

America's 1st Choice 2009 Prior Authorization List

Prior Authorization Drug Description	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
8-MOP	The patient has a diagnosis of severe, recalcitrant, disabling psoriasis, repigmentation of idiopathic vitiligo or a diagnosis of cutaneous T-Cell lymphoma which has been unresponsive to other forms of treatment Pt. has a diagnosis of psoriasis. Not first line therapy. (10-70mg based on weight approx. 0.6mg/kg ORALLY)	1) Patients exhibiting idiosyncratic reactions to psoralen compounds. 2) Patients possessing a specific history of light sensitive disease states should not initiate methoxsalen therapy except under special circumstances. Diseases associated with photosensitivity include lupus erythematosus, porphyria cutanea tarda, erythropoietic protoporphyria, variegate porphyria, xeroderma pigmentosum, and albinism. 3) Patients with melanoma or with a history of melanoma. 4) Patients with invasive squamous cell carcinomas. 5) Patients with aphakia, because of the significantly increased risk of retinal damage due to the absence of lenses.	1) The patient has had a biopsy to verify diagnosis. 2) The patient has not adequately responded to other forms of therapy (topical, oral, etc.) 3). This medication is being used in conjunction with a schedule of controlled doses of long wave ultraviolet radiation.			End of plan year	
ABELCET	Aspergillosis, Blastomycosis, Candidiasis, Cryptococcal meningitis, Leishmaniasis and Systemic mycosis.					End of plan year	**Note: THIS FORMULATION IS NOT INTERCHANGEABLE WITH OTHER FORMULATIONS, SUCH AS CONVENTIONAL AMPHOTERICIN B, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, OR AMPHOTERICIN B LIPOSOME
ACTIMMUNE	1) Chronic Granulomatous Disease 2) Severe, malignant osteoporosis		1) Patient must have pre-therapy blood tests including platelets, WBC, LFTs, and renal tests that must fall within normal limits.		Actimmune® is dosed on BSA	End of plan year	
ADAGEN	Adagen® is indicated for enzyme replacement therapy for adenosine deaminase (ADA) deficiency in patients with severe combined immunodeficiency disease (SCID) who are not suitable candidates for or who have failed bone marrow transplantation. Adagen® is not intended as a replacement for HLA identical bone marrow transplant therapy		ADAGEN® (pegademase bovine) Injection is recommended for use in infants from birth or in children of any age at the time of diagnosis. Pregnancy category C.			End of plan year	
ALDARA	The patient must have a diagnosis of external genital and perianal warts/condyloma acuminata. The patient must have a diagnosis of superficial basal cell carcinoma. Patient has diagnosis of actinic keratosis on the face or scalp in immunocompetent adults.			Patient must be at least 12 years old.		End of plan year	
ALDURAZYME	Mucopolysaccharidosis Type I		Pregnancy Category: B--Patients should receive antipyretics and/or antihistamines prior to infusion	Patient Must Be At Least 5 Years Of Age		End of plan year	
ALFERON	Condyloma acuminatum, Refractory or recurring external genital warts	-Anaphylactic sensitivity to egg protein, neomycin, mouse IgG		Patient must be at least 18 years old		End of plan year	
ALOXI	Chemotherapy-induced nausea and vomiting - Prophylaxis, Postoperative nausea and vomiting - Prophylaxis.			Patient must be at least 18 years old		End of plan year	-May be covered under Part D if it does not meet the coverage criteria under Part B.

ANZEMET	Prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, including cisplatin -Greater Than-/=50 mg/m 2. Prevention of nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy. Prevention of nausea and vomiting associated with radiotherapy in patients receiving either total body irradiation, single high-dose fraction to the abdomen, or daily fractions to the abdomen. Prevention of postoperative nausea and/or vomiting. As with other antiemetics, routine prophylaxis is not recommended for patients in whom there is little expectation that nausea and/or vomiting will occur postoperatively			Patients must be at least 2 years old		End of plan year	This medication must not meet the criteria for coverage under Medicare Part B
APOKYN	The patient must have a diagnosis of Parkinson's disease, Acute, intermittent treatment of hypomobility "off" episodes		Apomorphine is used to treat "off" episodes when they occur. It is not used to prevent "off" episodes. The safety and efficacy has not been established for use in pediatrics. Pregnancy category is C.	Patient must be at least 18 years old		End of plan year	
ARALAST	Alpha-1-antitrypsin deficiency		Patients must be immunized against Hepatitis B prior to receiving Prolastin®	Patient must be at least 12 years old.		End of plan year	
ARANESP	1.Treatment of symptomatic anemia associated with chronic renal failure, including patients on dialysis (end-stage renal disease) and patients not on dialysis with a pretreatment HCT -Less Than-33% or HGB 10-12g/dl or Anemia in cancer patients receiving chemotherapy.	Treatment of patients who require immediate correction of severe anemia - Treatment of anemia in cancer or HIV-infected patients caused by other factors such as iron or folate deficiencies, hemolysis or GI bleeding. In these cases the underlying cause of the anemia should be managed appropriately - Treatment of anemia in rheumatoid arthritis - Treatment of pruritis associated with renal failure - Treatment of anemia in Gaucher's disease - Treatment of anemia in Castleman's disease - Treatment of anemia in paroxysmal nocturnal hemoglobinuria (PNH) - Treatment of sickle cell anemia - Treatment of symptomatic anemia related to zidovudine therapy in HIV-infected patients where the dose of zidovudine is -Less Than-4200 mg/week - Treatment of anemic patients scheduled to undergo elective, noncardiac, nonvascular surgery or patients at high risk for perioperative transfusions with significant, anticipated blood loss - Myelodysplastic syndrome in patients whose pre-treatment endogenous erythropoietin level is -Less Than-500 mU/ml - Anemia of prematurity, when the pa	This medication must not meet the criteria for coverage under Medicare Part A or B			End of plan year	**Due to recent findings, these are the only diagnoses and dosing schedules approved by the FDA and thus, the only diagnoses and dosing schedules approved by PTI. An excerpt from the updated prescribing information black box warning reads, "Aranesp® and other erythropoiesis-stimulating agents (ESAs) increased the risk for death and for serious cardiovascular events when administered to target a hemoglobin of greater than 12 g/dL."
ARIXTRA	Arthroplasty of knee, Total - Postoperative deep vein thrombosis - Prophylaxis. Deep venous thrombosis, acute, In conjunction with warfarin sodium. Postoperative deep vein thrombosis - Prophylaxis - Repair of hiP. Postoperative deep vein thrombosis - Prophylaxis - Total replacement of hip. Pulmonary embolism, acute, In conjunction with warfarin sodium when initial therapy is administered in a hospital.	Active major bleeding - risk of uncontrollable hemorrhage--Bacterial endocarditis--Body weight less than 50 kg for prophylactic therapy of hip fracture, hip replacement or knee replacement surgery, or abdominal surgery - increased risk for major bleeding episodes-- Fondaparinux-related thrombocytopenia--Hypersensitivity to fondaparinux--Severe renal impairment (creatinine clearance less than 30 milliliters/minute) - increased risk for major bleeding episodes		Patient must be at least 18 years old		End of plan year	
ARRANON	1.The patient must have a diagnosis of T-cell acute lymphoblastic leukemia or T-cell lymphoblastic lymphoma, relapsed or refractory whose disease has not responded to or has relapsed following treatment with at least two chemotherapy regimens.	1) Do not administer within 2 weeks of any live vaccines 2) Do not administer within 2 weeks of any live vaccines		Age range for patients in all clinical studies was 2-65 years old		End of plan year	**This medication is administered IV and will generally be covered under Medicare Part B. Prior authorizations to cover this medication under Part D would only be approvable if it is not covered under Part B and meets the criteria of a Part B drug

