

## CRITERIA

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Antiemetic - Part B if related to cancer treatment and is a full replacement for IV antiemetic within 48 hours of cancer treatment; Part D if related to cancer treatment after the 48-hour period, or for any other medically accepted diagnosis.

### Products Affected

AKYNZEO CAP
APREPITANT CAP 125MG
APREPITANT CAP 40MG
APREPITANT CAP 80 & 125MG
APREPITANT CAP 80MG
EMEND SOL 150 mg
EMEND SUSP 125MG
GRANISETRON TAB 1MG
GRANISETRON INJ 0.1MG/ML
GRANISETRON INJ 1MG/ML
ONDANSETRON HCL INJ 4MG/2ML
ONDANSETRON HCL INJ 40MG/20ML
ONDANSETRON SOL 4MG/5ML

## **CRITERIA**

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Prophylactic Vaccines-Part B when directly related to the treatment of an injury or direct exposure;  
Part D for prophylaxis

### **Products Affected**

RABAVERT INJ
TET/DIP TOX INJ 2-2 LF

## CRITERIA

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IVIG-Part B when used for treatment of a primary immune deficiency and the patient resides at home; Part D when used for treatment of a medically accepted indication that is not a primary immune deficiency or the patient does not reside at home.

### Products Affected

BIVIGAM INJ 10%
CARIMUNE NF INJ 3GM
FLEBOGAMMA INJ DIF 10%
GAMASTAN S/D INJ
GAMASTAN S/D INJECTABLE IM (10ML)
GAMASTAN S/D INJECTABLE IM (2ML)
GAMMAGARD INJ 2.5GM/25
GAMMAGARD S/D Less IgA SOL 10 GM IV
GAMMAGARD S/D Less IgA SOL 5 GM IV
GAMMAKED INJ 20GM/200
GAMMAPLEX INJ 20GM
GAMUNEX-C INJ 40/400ML
OCTAGAM INJ 1GM
OCTAGAM INJ 2GM/20ML
PRIVIGEN INJ 40GRAMS
THYMOGLOBULIN INJ 25 MG

## CRITERIA

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ESRD - Part B if patient has end stage renal disease (ESRD) and is on dialysis; Part D if patient has ESRD and is not on dialysis, or for any other medically accepted diagnosis

### Products Affected

MIRCERA INJ 50MCG
MIRCERA INJ 75MCG
MIRCERA INJ 100MCG
PARICALCITOL CAP 1 MCG
PARICALCITOL CAP 2 MCG
PARICALCITOL CAP 4 MCG
PARICALCITOL INJ 2MCG/ML

## CRITERIA

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Hepatitis B Vaccine - Part B for moderate to high risk patients. Part D for low risk patients. High risk groups currently identified include: individuals with ESRD; individuals with hemophilia who received Factor VIII or IX concentrates; clients of institutions for individuals for the mentally handicapped; persons who live in the same household as a hepatitis B Virus (HBV) carrier; homosexual men; illicit injectable drug abusers. Intermediate risk groups include: staff in institutions for the mentally handicapped and workers in health care professions who have frequent contact with blood or blood-derived body fluids during routine work.

### Products Affected

ENGERIX-B INJ 10MCG/0.5ML
ENGERIX-B PFSINJ 10MCG/0.5ML
ENGERIX-B INJ 20MCG/ML
RECOMBIVA HB INJ 10MCG/ML PFS
RECOMBIVA-HB INJ 40MCG/ML
RECOMBIVA HB INJ 5MCG/0.5
RECOMBIVA HB INJ 10MCG/ML SOL

## CRITERIA

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IV Infusion Drugs - Non-LTC members: Part B if the drug is being administered with an infusion pump; Part D for all other administration techniques. LTC members - always Part D

