

<b>Medication</b>	<b>FDA Indications</b> <b>Note:</b> Although every effort is made to keep this FDA indication list up to date, please consult the web link in the far right column for the most accurate information.	<b>MSFC Specifications</b>	<b>Manufacturer's Prescribing Info</b>  (Hold CTRL and click on link to open)
<b>Abilify</b> (aripiprazole)	<u>Indicated for:</u> <ol style="list-style-type: none"> <li>1. treatment of schizophrenia in adults and adolescents (Age 13-17).</li> <li>2. acute treatment of manic or mixed episodes associated with bipolar I disorder as monotherapy and as an adjunct to lithium or valproate in adults and in pediatric patients/adolescents (Ages 10-17).</li> <li>3. maintenance treatment of bipolar I disorder, both as monotherapy and as an adjunct to lithium or valproate in adults.</li> <li>4. adjunctive treatment of major depressive disorder (MDD) in adults who had an inadequate response to antidepressant therapy during the current episode .</li> <li>5. treatment of irritability associated with autistic disorder in pediatric patients (Ages 6-17).</li> <li>6. as injection for the acute treatment of agitation associated with schizophrenia or bipolar I disorder in adults with schizophrenia or manic/mixed episodes of bipolar I disorder .</li> </ol>	Rx by or in consultation with Psychiatrist, Child/Adolescent Psychiatrist or a Developmental Pediatrician	<a href="#">ABILIFY PI</a>
<b>Accutane</b> (isotretinoin)	See <b>Isotretinoin</b>		
<b>Actemra</b> (tocilizumab)	<u>Indicated for:</u> <ol style="list-style-type: none"> <li>1. treatment of adult patients with moderately to severely active RA who have had an inadequate response to one or more DMARD(s).</li> <li>2. Polyarticular Juvenile Idiopathic Arthritis (PJIA) patients 2 years of age and older with active polyarticular juvenile idiopathic arthritis.</li> <li>3. Systemic Juvenile Idiopathic Arthritis (SJIA) patients 2 years of age and older with active systemic juvenile idiopathic arthritis.</li> </ol>	Rx by Rheumatologist	<a href="#">ACTREMA PI</a>
<b>Adcirca</b> (tadalafil)	Indicated to treat pulmonary arterial hypertension (PAH) (WHO Group 1) to improve exercise ability [studies establishing effectiveness included predominately patients with NYHA Functional Class II–III symptoms and etiologies of idiopathic or heritable PAH (61%) or PAH associated with connective tissue diseases (23%)].		<a href="#">ADCIRCA PI</a>
<b>Adempas</b> (riociguat)	<u>Indicated for:</u> <ol style="list-style-type: none"> <li>1. Persistent/recurrent Chronic Thromboembolic Pulmonary Hypertension (CTEPH) (WHO</li> </ol>	Rx by Pulmonologist or Cardiologist	<a href="#">ADEMPAS PI</a>

	<p>Group 4) after surgical treatment or inoperable CTEPH to improve exercise capacity and WHO functional class.</p> <p>2. Pulmonary Arterial Hypertension (PAH) (WHO Group 1) to improve exercise capacity, improve WHO functional class and to delay clinical worsening.</p>		
<b>Amitiza</b> (lubiprostone)	<p><u>Indicated for:</u></p> <ol style="list-style-type: none"> <li>1. treatment of chronic idiopathic constipation in adults.</li> <li>2. treatment of opioid-induced constipation in adults with chronic, non-cancer pain.</li> <li>3. treatment of irritable bowel syndrome in women <math>\geq 18</math> years old.</li> </ol>		<a href="#">AMITIZA PI</a>
<b>Arava</b> (leflunomide)	Indicated for the treatment of active rheumatoid arthritis in adults.	Rx by Rheumatologist	<a href="#">ARAVA PI</a>
<b>Avinza</b> (morphine sulfate) extended-release capsules	Indicated for the management of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time.	<ol style="list-style-type: none"> <li>1. Cancer patients (under Oncology care) will automatically receive authorization.</li> <li>2. Chronic pain patients, i.e., rheumatoid arthritis, sickle cell anemia, RSD, diabetic neuropathy, etc. will be considered with supporting clinical information.</li> <li>3. Rx by a known Pain Management Expert will automatically be authorized.</li> <li>4. Pain contract is recommended. Please call for MSFC for additional monitoring resources and information.</li> </ol>	<a href="#">AVINZA PI</a>