AVASTIN	Metastatic colorectal cancer, Used in combination with 5-fluorouracil-based chemotherapy as first-line therapy, Metastatic breast cancer, Non-small cell lung cancer.			Caution in patients over 65 years old		End of plan year
AVONEX	The patient must have a diagnosis of or Multiple Sclerosis (MS), Relapsing Multiple Sclerosis, Relapsing-Remitting Multiple Sclerosis (RRMS) and Progressive - Relapsing Multiple Sclerosis.	The indication of the medication is for Hepatitis-C (off-label), Pregnancy--History of depression that is not well managed or controlled.	Have had at least two acute exacerbations during the previous two years, which consisting of new symptoms or aggravation of old symptoms lasting at least 24 hours in absence of fever, and preceded by stability or improvement for at least 30 days	Patient must be at least 18 years old.		End of plan year
BARACLUDE	Active type B viral hepatitis, chronic		LFTs must be monitored	Patient must be at least 16 years old	Active type B viral hepatitis, chronic: (nucleoside-treatment-naive patients) 0.5 mg ORALLY once daily. Active type B viral hepatitis, chronic: (history of hepatitis B viremia while receiving lamivudine or known lamivudine resistant mutations) 1 mg ORALLY once daily.	End of plan year
BETA-LACTAM, OTHER	Beta-lactam agents, other will be covered for: Endometritis (Azactam), Female genital infection (Azactam, Primaxin), Infection of skin and/or subcutaneous tissue (Azactam, Invanz, Merrem, Primaxin), Infection of abdomen (Azactam, Invanz, Merrem, Primaxin, Doribax), Lower respiratory tract infection (Azactam, Primaxin), Septicemia (Azactam, Primaxin), Urinary tract infection disease (Azactam, Invanz, Primaxin, Doribax), Community acquired pneumonia (Invanz), Diabetic foot infection, without osteomyelitis (Invanz), Operation of intestine, Prophylaxis or postoperative wound infection (Invanz), Pelvic Infection, acute (Invanz), Bacterial meningitis (Merrem), Bacterial endocarditis (Primaxin), Infection of bone--Infectious disorder of the joint (Primaxin), Polyneuropathy (Doribax), Primaxin UTI and polymicrobial infections. Invanz, Community Acquired Pneumonia, Doribax, complicated UTI.					End of plan year
BETASERON	The patient must have a diagnosis of or Multiple Sclerosis (MS) or Relapsing-Remitting Multiple Sclerosis (RRMS).	The indication of the medication is for Hepatitis-C (off-label)--The patient has concurrent illness that is likely to alter compliance or substantially reduce life expectancy (dementia, alcoholism, malignancy, or other chronic illnesses)--Pregnancy	Have had at least two acute exacerbations during the previous two years, which consisting of new symptoms or aggravation of old symptoms lasting at least 24 hours in absence of fever, and preceded by stability or improvement for at least 30 days	Patient must be at least 18 years old	0.25 mg SC every other day - usual dose is reached after a 6-week, gradual titration with initial dose of 0.0625 mg SC every other day increased by 25% every 1-2 weeks	End of plan year
BIDIL	Chronic angina. Second line therapy. Used in combination with Amlodipine (Norvasc®), beta-blockers, or nitrates. For Black Patients Only.	Patients with pre-existing QT prolongation--Patients with hepatic impairment--Patients currently on QT prolonging drugs--Patients currently on potent and moderately potent CYP3A inhibitors, including Diltiazem		Patient must be at least 18 years old	Dose must be less than or equal to 1000mg/BID	End of plan year
BLENOXANE	Hodgkin's disease. Neoplastic pleural effusion Non-Hodgkin's lymphoma. Squamous cell carcinoma. Testicular cancer			Patient must be at least 18 years old		End of plan year
CAMPATH	B-cell chronic lymphocytic leukemia	Active systemic infection. Underlying immunodeficiency	In patients who have been treated with alkylating agents and who have failed fludarabine therapy.	Patient must be at least 18 years old		End of plan year
CEENU	Hodgkin's disease as secondary therapy in combination with other agents. Intracranial tumors	-It is contraindicated to receive live rotavirus vaccine in combination with Ceenu®.	Patients with stage IA or IIA disease must undergo radiation therapy before prior authorization is allowed.			End of plan year
CELLCEPT	The medication is being used for the prophylaxis of organ rejection in patients receiving allogeneic renal, cardiac or hepatic transplants		CellCept should be used concomitantly with cyclosporine and corticosteroids			End of plan year
CEREDASE	The patient must have a diagnosis of Gaucher's Disease, Type 1, symptomatic					End of plan year

CEREZYME	Non-neuropathic Gaucher's disease, chronic				Usual dosage is 60 units/kg IV over 1-2 hours every 2 weeks, but may range from 2.5 units/kg 3 times a week to 60 units/kg once every 2 weeks	End of plan year	
COPAXONE	The patient must have a diagnosis of Relapsing-Remitting Multiple Sclerosis (RRMS).		The patient must have had an inadequate response or a documented failure due to lack of efficacy to interferon beta 1.	Patient must be at least 18 years old		End of plan year	
CUPRIMINE	Wilson's disease. Cystinuria. Severe active rheumatoid arthritis.	Pregnancy category D. Allowed in Wilson's disease. Must not give to patients with Rheumatoid Arthritis with a history of renal insufficiency.	Severe active rheumatoid arthritis and has had a documented treatment failure with one or more of the following disease modifying antirheumatic drugs (DMARDs): Hydroxychloroquine (Plaquenil), Methotrexate (Rheumatrex), D-penicillamine (Cuprimine), Sulfasalazine (Azulfidine), Leflunomide (Arava), Azathioprine (Imuran), Oral/Injectable Gold Compounds (auranofin (Ridaura), aurothioglucose (Solganol), gold sodium thiomalate (Myochrysine))			End of plan year	
CYCLOSPORINE	Patient is in need of prophylaxis of organ rejection in patients who have received kidney, liver, and heart allogeneic transplants. It is always to be used with adrenal corticosteroids. The drug may also be used in the treatment of chronic rejection in patients previously treated with other immunosuppressive agents.					End of plan year	
CYTOXAN	Acute lymphoid leukemia, Stem-cell, in children (also given during remission to prolong its duration). Acute myeloblastic leukemia. Breast cancer. Burkitt's lymphoma, Stages III and IV of the Ann Arbor staging system, Chronic lymphoid leukemia, Chronic myeloid leukemia, Usually ineffective in acute blastic crisis, Hodgkin's disease, Stages III and IV of the Ann Arbor staging system, Malignant histiocytosis (clinical), Stages III and IV of the Ann Arbor staging system, Malignant lymphoma - mixed small and large cell, Stages III and IV of the Ann Arbor staging system, Malignant lymphoma - small lymphocytic, Nodular or diffuse (Stages III and IV of the Ann Arbor staging system), Minimal change disease, Biopsy proven, in children, Multiple myeloma, Mycosis fungoides (clinical), Advanced, Neuroblastoma (clinical), Disseminated disease. Ovarian cancer. Retinoblastoma	•Pregnancy category D.				End of plan year	
DIFFERIN	Acne vulgaris: after washing, apply a thin film TOPICALLY to affected area(s) once daily at bedtime			Safety and efficacy have not been established in children less than 12 years of age		End of plan year	
EFUDEX	Actinic or solar keratoses. Superficial basal cell carcinoma.	Patient must NOT BE PREGNANT. Category X.		Patient must be at least 18 years old.		End of plan year	
ELAPRASE	The patient must have a diagnosis of Mucopolysaccharidosis, MPS-II.		Pregnancy category is C.	Patient must be at least 5 years old.	Mucopolysaccharidosis , MPS-II: 0.5 mg/kg IV once a week, administered by infusion over 1 to 3 h	End of plan year	
ELIDEL	The patient has a diagnosis of mild to moderate atopic dermatitis.	Patient has a compromised immune function. Patients diagnosed with Netherton's Syndrome. Patient has an infection at the site of application	The patient is not immunocompromised. The patient has a documented failure or inadequate response with at least two topical corticosteroids, or a contraindication to topical corticosteroids.	The patient is two years of age or older.		End of plan year	

ELITEK	Cancer, Initial management of plasma uric acid levels in patients receiving anti-cancer therapy expected to cause tumor lysis and subsequent elevations of plasma uric acid - Hyperuricemia, Initial management of plasma uric acid levels in patients receiving anti-cancer therapy expected to cause tumor lysis and subsequent elevations of plasma uric acid.			Patient must be at least 2 years old.		End of plan year	
EMCYT	Prostate Cancer	*Pregnancy Category: Unknown—Although testing has failed to demonstrate mutagenicity for estramustine phosphate, it is known that both estradiol and nitrogen mustard are mutagenic (Category D).		Patient Must Be At Least 18 Years Of Age	14 mg/kg ORALLY daily in 3 or 4 divided doses - range 10-16 mg/kg/day.	End of plan year	
EMSAM	A diagnosis of Major Depressive Disorder.	Concurrent administration with the following medications: SSRIs (selective serotonin reuptake inhibitors), SNRIs (selective serotonin and norepinephrine reuptake inhibitors), TCAs (tricyclic antidepressants), Bupropion, meperidine, tramadol, propoxyphene, methadone, dextromethorphan, St. John's Wort, mirtazapine, Cyclobenzaprine.		Patient must be at least 18 years old.		End of plan year	
ENBREL	Psoriatic arthritis. Rheumatoid arthritis (RA). Juvenile rheumatoid arthritis (JRA). Ankylosing spondylitis (AS), Adult plaque psoriasis, as defined by the American College of Rheumatology (ACR).	shall not be granted for use Wegener's granulomatosis.	patient with a diagnosis of plaque psoriasis must have had an inadequate response or a documented failure due to lack of efficacy to one or more of the following. Topical corticosteroid, Calcipotriene, Tazarotene, Anthralin. Patient with a diagnosis of either rheumatoid arthritis, juvenile rheumatoid arthritis, ankylosing spondylitis or psoriatic arthritis must have had an inadequate response or a documented failure due to lack of efficacy to one or more of the following disease modifying antirheumatic drugs (DMARDs), Methotrexate, Hydroxychloroquine, D-penicillamine, Sulfasalazine, Leflunomide, Azathioprine, Oral/Injectable Gold Compounds.			End of plan year	
ERAXIS	The patient must have a diagnosis of Candidemia, Candidiasis of the esophagus, disseminated candidiasis, intra-abdominal and peritonitis.			Safety and efficacy in pediatric patients have not been established.		End of plan year	
ERTHYROPOIETIN	1. Treatment of symptomatic anemia associated with chronic renal failure, including patients on dialysis (end-stage renal disease) and patients not on dialysis. Non-dialysis patients with symptomatic anemia must have a pretreatment HGB of -Less Than-10 g/dl. Based on currently available data, the Anemia Work Group recommends that the hematocrit (Hct) be maintained between 33% to 36%. In striving to maintain the Hct within this target range, the Hct/Hgb will likely, at times, rise above this range. (Consistent with Center for Medicare and Medicaid Services' guidelines). To initiate therapy, patient's iron stores should be evaluated (Ferritin at least 100 ng/mL, transferrin at least 20%). 2. Treatment of symptomatic anemia where erythropoietin level is - Less Than- 500 mU/ml, related to zidovudine therapy in HIV-infected patients where the dose of zidovudine is -Less Than- 4200 mg/week. 3. Treatment of symptomatic anemia (Hct -Less Than- 33% or Hgb 10-12 g/dl) in patients with non-myeloid malignancies and anemia is caused by the effect of administered chemotherapy and the patient must be on chemotherapy	1. Treatment of patients who require immediate correction of severe anemia -				End of plan year	***Special circumstance patients (such as Jehovah Witness) who will not/cannot receive whole blood or components as replacement for traumatic or surgical loss will be taken into consideration.
EXJADE	Iron chelation secondary to transfusion-related chronic iron overload. Patient must be at least 2 years old. Evidence of iron overload, such as recent transfusion of PRBC 100ml/kg AND serum ferritin levels consistently greater than 1000mcg/Liter.	§Exjade will NOT be covered for a diagnosis of hemochromatosis or when phlebotomy is an appropriate treatment	Pregnancy category B			End of plan year	

