

## MEDICARE CHOICES PHARMACY PRIOR AUTHORIZATION GUIDELINE

The following guideline outlines those services that require prior authorization through the CDPHP® pharmacy department. Coverage of a service is subject to the member's eligibility, specific contract benefits, and CDPHP policy. Requests for a service that does not meet criteria outlined in the CDPHP pharmacy policies or for an extension beyond what has been approved by CDPHP, should be directed to the pharmacy department at (518) 641-3784 or 1-800-274-2332.

<b>Policy Reference/Type of Service Requiring Prior Authorization</b>  <b>Effective Date: 01/01/2010</b>	<b>Medicare Choices with Part D</b>	<b>Medicare Choices (No prescription drug coverage)</b>
<b>Acne agents 1350/20.000118</b> <b>Topical retinoid products</b> <ul style="list-style-type: none"> <li>• <i>Retin-A</i></li> <li>• <i>Tretioin</i></li> <li>• <i>Retin-A Micro</i></li> <li>• <i>Avita</i></li> </ul>	Yes	N/A
<b>Amphetamines 1350/20.000157</b> <ul style="list-style-type: none"> <li>• <i>Dextroamphetamine</i></li> <li>• <i>Adderall</i></li> </ul>	Yes	N/A
<b>Botulinum Toxin, 1350/20.000051</b> <ul style="list-style-type: none"> <li>• Botulinum toxin type A (Botox)</li> <li>• botulinum toxin type B (Myobloc)</li> </ul> <i>Medical benefit-prescription drug benefit not required.</i>	Yes	Yes
<b>Celebrex (celecoxib), 1350/20.000159</b>	Yes	N/A
<b>Cimzia (certrolizumab pegol) 1350/20.000207</b>	Yes, but subject to Part D/Part B rules	Yes, but subject to Part D/Part B rules

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<i>Differin ( adapalene) 1350/20.000160</i>	Yes	N/A
<i>Enbrel (etanercept) 1350/20.000161</i>	Yes	N/A
<i>EPO - Epogen/Procrit (epoetin alfa), 1350/20.000162</i>	Yes, but subject to Part D/Part B rules	Yes, but subject to Part D/Part B rules
<i>Growth Hormone, 1350/20.000134</i> <ul style="list-style-type: none"> <li>• <i>Genotropin</i></li> <li>• <i>Humatrope</i></li> <li>• <i>Norditropin</i></li> <li>• <i>Nutropin</i></li> <li>• <i>Saizen</i></li> </ul>	Yes	N/A
<i>Humira (adalimumab) 1350/20.000164</i>	Yes	N/A
<i>Increlex (mecasermin) 1350/20.000165</i>	Yes	N/A
<i>Infergen ( interfereon alfacon-1),1350.20.000167</i>	Yes	N/A
<i>IVIG (intravenous immune globulin) 1350/20.000208</i>	Yes, but subject to Part D/Part B rules	Yes, but subject to Part D/Part B rules
<i>Lidoderm (lidocaine patch 5%) 1350/20.000209</i>	Yes	<u>N/A</u>
<i>Methylphenidates, 1350/20.000168</i> <ul style="list-style-type: none"> <li>• <i>Concerta</i></li> <li>• <i>Metadate products</i></li> <li>• <i>Methylin products</i></li> <li>• <i>Ritalin products</i></li> </ul>	Yes	N/A

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<i>Nexavar (sorafenib), 1350/20.000169</i>	Yes	N/A
<i>Neulasta (pegfilgrastim), 1350/20.000170</i>	Yes, but subject to Part D/Part B rules	Yes, but subject to Part D/Part B rules
<i>Neupogen (filgrastim) 1350/20.000171</i>	Yes, but subject to Part D/Part B rules	Yes, but subject to Part D/Part B rules
<i>Pegasys ( peg-interferon), 1350/20.000172</i>	Yes	N/A
<i>Peg-Intron ( pegylated interferon), 1350/20.000173</i>	Yes	N/A
<i>Provigil (modafanil), 1350/20.000174</i>	Yes	N/A
<i>Pulmonary Arterial Hypertension ( sildenafil)</i> 1350/20.000123 • <i>Revatio</i>	Yes	N/A
<i>Remicade ( infliximab) 1350.20/000176</i>	Yes	Yes
<i>Revlimid (lenalidomide), 1350/20.000124</i>	Yes	N/A

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<i>Ribavirin 1350/20.000178</i>	Yes	N/A
<i>Rituxan (rituximab) for Rheumatoid Arthritis, 1350/20.000210</i>	Yes	Yes
<i>Sprycel (dasatinib), 1350/20.000115</i>	Yes	N/A
<i>Strattera (atomoxetine) 1350/20.000211</i>	Yes	N/A
<i>Suboxone (buprenorphine and naloxone hcl) 1350/20.000XXX</i>	Yes	N/A
<i>Sutent (sunitinib malate), 1350/20.000180</i>	Yes	N/A
<i>Tasigna ( nilotinib) 1350/20.000181</i>	Yes	N/A
<i>Thalomid (thalidomide) 1350/20.000182</i>	Yes	N/A
<i>Xenazine (tertabenzine) 1350/20.000213</i>	Yes	N/A
<i>Xolair (omalizumab), 1350/20.000125</i> <i>Medical benefit-prescription drug benefit not required.</i>	Yes	Yes
<i>Zolinza (vorinostat), 1350/20.000183</i>	Yes	N/A