<b>Banzel</b> (rufinamide)	Indicated as adjunctive treatment of seizures associated with Lennox-Gastaut syndrome in adults and children four years of age and older.	Rx by Neurologist	<a href="#">BANZEL PI</a>
<b>Benlysta</b> (belimumab)	Indicated for the treatment of adult patients with active, autoantibody-positive, SLE who are receiving standard therapy.	Rx by Rheumatologist	<a href="#">BENLYSTA PI</a>
<b>Beyaz</b> (drospirenone/ethinyl estradiol/ levomefolate calcium tablets and levomefolate calcium tablets)	<u>Indicated for:</u> <ol style="list-style-type: none"> <li>1. prevention of pregnancy.</li> <li>2. treatment of symptoms of premenstrual dysphoric disorder (PMDD) for women who choose to use an oral contraceptive for contraception.</li> <li>3. to treat moderate acne for women at least 14 years old only if the patient desires an oral contraceptive for birth control.</li> <li>4. to raise folate levels in women who choose to use an oral contraceptive for contraception.</li> </ol>	<ol style="list-style-type: none"> <li>1. ANY OCP on prior authorization requires documentation demonstrating a compelling reason why formulary OCPs cannot be used [ex: intolerance, prior side effects, failures, etc. documented after a 3 month trial of formulary OCP(s)]</li> <li>2. Will not be covered as first line for treatment of acne, folate deficiency or for PMDD.</li> </ol>	<a href="#">BEYAZ PI</a>
<b>Bosulif</b> (bosutinib)	Indicated for the treatment of adult patients with chronic, accelerated, or blast phase Ph+ chronic myelogenous leukemia (CML) with resistance or intolerance to prior therapy.		<a href="#">BOSULIF PI</a>
<b>Botox</b> (onabotulinumtoxin A)	<u>Indicated for:</u> <ol style="list-style-type: none"> <li>1. treatment of overactive bladder (OAB) with symptoms of urge urinary incontinence, urgency, and frequency, in adults who have an inadequate response to or are intolerant of an anticholinergic medication.</li> <li>2. treatment of urinary incontinence due to detrusor overactivity associated with a neurologic condition [e.g., spinal cord injury (SCI), multiple sclerosis (MS)] in adults who have an inadequate response to or are intolerant of an anticholinergic medication.</li> <li>3. prophylaxis of headaches in adult patients with chronic migraine (<math>\geq 15</math> days per month with headache lasting 4 hours a day or longer).</li> <li>4. treatment of upper limb spasticity in adult patients.</li> <li>5. treatment of cervical dystonia in adult patients, to reduce the severity of abnormal head</li> </ol>	<ol style="list-style-type: none"> <li>1. Rx by Neurologist, Urologist, Ophthalmologist</li> <li>2. Botox will <b>NOT</b> be approved for cosmetic purposes.</li> </ol>	<a href="#">BOTOX PI</a>

	<p>position and neck pain.</p> <ol style="list-style-type: none"> <li>6. treatment of severe axillary hyperhidrosis that is inadequately managed by topical agents in adult patients.</li> <li>7. treatment of blepharospasm associated with dystonia in patients <math>\geq 12</math> years of age.</li> <li>8. treatment of strabismus in patients <math>\geq 12</math> years of age.</li> </ol>		
<b>Campral</b> (acamprosate calcium)	Indicated for the maintenance of abstinence from alcohol in patients with alcohol dependence who are abstinent at treatment initiation.	<ol style="list-style-type: none"> <li>1. Rx by Substance Abuse Specialist.</li> <li>2. Pt must be in substance abuse counseling while on this medication.</li> </ol>	<a href="#">CAMPRAL PI</a>
<b>Chantix</b> (varenicline)	Indicated for use as an aid to smoking cessation treatment.	<ol style="list-style-type: none"> <li>1. Documentation of failure/intolerance with at least 2 OTC nicotine replacement therapies over a 3 month period is required.</li> </ol> <p>Patient must be enrolled in a smoking cessation class (telephonic, online or live).</p>	<a href="#">CHANTIX PI</a>
<b>Cometriq</b> (cabozantinib)	Indicated for treatment of progressive, metastatic medullary thyroid cancer.	Rx by Oncologist	<a href="#">COMETRIQ PI</a>
<b>Copegus</b> (ribavirin)	See <b>Ribavirin</b>		
<b>Cymbalta</b> (duloxetine)	<p>Indicated for:</p> <ol style="list-style-type: none"> <li>1. major depressive disorder (MDD).</li> <li>2. diabetic neuropathic pain.</li> <li>3. generalized anxiety disorder (GAD).</li> <li>4. Fibromyalgia.</li> <li>5. chronic musculoskeletal pain.</li> </ol>	<p>For MDD or GAD:</p> <ol style="list-style-type: none"> <li>1. <math>\geq 18</math> years of age</li> <li>2. failed or intolerant to 2 generic SSRIs</li> </ol> <p>For diabetic neuropathic pain or fibromyalgia:</p> <ol style="list-style-type: none"> <li>1. be <math>\geq 18</math> years of age</li> <li>2. failed or intolerant to gabapentin (Neurontin)</li> </ol>	<a href="#">CYMBALTA PI</a>