FABRAZYME	Fabry's disease			Patient must be at least 8 years old		End of plan year	
FORTEO	Postmenopausal osteoporosis in women who are at a high risk for fracture. Risk factors include: Personal history of fracture as an adult, History of fragility fracture in a first-degree relative, Low body weight (- Less Than- about 127 lbs), Current smoking, Use of oral corticosteroid therapy for more than 3 months, Impaired vision, Estrogen deficiency at an early age (- Less Than-45 yrs), Dementia, Poor health/frailty, Recent falls, Low calcium intake (lifelong), Low physical activity, Alcohol in amounts -Greater Than-2 drinks per day, Primary osteoporosis in men, Hypogonadal osteoporosis in men	Forteo shall not be approved for any of the following reasons: in children or adolescents, Paget's disease of the bone, hypercalcemia, pregnant or nursing women, patients with bone cancer or other cancers that have metastasized to the bones	The patient should also meet National Osteoporosis Foundation guidelines for treatment and have one of the following: 1. Bone Mineral Density (BMD) 2.5 or more standard deviations below the mean value (ie T-score less than 2.5) with no risk factors OR 2. BMD T-score below 1.5 (1.5 or more standard deviations below the mean value) with one or more risk factors 3. Prior vertebral or hip fracture 4. Patients must also have a prior failure or intolerance to at least one of the following therapies: Bisphosphonate (Fosamax, Actonel, Boniva), Miacalcin, Evista (SERM)			End of plan year	
FUNGIZONE	FUNGIZONE INTRAVENOUS (Amphotericin B for injection) will be covered for: Patient has a potentially life-threatening fungal infection such as one of the following: ASPERGILLOSIS, BLASTOMYCOSIS, SYSTEMIC CANDIDIASIS, COCCIDIOIDOMYCOSIS, CRYPTOCOCCOSIS, HISTOPLASMOSIS, ZYGOMYCOSIS, LEISHMANIASIS, SPOROTRICHOSIS		Fungizone Intravenous should not be used to treat noninvasive fungal infections such as oral thrush, vaginal candidiasis, and esophageal candidiasis in patients with normal neutrophil counts			End of plan year	This medication does not meet coverage criteria under Medicare Part B
GARDASIL	Gardasil vaccine is indicated for the prevention of the following diseases in patients with the above mentioned diagnosis: Cervical cancer, Genital warts (condyloma acuminata) and the following precancerous or dysplastic lesions: Cervical adenocarcinoma in situ (AIS), Cervical intraepithelial neoplasia (CIN) grade 2 and grade 3, Vulvar intraepithelial neoplasia (VIN) grade 2 and grade 3, Vaginal intraepithelial neoplasia (VaIN) grade 2 and grade 3, Cervical intraepithelial neoplasia (CIN) grade 1			Indicated for female patients 9-26 years of age	GARDASIL should be administered intramuscularly as 3 separate 0.5-mL doses according to the following schedule: First dose: at elected date--Second dose: 2 months after the first dose--Third dose: 6 months after the first dose	End of plan year	
GLEEVEC	The patient must have a diagnosis of chronic myeloid leukemia (CML) in blast crisis, accelerated phase, or in chronic phase. Patients with Philadelphia chromosome positive chronic myeloid leukemia (Ph+ CML) in blast crisis, accelerated phase, or in chronic phase after failure of interferon-alpha therapy. Gleevec is also indicated for the treatment of pediatric patients with Ph+ chronic phase CML whose disease has recurred after stem cell transplant or who are resistant to interferon-alpha therapy. There are no controlled trials in pediatric patients demonstrating a clinical benefit, such as improvement in disease-related symptoms or increased survival. Adult patients with relapsed or refractory Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ ALL). Adult patients with myelodysplastic/myeloproliferative diseases (MDS/MPD) associated with PDGFR (platelet-derived growth factor receptor) gene rearrangements. Adult patients with aggressive systemic mastocytosis (ASM) without the D816V c-Kit mutation or with c-Kit mutational status unknown. Adult	Pregnancy category D.	IF the patient is in the chronic phase of CML, the patient must have had an inadequate response or a documented failure due to lack of efficacy to interferon-alpha therapy.		CML patients have several dosing regimens for both adult and pediatric populations. Gastrointestinal stromal tumor, malignant, Kit (CD117)-positive, unresectable and/or metastatic: 400 mg ORALLY once daily or 600 mg ORALLY once daily.	End of plan year	

GROWTH HORMONES	Adolescent Growth Failure (783.43). Growth Failure. Adult patients with documented GHD (253.2, 253.3, 253.7) secondary to destructive lesions of the pituitary or the peripituitary area (e.g., pituitary adenoma), or as a result of treatment (e.g., cranial irradiation) or surgery. Adult patients with idiopathic growth hormone deficiency (783.43). Growth retardation in children with chronic renal insufficiency (593.9, 585.2-585.9). Patients with Turner's syndrome (758.6). GH therapy for patients with Turner's syndrome, Patients with AIDS (042) related wasting with involuntary weight loss of -Greater Than-10% of pre-illness baseline body weight or body mass index (BMI) less than 20, Children with Russel – Silver syndrome (759.89), Short Stature in Children with Noonan's syndrome—Norditropin® (759.89), Children with Prader – Willi syndrome.	Although preliminary studies have shown that GH appears to have beneficial effects on growth velocity, long-term studies will be required until achievement of adult height to determine whether GH therapy actually improves final height HIV patients with lipodystrophy syndrome (042 and 040.2, 272.6). Growth Hormone therapy in this condition is still considered investigational. Even though preliminary observations suggest that recombinant human GH may lead to partial regression of fatty Buffalo humps and to a decrease in waist size secondary to truncal obesity, definitive results of the study are still pending.				End of plan year
HEPSERA	The patient must have a diagnosis of chronic hepatitis B viral infection		The patient must have a prior failure of lamivudine (EpiVir HBV) therapy. Prior authorization requests shall not be granted for use in HIV (Human Immunodeficiency Virus).			End of plan year
HERCEPTIN	Patient has a diagnosis of metastatic breast cancer whose tumors overexpress the HER2 protein and who have received one or more chemotherapy regimens for their metastatic disease. The medication is used in combination with paclitaxel for treatment of metastatic breast cancer whose tumors overexpress the HER2 protein and who have not received chemotherapy for their metastatic disease. The medication is to be used for patient's whose tumors have been evaluated with an assay validated to predict HER2 protein over expression.		This medication does not meet coverage criteria under Medicare Part B.	Patient must be at least 18 years old.		End of plan year
HEXALEN	The use of palliative treatment in patients with a diagnosis of persistent or recurrent ovarian cancer.	•Pregnancy category D.	The patient has already tried first-line therapy with a cisplatin and/or alkylating agent-based combination.	Patient must be at least 18 years old.	260 mg/m(2)/day ORALLY in 4 divided doses (after meals and at bedtime) for 14 or 21 consecutive days per 28 day cycle.	End of plan year
HUMIRA	Juvenile Idiopathic Arthritis Crohn's Disease (555)—Humira® is indicated for the reduction of signs and symptoms and inducing and maintaining clinical remission in adult patients with moderately to severely active Crohn's disease who have had an inadequate response to conventional therapy. Humira® is also indicated for reducing the signs and symptoms and inducing clinical remission in these patients if they have also lost response to or are intolerant to infliximab (Remicade). The patient has a diagnosis of moderate to severe rheumatoid arthritis. (714.0) (Humira is now a first line therapy for moderate to severe RA as of 10-4-2005). Ankylosing spondylitis (720.0). Plaque Psoriasis (696.1): chronic (Moderate to Severe): initial, 80 mg SUBQ, followed by 40 mg SUBQ every other week starting one week after the initial dose. Psoriatic arthritis (696.0)		Patient must not have an active infection (chronic or acute). The patient has a negative TB test result prior to therapy. The patient is not receiving anakinra (Kineret), etanercept (Enbrel), or infliximab (Remicade) in combination with Humira™ (adalimumab). The patient must have a diagnosis of psoriatic arthritis or ankylosing spondylitis who has had an inadequate response to one or more DMARDs (disease modifying antirheumatic drugs) or a documented failure due to lack of efficacy to one or more of the following: Methotrexate, Hydroxychloroquine, D-penicillamine, Sulfasalazine, Leflunomide, Azathioprine, Oral/Injectable Gold Compounds (auranofin, aurothioglucose, gold sodium thiomalate)	Patient must be at least 4 years old.		End of plan year The prior authorization is approved for 40mg every other week, with a quantity limitation of 2 injections per month. Dosage may be increased to 40mg every week and approved after the first month FOR RA PATIENTS ONLY (if therapy is failing or an inadequate response is seen on 40mg every other week.)

