

Prior Authorization Criteria for Formulary Drugs

- Prior Authorization is needed for medications indicated as 'PA' on the Capstone Formulary. Additionally, medications not listed on the drug formulary require prior authorization.
- Prior authorization requests are evaluated based on clinical criteria set by the Partners RX National P&T (Pharmacy and Therapeutics) Committee and the Capstone Medical Director.
- Prior authorizations may not be approved if requested information is not provided by the prescribing physician, if there is a lack of formulary drug trial, if dosing is outside the safety regulations set by the FDA, or if the member is given samples by the physician.

Prior Authorization Department, open 24/7.

Prior Authorization phone lines provide quicker decisions: 1-800-711-4550

- Prior Authorization Forms can be found at www.nazcap.com/providers. Submitted form must be filled out completely and signed by the physician.

Prior Auth Drug	Covered Uses and Required Medical information	Coverage Duration	Other Criteria
Afinitor	Diagnosis of advanced renal cell cancer and failure with Sutent or Nexavar. For reauth: Patient shows no evidence of progressive disease or unacceptable toxicity	12 months	
BANZEL	For Lennox-Gastaut Syndrome: Diagnosis of Lennox-Gastaut Syndrome and History of failure, contraindication, or intolerance to ONE formulary anticonvulsant	12 months	
Byetta	Diagnosis of diabetes. Additionally, both of the following criteria must be met: 1. History of one of the following: metformin, sulfonylurea, thiazolidinedione (TZD) or insulin AND 2. Patient is 18 years or older	12 months	
Cellcept	Diagnosis of renal, cardiac, or hepatic transplant or patients with lupus nephritis who have failed corticosteroids and cyclophosphamide	12 months	
Cymbalta	Diagnosis of MDD: Dx of MDD and history of failure, contraindication, or intolerance to Effexor or Effexor XR. Diagnosis of diabetic peripheral neuropathy: Dx of diabetes, and Dx of peripheral neuropathy, and history of failure to a tricyclic antidepressant and a formulary anticonvulsant. Diagnosis of generalized anxiety disorder: Confirmed diagnosis of GAD and history of failure to Effexor or Effexor XR. Diagnosis of Fibromyalgia: Confirmed DX of Fibromyalgia and history of failure to cyclobenzaprine or amitriptyline.	12 months	
Daytrana	Patient age 6-18: 1. History of ONE of the following (Adderall, Dexedrine (SR), Dextrostat, Ritalin (SR), Vyvanse) Patient 19 or older: 1. Confirmed diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD); AND 2. History of failure, contraindication, or intolerance to ONE of the following (Adderall, Dexedrine (SR), Dextrostat, Ritalin (SR), Vyvanse)	12 months	