		<p>For chronic musculoskeletal pain:</p> <ol style="list-style-type: none"> <li>1. ≥18 years of age</li> <li>2. failed or intolerant to at least one formulary muscle relaxant</li> <li>3. failed or intolerant to at least one NSAID</li> </ol>	
<b>DDAVP</b> (desmopressin)	See <b>Desmopressin Nasal Spray Products</b>		
<b>DESMOPRESSIN NASAL SPRAY PRODUCTS:</b>  <u>DDAVP spray-</u> 0.01%  <u>Stimate spray-</u> 1.5 mg/mL	<p><b>DDAVP</b> is indicated for:</p> <ol style="list-style-type: none"> <li>1. treatment of central Diabetes Insipidus.</li> <li>2. treatment of transient polyuria and polydipsia post head trauma or neuro-surgery.</li> </ol> <p><b>Stimate</b> is indicated for:</p> <ol style="list-style-type: none"> <li>1. hemophilia A with Factor VIII coagulant activity levels greater than 5% - will stop bleeding in patients with hemophilia A with episodes of spontaneous or trauma-induced injuries such as hemarthroses, intramuscular hematomas or mucosal bleeding.</li> <li>2. mild to moderate classic von Willebrand's disease (Type I) with Factor VIII levels greater than 5% - will stop bleeding in patients with episodes of spontaneous or trauma-induced injuries such as hemarthroses, intramuscular hematomas, mucosal bleeding or menorrhagia.</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>STIMATE:</b> Hemophilia A with factor VIII coagulant activity greater than 5%: <ul style="list-style-type: none"> <li>➤ *peri-operatively to prevent bleeding</li> <li>➤ to treat spontaneous or trauma induced bleeding</li> </ul> <p>***Note- Patients with factor VIII levels equal to or less than 5% or patients who have factor VIII antibodies are not candidates for the drug. It is contraindicated in patients under 3 months old. It is NOT indicated for Hemophilia B.</p> </li> <li>2. <b>STIMATE:</b> Patients with von Willebrand's</li> </ol>	<a href="#">DDAVP FDA PI</a>  <a href="#">STIMATE PI</a>

		<p>Disease (type I) with factor VIII coagulant activity greater than 5%:</p> <ul style="list-style-type: none"> <li>➤ used peri-operatively to prevent bleeding.</li> <li>➤ to treat spontaneous or trauma induced bleeding.</li> </ul> <p>***Note- The drug is NOT indicated for treatment of severe classic von Willebrand's Disease (type I) or when there is evidence of an abnormal molecular form of Factor VIII antigen</p>	
<b>Dificid</b> (fidaxomicin)	Indicated for the treatment of <i>Clostridium difficile</i> -associated diarrhea in adults ( $\geq 18$ years of age).	Pt must have documented failures with both metronidazole and vancomycin, or contraindication(s) to the use of these agents.	<a href="#">DIFICID PI</a>
<b>Duragesic</b> (fentanyl transdermal system)	Indicated for the management of persistent, moderate to severe chronic pain in opioid-tolerant patients 2 years of age and older when a continuous, around-the-clock opioid analgesic is needed for an extended period of time.	<ol style="list-style-type: none"> <li>1. Cancer patients (under Oncology care) will automatically receive authorization.</li> <li>2. Chronic pain patients, i.e., rheumatoid arthritis, sickle cell anemia, RSD, diabetic neuropathy, etc. will be</li> </ol>	<a href="#">DURAGESIC PI</a>

		considered with supporting clinical information. 3. Rx by a known Pain Management Expert will automatically be authorized.	
<b>Eligard</b> (leuprolide SQ)	see <b>Leuprolide</b>		
<b>Enbrel</b> (etanercept)	Indicated for: 1. rheumatoid arthritis. 2. polyarticular juvenile idiopathic arthritis in patients $\geq 2$ years of age. 3. psoriatic arthritis. 4. ankylosing spondylitis. 5. plaque psoriasis.		<a href="#">ENBREL PI</a>
<b>Erwinaze</b> (asparaginase <i>Erwinia chrysanthemi</i> )	Indicated as a component of a multi-agent chemotherapeutic regimen for the treatment of patients with ALL who have developed hypersensitivity to <i>E. coli</i> -derived asparaginase.	Rx by Oncologist	<a href="#">ERWINAZE PI</a>
<b>Fanapt</b> (iloperidone)	Indicated for the treatment of schizophrenia in adults.	1. $\geq 18$ years of age 2. failed or intolerant to at least 2 formulary atypical antipsychotic agents such as Zyprexa, Seroquel, Risperdal, Clozaril or Geodon 3. Rx by Psychiatrist	<a href="#">FANAPT</a>
<b>Firazyr</b> (icatibant)	Indicated for the treatment of acute attacks of hereditary angioedema in adults $\geq 18$ years of age (self-administered by the patient).	Rx by Allergist or ENT	<a href="#">FIRAZYR PI</a>
<b>Flolan</b> (epoprostenol sodium)	Indicated for the treatment of pulmonary arterial hypertension (WHO Group I) to improve exercise capacity [studies establishing effectiveness included predominantly patients with NYHA Functional Class III-IV symptoms and etiologies of idiopathic or heritable PAH or PAH associated with connective tissue diseases].	Rx by Cardiologist or Pulmonologist	<a href="#">FLOLAN PI</a>
<b>Fosrenal</b> (lanthanum)	Indicated for the reduction of serum phosphorus levels in patients with end-stage renal disease (ESRD).	Rx by Nephrologist	<a href="#">FOSRENAL PI</a>