### Products Affected

ABELCET INJ 5MG/ML	HYDROMORPHONE INJ 10MG/ML
ABRAXANE INJ 100MG	HYDROMORPHONE INJ 50MG/5ML
ACYCLOVIR NA INJ 50MG/ML	IDARUBICIN INJ 10/10ML
ADRIAMYCIN INJ 2MG/ML	IFOSFAMIDE INJ 1GM
ADRUCIL INJ 500MG/10ML	IRINOTECAN INJ 100/5ML
AMBISOME INJ 50MG	JEVTANA INJ 60/1.5ML
AMPHOTERICIN INJ 50MG	KEPIVANCE INJ 6.25MG
ARRANON INJ 5MG/ML	KYPROLIS INJ 30MG
AZATHIOPRINE INJ 100MG	KYPROLIS INJ 60MG
AZITHROMYCIN INJ 500MG	LEUCOVORIN INJ 100MG
BENLYSTA INJ 120MG	LEVOLEUCOVOR INJ 50MG
BENLYSTA INJ 400MG	MELPHALAN INJ 50MG
BICNU INJ 100MG	MESNA INJ 1GM
BLEOMYCIN INJ 30UNIT	METHOTREXATE INJ 1GM
BUSULFEX INJ 6MG/ML	METOPROLOL INJ 1MG/ML
CARBOPLATIN INJ 600/60ML	METOPROLOL INJ 5MG/5ML
CISPLATIN INJ 100MG	METRON/NACL INJ 500MG
CLADRIBINE INJ 1MG/ML	MITOMYCIN INJ 20MG
CLINDAMYCIN INJ 300MG/2ML	MITOMYCIN INJ 40MG
CLINDAMYCIN INJ 900MG/6ML	MITOMYCIN INJ 5MG
CLOLAR INJ 1MG/ML	MUSTARGEN INJ 10MG
COSMEGEN INJ 0.5MG	MYCOPHENOLATE INJ 500MG
CYRAMZA INJ 100/10ML	OXALIPLATIN INJ 100MG
CYRAMZA INJ 500/50ML	PACLITAXEL INJ 300MG/50ML
CYTARABINE INJ 100MG/ML	TAZICEF INJ 2MG
CYTARABINE INJ 20MG/ML	TECENTRIQ INJ 1200/20
DACARBAZINE INJ 200MG	THIOTEPA INJ 15MG
DAUNORUBICIN INJ 5MG/ML	TOPOSAR INJ 1GM/50ML
DOCEFREZ INJ 20MG	TOPOTECAN INJ 4MG
DOXORUBICIN INJ 200/100	TORISEL SOL 25MG/ML
DOXORUBICIN INJ 2MG/ML	TREANDA INJ 25MG
EPIRUBICIN INJ 200MG/100ML	UVADEX INJ 20MCG/ML
ERBITUX INJ 100MG	VECTIBIX INJ 100MG

B versus D Prior Authorization Criteria

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ETOPOPHOS INJ 100MG	VINBLASTINE INJ 10MG
ETOPOSIDE INJ 500/25ML	VINCRISTINE INJ 1MG/ML
FLUCONAZOLE/ INJ DEX 400	VINORELBINE INJ 10MG/ML
FLUCONAZOLE/ INJ NAACL 200	
FLUOROURACIL INJ 5G/100ML	
FOLOTYN INJ 40MG/2ML	
GANCICLOVIR INJ 500MG	
HERCEPTIN INJ 440MG	

## CRITERIA

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Nebulizer Med - Part D if patient in long term care (defined by customer location code on claim); otherwise Part B.

### Products Affected

ACETYLCYST SOL 10%
ACETYLCYST SOL 20%
ALBUTEROL NEB 0.083%
ALBUTEROL NEB 0.5%
ALBUTEROL NEB 0.63MG/3ML
ALBUTEROL NEB 1.25MG/3ML
BUDESONIDE SUS 0.25MG/2
BUDESONIDE SUS 0.5MG/2
BUDESONIDE SUS 1MG/2
CROMOLYN SOD NEB 20MG/2ML
IPRATROPIUM SOL 0.02%INH
IPRATROPIUM/ SOL ALBUTER
LEVALBUTEROL NEB 0.31MG
LEVALBUTEROL NEB 0.63MG
LEVALBUTEROL NEB 1.25/0.5
NEBUPENT INH 300MG
PULMOZYME SOL 1MG/ML
TOBRAMYCIN NEB 300/5ML
VENTAVIS SOL 10MCG/ML
VENTAVIS SOL 20MCG/ML