IMMUNIZING AGENTS, PASSIVE	<p>immunizing Agents, Passive will be covered for: B-cell chronic lymphocytic leukemia, Prevention of recurrent bacterial infections: 400 mg/kg IV every 3 to 4 weeks, Hepatitis A--Prophylaxis: household and institutional contact or travel of less than 3 months in hepatitis A-prevalent areas, 0.02 mL/kg IM, Hepatitis A--Prophylaxis: travel of 3 months or longer in hepatitis A-prevalent areas, 0.06 mL/kg IM every 4-6 months, Idiopathic thrombocytopenic purpura: induction, 400 mg/kg IV once daily for 5 days OR 1000 mg/kg IV once daily for 1 or 2 days- maintenance, 400-1000 mg/kg IV intermittently as needed to maintain a platelet count greater than 20,000/mm(3), Kawasaki disease: 2 grams/kg IV as a single dose (per AHA and AAP recommendations) beginning within 7 days of the onset of fever, administered concomitantly with aspirin (80-100 mg/kg/day in 4 divided doses)- IVIG 400 mg/kg IV once daily for 4 days is recommended per product information, Measles--Prophylaxis: 0.25 mL/kg (0.11 mL/pound) IM in susceptible persons exposed fewer than 6 days previously, Primary immune deficiency disorders</p> <p>Hepatitis C, chronic, in adult patients with compensated liver disease who have anti-HCV serum antibodies: 9 mcg SC 3 times weekly for 24 wks, at least 48 hr between injections - range 7.5-15 mcg/dose for up to 6 months</p>					End of plan year	
INFERGEN			Patient must have a baseline CBC at provider's office.	Patient must be at least 18 years old.		End of plan year	
INNOHEP	The patient must have a diagnosis of acute symptomatic deep vein thrombosis with or without pulmonary embolism.		Must be administered in conjunction with warfarin sodium. Innohep should not be used in patients with a history of heparin-induced thrombocytopenia. Pregnancy category B.	Safety and efficacy in children have not been established. Patient should be at least 12 years of age.	Must be administered by deep SC injection - Do not administer by IV or IM injection. The recommended dose of INNOHEP for the treatment of DVT with or without PE is 175 anti-Xa IU/kg of body weight, administered SC once daily for at least 6 days and until the patient is adequately anticoagulated with warfarin (INR at least 2.0 for two consecutive days). Warfarin sodium therapy should be initiated when appropriate (usually within 1-3 days of INNOHEP initiation).	End of plan year	**May be covered under Medicare Part B

INSPRA	Hypertension. Congestive heart failure (CHF) post-Myocardial Infarct (MI) with left ventricular systolic dysfunction (ejection fraction -Less Than-40%)		Patient has had a past trial and documented failure, or a contraindication, to Spironolactone- -Prior authorizations will not be granted in cases of: Serum potassium is -Greater Than-5.5mEq/L at initiation. Creatinine clearance is -Less Than-30mL/min. Concomitant use of potent CYP3A4 inhibitors. Type 2 diabetes with microalbuminuria. Serum creatinine -Greater Than-2mg/dL in males or -Greater Than-1.8mg/dL in females. Creatine clearance -Less Than-50mL/min. Concomitant use of potassium supplements or potassium-sparing diuretics	Patient must be at least 18 years old.	Heart failure - Myocardial infarction with complication: initial, 25 mg ORALLY once daily. Heart failure - Myocardial infarction with complication: titration, after 1 month may increase to MAX dose of 50 mg ORALLY once daily. Hypertension: initial, 50 mg ORALLY once daily. Hypertension: titration, allow 4 wks to achieve optimum antihypertensive effect. Hypertension: MAX dose, may increase to 50 mg ORALLY twice daily.	End of plan year	
INTRON-A	AIDS-associated Kaposi's sarcoma - Hairy cell leukemia - Condylomata acuminata (genital warts) (intralesional only) - Hepatitis C (non-A, non-B hepatitis), in patients with compensated liver disease (laboratory parameters are all within the following ranges: bilirubin -Less Than- 2 mg/dL - albumin stable and within normal limits - PT -Less Than- 3 seconds prolonged - WBC -Greater Than- 3000/mm3 - platelets -Greater Than- 70,000/mm3 - no history of hepatic encephalopathy, variceal bleeding, ascites, or other clinical signs of decompensation - serum creatinine normal or near normal) (the safety and efficacy have not been established for treatment of patients with decompensated liver disease or for immune suppressed transplant recipients) - Chronic hepatitis B patients Malignant melanoma - Renal cell carcinoma - Life-threatening hemangioma of infancy (intralesional) when patient is intolerant of, or the hemangioma is resistant to, corticosteroid therapy - Carcinoid syndrome - Chronic myelogenous leukemia (not in accelerated phase) - Essential thrombocythemia	Acute hepatitis B - AIDS-related complex - AIDS in combination with AZT - Chickenpox - Chronic delta hepatitis - Cutaneous warts - Cytomegalovirus (CMV) - Hepatitis D - Herpes keratoconjunctivitis - Herpes simplex - Rhinoviruses - Vaccinia - and Varicella zoster virus (VZV).	Chronic hepatitis B patients who meet ALL of the following criteria: Hepatitis Be antigen (HBe Ag) present in serum for at least 6 months - Serum aminotransferase (AST) greater than double the upper limit of normal range (AST normal range 0-35 u/l) - Patient has compensated liver disease (laboratory parameters are all within the following range: bilirubin -Less Than-2mg/dL - albumin stable and within normal limits - PT -Less Than- 3 seconds prolonged - WBC -Greater Than- 3000/mm3 - platelets -Greater Than- 70,000/mm3 - no history of hepatic encephalopathy, variceal bleeding, ascites, or other clinical signs of decompensation - serum creatinine normal or near normal). (The use of interferon alpha in patients with chronic hepatitis B is considered contraindicated in the following patients: those who are HIV positive - hepatitis B surface antigen (HBs Ag) positive patients undergoing liver transplantation - and those with a history of or currently active autoimmune hepatitis) - Failure of phlebotomy and/or myelosuppressive agents may be define			End of plan year	
INVEGA	Indicated for the acute and maintenance treatment of schizophrenia.		Pregnancy category C. The efficacy of paliperidone has not been evaluated in placebo-controlled trials for longer than six weeks. Use for extended periods should periodically re-evaluate the long-term usefulness of the drug for the individual patient.	Patient must be at least 18 years old.	Maximum recommended dose is 12 mg/day. Dose increases above 6 mg/day should be made only after clinical reassessment and generally should occur at intervals of more than 5 days. For patients with mild renal impairment (creatinine clearance = 50 to -Less Than- 80 mL/min) the maximum recommended dose is 6 mg/day.	End of plan year	

IRESSA	Non-small cell lung cancer (NSCLC), Continued monotherapy in patients with locally advanced/metastatic NSCLC who have failed both platinum and docetaxel-based chemotherapies, or in patients who are or have benefited from gefitinib.		The patient must be using Iressa as monotherapy. AND The patient must have a documented failure to both of the following types of chemotherapy. Platinum-based (i.e. cisplatin, carboplatin, etc.) chemotherapy. Docetaxel chemotherapy. The use of Iressa® in conditions other than non-small cell lung cancer is not well supported by clinical literature. Prior authorization requests shall not be granted for any other use, including mesothelioma, colorectal, breast, head and neck, and prostate cancers.			End of plan year
KINERET	The patient must have a diagnosis of moderately to severely active rheumatoid arthritis (RA) as defined by the American College of Rheumatology (ACR).	Prior authorization requests shall not be granted for use in multiple sclerosis, lupus erythematosus, juvenile rheumatoid arthritis, inflammatory bowel diseases, sepsis syndrome or graft-versus-host disease. Kineret should not be used in combination with Tumor Necrosis Factor (TNF) blocking agents (Enbrel, Remicade). Kineret should also not be used in patients with active infections.	The patient must have had an inadequate response or a documented failure due to lack of efficacy to one or more of the following disease modifying antirheumatic drugs (DMARDs), such as: Methotrexate--Hydroxychloroquine--D-penicillamine--Sulfasalazine--Leflunomide--Azathioprine--Oral/Injectable Gold Compounds (auranofin, aurothioglucose, gold sodium thiomalate). The patient must not be using Kineret in combination with Enbrel, Remicade, or Humira.	The patient must be -Greater Than- 18 years of age.		End of plan year
KYTRIL	Prophylaxis of Chemotherapy-Induced Nausea and Vomiting, Postoperative nausea and vomiting, Postoperative nausea and vomiting - prophylaxis, Radiation - induced nausea and vomiting - prophylaxis.			Patient must be at least 2 years old.		End of plan year
LEUCOVORIN	Antimetabolite overdose, folic acid antagonist, Colorectal cancer - advanced in combination with 5-fluorouracil, palliative treatment, Leucovorin rescue - after high dose methotrexate for osteosarcoma, Megaloblastic anemia due to folate deficiency.		This medication does not meet coverage criteria under Medicare Part B.			End of plan year
LEUKERAN	This medication does not meet coverage criteria under Medicare Part B. Chronic lymphoid leukemia, Palliation therapy. Follicular lymphoma, Giant, palliation therapy. Hodgkin's disease, Palliation therapy. Lymphosarcoma, Palliation therapy. Malignant lymphoma, Palliation therapy	*Pregnancy category D.		Patient must be 18 years of age or older.		End of plan year
LEUKINE	Acute myeloid leukemia, Following chemotherapy. Bone marrow transplant, Myeloid reconstitution. Bone marrow transplant failure - Graft acceptance. Peripheral blood stem cell harvest, Mobilization, Febrile Neutropenia.	Concomitant chemo- or radiotherapy (or within 24 hours before or after). Excess leukemic myeloid blasts in the blood/bone marrow (greater than10%). Hypersensitivity to GM-CSF or yeast-derived products	Patient must have biweekly CBC with differential	Patient must be at least 18 years old.		End of plan year
LOVENOX/FRAGMIN	The patient must have a diagnosis of ANY of the following: Acute proximal or distal deep DVT of the lower extremity in uncomplicated patients**. (451.1) Use of Low Molecular weight heparin for the treatment of subclavian-axillary vein thrombosis is acceptable according to current medical literature, however, the indication is currently off-label. For the prevention of venous thromboembolism for ANY of the following: Hip surgery including replacement and hip fracture surgery (for up to 1 month postoperatively) (451.1, 451.19), Knee replacement surgery (for up to 2 weeks postoperatively) (451.11), General medical patients over the age of 65 who are at high - risk for venous thromboembolism due to clinical risk factors such as a history of deep venous thrombosis or pulmonary embolism, congestive heart failure, or chest infections (451.1), Patients undergoing major abdominal or thoracic surgery who are at high - risk for venous thromboembolism due to presence of a malignancy or a history of deep venous thrombosis or pulmonary embolism (for up to 2 weeks postoperatively) (451.2), Acute multiple trauma (958)	Allergy to LMWH or Coumadin. Poor anticipated compliance --Thrombocytopenia or other major bleeding risk (e.g., coagulation disorders, acute duodenal ulcer, severe liver disease)--Concurrent, symptomatic pulmonary embolism (PE)--Severe renal failure--Increased risk of falls--Receiving necessary aspirin, NSAIDs, or IM injections--Diabetic retinopathy--Severe hypertension--Cerebral hemorrhage--Endocarditis--Pregnant or lactating--Two or more episodes of DVT or PE--Recent previous DVT--Live far from a hospital--Cannot be treated at home for other practical reasons. Patients with relatively low risk for venous thromboembolism undergoing general surgery procedures. Patients requiring anticoagulation for hemodialysis. Patients undergoing cerebral, ocular, or spinal surgery (Intermittent pneumatic compression of the legs is indicated). Arterial thrombosis. Femoral - popliteal graft patency. Myocardial infarction (usually in conjunction with thrombolytic treatment). Symptomatic pulmonary embolism. Anticoagulation of a pregnant woman with a mechanical heart valve		Pediatric patients 2 months of age or older		End of plan year

