

Prior Authorization Categories



<u>Clinical Rule</u>	<u>Criteria</u>
CNS Stimulant Type Agents/Amphetamines	Allows a CNS Stimulants for patients between the ages of 5 to 18 or in the presence of drugs to treat multiple sclerosis for patients outside of the age range. All others require prior authorization for every claim.
Migraine Therapy*	Requires prior authorization for every claim
Anti Narcoleptic Agent - Provigil, Nuvigil, Xyrem	Requires prior authorization for every claim
Growth Hormones - Specialty PDST - ISS	Requires prior authorization for every claim
Select Androgens & Anabolic Steroids*	Requires prior authorization for every claim
Antiemetic Agents	<p>Anzemet: 700 mg in 30 days or 2100 mg in 90 days Coverage Review</p> <p>Cesamet: 30 capsules in 23 days at retail and mail Coverage Review</p> <p>Emend 125 mg: 2 capsule in 26 days or 5 capsules in 84 days Emend 40mg: 1 capsule in 30 days or 2 capsules in 90 days Emend 80mg: 8 capsules in 26 days or 20 capsules in 84 days Emend trifold pack: 2 pack (6 caps) in 26 days or 5 packs (15 caps) in 84 days Coverage Review for all Emend</p> <p>Kytril: 14 mg in 30 days or 42 mg in 90 days Coverage Review</p> <p>Sancuso Patch 2 patches in 30 days or 6 patches in 90 days Coverage Review</p> <p>Zofran (all forms): 168 mg in 30 days or 504 mg in 90 days Coverage Review</p> <p>Emend - Allows up to 5 treatment days per 21-day cycle provided as one 125 mg tablet (given on the first day of chemotherapy) and four 80 mg tablets (for subsequent days)</p> <p>Others - Allow therapy for quantities less than 7/21days of therapy of 5-HT antiemetics per rolling 30/90days. Greater doses require prior authorization.</p>
Alzheimer's Therapy	Requires prior authorization for every claim
Misc. Pulmonary Agents - Pulmozyme*	Requires prior authorization for every claim
Misc. Ophthalmic Agents - Restasis	Requires prior authorization for every claim
Interferons/Hepatitis C only	Requires prior authorization for every claim
RSV Agents (Synagis)	Requires prior authorization for every claim
Misc. Pulmonary Agents - Xolair*	Requires prior authorization for every claim
Erythroid Stimulants (Procrit, Epogen)	Requires prior authorization for every claim