatio	All FDA-approved uses not excluded from Part D	Diagnosis of: Pulmonary arterial hypertension (WHO class I)			12 months	
Tretinoin	Atralin Avita Retin-A Tretinoin	All FDA-approved uses not excluded from Part D	Diagnosis of: 1. Acne vulgaris OR 2. Acne rosacea OR 3. Actinic keratosis			12 months	
Xolair	Xolair	All FDA-approved uses not excluded from Part D	Diagnosis of moderate to severe persistent asthma AND 1. A positive skin test OR	Age 12 or older		12 months	Must have been inadequately controlled with inhaled corticosteroid



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			2. In vitro reactivity to a perennial aeroallergen AND baseline IgE serum level of 30-700 IU/mL				
Zyvox	Zyvox	All FDA-approved uses not excluded from Part D	1. Therapy was initiated in an institutional setting and additional drug is needed OR 2. Culture and sensitivity revealing susceptibility to Zyvox OR 3. Treatment failure or intolerance, allergy or contraindication to alternative therapy			6 months	