LUPRON, ELIGARD	Breast cancer, Endometriosis (Lupron Depot 3 month 11.25 mg q 3 months, or Lupron Depot 3.75 mg q month). Leiomyomata uteri (Uterine Fibroids) for preoperative hematological improvement in patients with anemia caused by the uterine leiomyomata (Lupron Depot 3 month 11.25 mg or Lupron Depot 3.75 mg q month X 3). Precocious Puberty in children (-Less Than-25 kg=Lupron Depo Ped 7.5 mg q month - -Greater Than-25kg-37.5 kg=Lupron Depot Ped 11.25 mg q month - -Greater Than-37.5 kg=Lupron Depo Ped 15 mg q month). Prostate Cancer (Lupron Depot 3 month 22.5 mg q 84 days - Lupron Depot 4 month 30 mg q 16 weeks - Lupron Depot 7.5 mg q month, Viadur™ implant inserted into inner area of upper arm SC q12months)	•Prior authorization requests shall not be granted for the use of Lupron in, catamenial pneumothorax, chronic pelvic pain (without a diagnosis of endometriosis), menstrual migraines, endometrial cancer, female infertility, functional bowel disease, growth hormone deficiency, hormone-dependent Cushing's syndrome, hypersexuality, in vitro fertilization, ovarian cancer, polycystic ovary syndrome, precocious pubarchealone or pseudoprecocious puberty (gonadotropin independent precocious puberty), hypermenorrhea, and premenstrual syndrome.	For patients with precocious puberty, they must meet the following criteria: Have a diagnosis of central precocious puberty (idiopathic or neurogenic) Have an onset of secondary sexual characteristics earlier than 8 years in females and 9 years in males. Have diagnosis confirmed by a pubertal response to a GnRH stimulation test. Have bone aged advanced one year beyond the chronological age. Complete baseline evaluations for sex steroid levels, and have tests to rule out tumors. All package inserts state that Lupron Depot must be administered under the supervision of a physician. May want to consider payment through the medical benefit if the injection will be given in the physician's office.			End of plan year
MARINOL	AIDS - Loss of appetite. Chemotherapy-induced nausea and vomiting	Marinol® will not be covered for: Patients with a sesame oil allergy. Pain management.			AIDS - Loss of appetite: initial, 2.5 mg ORALLY twice daily, before lunch and dinner, MAX 20 mg/day. Chemotherapy-induced nausea and vomiting: 5 mg/m(2) ORALLY 1-3 hr before chemotherapy, 5 mg/m(2)ORALLY every 2-4 hr after chemotherapy for a total of 4-6 doses/day - may increase dose by 2.5 mg/m(2) increments to MAX dose of 15 mg/m(2)/dose.	End of plan year
MEGACE	AIDS with cachexia: megestrol acetate 40 mg/mL oral suspension - initial, 20 mL (800 mg) ORALLY daily. AIDS with cachexia: megestrol acetate 125 mg/mL oral suspension - initial, 5 mL (625 mg) ORALLY daily. AIDS with cachexia: maintenance, daily doses of 400 and 800 mg/day of megestrol acetate oral suspension (800 mg/20 mL equivalent to 625 mg/5 mL of megestrol acetate oral suspension) were found to be clinically effective. Breast cancer, palliative treatment of advanced disease (recurrent, inoperable, or metastatic): 40 mg ORALLY FOUR times daily. Endometrial carcinoma, palliative treatment of advanced disease (recurrent, inoperable, or metastatic): 40-320 mg/day ORALLY in divided doses.	•Patient must not be pregnant.		Patient must be at least 18 years old.		End of plan year
MEPRON	Pneumocystis pneumonia - prophylaxis. Pneumocystis pneumonia, Babesiosis, Malaria, Toxoplasmosis.		Patient with a diagnosis of pneumocystis pneumonia must have a documented allergy or intolerance to Sulfamethoxazole-Trimethoprim. Patient needing prophylaxis for pneumocystis pneumonia must have a documented failure, allergy, or intolerance to one of more of the following, Sulfamethoxazole-Trimethoprim, Dapsone, Aerosolized pentamidine.		ADULT--Pneumocystis carinii pneumonia: treatment: 750 mg ORALLY twice daily for 21 days. Pneumocystis carinii pneumonia - Prophylaxis: 1500 mg ORALLY daily. PEDIATRIC-- Pneumocystis carinii pneumonia: treatment: (over 13yrs) 750 mg ORALLY twice daily for 21 days. Pneumocystis carinii pneumonia - Prophylaxis: (over 13yrs) 1500 mg ORALLY daily.	End of plan year

METROGEL	The patient must have a diagnosis of inflammatory lesions of rosacea.		Pregnancy category B. For topical use only. Not for oral, ophthalmic or intravaginal use. The patient must have a documented failure on two of the following: Failure of an adequate trial of three weeks on one topical antibiotic product containing clindamycin or erythromycin. Failure of an adequate trial of three weeks on a topical product (soap, wash, gel, cream) containing benzoyl peroxide. Failure of an adequate trial of four weeks on an oral antibiotic product such as tetracycline, minocycline, doxycycline, or erythromycin.	Patient must be at least 12 years old.		End of plan year	
MYLOTARG	Pt. with a diagnosis of acute myeloid leukemia CD33+ in 1st relapse of patients 60 years old or older who are not candidates for other cytotoxic chemotherapy. Pt. must be premedicated w/ APAP and diphenhydramine 2 hrs. prior to therapy.	•Pregnancy category D.		Patient must be at least 18 years old.		End of plan year	
MYOZYME	Glycogen storage disease, type II		Caution must be used because of the potential for severe infusion reactions - appropriate medical support measures should be readily available when alglucosidase alfa is administered.			End of plan year	
NAGLAZYME	Maroteaux-Lamy syndrome			Safety and efficacy in patients younger than 5 years of age have not been evaluated.		End of plan year	
NEULASTA	Febrile neutropenia in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs. 6mg subcutaneous injection once per chemotherapy cycle.	Prior Authorization request shall not be granted for use in patient receiving chemotherapy associated with delayed myelosuppression. Prior Authorization request shall not be granted for use in patient with neutropenia other than chemotherapy-related.	The patient must have had an inadequate response or a documented failure due to lack of efficacy to one or more of the following colony stimulating factors. Such as: Filgrastim. Neulasta® must not be administered in the period between 14 days before and 24 hours after administration of cytotoxic chemotherapy.	Neulasta® 6mg fixed-dose formulation must not be used in infants, children, and adolescents weighing less than 45 kg.		End of plan year	
NEUMEGA	Prevention of severe thrombocytopenia and the reduction of the need for platelet transfusions following myelosuppressive therapy in a dult patients at high risk of severe thrombocytopenia.		Pregnancy category is C. Baseline and periodic CBC. Platelet counts at the time of expected nadir and until post-nadir counts are greater than or equal to 50,000/microliter. Fluid and electrolyte status in patients receiving chronic diuretic therapy.	Safety and efficacy not established in pediatric patients - dose-limiting papilledema has occurred		End of plan year	
NEUPOGEN	Neutropenia secondary to chemotherapy--Bone marrow transplantation--Idiopathic, cyclic, or congenital neutropenia, Peripheral blood progenitor cell (PBPC) mobilization or Post-PBPC transplantation, AIDS-associated neutropenia, Drug-induced neutropenia, Myelodysplastic syndromes complicated with infection	Prior authorizations will not be granted in cases of: Crohn's disease, Diabetic foot infections, Agranulocytosis, Aplastic anemia, Glycogen storage disease, Pancytopenia, Sinusitis, Post-surgical infection reduction	Prior authorizations will only be approved for patients who will be self-administering filgrastim. Patients that receive their injections in the provider's office or from home health care should have the filgrastim covered under their medical benefit. Appropriate lab tests - CBC and platelet count, must be conducted to necessitate the continuation of therapy.			End of plan year	
NEUTREXIN	Pneumocystis carinii pneumonia (moderate to severe) in immunocompromised patients	•Neutrexin® is pregnancy category D and has evidence of risk to the fetus. It shall only be used in pregnancy if the potential benefits outweigh the potential risks to the fetus.	Neutrexin® should be used in combination with leucovorin for immunocompromised patients who are refractory or intolerant to trimethoprim-sulfamethoxazole treatment. Neutrexin® must be used concurrently with leucovorin to avoid a potentially life-threatening toxicity. Leucovorin therapy should extend for 72 hours past the last dose.	Safety and efficacy of Neutrexin® in pediatric patients has not been established		End of plan year	
NEXAVAR	Advanced renal cell carcinoma. Liver carcinoma, Unresectable: 400 mg ORALLY twice daily at least 1 hour before or 2 hours after eating - continue until patient no longer benefits or until unacceptable toxicity	Patient must not be pregnant. (Category D).		Patient must be - Greater Than-18 years old.		End of plan year	

