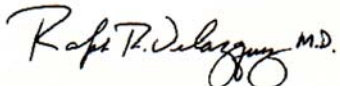




Binder:	<u>OSF HealthPlans HCM Department</u>	
Policy		
No./Title:	<u>HCM.Med.137 Medication Authorizations</u>	
Author:	<u>Edward A. Hirsch, M.D.</u>	Original Date: <u>3/01</u>
Replaces:	<u></u>	Revision/Review Date(s): <u>9/01; 10/02; 10/03</u> <u>6/04; 12/04; 2/05; 2/06; 4/06;</u>
Approval:		6/06 Title: Vice President and Chief Medical Officer

POLICY: OSF HealthPlans requires authorization for specific medication under the Pharmacy System prescription drug benefit rider.

PURPOSE: To ensure consistency in the HealthCare Management Department for medication authorization.

PROCEDURE:

1. Medication authorization requests must be received by the ordering physician and in writing or by phone, with supporting medical documentation forms to be used when applicable. (See specific medication policies as written by Medical Director and Pharmacist Consultant and approved by the UM Committee)
2. Medication authorization requests are reviewed by the nurse according to policies (specific medications) and approved if criteria guidelines are met.
3. Authorization is entered into the Pharmacy System when policy criteria for coverage is met..
4. Written notification is sent to the member, primary care physician and ordering physician.
5. If the policy criteria is not met, the medication authorization is sent to the Medical Director for review according to Policy HCM.CML.008 (Medical Director Referrals). All medication denials are made by the Medical Director. If the request is urgent, the decision will be made within 72 hours of the request. Verbal notification will be given and the HCM Case Manager RN/LPN will document the date, time and to whom the decision was given. If the request is for non-urgent services, the decision will be made within 72 hours but not to exceed 15 calendar days, taking into account the member's condition. Oral, electronic or written notification will be given at that time. A copy of the appeal rights is to be included.
6. Review for reconsideration of coverage for any denied medication is available upon request and will be reviewed by OSF HealthPlans Medical Director and/or pharmacist.
7. Attached Preauthorization Drug List and Preferred Drug List.
8. All prescription drug benefits are delegated and administered through the Pharmacy System .
9. All medication policies are written in accordance to FDA regulations on usage and indications for specific medications.
10. All medication authorizations are completed and administered by review specialists under the direct supervision of AMD/CMO through approved policies and procedures.



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Drugs requiring prior authorization:

Aldurazyme/Ceredase/Cerezyme	Enzyme replacement - Specialty Rx
Androgel	Testosterone (male only)
Apligraf	Skin substitution - Specialty Rx
Birth control pills (Hormone Therapy)	(specific medical conditions only)
Byetta/Symlin	Anti-diabetic agents
Clomid, Profassi, Fertinex, Follistim etc,	Infertility Medications
Copegus	Anti Viral - Specialty Rx
Depo-Provera	(specific medical conditions only)
Enbrel/Raptiva/Kineret/Remicade/Amevive/Humira/Orencia	Rheumatoid Arthritis/Psoriasis - Specialty Rx
Emend	Anti-Emetic
Fabrazyme	Fabry Disease - Specialty Rx
Flolan	Pulmonary Hypertension - Specialty Rx
Flumadine/Relenza/Tamiflu	Influenza
Forteo	Osteoporosis - Specialty Rx
Fuzeon	HIV Treatment
Gentotropin/Humatrope/Norditropin/Saizen/Serostim/Nutropin, AQ, Depot	Growth Hormones - Specialty Rx
Infergen/IntronA/Pegasys/Peg Intron/Rebetol, 600,1000,1200/Roferon-A	Hepatitis C - Specialty Rx
Lamisil/Sporanox	Anti fungal
Lotronex/Zelnorm/Amitiza	Irritable bowel syndrome/chronic constipation
Lupron/Leuprolide/Lupron Depot, and 3 month and PED	Endometriosis, anti neoplastic - Specialty Rx
Nexavar/Sutent	Advanced renal cell carcinoma
Provigil	Sleep disorder
Prozac weekly/Serafem	Depression/PMS/PMDD
Pulmicort Respules	Corticosteroid Inhaler
Pulmozyme/Tobi	Cystic Fibrosis medication - Specialty Rx
Restasis	Eye Drops
Retin-A	(if more than 25 years of age) Acne
Sensipar	Hyperparathyroidism
Thyrogen	Thyroid Cancer medication - Specialty Rx
Tysabri/Avonex/Betaseron/Copaxone/Rebif/Interferon	MS medication
Viagra and Uprima/Caverject/Cialis/Levitra	Erectile Dysfunction
Visudyne/Vitravene	Ophthalmic agent - Specialty Rx
Xolair	Asthma - Specialty Rx
Zofran/Emend/Kytril/Anzemet	Anti-emetic
Zyvox	Antibiotic
STEP THERAPY:	
Aciphex	PPI
Nexium	PPI
Prevacid	PPI
Prilosec	PPI
Protonix	PPI
Celebrex	Cox-2 Inhibitor
Mobic	Cox-2 Inhibitor
Accolate	Asthma/Allergic Rhinitis
Ranexa	Anti-anginal
Singulair	Asthma/Allergic Rhinitis