Prior Auth Drug	Covered Uses and Required Medical Information	Coverage Duration	Other Criteria
Diastat (rectal diazepam)	Diagnosis of partial onset or generalized seizure disorder and patient is experiencing episodes of increased seizure activity and patient is currently on a stable regimen of anti-epileptic drugs		Reviewed by Capstone Medical Director
Elidel	For Atopic dermatitis: 1. History of failure, intolerance, or contraindication to ONE prescription strength topical corticosteroid	12 months	
Epoetin Alfa: Epogen and Procrit	<p>Chronic renal failure and (1) patient on hemodialysis with a (a) transferrin of $\geq 20\%$ and ferritin level >200 ng/mL or (b) CHR >29pg/cell or (2) non dialysis patients transferrin of $\geq 20\%$ and ferritin level >100ng/mL and both dialysis and non dialysis patients must have a Hct$<33\%$ or Hgb<11gm/dl. Reauthorization for anemia due to CRF: patients with CRF and HCT $< 36\%$ for 3 months and one of the following: HCT 30-36%, or decrease in blood transfusions, or HgB has increased by 1 g/DL or more from pre-treatment level and patient on dialysis and transferrin of 20% or greater and ferritin level > 200ng/mL or CHR>29 pg/cell or Patient not on dialysis and transferrin of 20% or greater and ferritin level >100ng/mL. For anemia in HIV : Anemia is due to AZT therapy or HIV infection (see other criteria). Reauth : average HCT was $< 36\%$ over a 3-month period AND one of the following, HCT between 30-36%, or decrease in blood transfusions, or HgB has increased by 1 g/DL or more from pre-treatment. For anemia in cancer patients on chemotherapy: Cancer is a non-myeloid malignancy and pt is concurrently on chemotherapy or will be receiving chemotherapy for at least 2 months or anemia is caused by chemotherapy. Reauth: HgB is 12<g/dL or Hct$<36\%$ AND one of the following, HCT 30-36%, or decrease in blood transfusions, or HgB has increased by 1 g/DL or more from pre-treatment level AND pt is concurrently on chemotherapy or will be receiving chemotherapy for at least 2 months or anemia is caused by chemotherapy. For preop patients: Anemic patients (Hgb>10 but Hgb<13dL) scheduled to undergo allogeneic blood transfusions or patients at high risk for perioperative transfusions with significant, anticipated blood loss of 2 or more units of blood. For anemia in MDS patients: Diagnosis of MDS and Hct$<33\%$ or Hgb<11gm/dL and serum erythropoietin level 500mU/mL or less or diagnosis of transfusion dependent MDS and transferrin of 20% or greater or ferritin level >50ng/dL or iron stain on bone marrow aspirate or biopsy. Reauth : HCT $<36\%$ over a 3 month period, AND HCT 30-36% or decrease in blood transfusions, or HgB has increased by 1 g/DL or more from pre-treatment level. For anemia in HCV-infected patients: Concurrently on ribavirin and interferon or peg-interferon alfa for the treatment of HCV and anemia is due to treatment. Reauth : HCT $<36\%$ over a 3 month period AND HCT between 30-36%, or decrease in blood transfusions, or HgB has increased by 1 g/DL or more from pre-treatment .</p>	<p><u>CRF (dialysis & non dialysis):</u> new start 6 months; reauth 12months <u>HIV:</u> new start 6 months; reauth 12 months <u>Cancer:</u> new start and reauth for 3 months <u>Preop use for reduction of allogenic blood transfusion:</u> 1 month. <u>MDS:</u> new start 3 months; reauth 12 months. <u>HCV infection:</u> new start and reauth for 3 months</p>	Anemia in HIV, chemotherapy, and HCV-infected patients must have a transferrin level of $\geq 20\%$ or a ferritin level >50 ng/mL or Iron stain on bone marrow aspirate or biopsy AND a Hct $<36\%$ or Hgb <12 gm/dL

Prior Auth Drug	Covered Uses and Required Medical Information	Coverage Duration	Other Criteria
Exelon patch	Diagnosis of Alzheimers or vascular dementia and a MMSE score of 26 or less and a failure to Aricept (donepezil) or galantamine. Diagnosis of Parkinson's dementia and a MMSE score of 26 or less. Diagnosis of dementia with Lewy bodies	12 months	
Felbatol	For Partial Seizure or Lenno-Gastuat Syndrome: 1. History of failure, contraindication, or intolerance to TWO formulary anticonvulsants AND; 2. Patient has a signed written informed consent to begin or continue treatment with Felbatol	12 months	
Fluconazole 150mg	Chronic recurrent vaginitis (4 or more episodes per year) in immunocompetent patients	6 months	
Ganciclovir	For CMV retinitis: diagnosis of immunocompromised status and ophthalmic exam consistent with diagnosis of CMV retinitis or a histological culture or serologic evidence. For prevention of CMV: patients with advanced HIV infection at risk of developing CMV or patients who have had a solid organ transplant.	12 months 6 months: prevention in solid organ transplant	
Gleevec	Diagnosis of Philadelphia chromosome positive CML or ALL. Diagnosis of myelodysplastic/myeloproliferative diseases associated with PDGFR. Diagnosis of aggressive systemic mastocytosis and patient is without the D816V c-Kit mutation or c-Kit mutation status is unknown. Diagnosis of Hypereosinophilic syndrome or Chronic eosinophilic leukemia. Diagnosis of unresectable, recurrent, and/or metastatic dermatofibrosarcoma protuberans. Patients with diagnosis of unresectable and/or metastatic GIST, or patients with diagnosis of primary GIST and history of complete gross resection of kit (CD117) positive GIST. Diagnosis of unresectable, metastatic, or recurrent desmoid tumor.	All diagnoses are approved for 12 months	
Hexalen	Diagnosed with ovarian cancer and cancer has progressed or recurred following first-line therapy with a cisplatin- or alkylating agent based combination	12 months	
Insulin Prefilled pens	Inability of both the patient and caretaker to use insulin vial and syringe due to physical or visual impairment	12 months	
Iressa	Diagnosis of locally advanced or metastatic NSCLC or as continuation of therapy for patients on Iressa therapy and benefitting from it	6 months	
Lyrica	Treatment of seizures: failure to one formulary anticonvulsant and as an add-on therapy for the diagnosis of partial seizure. Patients with Diabetic peripheral neuropathy or Post-Herpetic neuropathy who have failed gabapentin. Patients diagnosed with Fibromyalgia .	12 months	

