

2010 CLEAR CARE PART D PRIOR AUTHORIZATION CRITERIA

DRUGS WITH PRIOR AUTHORIZATION FOR PURPOSE OF VERIFYING B VS D COVERAGE

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.

- ANZEMET
- ATTENUVAX
- AVASTIN
- AZASAN
- AZATHIOPRINE
- AZATHIOPRINE SODIUM
- CELLCEPT
- CYCLOSPORINE
- CYCLOSPORINE MODIFIED
- EMEND
- ENGERIX-B
- GENGRAF
- GRANISETRON HCL
- GRANISOL
- HAVRIX
- IMOVAX RABIES VACCINE
- IMURAN
- KYTRIL
- LUPRON DEPOT
- LUPRON DEPOT PED
- MUSTARGEN
- MYCOPHENOLATE MOFETIL
- MYFORTIC
- NEORAL
- ONDANSETRON HCL
- ONDANSETRON ODT
- ORTHOCLONE OKT3
- PROGRAF
- RABAVERT
- RAPAMUNE
- RECOMBIVAX HB
- SANDIMMUNE
- SIMULECT
- TACROLIMUS ANHYDROUS
- TETANUS TOXOID ADSORBED
- TRELSTAR DEPOT
- TRELSTAR LA
- VAQTA
- VIVAGLOBIN
- ZENAPAX
- ZOFRAN
- ZOFRAN ODT