



Bulletin

To: All Providers

From: HPM Pharmacy & Utilization Management Departments

Bulletin #: 112309-01

Date: 29-Jan-10

Re: PRIOR AUTHORIZATION CRITERIA ADOPTED

Medical Utilization Criteria have been developed for the following products. When authorization is requested for these products on either the Medical Benefit or Pharmacy Benefit, they will be reviewed by the pharmacy department prior to approval. Review process will begin 12/1/2009. Clinical review criteria are available upon request.

Abatacept (Orencia®)

J0129

Alpha-1 proteinase inhibitor (Aralast® / Prolastin® / Zemaira®)

J0256

Rituximab (Rituxan®)

J9310

The following grid outlines those products that have Medical Utilization Criteria. Please note that if these medications are requested on the Pharmacy Prior Authorization Form, the product must be obtained directly from the CVS/Caremark Specialty Pharmacy. If you are supplying the product for administration in the office or infusion center setting, submit for pre-service authorization through the Care Management department.

Codes	Number	Description	Required Clinical Documentation
C	9003	Synagis – Palivizumab – RSV – IgM, per 50mg	<ul style="list-style-type: none"> Chart notes documenting age, comorbidities, weeks weeks gestation at birth Complete drug therapy RSV season begins 1week of November and ends the first week of March. Only 5 doses will be approved.
J	2357	Humira – Adalimumab, per 20mg	<p>For RA: Chart notes documenting severe, active RA + 3 Swollen joints, complete drug therapy, seen by Rheumatologist.</p> <p>For Psoriasis: Chart notes documenting severe chronic psoriasis affecting at least 10% of BSA, complete drug therapy, phototherapy.</p> <p>For Crohn Disease: Chart notes documenting severe, Active Crohn Disease, Laboratory results of TB test, complete drug therapy</p>
J	1438	Enbrel – Etanercept, per 25mg	<p>For RA: Chart notes documenting severe, active RA + 3 Swollen joints, complete drug therapy, seen by Rheumatologist.</p> <p>For Psoriasis: Chart notes documenting severe chronic psoriasis affecting at least 10% of BSA, complete drug therapy, phototherapy.</p>
J	9310	Rituxan – Rituximab, per 100mg	<ul style="list-style-type: none"> Chart notes documenting diagnosis of Non-Hodgkin lymphoma or Rheumatoid Arthritis, comorbidities. Complete Drug Therapy
J	0129	Orencia – Abatacept, per 10mg	<ul style="list-style-type: none"> Chart notes documenting diagnosis of Adult Rheumatoid Arthritis or Juvenile Rheumatoid Arthritis, comorbidities Order or evaluation by a Rheumatologist Complete Drug therapy Laboratory results: TB test
J	2357	Xolair – Omalizumab, per 5mg	<ul style="list-style-type: none"> Chart notes documenting previous therapies and outcomes, all comorbidities, ADL status, compliance with current therapy Complete drug therapy Pulmonary Function test results: PEF, FEV1, PFT Laboratory results: IgE baseline levels Current ht, wt, BMI
J	1740	Boniva – Ibandronate sodium, per 1mg	<ul style="list-style-type: none"> Chart notes documenting diagnosis of Postmenopausal osteoporosis Complete Drug therapy Bone Mineral Density results: T-scores Laboratory results: CrCL, SCr, BUN

J	3488	Reclast – Zoledronic acid, per 1mg	<ul style="list-style-type: none"> • Chart notes documenting diagnosis of Paget disease of bone or Postmenopausal osteoporosis. • Laboratory results: Alk Phos • Complete drug therapy • Bone Mineral Density results: T-scores
J	3487	Zometa – Zoledronic acid, per 1mg	<ul style="list-style-type: none"> • Chart notes documenting diagnosis of Hypercalcemia of malignancy or Multiple Myeloma and bone metastases from solid tumors. • Chart notes with documentation of saline hydration and results • Laboratory tests: calcium , magnesium, serum creatinine, BUN, creatinine clearance • Complete drug therapy
J	0256	Prolastin / Aralast – Alpha 1-proteinase inhibitor, per 10mg	<ul style="list-style-type: none"> • Chart notes documenting diagnosis, comorbidities, smoking status, evidence of emphysema • Laboratory results: phenotype, alpha 1-antitrypsin concentration • Pulmonary Function test results: FEV1
J	1745	Remicade - Infliximab, per 10mg	<ul style="list-style-type: none"> • Chart notes documenting diagnosis, symptoms, dates of previous therapy, clinical outcomes • Complete drug therapy
J	1572	Flebogamma – Immune Globulin IV (IVIG), per 500mg	<ul style="list-style-type: none"> • Chart notes documenting diagnosis, symptoms • Laboratory results: IgA baseline, SCr, BUN, HbgA1c, CBC.
J	1569	Gammagard – IVIG, per 500mg	<ul style="list-style-type: none"> • Chart notes documenting diagnosis, symptoms • Laboratory results: IgA baseline, SCr, BUN, HbgA1c, CBC.
J	1561	Gamunex – IVIG, per 500mg	<ul style="list-style-type: none"> • Chart notes documenting diagnosis, symptoms • Laboratory results: IgA baseline, SCr, BUN, HbgA1c, CBC.
J	1571	HepaGam B, Immune Globulin – IM or IV, per 0.5ml	<ul style="list-style-type: none"> • Chart notes documenting diagnosis, symptoms • Laboratory results: IgA baseline, SCr, BUN, HbgA1c, CBC.
J	1566	NOS – Immune Globulin, per 500mg	<ul style="list-style-type: none"> • Chart notes documenting diagnosis, symptoms • Laboratory results: IgA baseline, SCr, BUN, HbgA1c, CBC.
J	1568	Octagam – IVIG, per 500mg	<ul style="list-style-type: none"> • Chart notes documenting diagnosis, symptoms • Laboratory results: IgA baseline, SCr, BUN, HbgA1c, CBC.
J	1459	Privigen – IVIG, per 500mg	<ul style="list-style-type: none"> • Chart notes documenting diagnosis, symptoms • Laboratory results: IgA baseline, SCr, BUN, HbgA1c, CBC.
J	2791	Rhophylac – Immune Globulin IM, per 100IU	<ul style="list-style-type: none"> • Chart notes documenting diagnosis, symptoms • Laboratory results: IgA baseline, SCr, BUN, HbgA1c, CBC.
J	1562	Vivaglobulin – Immune Globulin SC (SCIG), per 100mg	<ul style="list-style-type: none"> • Chart notes documenting diagnosis, symptoms • Laboratory results: IgA baseline, SCr, BUN, HbgA1c, CBC.

If you should have any questions please feel free to contact the Pharmacy Department at 1-313-324-3700.