Prior Auth Drug	Covered Uses and Required Medical Information	Coverage Duration	Other Criteria
Myfortic	Diagnosis of renal transplant	12 months	
Namenda	Diagnosis of Alzheimers or vascular dementia and a MMSE score of 26 or less	12 months	
Neupogen	For Bone Marrow/Stem Cell Transplant : Patients with non-myeloid malignancies undergoing myeloablative chemotherapy followed by autologous or allogenic BMT or for mobilization of hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis or for peripheral stem cell transplant patients who have received myeloablative chemotheapy. For patients with acute myelosuppressive leukemia (AML) following induction or consolidation chemotherapy AND patient <55. For patients receiving National Cancer Institute's Breast Intergroup dose dense chemotherapy protocol for primary breast cancer or is receiving a dose-dense chemotherapy regimen for which the incidence of febrile neutropenia is unknown. For chemotherapy regimens and risk of febrile neutropenia : Patient is receiving chemotherapy regimen associated with 20% or greater incidence of febrile neutropenia or 10-20% incidence and has 1 or more risk factors for febrile neutropenia. For Febrile Neutropenia : Patients receiving myelosuppressive anticancer drugs associated with neutropenia and patient has febrile neutropenia or has a history of febrile neutropenia during previous course of previous chemotherapy. For patients with severe chronic neutropenia . For neutropenia in Hepatitis C virus infected patients undergoing treatment with Peg-Intron or Pegasys after dose reduction or for HIV co-infection, or status post liver transplant, or cirrhosis patients who have interferon-induced neutropenia. For HIV-infected patients with an ANC 1000cells/mm or less. For HIV-related neutropenia : HIV infected patients with an ANC less than or equal to 1000 cells/mm ³ or for patients with HIV related neutropenia and have one or more risk factors for developing chronic neutropenia.	<u>Bone Marrow/Stem Cell Transplant</u> : 1 month. <u>AML</u> : 1 month <u>Cancer chemotherapy</u> :1 month or length of therapy <u>Chemo regimens or risk of neutropenia</u> :1 month <u>Febrile neutropenia</u> : 1 month or length of chemo cycle <u>Severe chronic neutropenia</u> : length of therapy <u>Hepatitis C</u> : length of therapy <u>HIV related neutropenia</u> : 6 months.	
Nexavar	Diagnosis of renal cell carcinoma with relapse following surgical excision, or with a surgically or medically unresectable tumor. Diagnosis of Stage IV renal cell carcinoma. Diagnosis of unresectable hepatocellular carcinoma.	6 months	
Prograf	Immunosuppression for patients with Renal, Hepatic, Cardiac, Lung, Pancreas, or small bowel transplants. Patients with Graft vs Host disease after receiving bone marrow transplants. Patients with severe uveitis with failure to corticosteroids	12 months	
Pulmozyme	For Cystic Fibrosis: 1. Confirmed diagnosis of cystic fibrosis	12 months	

Prior Auth Drug	Covered Uses and Required Medical Information	Coverage Duration	Other Criteria
Rapamune	Diagnosis of renal transplant	12 months	
Renvela	Patient has end stage renal disease and is on dialysis and has failed Phoslo	12 months	
Revlimid	Diagnosis of MDS with 5q deletion and patient is transfusion dependent or Diagnosis of MDS without 5q deletion and patient has failed treatment with epoetin alfa or darbopoetin alfa, hypomethylating agents or immunosuppressive therapy. Diagnosis of Multiple Myeloma and used in combination with dexamethasone. Diagnosis of CLL and refractory to one prior therapy	6 months for all diagnoses	
Sprycel	Diagnosis of Philadelphia chromosome positive acute lymphoblastic leukemia or Diagnosis of Philadelphia chromosome positive, or BCR-ABL positive chronic, accelerated, myeloid or lymphoid blast phase chronic myeloid leukemia: AND a failure, intolerance, or contraindication to Gleevec	12 months	
Sutent	Diagnosis of renal cell carcinoma with relapse following surgical excision, or with a surgically or medically unresectable tumor. Diagnosis of Stage IV renal cell carcinoma. Diagnosis of GIST and disease progression or intolerance to Gleevec	12 months	
Synagis	Infants less than 24 months of age with Chronic lung disease (CLD) who have required medical therapy within 6 months prior to the start of RSV season. Infants born at 28 weeks of gestation or earlier without CLD and who are less than 12 months of age at the start of RSV season. Infants born at 29 to 32 weeks of gestation without CLD who are less than 6 months of age at the start of RSV season. Infants born at 32 to less than 35 weeks of gestation without CLD who are less than 3 months of age at the start of the RSV season and who have one of the following risk factors: Child care attendance or sibling younger than 5 years of age. Infants born before 35 weeks of gestation who are 12 months of age or younger at the start of RSV season and who have one of the following: Congenital abnormalities of the airways or a neuromuscular condition that compromises handling of respiratory secretions. Infants and children 24 months of age or younger with hemodynamically significant cyanotic or acyanotic congenital heart disease (CHD). Infants and children who are younger than 24 months of age with CHD and have one of the following: Receiving medication to control congestive heart failure, or moderate to severe pulmonary hypertension, or Cyanotic heart disease.	5 months for all diagnosis, except infants born between 32 to 35 weeks gestation, maximum 3 months approval for that diagnosis group	Must Contact Capstone Medical Director

