

Criteria and List of Drugs Requiring Prior Authorization B vs. D

These drugs 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.

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
ACCUNEB	3	ENGERIX-B	2	PERFOROMIST	3
ACETYLCYSTEINE	1	ENOXAPARIN	1	PHENERGAN	3
ALBUTEROL	1	EPOGEN	2	PIPER/TAZOBA	1
ALOXI	3	FLUPHENAZ DE	1	PREMASOL	3
AMINOSYN	1	FONDAPARINUX	1	PRIVIGEN	2
AMINOSYN II	3	FRAGMIN	3	PROCALAMINE	3
AMINOSYN M	3	FREAMINE III	3	PROCRIT	2
AMINOSYN-HBC	3	FUROSEMIDE	1	PROGRAF	3
AMINOSYN-PF	3	GAMMAGARD	2	PROLIA	3
ANZEMET	3	GAMMAPLEX	2	PROMETHAZINE	1
ARANESP	2	GAMUNEX-C	2	PROSOL	3
ARIXTRA	4	GENGRAF	1	PULMICORT	3
ASTRAMORPH	1	GRANISETRON	1	RAPAMUNE	2
ATGAM	3	GRANISOL	3	RECLAST	2
AZACTAM	3	HALDOL	3	RECOMBIVA HB	2
AZACTAM/DEX	3	HALDOL DECAN	3	RECOMBIVA-HB	2
AZASAN	3	HALOPER DEC	1	ROCALTROL	2
AZATHIOPRINE	1	HALOPER LAC	1	ROCEPHIN	3
BROVANA	3	HECTOROL	2	SANCUSO	3
BUDESONIDE	1	HEP SOD/D5W	1	SANDIMMUNE	3
CALCITRIOL	3	HEP SOD/NACL	3	SIMULECT	3
CARIMUNE NF	1	HEPARIN SODIUM	1	SODIUM CHLORIDE	3
CARNITOR	2	HEPATAMINE	1	SOLU-MEDROL	1
CEFTRIAZONE	3	HEPATASOL	1	SOMATULINE	3
CELLCEPT	1	HIZENTRA	2	STELARA	4
CELLCEPT IV	3	IMURAN	3	TACROLIMUS	4

Criteria and List of Drugs Requiring Prior Authorization B vs. D

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
CESAMET	3	INTRALIPID	1	TESTOSTERONE CYP	1
CLEOCIN PHOSPHATE	3	INVEGA SUST	3	TESTOSTERONE ENANTHATE	1
CLINDAMYCIN	3	IPRATROPIUM	1	THYMOGLOBULIN	1
CLINIMIX	1	IPRATROPIUM/ALBUTEROL	1	TIGAN	3
CLINIMIX E	3	KETOROLAC	1	TOBI	3
CLINISOL SF	3	LEVALBUTEROL	1	TOBRA/NACL	3
CROMOLYN SODIUM	1	LEVAQUIN/D5W	3	TOBRAMYCIN	3
CUBICIN	1	LEVOCARNITIN	1	TRAVASOL	1
CYCLOPHOSPHAMIDE	3	LEVOFLOX/D5W	1	TROPHAMINE	3
CYCLOSPORINE	1	LIPOSYN III	3	VANCOMYCIN	3
D10W/NACL	1	LOVENOX	3	XGEVA	1
D2.5W/NACL	1	MARINOL	3	XOPENEX	3
D5W/NACL	1	METHOTREXATE	1	ZEMPLAR	3
DELATESTRYL	1	METHYLPREDNISOLONE SS	1	ZOFRAN	3
DEPO-TESTOSTERONE	3	MYCOPHENOLATE	1	ZOFRAN ODT	3
DEXAMETHASONE PHOSPHATE	3	MYFORTIC	2	ZOMETA	3
DEXTROSE	1	NEORAL	3	ZORTRESS	4
DIPHENHYDRAMINE	1	NEPHRAMINE	3	ZOSYN	3
DRONABINOL	1	NEULASTA	4	ZUPLENZ	3
DUONEB	1	NEUPOGEN	4	ZYPREXA	3
DURAMORPH	3	OLANZAPINE	1		3
EMEND	1	ONDANSETRON	1		
	2	PAMIDRONATE	1		