

**EnvisionRx Plus Silver (PDP)
Prior Authorization Criteria**

Prior Authorization Group	Affected Drugs	Covered Uses	Exclusions	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
Egrifta	EGRIFTA	All medically accepted uses not otherwise excluded from Part D	N/A	Supporting statement of diagnosis from the physician	None	None	12/31/2012	N/A
ESRD Therapy	Procrit	All medically accepted uses not otherwise excluded from Part D	N/A	Hemoglobin less than 10 g/dl for patients receiving Cancer Chemotherapy and Hemoglobin less than 12 and Hematacrit less than 33 for other approved FDA indications in addition to supporting statement of diagnosis from physician	None	None	3 months	N/A
Fentanyl	Fentora	All medically accepted uses not otherwise excluded from Part D	N/A	Supporting statement of diagnosis from the physician	None	None	12/31/2012	N/A
Growth Hormone	Humatrope Nutropin Saizen	All medically accepted uses not otherwise excluded from Part D	N/A	Supporting statement of diagnosis from the physician	None	None	12/31/2012	None
Incivek	Incivek	All medically accepted uses not otherwise excluded from Part D	concurrent HIV positive status or status/post liver transplant	Supporting statement of diagnosis from the physician that includes diagnosis, viral load, genotype, and labs indicating status of liver function as compensated liver disease	None	None	12 weeks	N/A
Nuedexta	Nuedexta	All medically accepted uses not otherwise excluded from Part D	N/A	Supporting statement of diagnosis from the physician	None	None	12/31/2012	N/A
Provigil	Provigil	All medically accepted uses not otherwise excluded from Part D	N/A	Supporting statement of diagnosis from the physician	None	None	12/31/2012	N/A
Revatio	Revatio	All medically accepted uses not otherwise excluded from Part D	N/A	Supporting statement of diagnosis from the physician	None	None	12/31/2012	N/A
Samsca	Samsca	All medically accepted uses not otherwise excluded from Part D	N/A	Supporting statement of diagnosis from the physician	None	None	12/31/2012	N/A
Victrelis	Victrelis	All medically accepted uses not otherwise excluded from Part D	concurrent HIV positive status or status/post liver transplant	Supporting statement of diagnosis from the physician that includes diagnosis, viral load, genotype, and labs indicating status of liver function as compensated liver disease	None	None	44 weeks	N/A
Xalkori	Xalkori	All medically accepted uses not otherwise excluded from Part D	N/A	Supporting statement of diagnosis from the physician that establishes the cancer as anaplastic lymphoma kinase (ALK)-positive	None	must be prescribed by an oncologist	12/31/2012	N/A

EnvisionRx^{plus}SM

A Medicare Approved Prescription Drug Plan

MedicareRx
Prescription Drug Coverage

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Part B/D Drugs	Albuterol Sulfate Albuterol/Ipratropium Aminosyn Aminosyn/Electrolyte Aminosyn/Dextrose Aminosyn M Aminosyn-HBC Aminosyn-HF Aminosyn-PF Aminosyn II Aminosyn II/Dextrose Arzerra Atgam Azathioprine Calcitonin-Salmon Calcitrol Carimune Nanofiltered Celcept Chlorpromazine hcl Clinimix/Dextrose Clinimix E/Dextrose Cromolyn Sodium Cyclosporine Cyclosporine Modified Daunoxome Decavac Diphtheria/Tetanus Toxoid Docefrez Dronabinol Emend Etoposide Freamine III Gamastan S/D Gammagard Liquid Ganciclovir Gengraf Granisetron hcl Heparin Sodium Heparin Sodium DCU Hepatamine Imovax Rabies (H.D.C.V) Ipratropium Bromide	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.	N/A	N/A	N/A	N/A	N/A	N/A

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Part B/D Drugs	Jevtana Levocartine Methotrexate Metronidazole Mycophenolate Mofetil Nephramine Nulojix Ondansetron Ondansetron ODT Orthoclone OKT3 Premasol Procalamine Prograf Pulmozyme Rapamune Recomvivax HB Sancuso Tacrolimus Tetanus Toxoid Adsorbed Tetanus/Diphtheria Toxoid Thymoglobulin Topotecan Travasol Vancomycin hcl Ventavis Vivaqlobin Zemplar Zortress	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.	N/A	N/A	N/A	N/A	N/A	N/A