Prior Auth Drug	Covered Uses and Required Medical Information	Coverage Duration	Other Criteria
Tarceva	Diagnosis of NSCLC and failure to previous first line therapy or Diagnosis of locally advanced or metastatic NSCLC and patient with known activated EGFR mutation or mutated EGFR gene amplification or patient has never smoked. Patients with locally advanced, unresectable, or metastatic pancreatic cancer and used in combination with Gemzar. For reauth in pancreatic cancer: Patient has not experienced disease progression AND patient has not experienced any serious adverse events while on the medication	6 months for NSCLC 6 months for pancreatic cancer new start of reauth.	
Targretin	Definitive diagnosis of cutaneous T-cell lymphoma (CTCL)	12 months	
Tasigna	Diagnosis of Philadelphia chromosome positive chronic or accelerated phase chronic myeloid leukemia and failure to Gleevec	12 months	
Terbinafine (Lamisil)	Diagnosis of onychomycosis confirmed by either a KOH test, nail biopsy, or fungal culture, and patient must present with either severely damaged nails with significant pain, have physical dysfunction, have the infection spreading, or have an increased risk of infection. Reauth for onychomycosis: Diagnosis of onychomycosis confirmed by either a KOH test, nail biopsy, or fungal culture AND nine months has elapsed since completion of initial therapy for toenail infections or three months has elapsed since completion of initial therapy for fingernail infections AND demonstration of efficacy on initial therapy. For tinea infections: diagnosis of Tinea capitis or the diagnosis of other tinea infections and a failure to one systemic antifungal agent	8 weeks x1 then 4 weeks x1 for toenail onychomycosis, LFTs must be retaken prior to 4 week therapy. 6 weeks for fingernail onychomycosis. New start and Reauth criteria approval lengths are identical. Tinea Capitis: 6 weeks. Other Tinea: 2 weeks	All patients require baseline LFTs
Testosterone-injectable:Depo-testosterone, Delatestryl	Diagnosis of male hypogonadism with a pre-treatment level below normal physiological value (<280 ng/dL) or below normal reference levels provided by physicians or pre-treatment free testosterone levels below normal physiological value (<50 pg/mL or <5 ng/dL or (0.17 nmol/L) or below the normal reference level provided by the physician. For males with confirmed diagnosis of delayed puberty. For the palliative treatment of inoperable breast cancer in women.	12 months for male hypogonadism and inoperable breast cancer 6 months for delayed puberty	
Testosterone-Topical: Androgel, Androderm	Diagnosis of male hypogonadism with a pre-treatment level below normal physiological value (<280 ng/dL) or below normal reference levels provided by physicians or pre-treatment free testosterone levels below normal physiological value (<50 pg/mL or <5 ng/dL or (0.17 nmol/L) or below the normal reference level provided by the physician.	12 months	