carbonate)			
<b>Fulyzac</b> (crofelemer delayed release [DR])	Indicated for the symptomatic relief of non-infectious diarrhea in adult HIV/AIDS, currently on anti-retroviral therapy.	Rx by ID, GI or HIV Specialist	<a href="#">FULYZAC PI</a>
<b>Fuzeon</b> (enfuvirtide)	Indicated for use in combination with other antiretroviral agents for the treatment of HIV-1 infection in treatment-experienced patients with evidence of HIV-1 replication despite ongoing antiretroviral therapy.	Rx by ID	<a href="#">FUZEON PI</a>
<b>GammaGard S/D</b> [Immune Globulin Intravenous (Human)]	Indicated for: <ol style="list-style-type: none"> <li>1. treatment of Primary Immunodeficiency (PI) in adults and pediatric patients ≥ 2 years of age.</li> <li>2. prevention of bacterial infections in hypogammaglobulinemia and/or recurrent bacterial infections associated with B-cell Chronic Lymphocytic Leukemia.</li> <li>3. prevention and/or control of bleeding in adult Chronic Idiopathic Thrombocytopenic Purpura (ITP) patients.</li> <li>4. prevention of coronary artery aneurysms associated with Kawasaki syndrome in pediatric patients.</li> </ol>	Rx by ID or Hematologist/Oncologist	<a href="#">GAMMAGARD S/D PI</a>
<b>Generess FE</b> (norethindrone and ethinyl estradiol and ferrous fumarate)	See <b>Oral Contraceptive</b>		<a href="#">GENERESS FE PI</a>
<b>Gilenya</b> (fingolimod)	Indicated for the treatment of relapsing multiple sclerosis.	Rx by Neurologist	<a href="#">GILENYA PI</a>
<b>Grastek</b> (Timothy Grass Pollen Allergen Extract)	Indicated as immunotherapy for the treatment of grass pollen-induced allergic rhinitis with or without conjunctivitis confirmed by positive skin test or <i>in vitro</i> testing for pollen-specific IgE antibodies for Timothy grass or cross-reactive grass pollens. GRASTEK is approved for use in persons 5 through 65 years of age.		<a href="#">GRASTEK PI</a>
<b>Growth Hormone</b>	See <b>Norditropin</b> ; See <b>Serostim</b>		
<b>Harvoni</b> (ledipasvir and sofosbuvir)  <b>SEE SPECIAL NOTE</b>	Indicated for the treatment of chronic hepatitis C genotype 1 infection in adults.	Rx by ID or GI  <b>Please submit:</b> A COMPLETED PRIOR AUTHORIZATION FORM (see link below) via FAX to	<a href="#">HARVONI PI</a>



<p><b>REGARDING WEEK 4 and 12 VIRAL LOAD TESTING *****→</b></p>	<p style="text-align: center;"><b>MSFC <u>REQUIRES</u> viral load levels at 4 weeks and 12 weeks on therapy.</b></p> <p>For more information on the <b>Department of Health Care Finance for the District of Columbia Criteria for Hepatitis C treatment</b> , click the link below: <a href="http://www.medstarfamilychoice.com/documents/ProviderReference/DHCF%20Criteria.pdf">http://www.medstarfamilychoice.com/documents/ProviderReference/DHCF%20Criteria.pdf</a></p>	<p>202-243-5496</p> <p><a href="#">PRIOR AUTHORIZATION form and RX for Harvoni</a></p>	
<p><b>Herceptin (trastuzumab)</b></p>	<p><u>Indicated for:</u></p> <ol style="list-style-type: none"> <li>1. treatment of HER2 overexpressing breast cancer.</li> <li>2. treatment of HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma.</li> </ol>	<p>Rx by Oncologist</p>	<p><a href="#">HERCEPTIN PI</a></p>
<p><b>Humira (adalimumab)</b></p>	<p><u>Indicated for:</u></p> <ol style="list-style-type: none"> <li>1. treatment of moderate to severe active rheumatoid arthritis in adults.</li> <li>2. treatment of moderate to severe active juvenile idiopathic arthritis in pediatric patients ≥ 4 years old.</li> <li>3. treatment of active psoriatic arthritis in adults.</li> <li>4. treatment of active ankylosing spondylitis in adults.</li> <li>5. for treatment of moderate to severe active Crohn’s disease in adults who have had an inadequate response to conventional therapy [including those that have lost response or intolerant to Remicade (infliximab)].</li> <li>6. reduction of signs and symptoms and inducing and maintaining clinical remission in patients 6 years of age and older with moderately to severely active Crohn’s disease who have had an inadequate response to corticosteroids or immunomodulators such as azathioprine, 6-mercaptopurine, or methotrexate.</li> <li>7. treatment of moderate to severe active ulcerative colitis in adults with inadequate response to immunosuppressants (steroids, azathioprine, 6-MP) [effectiveness not established in pts who have lost response to or were intolerant to TNF blockers].</li> <li>8. treatment of adults with moderate to severe chronic plaque psoriasis who are not</li> </ol>		<p><a href="#">HUMIRA PI</a></p>

