

**VIVA Medicare Plus RX Part D Drugs Requiring Prior Authorization or Quantity Limit Summary List
As of April 2010**

This is a list of prescription drugs that either require prior authorization, have quantity limits or are excluded from coverage. This is not an all inclusive list. It is provided strictly as a guide and may change periodically. With the uncertainty of Part D vs. Part B coverage, most Biological, Biotechnicals and Speciality medications require prior authorizations. Please call VIVA Health Medical Management at 933-1201 in Birmingham or 1-800-294-7780 if you have questions regarding a particular drug.

Pharmaceuticals
Flunisolide, Rhinocort Aqua, fluticasone spray (QL) Atrovent, ipratropium soln, Spiriva (QL) Nasacort AQ, Nasonex, Pulmicort, Qvar, Serevent, Symbicort, terbutaline sulfate, Xopenex (QL) Advair, Asmanex, Astelin, Astepro, Azmacort, Flovent HFA, Albuterol, Combivent, Foradil, Maxair, Proair, Proventil, cromolyn soln, Intal (QL) Alinia (QL)
amphetamine, Concerta, dextroamphetamine, methylphenidate, Methylin, Metadate CD, Ritalin LA & Straterra Androderm, Androgel, oxandrolone, Testim Avinza, Dilaudid, endocet, fentanyl, hydromorphone, Kadian, Celebrex Frova, Maxalt, Migranal, Migranal, Relpax, sumatriptan, Zomig (QL) gabapentin, Lyrica & Neurontin (QL) itraconazole, terbinafine Nexium, omeprazole, pantoprazole, lansoprazole, Zegrid Dexilant (formally Kapidex) (QL) * dronabinol, Emend (QL) Provigil Regranex avita, Differin, Retin-A Micro, tretinoin Chantix Lidoderm Revatio zolidem, Lunesta, zaleplon (QL)*

Exclusions
Anorexiant Drugs/Weight Loss/Gain Infertility Cosmetic Drugs Hair Loss/Growth Drugs Cough and Cold Benzodiazepines (Valium, Xanax, etc.) Barbituates (Seconal, Butisol, etc.) OTC All RX vitamins except Prenatal & Flouride Combos Erectile Dysfunction Drugs

Step Therapy
Elidel Protopic

Part D Biological, Biotechnical, & Specialiy Drugs**		
**some of these medications can be covered by Part D or Part B, depending on their diagnosis or setting. Please contact VIVA Health Medical management for more information.		
acetylcysteine	hepatamine	Remicade
albuterol sulfate	Hepatasol	Renamin
Afinitor	Humira	Revatio
Aminess	Increlex	Revlimid
Aminosyn	Infergen	ribapak
Aranesp	intralipid	ribasphere
chorionic gonadotropin	ipratropium bromide	ribavirin
Clinimix	Nephramine	Rituxan
clinisol	Neulasta	Saizen
Cimzia	Neupogen	Sandostatin
colistimethate sodium	Norditropin	Somatuline
cromolyn sodium	novamine	Somavert
cyclophosphamide tabs	octreotide acetate	Tev-Tropin
Decavac	ondansetron	Tetanus Toxoid Absorbed
diphtheria/tetanus toxoid	Pegasys	tetanus/diphtheria toxoids
dronabinol	Peg-Intron	Thalomid
Emend	Premasol	Tobi
Enbrel	Procalamine	Travasol
Engerix-B	Procrit	Trophamine
Forteo	Prosol	Ventavis
Freamine	Pulmicort	Xenazine
Gammagard	Pulmozyme	Xolair
Gamunex	Rebetol	Xopenex
granisetron	Recombivax HB	
granisol	Regranex	

Common Part B Biological, Biotechnical & Specialty Drugs	
Lipids & AAs for Infusions	Nutropin AQ
Nebulizer Solutions for DME	Humatrope
Hepatitis B Vaccines	Epogen
Lupron (IM)	Genotropin
Synvisc	Gamunex 10%
Zometa	
Avastin, Lucentis	
Eloxatin	
Seasonal Infuenza Vaccine	
Immunosuppressents for Medicare Transplants:	
Azasan, azathioprine, Cellcept, cyclosporine, gengraf, Neoral, Prograf, Rapamune, Sandimmune & mycophenolate mofetil	
Oral Anti-cancer drugs: Xeloda, Eulexin, Zoladex, Etoposide, Temodar, Iressa, Cyclophosamide	

(QL) Quantity limits exist for the drug, exception request req'd
(QL) * QL Post limit criteria required if quantity limit is to be exceeded.

All unclassified drug codes (such as J3490, J3590, J8999 and J9999) require prior authorization. When requesting

authorization for an unclassified drug please submit the NDC#, Drug Name, and Dosage.