Prior Auth Drug	Covered Uses and Required Medical Information	Coverage Duration	Other Criteria
Thalomid	<p>Diagnosis of moderate to severe erythema nodosum Leprosium (ENL). For treatment of Multiple Myeloma: Newly diagnosed MM in combination with dexamethasone or conventional dose chemotherapy, or in combination with high dose chemotherapy with stem cell rescue, or as salvage therapy in refractory or relapsed MM after primary therapy, or in combination with dexamethasone, doxorubicin, cyclophosphamide, and etoposide as part of induction regimen prior to autologous transplant. For Waldenstroms Macroglobulinemia: Diagnosis of Waldenstroms macroglobulinemia and disease progression on an alkylating agent, nucleoside analog, or rituximab. For Apthous stomatitis or ulcers: HIV-associated apthous ulcers or recurrent apthous stomatitis in immunocompromised patients and patient is refractory to alternative therapies such as topical corticosteroids. For Crohn's disease: Diagnosis of Crohn's disease and patient is refractory to corticosteroids, 5-aminosalicylic acids, immunomodulators, and Remicade. For GVHD: Patient with chronic or refractory GVHD and is unresponsive to corticosteroids, azathioprine, Tacrolimus, Cyclosporine, and Antithymocyte globulin. For Primary Brain Tumors: As adjuvant therapy to current cytotoxic therapies or patient has failed previous cytotoxic therapies or tumor resection. For AIDS related cachexia or wasting: Patient has AIDS cachexia and has lost >10% of body weight in previous 4 months, and has had a nutritional evaluation since start of wasting, and if male patient is screened for hypogonadism and has not responded to hormone replacement therapy (i.e. testosterone), and patient has failed standard therapies (i.e. testosterone, megestrol). For reauth of AIDS cachexia: Weight is stabilized or improved but not at goal weight. For treatment of Advanced Renal Cell Carcinoma: Diagnosis of metastatic renal cell carcinoma and patient is refractory to (2) of the following: Interferon-alpha 2b, Interleukin-2, Nexavar, Sutent.</p>	<p>ENL:12 months MM: 12 months Waldenstroms: 6 months Apthous stomatitis or ulcers: 1 month Crohn's disease: 3months GVHD: 6 months Primary brain tumor: 6 months AIDS cachexia new start and reauth: 3 months Renal Cell Carcinoma: 3 months</p>	
Tykerb	<p>Diagnosis of HER2-positive advanced or metastatic breast cancer and confirmation of normal left ventricular ejection fraction</p>	<p>Length of therapy maximum of 12 months</p>	
Valcyte	<p>For CMV retinitis treatment: Diagnosis of AIDS and ophthalmic exam consistent with diagnosis of CMV retinitis or a histological culture or serologic evidence. For prevention of CMV: Solid organ transplant recipient (Kidney, heart, pancreas)</p>	<p>Induction: 21 days; maintenance: 12 mons. Prevention of CMV approval is 6 months</p>	

Prior Auth Drug	Covered Uses and Required Medical Information	Coverage Duration	Other Criteria
Vancocin	<p>For Clostridium difficile-associated diarrhea (CDAD) initial therapy:</p> <ol style="list-style-type: none"> 1. Diagnosis of Clostridium difficile-associated diarrhea (CDAD), also known as C. difficile pseudomembranous colitis; AND 2. One of the following <ol style="list-style-type: none"> (a) Evidence of severe infection as defined by ONE of the following <ol style="list-style-type: none"> (i) Two of the following: Age >60, Temp > 38.3 C, Albumin < 2.5 g/dL, or WBC count > 15,000 cells/mm³; OR (ii) One of the following: Endoscopic evidence of pseudomembranous colitis, or treatment in the intensive care unit; OR (b) History of unresponsiveness, contraindication, or intolerance to oral Flagyl (metronidazole) <p>Recurrence of C. difficile infection after prior treatment with oral Vancocin capsules; AND Prescribed by an infectious disease specialist or by consultation with an infectious disease specialist.</p> <p>Diagnosis of enterocolitis due to Staphylococcus aureus.</p>	<p>C. difficile initial therapy: 14 days</p> <p>Reauthorization: 8 weeks</p> <p>Staph. Enterocolitis: 14 days</p>	
Victoza	Diagnosis of diabetes. Additionally, all of the following criteria must be met: 1. History of one of the following: metformin, sulfonylurea, thiazolidinedione (TZD) or insulin, AND 2. Patient is 18 years or older AND 3. History of Byetta	12 months	
Vimpat	For Adjunct treatment for Partial Seizures: <ol style="list-style-type: none"> 1. History of failure, contraindication, or intolerance to TWO formulary anticonvulsants; AND 2. Used as adjunctive therapy for the diagnosis of partial-onset seizure 		
Zolinza	Diagnosis of cutaneous T-cell lymphoma and patient has failed 2 of the following: alemtuzumab, bexarotene, chlorambucil, cladribine, denileukin, extracorporeal photochemotherapy, fludarabine, gemcitabine, interferon-alpha, methotrexate, pegylated doxorubicin, pentostatin, CHOP, ESHAP, EPOCH	Length of therapy max of 12 months	