	candidates for systemic therapy or phototherapy and when other systemic therapies are medically less appropriate.		
<b>Hycamtin caps</b> (topotecan)	Indicated for treatment of patients with relapsed small cell lung cancer.	Rx by Oncologist	<a href="#">HYCAMTIN CAPSULES PI</a>
<b>Iclusig</b> (ponatinib)	<u>Indicated for:</u> 1. treatment of adult patients with T315I-positive chronic myeloid leukemia (chronic phase, accelerated phase, or blast phase) or T315I positive Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ ALL). 2. treatment of adult patients with chronic phase, accelerated phase, or blast phase chronic myeloid leukemia or Ph+ ALL for whom no other tyrosine kinase inhibitor (TKI) therapy is indicated.	Rx by Oncologist	<a href="#">INCLUSIG PI</a>
<b>Imbruvica</b> (ibrutinib)	<u>Indicated for:</u> 1. treatment of patients with mantle cell lymphoma (MCL)* who have received at least one prior therapy. *Accelerated approval was granted for this indication based on overall response rate. Improvements in survival or disease-related symptoms have not been established. Continued approval for this indication may be contingent upon verification of clinical benefit in confirmatory trials. 2. treatment of patients with chronic lymphocytic leukemia (CLL) who have received at least one prior therapy. 3. treatment of patients with chronic lymphocytic leukemia with 17p deletion.	Rx by Oncologist	<a href="#">IMBRUVICA PI</a>
<b>Incivek</b> (telaprevir)	Indicated <u>in combination with peg-interferon alfa and ribavirin</u> for the treatment of genotype 1 Chronic Hepatitis C in adult patients with compensated liver disease, including cirrhosis, who are treatment-naïve or who have previously been treated with interferon-based treatment, including prior null responders, partial responders, and relapsers.		<a href="#">INCIVEK PI</a>
<b>Insulin Pens</b>	Age 0-18: Insulin pens will be provided for members ages 0-18 years of age. Age 19 and older: Lantus and Levemir pens do NOT require prior authorization and are available to all members. <b>All other insulin pens require prior authorization.</b>		
<b>INTERFERON PRODUCTS:</b>  <b>Intron A</b> (interferon alfa-2b) <b>Infergen</b> (interferon alfacon-1)	<u>Indicated for:</u> 1. hairy cell leukemia, ≥18 years old (Intron A). 2. Kaposi's sarcoma, ≥18 years old (AIDS-related) (Intron A). 3. condylomata acuminata, ≥18 years old (Intron A). 4. chronic hepatitis B (Intron A (in patients 1 year of age and older), Pegasys). 5. chronic hepatitis C (Intron A, PEG-Intron, Pegasys, Infergen). 6. adjuvant to surgical treatment for malignant melanoma, ≥18 years old (Intron A only).		<a href="#">INTRON A PI</a>  <a href="#">INFERGEN FDA PI</a>  <a href="#">PEG-INTRON PI</a>

<p><b>PEG-Intron</b> (peginterferon alfa-2a)</p> <p><b>Pegasys</b> (peginterferon alfa 2a)</p>	<p>7. follicular (non-Hodgkins) lymphoma, ≥18 years old (Intron A only).</p> <p>8. Philadelphia chromosome positive chronic myelogenous leukemia (CML) within one year of diagnosis, ≥18 years old (Intron A only).</p>		<p><a href="#">PEGASYS PI</a></p>
<p><b>Invega</b> (paliperidone)</p> <p><b>Invega Sustenna</b> (paliperidone palmitate)</p>	<p><b>INVEGA</b> <u>Indicated for:</u></p> <ol style="list-style-type: none"> <li>1. treatment of schizophrenia in adults and adolescents (age 12-17).</li> <li>2. treatment of schizoaffective disorder as monotherapy and as an adjunct to mood stabilizers and/or antidepressants.</li> </ol> <p><b>INVEGA SUSTENNA</b></p> <ol style="list-style-type: none"> <li>1. treatment of schizophrenia in adults (NOT approved for pediatric pts).</li> </ol>	<ol style="list-style-type: none"> <li>1. ≥12 years of age <b>(INVEGA)</b></li> <li>2. ≥18 years of age <b>(INVEGA SUSTENNA)</b></li> <li>3. failed or intolerant to at least 2 formulary atypical antipsychotic agents such as olanzapine, quetiapine, risperidone, clozapine or ziprasidone</li> <li>4. Rx by Psychiatrist, Child/Adolescent Psychiatrist or a Developmental Pediatrician, when applicable</li> </ol>	<p><a href="#">INVEGA PI</a></p> <p><a href="#">INVEGA SUSTENNA PI</a></p>
<p><b>Isotretinoin</b></p>	<p>Indicated for treatment of severe recalcitrant nodular acne.</p>	<p>Rx by Dermatologist</p>	<p><a href="#">ISOTRETINOIN FDA PI</a></p>
<p><b>Jakafi</b> (ruxolitinib)</p>	<p><u>Indicated for:</u></p> <ol style="list-style-type: none"> <li>1. treatment of patients with intermediate or high-risk myelofibrosis, including primary myelofibrosis, post-polycythemia vera myelofibrosis, and post-essential thrombocythemia myelofibrosis.</li> <li>2. treatment of patients with polycythemia vera who have had an inadequate response to or are intolerant of hydroxyurea.</li> </ol>	<p>Rx by Hematologist/Oncologist</p>	<p><a href="#">JAKAFI PI</a></p>
<p><b>Juxtapid</b> (lomitapide)</p>	<p>Indicated as an adjunct to a low-fat diet and other lipid-lowering treatments, including LDL apheresis where available, to reduce low-density lipoprotein cholesterol (LDL-C), total</p>	<p>Rx by Cardiology or Endocrinologist</p>	<p><a href="#">JUXTAPID PI</a></p>