NOVANTRONE	Acute myeloid leukemia. Multiple sclerosis, Secondary progressive, progressive relapsing, or worsening relapsing-remitting. Prostate cancer, in combination with corticosteroids, for pain related to advanced hormone-refractory prostate cancer.	•Female patients should not be pregnant. Category D. Confirm with a pregnancy test.		Patient must be at least 18 years old.		End of plan year	
ONTAK	Primary cutaneous T-cell lymphoma, Persistent or recurrent disease in patients whose malignant cells express the CD25 component of the IL-2 receptor.			Patient must be at least 18 years old	9 or 18 mcg/kg/day IV over at least 15 min for 5 days, every 21 day	End of plan year	
ORENCIA	With a diagnosis of moderate to severe rheumatoid arthritis AND inadequate response to one or more DMARDS, Juvenile Idiopathic Arthritis.	Who have tuberculosis. A TB test is required prior to starting therapy. Who have active or recurrent infections	May use drug as monotherapy or concomitantly with DMARD except TNF antagonist (eg, Anakinra)			End of plan year	
ORFADIN	The patient must have a diagnosis of hereditary tyrosinemia type 1. The patient is also undergoing dietary restriction of tyrosine and phenylalanine. The patient has had a slit-lamp examination of his/her eyes and serum phosphate should be measured as a screening test for patients with renal involvement at risk of secondary hypophosphatemia and rickets, prior to the initiation of therapy with Orfadin®.		The patient is also undergoing dietary restriction of tyrosine and phenylalanine. The patient has had a slit-lamp examination of his/her eyes and serum phosphate should be measured as a screening test for patients with renal involvement at risk of secondary hypophosphatemia and rickets, prior to the initiation of therapy with Orfadin®.			End of plan year	
ORTHOCLONE OKT3	Cardiac transplant rejection, steroid-resistant. Liver transplant rejection, steroid-resistant. Renal transplant rejection.	Patient must NOT BE PREGNANT or BREASTFEEDING. Orthoclone OKT3® will not be covered for patients: History of seizures. Who are pregnant or breastfeeding. Heart failure or fluid overload. Uncontrolled hypertension.				End of plan year	
OXSORELAN	The patient has a diagnosis of severe, recalcitrant, disabling psoriasis. Cutaneous/peripheral T-cell lymphoma. Vitiligo.	Patients with the following should not use Oxsoreslan: Patients exhibiting idiosyncratic reactions to psoralen compounds. Patients possessing a specific history of light sensitive disease states should not initiate methoxsalen therapy except under special circumstances. Diseases associated with photosensitivity include lupus erythematosus, porphyria cutanea tarda, erythropoietic protoporphyria, variegate porphyria, xeroderma pigmentosum, and albinism. Patients with melanoma or with a history of melanoma. Patients with invasive squamous cell carcinomas. Patients with aphakia, because of the significantly increased risk of retinal damage due to the absence of lenses.	The patient has not adequately responded to other forms of therapy (topical, oral, etc.). This medication is being used in conjunction with a schedule of controlled doses of long wave ultraviolet radiation.	Patients must be at least 18 years old.		End of plan year	
PEG INTRON AND PEGASYS	The patient must have a diagnosis of one of the following: Chronic Hepatitis B, Chronic Hepatitis C, Chronic Hepatitis C, in patients with compensated liver disease--HIV infection.	Patients with hypersensitivity to any components of these medications. Patients presenting with autoimmune hepatitis. Patients diagnosed with pancreatitis or colitis. Patients with decompensated liver disease. Patients who have had a kidney, liver, heart, or other solid-organ transplant. Patients with a primary diagnosis of Hepatitis A, B, or D. Severe Depression. Patients with hypersensitivity to any components of these medications. Patients with autoimmune hepatitis. Patients with decompensated liver disease. Neonates/infants (contains alcohol). COMBINATION THERAPY WITH COPEGUS (RIBAVIRIN): Pregnant women or men whose female partners are pregnant.	A liver biopsy that indicated either portal or bridging fibrosis or at least moderate degrees of inflammation and necrosis. Be clean from alcohol or IV drug abuse for 6 months or in rehab. Be likely to be compliant with treatment. Have moderate to severe infection. Have their HCV genotype determined to determine the optimal treatment. Have never been previously treated with alpha interferons	1. Be between 18 and 65 years old	Patients with genotype 2 or 3 on combination therapy should be treated for 24 weeks total. If the HCV RNA level has not decreased by at least two log10 units by week 12, therapy should be discontinued.	End of plan year	
PROGRAF	Liver transplant rejection - Prophylaxis, Renal transplant rejection - Prophylaxis, Cardiac transplant rejection - prophylaxis.		It is recommended that Prograf be used concomitantly with adrenal corticosteroids. Because of the risk of anaphylaxis, Prograf injection should be reserved for patients unable to take Prograf capsules orally. The patient did not have a Medicare financed transplant (If patient had a Medicare Financed transplant, oral immunosuppressants would be covered under Medicare Part B). Monitor kidney function. Monitor potassium levels.			End of plan year	

PROLASTIN	Alpha-1-antitrypsin deficiency		Patients must be immunized against Hepatitis B prior to receiving Prolastin®	Patient must be at least 12 years old.		End of plan year
PROLEUKIN	Metastatic melanoma, metastatic renal cell carcinoma.		PROLEUKIN should be administered in a hospital setting under the supervision of a qualified physician experienced in the use of anticancer agents. An intensive care facility and specialists skilled in cardiopulmonary or intensive care medicine must be available			End of plan year
PROTOPIC	The patient has a diagnosis of moderate to severe atopic dermatitis.	Prior authorizations will not be approved if: Patient is under the age of 2. Patient has a compromised immune function. Patients diagnosed with Netherton's Syndrome. Patient has an infection at the site of application.	The patient is not immunocompromised. The patient has a documented failure or inadequate response with at least two topical corticosteroids, or a contraindication to topical corticosteroids	The patient is two years of age or older		End of plan year
RAPAMUNE	Patient is in need of prophylaxis of organ rejection in patients that have received renal transplants.		It is recommended that Rapamune be used initially in a regimen with cyclosporine and corticosteroids. In patients at low to moderate immunologic risk cyclosporine should be withdrawn 2 to 4 months after transplantation and Rapamune ® dose should be increased to reach recommended blood concentrations. Hepatic impairment: reduce maintenance dose by one-third - not necessary to reduce loading dose.	Patient must be at least 13 years old.		End of plan year
RAPTIVA	A diagnosis of moderate to severe plaque psoriasis. Chronic psoriasis (-Greater Than-6 months)		The patient must have documented failures, contraindications, or intolerances to two or more of the following three categories: Topical Therapy (topical corticosteroids, topical retinoids, etc.) PUVA, Systemic therapy (systemic steroids, methotrexate, systemic retinoids (Soriatane), cyclosporine), The patient must have a significant Body Surface Area (BSA) affected (~20%). The use of Raptiva™ in conditions other than moderate to severe plaque psoriasis is not well supported by clinical literature. Prior authorization requests shall not be granted for use in mild psoriasis, or psoriasis that is not of the plaque type.	The patient is 18 years of age or older.		End of plan year
REBIF	The patient must have a diagnosis of Relapsing-Remitting Multiple Sclerosis (RRMS).	Prior authorizations will not be granted in cases of: The indication of the medication is for Hepatitis-C (off-label), The patient has concurrent illness that is likely to alter compliance or substantially reduce life expectancy (dementia, alcoholism, malignancy, or other chronic illnesses). Pregnancy (Category C, but not recommended). History of depression that is not well managed or controlled.	The patient must be ambulatory and have the ability to self-administer the medication. Have had at least two acute exacerbations during the previous two years, which consisting of new symptoms or aggravation of old symptoms lasting at least 24 hours in absence of fever, and proceeded by stability or improvement for at least 30 days. Has had baseline CBC and LFT lab tests.			End of plan year
REGRANEX	The patient must have a diagnosis of a lower extremity diabetic neuropathic ulcer.	Prior authorization requests shall not be granted for use in pressure ulcers.	The ulcer must extend into the subcutaneous tissue or beyond. (Stage III or IV as defined by the International Association of Enterostomal Therapy for staging chronic wounds). The patient must have failed standard therapy for at least two months (careful and frequent debridement, moist dressing changes, and non-weight bearing). The ulcer must have an adequate blood supply.			End of plan year
REMICADE	Active Crohn's Disease, Ankylosing Spondylitis, Plaque Psoriasis, Fistulizing Crohn's Disease, Rheumatoid Arthritis, Psoriatic Arthritis, Psoriasis, Ulcerative colitis, In patients with an inadequate response to conventional therapy: induction dose: 5 mg/kg IV at 0, 2, and 6 weeks, Ulcerative colitis, In patients with an inadequate response to conventional therapy: maintenance dose: 5 mg/kg IV every 8 weeks					End of plan year
RESTASIS	Patient has a diagnosis of keratoconjunctivitis sicca.					End of plan year

