

Prior Authorization Criteria

CCO V1 2012

Last Updated: 02/27/2012

"INTERFERON BETA 1A (REBIF, AVONEX)"

Products Affected

- Avonex
- Rebif
- Rebif Titration Pack

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Neurologist
Coverage Duration	3 months
Other Criteria	N/A

ACAMPROSATE (CAMPRAL)

Products Affected

- Campral

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	Creat clear less than 30, consumption of alcohol
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

ADALIMUMAB (HUMIRA)

Products Affected

- Humira

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	must have inadequate response to at least one disease-modifying anti-rheumatic drug
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	None

ADEFOVIR (HEPSERA)

Products Affected

- Hepsera

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

ALISKIREN FUMARATE (TEKTURNA)

Products Affected

- Tekturna
- Tekturna Hct

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

ALOSETRON (LOTRONEX)

Products Affected

- Lotronex

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	Participant to be informed of potential side effects and enrolled in GSK Prescribing Program
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

AMBRISENTAN (LETAIRIS)

Products Affected

- Letairis

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	Pregnancy
Required Medical Information	enrollment in LEAP Program
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

APOMORPHINE (APOKYN)

Products Affected

- Apokyn

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

APREPITANT (EMEND)

Products Affected

- Emend ORAL CAPS

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	3 months
Other Criteria	None

BOCEPREVIR (VICTRELIS)

Products Affected

- Victrelis

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	3 months
Other Criteria	N/A

CELOCOXIB (CELEBREX)

Products Affected

- Celebrex ORAL CAPS 100MG, 200MG

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	GI bleed, cardiac, or other risk factors
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	6 months
Other Criteria	N/A

CINACALCET (SENSIPAR)

Products Affected

- Sensipar

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

CLOPIDOGREL (PLAVIX)

Products Affected

- Plavix TABS 75MG

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

CYCLOSPORINE OPHTHALMIC (RESTASIS)

Products Affected

- Restasis

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	non-functioning lacrimal gland
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Ophthalmologist
Coverage Duration	12 months
Other Criteria	N/A

DABIGATRAN (PRADAXA)

Products Affected

- Pradaxa

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	Beneficiary has tried and failed warfarin therapy

DESVENLAFAXINE SUCCINATE (PRISTIQ)

Products Affected

- Pristiq

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

DICLOFENAC (SOLARAZE)

Products Affected

- Solaraze

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

DULOXETINE(CYMBALTA)

Products Affected

- Cymbalta

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	not attempted 2 other SSRIs, not on dialysis, and creat. clear greter than 30 .
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

ELTROMBOPAG (PROMACTA)

Products Affected

- Promacta ORAL TABS 25MG, 50MG

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

ENOXAPARIN (LOVENOX)

Products Affected

- Enoxaparin Sodium
- Lovenox

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	reduce frequency with creat. Clear is less than 30
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	up to 35 days unless otherwise indicated
Other Criteria	None

EPOETIN (EPOGEN)

Products Affected

- Epogen

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

EPOETIN (PROCRIT)

Products Affected

- Procrit

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	bleeding, autoimmune hemolytic anemia, insufficient vitamin stores, uncontrolled HTN, cancer patients with radiation alone
Required Medical Information	to be continued only if hemoglobin is 12 or less
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	6 months
Other Criteria	N/A

ETANERCEPT (ENBREL)

Products Affected

- Enbrel

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	None

FENTANYL LOZENGE

Products Affected

- Fentanyl Citrate Oral Transmucosal

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	Opiod tolerant

FENTANYL TRANSDERMAL PATCH

Products Affected

- Fentanyl

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	taking oral or opioid naïve
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	Refractory or intolerant to oral pain management

FIDAXOMICIN (DIFICID)

Products Affected

- Dificid

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	10 days
Other Criteria	N/A

FILGRASTIM (NEUPOGEN)

Products Affected

- Neupogen INJ 300MCG/0.5ML, 480MCG/0.8ML, 480MCG/1.6ML

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	not for afebrile neutropenia
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	6 months
Other Criteria	None

FINGOLIMOD (GILENYA)

Products Affected

- Gilenya

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Neurologist
Coverage Duration	12 months
Other Criteria	N/A

FONDAPARINUX (ARIXTRA)

Products Affected

- Arixtra
- Fondaparinux Sodium

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	GI or internal bleeding
Required Medical Information	creat clear greater than 30
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	32 days
Other Criteria	None

GLATIRAMER (COPAXONE)

Products Affected

- Copaxone

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Neurologist
Coverage Duration	12 months
Other Criteria	N/A

GRANISETRON

Products Affected

- Granisetron Hcl INJ 1MG/ML
- Granisetron Hcl TABS

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	3 months
Other Criteria	None

INFLIXIMAB (REMICADE)

Products Affected

- Remicade

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	None

INTERFERON ALPHA 2B

Products Affected

- Intron-a INJ 10MU/0.2ML, 3MU/0.2ML, 5MU/0.2ML, 6000000UNIT/ML
- Intron-a W/diluent INJ 10MU

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	ID or Hepatologist or Oncologist
Coverage Duration	3 months
Other Criteria	None

INTERFERON BETA 1B (BETASERON)

Products Affected

- Betaseron

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	neurologist
Coverage Duration	3 months
Other Criteria	N/A

LENALIDOMIDE (REVLIMID)

Products Affected

- Revlimid

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	3 months
Other Criteria	N/A

LIDOCAINE TRANSDERMAL (LIDODERM)

Products Affected

- Lidoderm

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	Must be applied to intact skin.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