	cholesterol (TC), apolipoprotein B (apo B), and non-high-density lipoprotein cholesterol (non-HDL-C) in patients with homozygous familial hypercholesterolemia. <b>***ONLY available through certified pharmacies and only doctors enrolled and certified in manufacturer's program may prescribe this medication</b>		
<b>Kalydeco</b> (ivacaftor)	Indicated for the treatment of cystic fibrosis (CF) in patients age 6 years and older who have a <i>G551D</i> mutation in the <i>CFTR</i> gene. If the patient's genotype is unknown, an FDA-cleared CF mutation test should be used to detect the presence of the <i>G551D</i> mutation.	Rx by Pulmonologist	<a href="#">KALYDECO PI</a>
<b>Kineret</b> (anakinra)	<u>Indicated for:</u> 1. treatment of moderate to severe, active rheumatoid arthritis in patients 18 years or older who have failed one or more disease modifying anti-rheumatic drugs (DMARDs). 2. Cryopyrin-Associated Periodic Syndromes (CAPS)- treatment of Neonatal-Onset Multisystem Inflammatory Disease.	Rx by Rheumatologist or Neonatologist	<a href="#">KINEREX PI</a>
<b>Korlym</b> (mifepristone)	Indicated to control hyperglycemia secondary to hypercortisolism in adult patients with endogenous Cushing's syndrome who have type 2 diabetes mellitus or glucose intolerance and have failed surgery or are not candidates for surgery.	1. Rx by Endocrinologist 2. Medical records submitted for review should indicate a history of a failed surgery or the reason why surgery is not a treatment option for the member.	<a href="#">KORLYM PI</a>
<b>Krystexxa</b> (pegloticase)	Indicated for the treatment of chronic gout in adult patients refractory to conventional therapy.	1. Rx by Rheumatologist 2. failure to normalize serum uric acid or inadequately controlled signs and symptoms with xanthine oxidase inhibitors at the max appropriate dose –OR– contraindication to xanthine oxidase inhibitor	<a href="#">KRSTEXXA PI</a>

<b>Letairis</b> (ambrisentan)	Indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group 1) to improve exercise ability and delay clinical worsening [studies establishing effectiveness included predominantly patients with WHO Functional Class II-III symptoms and etiologies of idiopathic or heritable PAH (64%) or PAH associated with connective tissue diseases (32%)].	Rx by Cardiologist or Pulmonologist	<a href="#">LETAIRIS PI</a>
<b>LEUPROLIDE PRODUCTS:</b>  <u>Eligard</u> (leuprolide SQ)  <u>Lupron</u> (leuprolide acetate)  <u>Lupron Depot</u> (leuprolide acetate for depot suspension)  <u>Lupron Depot-PED</u> (leuprolide acetate for depot suspension)	<u>Indicated for:</u> 1. palliative treatment for advanced prostate cancer ( <b>Eligard</b> ). 2. treatment of pediatric patients with central precocious puberty ( <b>Lupron Depot- PED</b> ). 3. treatment of endometriosis ( <b>Lupron and Lupron Depot</b> ). 4. uterine leiomyomata (fibroids) along with concurrent iron therapy in preparation for surgery [duration of treatment should be for 6 months or less ( <b>Lupron and Lupron Depot</b> )].		<a href="#">ELIGARD PI</a>  <a href="#">LUPRON 3.75 mg PI</a>  <a href="#">LUPRON DEPOT 11.25 MG PI</a>  <a href="#">LUPRON DEPOT-PED PI</a>
<b>LO Loestrin Fe</b> (norethindrone, ethinyl estradiol and ferrous fumarate)	See <b>Oral Contraceptive</b>		<a href="#">LO LOESTRIN FE PI</a>
<b>Lovaza</b> (omega-3-acid ethyl esters) (historical Omacor)	Indicated as an adjunct to diet to reduce triglyceride (TG) levels in adult patients with severe ( $\geq 500$ mg/dL) hypertriglyceridemia.		<a href="#">LOVAZA PI</a>
<b>Lupron and Lupron Depot</b>	See <b>Leuprolide</b>		
<b>Lyrica</b> (pregabalin)	<u>Indicated for:</u> 1. neuropathic pain associated with diabetic peripheral neuropathy.		<a href="#">LYRICA PI</a>