REVATIO	The member must have a diagnosis of pulmonary hypertension.	1.NPS will not grant any PAs for Revatio™ if the diagnosis is for erectile dysfunction.	If the member is requesting a PA for Revatio™ the following criteria must be met: Patient must have a blood pressure -Greater Than-90/50 mm hg. Documentation must be provided that the member is not concurrently taking a nitrate. Documentation must be provided that the member is not concurrently taking ritonavir. Documentation must be provided that the member is not concurrently taking an alpha adrenergic blocker (i.e. doxazosin, prazosin, terazosin, phenoxybenzamine, tamsulosin)	Patient must be at least 18 years old.		End of plan year	A caution was issued for Revatio™ use with any alpha blocker.
REVLIMID	Transfusion-dependent anemia, secondary to low- or intermediate- 1 risk myelodysplastic syndromes associated with a deletion 5q cytogenetic abnormality, with or without additional cytogenetic abnormalities. Dose is 10mg daily with water. Multiple myeloma. Dose is 25mg/day with water on days 1-21 of repeated 28-day cycles.	•Will not be covered for patients who have other forms of transfusion-dependent anemia.	Who enroll and follow the rules of the REVASSIST Program	Patient must be at least 18 years old.		End of plan year	
RILUTEK	RILUTEK is indicated for the treatment of patients with amyotrophic lateral sclerosis (ALS).			The safety and the effectiveness of RILUTEK in pediatric patients have not been established.		End of plan year	
RITUXAN	Relapsed or refractory, low-grade or follicular, CD20-positive, B-cell non-Hodgkin's lymphoma. Rheumatoid Arthritis in combination with methotrexate in patients with moderate to severely active RA who have had an inadequate response to one or more TNF antagonist therapies.			Patient must be at least 18 years old.		End of plan year	
SANDOSTATIN LAR DEPOT, SANDOSTATIN INJ.	Acromegaly, Carcinoid tumors, Vasoactive Intestinal Peptide Tumors (VIPomas).		The patient must tolerate an initial treatment of Sandostatin® Injectable for a minimum of 2 weeks.	The patient must be at least 18 years old.		End of plan year	
SENSIPAR	A diagnosis of secondary hyperparathyroidism in patients with Chronic Kidney Disease on dialysis. The patient has a diagnosis of hypercalcemia in patients with parathyroid carcinoma.		Patient with hyperparathyroidism and chronic kidney disease with dialysis they should have a documented failure of one or more of the following, Calcitriol, Paricalcitol or Phosphate binder - calcium carbonate, calcium acetate, aluminum hydroxide, aluminum carbonate, or sevelamer.	The patient is at least 18 years old.		End of plan year	
SIMULECT	Simulect® is indicated for the prophylaxis of acute organ rejection in patients receiving renal transplantation when used as part of an immunosuppressive regimen that includes cyclosporine, USP (MODIFIED) and corticosteroids.				Renal transplant rejection, As part of an immunosuppressive regimen that includes cyclosporine and corticosteroids - Prophylaxis: 20 mg IV within 2 hr before transplant surgery - then another 20 mg IV dose day 4 post-op.	End of plan year	
SOLARAZE	The patient has a diagnosis of actinic keratoses.					End of plan year	Complete healing of the lesion may not be evident for 30 days following the discontinuation of treatment. Lesions that do not respond to treatment should be carefully reevaluated and management reconsidered.

SOMAVERT	Diagnosis of acromegaly documented by elevated GH levels (GH level -Greater Than- 5ng/mL)	Contraindicated if patient has latex allergy.	Patients have had a documented inadequate response to surgery and/or radiation therapy. Patient must have baseline LFTs (AST and ALT less than 3 times upper limit). Patients must have failed ONE or MORE of the following treatments: Transsphenoidal surgery, Radiation therapy, Octreotide, Lanreotide, Vapreotide, Bromocriptine, Pergolide	Patient must be at least 18 years old	A loading dose of 40 milligrams (mg) subcutaneously should be administered under physician supervision after which the patient should be instructed to begin daily subcutaneous injections of 10 mg. The dose may be adjusted in increments of 5 mg every 4 to 6 weeks following measurement of serum IGF-I serum concentrations. The maximum daily maintenance dose should not exceed 30 mg.	End of plan year
SPRYCEL	Treatment of adults with chronic, accelerated, or myeloid or lymphoid blast phase chronic myeloid leukemia with resistance or tolerance to prior therapy including imatinib (Gleevec). For the treatment of adults with Philadelphia chromosome positive acute lymphoblastic leukemia with resistance or intolerance to prior therapy.	•Patient must not be pregnant. (cat D.)		Patient must be at least 18 years old.		End of plan year
STRIANT	The patient must have a diagnosis of Primary Hypogonadism (congenital or acquired). The patient must have a diagnosis of Hypogonadotropic Hypogonadism (congenital or acquired)	•Patient must not have a diagnosis of breast or prostate cancer	Patient must be a male (Striant is contraindicated in women)			End of plan year
STROMEKTOL	Patient has a diagnosis of intestinal (non-disseminated) strongyloidiasis due to the nematode parasite Strongyloides stercoralis or a diagnosis of onchocerciasis due to the nematode parasite Onchocerca volvulus					End of plan year
SUTENT	Treatment of gastrointestinal stromal tumor after disease progression on or intolerance to imatinib mesylate (Gleevec). Treatment of advanced renal cell carcinoma. Approval for advanced renal cell carcinoma is based on partial response rates and duration of responses.	oPatient must not be pregnant.		Patient must be at least 18 years old.		End of plan year
SYNAREL	Central Precocious Puberty In Children of Both Sexes, Endometriosis	Patient must not be pregnant (cat. X)		Patient must be at least 18 years old for diagnosis of endometriosis.		End of plan year
TABLOID	Thioguanine is indicated for remission induction and remission consolidation treatment of acute nonlymphocytic leukemias.	•Pregnancy category is D.	It is not recommended for use during maintenance therapy or similar long term continuous treatments due to the high risk of liver toxicity. Thioguanine is not effective in chronic lymphocytic leukemia, Hodgkin's lymphoma, multiple myeloma, or solid tumors.	Patient must be at least three years old		End of plan year

TARCEVA	Pancreatic Cancer - locally advanced, unresectable, or metastatic, first line treatment in combination with gemcitabine. Non-Small Cell Lung Cancer - Locally advanced or metastatic (after failure of prior chemotherapy).	•Pregnancy category D.		Patient must be at least 18 years old.	Carcinoma of pancreas, locally advanced, unresectable, or metastatic, first line treatment in combination with gemcitabine: 100 mg ORALLY once daily, in combination with gemcitabine. Non-small cell lung cancer, Locally advanced or metastatic (after failure of prior chemotherapy): 150 mg ORALLY once daily.	End of plan year	
TARGRETIN	The patient has a diagnosis of cutaneous manifestations of cutaneous T-cell lymphoma--All stages, refractory to one prior systemic therapy. The patient has a diagnosis of cutaneous manifestations of cutaneous T-cell lymphoma--Stage 1A/1B - persistent/refractory after other therapies or unable to tolerate other therapies.	•Patient must NOT be pregnant. Category X.	The patient is refractory to at least one prior systemic therapy.	Patient must be at least 18 years old.		End of plan year	
THALOMID	The patient must have a diagnosis of cutaneous manifestations of moderate to severe erythema nodosum leprosum (ENL). This medication is being used for maintenance therapy for prevention and suppression of the cutaneous manifestations of ENL recurrence. THALOMID® (thalidomide) IN COMBINATION WITH DEXAMETHASONE IS INDICATED FOR THE TREATMENT OF PATIENTS WITH NEWLY DIAGNOSED MULTIPLE MYELOMA.	•Prior authorization will not be granted for women who are pregnant due to risk of severe birth defects. The prescribing to women of childbearing potential should be contingent upon initial and continued confirmed negative results of pregnancy testing.	THALOMID® (thalidomide) may be prescribed only by licensed prescribers who are registered in the S.T.E.P.S.® program and may only be dispensed by pharmacists registered with the S.T.E.P.S.® program	Patients must be at least 12 years old.		End of plan year	
TRACLEER	A diagnosis of pulmonary arterial hypertension with World Health Organization (WHO) Class III or IV symptoms.		The patient is not currently taking glyburide or cyclosporine. The patient has had baseline liver function tests (ALT, AST) performed prior to the initiation of therapy. For female patients of childbearing potential (12-50 years of age), a baseline negative pregnancy test is performed prior to the initiation of therapy.	Patients must be at least 18 years old.		End of plan year	
TYGACIL	A complicated skin infection by one of the following: E. coli, Enterococcus faecalis (vancomycin-susceptible only), Staphylococcus aureus (methicillin-susceptible and methicillin-resistant), Streptococcus agalactiae, Streptococcus anginosus (including S. anginosus, S. intermedius, and S. constellatus), Streptococcus pyogenes and Bacteroides fragilis. A complicated intra-abdominal infection as a result from one of the following: Citrobacter freundii, Enterobacter cloacae, E. coli, Klebsiella oxytoca, Klebsiella pneumoniae, Enterococcus faecalis (vancomycin-susceptible only), Staphylococcus aureus (methicillin-susceptible only), Streptococcus anginosus (including S. anginosus, S. intermedius, and S. constellatus), Bacteroides fragilis, Bacteroides thetaiotaomicron, Bacteroides uniformis, Bacteroides vulgatus, Clostridium perfringens, and Peptostreptococcus micros.	Tyagacil™ is a pregnancy category D. The patient must not be allergic to tetracyclines.	If the patient has severe hepatic impairment (Child Pugh C), an initial dose of 100 mg of Tygacil™ should be given followed by a maintenance dose of 25 mg every 12 hours. The patient should be closely monitored for treatment response.	The patient must be at least 18 years old		End of plan year	
TYKERB	Breast cancer, Advanced or metastatic, HER2 overexpression, in combination with capecitabine after prior therapies	Pregnancy category D		Safety and efficacy have not been established in pediatric patients		End of plan year	