LINEZOLID (ZYVOXX)

Products Affected

- Zyvox INJ
- Zyvox TABS

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	low tyramine diet
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	28 days
Other Criteria	N/A

LIRAGLUTIDE (VICTOZA)

Products Affected

- Victoza

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	History of medullary thyroid carcinoma or multiple endocrine neoplasia syndrome
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	None

MEGESTROL

Products Affected

- Megestrol Acetate SUSP

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	Assess for weight gain after initial coverage duration
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	6 months
Other Criteria	N/A

METHYLNALTREXONE (RELISTOR)

Products Affected

- Relistor INJ 12MG/0.6ML

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

MICAFUNGIN (MYCAMINE)

Products Affected

- Mycamine

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	history of Candidal infections resistant to fluconazole
Age Restrictions	N/A
Prescriber Restrictions	ID
Coverage Duration	up to a 47 day therapy per dosage and administration and indication
Other Criteria	N/A

MITOXANTRONE (NOVANTRONE)

Products Affected

- Mitoxantrone Hcl

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	For MS, must have failed interferon and glatiramer therapies
Age Restrictions	N/A
Prescriber Restrictions	Neurologist or Oncologist
Coverage Duration	3 months
Other Criteria	N/A

MODAFANIL (PROVIGIL)

Products Affected

- Provigil

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	None

NICOTINE REPLACEMENT

Products Affected

- Nicotrol Inhaler

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 weeks
Other Criteria	None

OCTREOTIDE

Products Affected

- Octreotide Acetate

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	3 months
Other Criteria	N/A

OPRELVEKIN (NEUMEGA)

Products Affected

- Neumega

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

PEGINTERFERON ALFA-2A (PEGASYS)

Products Affected

- Pegasys INJ 180MCG/0.5ML
- Sylatron

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	3 months
Other Criteria	N/A

PEGINTERFERON ALFA-2B

Products Affected

- Peg-intron INJ 50MCG/0.5ML
- Peg-intron Redipen

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	3 months
Other Criteria	N/A

PLERIXAFOR (MOZOBIL)

Products Affected

- Mozobil

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

PREGABALIN (LYRICA)

Products Affected

- Lyrica

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

RANOLAZINE (RANEXA)

Products Affected

- Ranexa

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	Pre-existing QT prolongation or QT prolonging drugs
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Cardiologist
Coverage Duration	12 months
Other Criteria	N/A

RIBAVIRIN ORAL

Products Affected

- Rebetol SOLN
- Ribavirin

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	3 months
Other Criteria	N/A

RIFAXIMIN (XIFAXAN)

Products Affected

- Xifaxan TABS 200MG

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	3 days
Other Criteria	N/A

RISPERIDONE INJECTION (RISPERDAL CONSTA)

Products Affected

- Risperdal Consta

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	3 months
Other Criteria	N/A

RIVAROXABAN (XARELTO)

Products Affected

- Xarelto

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

ROFLUMILAST (DALIRESP)

Products Affected

- Daliresp

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

SARGRAMOSTIM (LEUKINE)

Products Affected

- Leukine

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

SELEGILENE TRANSDERMAL

Products Affected

- Emsam

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

TACROLIMUS (PROGRAF)

Products Affected

- Tacrolimus

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

TELAPREVIR (INCIVEK)

Products Affected

- Incivek

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	3 months
Other Criteria	N/A

TERBINAFINE

Products Affected

- Terbinafine Hcl TABS

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	3 months
Other Criteria	N/A

TERIPARATIDE (FORTEO)

Products Affected

- Forteo

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	2 years
Other Criteria	None

TETRABENAZINE (XENAZINE)

Products Affected

- Xenazine

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

TETRAHYDROCANNABINOL

Products Affected

- Dronabinol

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

TRETINOIN

Products Affected

- Tretinoin CAPS

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Oncologist
Coverage Duration	3 months
Other Criteria	N/A

VALGANCICLOVIR (VALCYTE)

Products Affected

- Valcyte

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	6 months
Other Criteria	None

VANCOMYCIN ORAL SOLUTION

Products Affected

- Vancocin Hcl

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	2 weeks
Other Criteria	None

VARENICLINE (CHANTIX)

Products Affected

- Chantix
- Chantix Starting Month Pak

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 weeks
Other Criteria	None

VEMURAFENIB (ZELBORAF)

Products Affected

- Zelboraf

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

VILAZODONE (VIIBRYD)

Products Affected

- Viibryd

Details	
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 months
Other Criteria	N/A

PART B VERSUS PART D

Products Affected

- Acetylcysteine
- Albuterol Sulfate INHALATION NEBU 0.083%, 0.5%, 0.63MG/3ML
- Cellcept SUSR
- Cellcept Intravenous
- Cyclosporine
- Cyclosporine Modified CAPS 50MG
- Cyclosporine Modified SOLN
- Eligard
- Etoposide INJ
- Gengraf
- Heparin Sodium INJ 10000UNIT/ML, 1000UNIT/ML
- Ipratropium Bromide/albuterol Sulfate
- Leuprolide Acetate
- Levalbuterol
- Lupron Depot INJ 22.5MG, 3.75MG, 30MG
- Methotrexate
- Methotrexate Sodium INJ 1GM, 25MG/ML
- Prograf INJ
- Proleukin
- Sulfamethoxazole/trimethoprim INJ
- Tobi
- Vancomycin Hcl INJ 1000MG, 500MG
- Xopenex INHALATION NEBU 0.31MG/3ML, 0.63MG/3ML

Details

This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.