## **CRITERIA**

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Oral Cancer Agent with Inj. Forms Available - Part B if for Cancer; Part D for other diagnosis

### **Products Affected**

CYCLOPHOSPH CAP 25MG
CYCLOPHOSPH CAP 50MG

## CRITERIA

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Parenteral Nutrition - Part B for permanent dysfunction of digestive tract, Part D for other situations

### Products Affected

AMINOSYN II INJ 10%	CLINIMIX INJ 4.25/D25
AMINOSYN II INJ 7%	CLINIMIX INJ 4.25/D5W
AMINOSYN II INJ 8.5%	CLINIMIX INJ 5%/D15W
AMINOSYN II INJ 8.5%/LYTE	CLINIMIX INJ 5%/D20W
AMINOSYN INJ 8.5%/LYTE	CLINIMIX INJ 5%/D25W
AMINOSYN 7% INJ /LYTES	FREAMINE HBC INJ 6.9%
AMINOSYN-HBC INJ 7%	HEPATAMINE SOL 8%
AMINOSYN-PF INJ 10%	NEPHRAMINE INJ 5.4%
AMINOSYN-PF INJ 7%	NUTRILIPID EMU 20%
AMINOSYN-RF INJ 5.2%	PLENAMINE INJ 15%
CLINIMIX E INJ 2.75/D10W	PREMASOL SOL 6%
CLINIMIX E INJ 2.75/D5W	PROCALAMINE INJ 3%
CLINIMIX E INJ 4.25/D10	PROSOL INJ 20%
CLINIMIX E INJ 4.25/D25	TRAVASOL INJ 10%
CLINIMIX E INJ 4.25/D5W	
CLINIMIX E INJ 5%/D15W	
CLINIMIX E INJ 5%/D20W	
CLINIMIX E INJ 5%/D25W	
CLINIMIX INJ 2.75/D5W	
CLINIMIX INJ 4.25/D10	
CLINIMIX INJ 4.25/D20	

## CRITERIA

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Transplant - Part B if transplant covered by Medicare; otherwise Part D

### Products Affected

ASTAGRAF XL CAP 0.5MG	MYCOPHENOLATE INJ 500MG
ASTAGRAF XL CAP 1MG	MYCOPHENOLIC TAB 360MG DR
ASTAGRAF XL CAP 5MG	NULOJIX INJ 250MG
ATGAM INJ 250MG	PROGRAF INJ 5MG/ML
AZASAN TAB 100 MG	RAPAMUNE SOL 1MG/ML
AZASAN TAB 75 MG	SANDIMMUNE CAP 100MG
AZATHIOPRINE INJ 100MG	SANDIMMUNE CAP 25MG
CYCLOSPORINE CAP 100MG	SANDIMMUNE SOL 100MG/ML
CYCLOSPORINE CAP 100MG MD	SIROLIMUS TAB 0.5MG
CYCLOSPORINE CAP 25MG	SIROLIMUS TAB 1MG
CYCLOSPORINE CAP 25MG MOD	SIROLIMUS TAB 2MG
CYCLOSPORINE CAP 50MG MOD	TACROLIMUS CAP 0.5MG
CYCLOSPORINE INJ 50MG/ML	TACROLIMUS CAP 1MG
CYCLOSPORINE SOL MODIFIED	TACROLIMUS CAP 5MG
ENVARUS XR TAB 0.75MG	THYMOGLOBULN INJ 25MG
ENVARUS XR TAB 1MG	ZORTRESS TAB 0.25MG
ENVARUS XR TAB 4MG	ZORTRESS TAB 0.5MG
GENGRAF CAP 100MG	ZORTRESS TAB 0.75MG
GENGRAF CAP 50MG	
GENGRAF CAP 25MG	
GENGRAF SOL 100MG/ML	
MYCOPHENOLATE CAP 250MG	
MYCOPHENOLATE SUS 200MG/ML	
MYCOPHENOLATE TAB 500MG	
MYCOPHENOLIC TAB 180MG DR	