							**NOTE: Marketing of the drug was voluntarily suspended in March 2005. However, the clinical hold on natalizumab was lifted under specific circumstances on February 15, 2006. Natalizumab may be resumed in patients who had previously been receiving the drug within an investigational new drug (IND) study. Tysabri is available only through a special restricted distribution program called the TOUCH Prescribing Program and must be administered only to patients enrolled in this program.
TYYSABRI	Relapsing Multiple Sclerosis, Crohn's Disease.		Pregnancy Category: C.	Patient Must Be At Least 18 Years Old.		End of plan year	
TYZEKA	Member has a documented diagnosis of chronic hepatitis B (HBsAg positive) with evidence of viral replication and either evidence of persistent elevations in liver enzymes or histological disease For treatment of serious infections caused by b-lactam-resistant gram-positive microorganisms.		A documented: Contraindication to preferred agents OR Intolerance to preferred agents OR Allergy to both preferred agents OR, Documented: Adequate trial of lamivudine OR clinical evidence of lamivudine-resistant* chronic hepatitis B AND Adequate trial of adefovir		The dosing of Tyzeka shall not exceed 600mg once daily with up to 30 tablets in 30 days.	End of plan year	NOTE: Lamivudine-resistance is defined as greater than 1 log10 increase in HBV DNA over the nadir HBV DNA while on lamivudine. *NOTE: Telbuvudine resistance - associated HBV genome mutation includes substitution at encoding M204I which has also resulted in cross-resistance to lamivudine and entecavir but remained susceptible to adefovir
VANCOGIN	Vancomycin may be less rapidly bactericidal than are b-lactam agents for b-lactam-susceptible staphylococci. For treatment of infections caused by gram-positive microorganisms in patients who have serious allergies to b-lactam antimicrobials. When antibiotic-associated colitis fails to respond to metronidazole therapy or is severe and potentially life threatening. Prophylaxis, as recommended by the American Heart Association, for endocarditis following certain procedures in patients at high risk for endocarditis. Prophylaxis for major surgical procedures involving implantation of prosthetic materials or devices (e.g., cardiac and vascular procedures and total hip replacement) at institutions that have a high rate of infections caused by MRSA or methicillin-resistant S. epidermidis. A single dose of vancomycin administered immediately before surgery is sufficient unless the procedure lasts greater than 6 hours, in which case the dose should be repeated. Prophylaxis should be discontinued after					End of plan year	This medication does not meet coverage criteria under Medicare Part B. *Note that the oral formulation is not absorbed systemically and cannot be used to treat systemic infections.
VANTAS	Central Precocious Puberty, Prostate Cancer	Pregnancy Category: X		Safety and efficacy of Vantas in pediatric patients hasn't been established.		End of plan year	
VELCADE	Multiple myeloma, in patients who have received at least 1 prior therapy, Treatment of patients with mantle cell lymphoma who have received at least 1 prior therapy.			Patient must be at least 18 years old.		End of plan year	

VESANOID	Acute promyelocytic leukemia, FAB M3. Induction of remission in patients with refractory/relapsed APL, characterized by presence of the t(15 - 17) and/or PML/RAR alpha gene, who have relapsed from or are contraindicated to anthracycline-based chemotherapy	*Patient must not be pregnant. Category: D		Patient Must Be At Least 1 Year Of Age	Acute promyelocytic leukemia-- 45 mg/m(2)/day ORALLY (divided twice daily) for 90 days or 30 days past complete remission whichever comes first	End of plan year	
VFEND	Aspergillosis, Invasive, Candidemia, Candidiasis of the esophagus, Disseminated candidiasis, of the skin and infections in abdomen, kidney, bladder wall, and wounds, Mycosis, Serious infections due to Scedosporium apiospermum and Fusarium species.			Patient must be at least 12 years old.		End of plan year	
XOLAIR	The patient must have a diagnosis of moderate to severe persistent asthma as defined by the NAEP guidelines (nocturnal symptoms -Greater Than-1 time/week, FEV1 or PEV-Less Than-60% predicted and PEF variability -Greater Than-30%).	Prior authorizations for the use of Xolair will not be approved for: Patients who have not tried inhaled corticosteroids. Patients who have allergies without a diagnosis of asthma. Patients who have irreversible airway disease	The patient must have a history of positive skin or RAST test (IgE Level) to a perennial aeroallergen. AND, The patient must have IgE levels -Greater Than-30 IU/ml.	The patient must be 12 years of age or greater		End of plan year	
XYREM	Cataplexy associated with narcolepsy	The patient is not concurrently taking any sedative hypnotic agents at the time of the prior authorization review		Patient must be at least 16 years old.		End of plan year	
ZANOSAR	Malignant Tumor of Islets of Langerhans.	*Pregnancy Category: D	Renal function must be within normal limits.	Patient Must Be At Least 18 Years of Age		End of plan year	Non FDA-Approved Use Includes Carcinoid Tumor.
ZEMPLAR	A diagnosis of secondary hyperparathyroidism associated with chronic kidney disease (CKD) stage 3 or 4.	Vitamin D toxicity. Hypercalcemia		Injectable formulation is indicated for children 5 years and older.		End of plan year	
ZENAPAX	The medication is being used for the prophylaxis of acute organ rejection in patients receiving renal transplants.		Zenapax® should be used concomitantly with cyclosporine and corticosteroids.			End of plan year	
ZOFRAN	Prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, including cisplatin -Greater Than-/=50 mg/m 2. Prevention of nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy. Prevention of nausea and vomiting associated with radiotherapy in patients receiving total body irradiation, single high-dose fraction to the abdomen, or daily fractions to the abdomen. Prevention of postoperative nausea and/or vomiting. As with other antiemetics, routine prophylaxis is not recommended for patients in whom there is little expectation that nausea and/or vomiting will occur postoperatively. In patients where nausea and/or vomiting must be avoided postoperatively, ZOFRAN Tablets, ZOFRAN ODT Orally Disintegrating Tablets, and ZOFRAN Oral Solution are recommended even where the incidence of postoperative nausea and/or vomiting is low.			Patients must be over the age of 2 years old.		End of plan year	
ZORBTIVE	Cachexia associated with AIDS, Growth hormone deficiency, Short Bowel Syndrome		Pregnancy category C. Antibody development can interfere with growth response if binding capacity exceeds 2mg/mL. HIV patients should be on nucleoside analogue therapy for the duration of treatment (risk of otherwise increasing viral replication). May reduce insulin sensitivity and increase glucose intolerance - diabetics may need antidiabetic treatment adjusted			End of plan year	

ZOSTAVAX	The prevention of varicella-zoster (shingles) in patients 60 years of age and older.	Prior Authorizations will not be granted for patients with the following criteria: History of anaphylactic reaction to neomycin and gelatin. Active, untreated Tuberculosis. Currently taking immunosuppressive therapy, including high-dose corticosteroids. Lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic system - or AIDS or other clinical manifestations of infections with human immunodeficiency viruses.				End of plan year
ZOSYN	Appendicitis, Complicated by rupture or abscess, Community acquired pneumonia, Infection of skin and subcutaneous tissue, including diabetic foot infections, Nosocomial pneumonia, Pelvic inflammatory disease, Peritonitis, Puerperal endometritis.	•Zosyn is contraindicated in patients with a history of allergic reactions to any of the penicillins, cephalosporins, or (beta)-lactamase inhibitors.	To reduce the development of drug-resistant bacteria and maintain the effectiveness of Zosyn (piperacillin and tazobactam) injection and other antibacterial drugs, Zosyn (piperacillin and tazobactam) should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria. When culture and susceptibility information are available, they should be considered in selecting or modifying antibacterial therapy. In the absence of such data, local epidemiology and susceptibility patterns may contribute to the empiric selection of therapy.		Nosocomial pneumonia: 4.5 g IV every 6 h with an aminoglycoside. All other indications: 3.375 g IV every 6 h	End of plan year
ZYVOX	Patient has Vancomycin-resistant Enterococcus faecium infection including patients with concurrent bacteremia. Patient has nosocomial pneumonia caused by Staphylococcus aureus (methicillin-resistant or methicillin-sensitive strains) or Streptococcus pneumoniae (including multi-drug resistant strains: ie penicillin, second-generation cephalosporins, macrolides, tetracycline, and trimethoprim/sulfamethoxazole.) Patient has a complicated skin and skin structure infection caused by Staphylococcus aureus (methicillin-resistant or methicillin-sensitive strains), Streptococcus pyogenes, or streptococcus agalactiae (including diabetic foot infections without concomitant osteomyelitis).		Patient requires a weekly CBC.			End of plan year