	<ol style="list-style-type: none"> <li>2. postherpetic neuralgia.</li> <li>3. adult patients with partial onset seizures (as adjunctive therapy).</li> <li>4. fibromyalgia.</li> <li>5. neuropathic pain associated with spinal cord injury.</li> </ol>		
<b>Mekinist</b> (trametinib)	Indicated as a single agent and in combination with dabrafenib for the treatment of patients with unresectable or metastatic melanoma with BRAF V600E or V600K mutations as detected by an FDA-approved test.		<a href="#">MEKINIST PI</a>
<b>Minastrin 24 Fe</b> (norethindrone, ethinyl estradiol and ferrous fumarate)	See <b>Oral Contraceptive</b>  ***CHEWABLE		<a href="#">MINASTRIN 24 FE PI (LIMITED INFO)</a>
<b>MS Contin</b> (morphine sulfate controlled release)	Indicated for the management of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time.	<ol style="list-style-type: none"> <li>1. Cancer patients (under Oncology care) will automatically receive authorization.</li> <li>2. Chronic pain patients, i.e., rheumatoid arthritis, sickle cell anemia, RSD, diabetic neuropathy, etc. will be considered with supporting clinical information.</li> <li>3. Rx by a known Pain Management Expert will automatically be authorized.</li> </ol>	<a href="#">MS CONTIN PI</a>
<b>Namenda</b> (memantine)	Indicated for treatment of moderate to severe Alzheimer’s Disease.	<ol style="list-style-type: none"> <li>1. MMSE ≤ 24</li> <li>2. approval for 6 months at a time only</li> </ol>	<a href="#">NAMENDA PI</a>
<b>Natazia</b> (estradiol valerate and estradiol valerate/dienogest)	Indicated for: <ol style="list-style-type: none"> <li>1. use by women to prevent pregnancy.</li> <li>2. treatment of heavy menstrual bleeding in women without organic pathology who choose to use an oral contraceptive as their method of contraception.</li> </ol>	ANY OCP on prior authorization requires documentation demonstrating a	<a href="#">NATAZIA PI</a>

		compelling reason why formulary OCPs cannot be used [ex: intolerance, prior side effects, failures, etc. documented after a 3 month trial of formulary OCP(s)]	
<b>Nicotrol Inhaler</b> (nicotine inhalation system)	Indicated as an aid to smoking cessation for the relief of nicotine withdrawal symptoms.	<ol style="list-style-type: none"> <li>2. Documentation of failure/intolerance with at least 2 OTC nicotine replacement therapies over a 3 month period is required.</li> <li>3. Patient must be enrolled in a smoking cessation class (telephonic, online or live).</li> </ol>	<a href="#">NICOTROL INHALER PI</a>
<b>Nicotrol NS</b> (nicotine nasal spray)	Indicated as an aid to smoking cessation for the relief of nicotine withdrawal symptoms.	<ol style="list-style-type: none"> <li>1. Documentation of failure/intolerance with at least 2 OTC nicotine replacement therapies over a 3 month period is required.</li> <li>2. Patient must be enrolled in a smoking cessation class (telephonic, online or live).</li> </ol>	<a href="#">NICOTROL NS PI</a>
<b>Norditropin</b> (somatropin (fdNA origin) injection)	<u>Indicated for:</u> <ol style="list-style-type: none"> <li>1. treatment of children with growth failure due to growth hormone deficiency (GHD), short stature associated with Noonan syndrome, short stature associated with Turner syndrome and short stature born SGA with no catch-up growth by age 2 to 4 years.</li> <li>2. treatment of adults with either adult onset or childhood onset GHD.</li> </ol>	Rx by Endocrinologist	<a href="#">NORDITROPIN PI</a>

<b>Noxafil</b> (posaconazole)	<u>Indicated for:</u> 1. prophylaxis of invasive <i>Aspergillus</i> and <i>Candida</i> , ≥13 years of age, who are at high risk of developing these infections due to being severely immunocompromised (such as from: stem cell transplant with GVHD or prolonged neutropenia from chemotherapy).. 2. oropharyngeal candidiasis (OPC), including infections refractory to itraconazole and/or fluconazole.		<a href="#">NOXAFIL PI</a>
<b>Nuvigil</b> (armodafinil)	Indicated to improve wakefulness in adult patients with excessive sleepiness associated with treated obstructive sleep apnea, narcolepsy or shift work disorder.	Rx by Sleep Med Specialist or by Neurologist	<a href="#">NUVIGIL PI</a>
<b>Olysio</b> (simeprevir)	Indicated for the treatment of chronic hepatitis C infection as a component of a combination antiviral treatment regimen (in combination with peginterferon alfa and ribavirin) in HCV <b>genotype 1</b> infected subjects with compensated liver disease (including cirrhosis).  For more information on the <b>Department of Health Care Finance for the District of Columbia Criteria for Hepatitis C treatment</b> , click the link below: <a href="http://www.medstarfamilychoice.com/documents/ProviderReference/DHCF%20Criteria.pdf">http://www.medstarfamilychoice.com/documents/ProviderReference/DHCF%20Criteria.pdf</a>	Rx by GI or ID  <b>Please submit:</b> A COMPLETED PRIOR AUTHORIZATION FORM (see link below) via FAX to 202-243-5496  <a href="#">PRIOR AUTHORIZATION form &amp; RX for Olysio</a>	<a href="#">OLYSIO PI</a>
<b>Onfi</b> (clobazam)	Indicated for adjunctive treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in patients 2 years of age or older.	Rx by Neurologist	<a href="#">ONFI PI</a>
<b>Opsumit</b> (macitentan)	Indicated for the treatment of pulmonary arterial hypertension (PAH, WHO Group I) to delay disease progression. Disease progression included: death, initiation of IV or subcutaneous prostanoids or clinical worsening of PAH (decreased 6-minute walk distance, worsened PAH symptoms and need for additional PAH treatment). OPSUMIT also reduced hospitalization for PAH.	Rx by Pulmonary or Cardiology	<a href="#">OPSUMIT PI</a>
<b>Oral Contraceptives</b>	While some oral contraceptives have additional indications (ex: Beyaz for acne, PMDD, folate replacement; Estrostep Fe for acne; Safyral for folate replacement; Natazia for heavy periods), most are simply indicated for the prevention of pregnancy.	ANY OCP on prior authorization requires documentation demonstrating a compelling reason why formulary OCPs cannot be used [ex: intolerance, prior side effects, failures, etc.	



		documented after a 3 month trial of formulary OCPs]	
<b>Oralair</b> (sublingual tablet of grass pollen extract)	Indicated for the treatment of symptoms of moderate to severe seasonal grass pollen allergic rhinitis with or without conjunctivitis in patients 5 to 50 years of age, confirmed by clinically relevant symptoms, a positive cutaneous test and a positive titre of the specific IgE to <i>Poaceae</i> grass pollen, who have suffered from allergic rhinitis with or without conjunctivitis for at least two pollen seasons and have not adequately responded to, or tolerated, conventional pharmacotherapy.		<a href="#">ORALAIR PI</a>
<b>Orencia</b> (abatacept)	Indicated for: 1. treatment of adults with moderately to severely active RA [can be monotherapy or concomitant with DMARDs other than TNF antagonists; should not be administered concomitantly with TNF antagonists and not recommended for use concomitantly with Kineret® (anakinra)]. 2. treatment of moderate to severe polyarticular juvenile idiopathic arthritis (JIA) as monotherapy or with methotrexate in patients ≥6 years of age.	Rx by Rheumatologist	<a href="#">ORENCIA PI</a>
<b>Pegasys</b> (peginterferon alfa-2a)	See <b>Interferon Products</b>		
<b>Pegintron</b> (peginterferon alfa-2b)	See <b>Interferon Products</b>		
<b>Potiga</b> (ezogabine)	Indicated for adjunctive treatment of partial-onset seizures in patients aged 18 years and older who have responded inadequately to several alternative treatments and for whom the benefits outweigh the risk of retinal abnormalities and potential decline in visual acuity.	Rx by Neurologist	<a href="#">POTIGA PI</a>
<b>Prolia</b> (denosumab)	Indicated for: 1. treatment of postmenopausal women with osteoporosis at high risk for fracture. 2. treatment to increase bone mass in men with osteoporosis at high risk for fracture. 3. treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer. 4. treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer.		<a href="#">PROLIA PI</a>
<b>Provigil</b> (modafinil)	Indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work disorder.	Rx by Neurologist or Sleep Med Specialist	<a href="#">PROVIGIL PI</a>

<b>Pulmozyme</b> (dornase alfa) Inhalation solution	Indicated in the management of cystic fibrosis patients to improve pulmonary function; in patients with an FVC $\geq$ 40% of predicted, daily administration of Pulmozyme has also been shown to reduce the risk of respiratory tract infections requiring parenteral antibiotics.	Rx by Pulmonologist	<a href="#">PULMOZYME PI</a>
<b>Quartette</b> (levonorgestrel/ethiny l estradiol and ethinyl estradiol)	See <b>Oral Contraceptive</b>		<a href="#">QUARTETTE PI</a>
<b>Ragwitek</b> (Short Ragweed Pollen Allergen Extract)	Indicated as immunotherapy for the treatment of short ragweed pollen-induced allergic rhinitis, with or without conjunctivitis, confirmed by positive skin test or <i>in vitro</i> testing for pollen-specific IgE antibodies for short ragweed pollen. RAGWITEK is approved for use in adults 18 through 65 years of age.		<a href="#">RAGWITEK PI</a>
<b>Rebetol</b> (ribavirin)	See <b>Ribavirin</b>		
<b>Remicaid</b> (infliximab)	<u>Indicated for:</u> 1. Crohn’s Disease- a. to reduce signs and symptoms and inducing and maintaining clinical remission in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy. b. to reduce the number of draining enterocutaneous and rectovaginal fistulas and maintaining fistula closure in adult patients with fistulizing disease. 2. Pediatric Crohn’s Disease- a. to reduce signs and symptoms and inducing and maintaining clinical remission in pediatric patients with moderately to severely active disease who have had an inadequate response to conventional therapy. 3. Ulcerative Colitis- a. to reduce signs and symptoms, inducing and maintaining clinical remission and mucosal healing, and eliminating corticosteroid use in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy. 4. Pediatric Ulcerative Colitis- a. to reduce signs and symptoms and inducing and maintaining clinical remission in pediatric patients with moderately to severely active disease who have had an inadequate response to conventional therapy.		<a href="#">REMICADE PI</a>

	<ol style="list-style-type: none"> <li>5. Rheumatoid Arthritis in combination with methotrexate- <ol style="list-style-type: none"> <li>a. to reduce signs and symptoms, inhibiting the progression of structural damage, and improving physical function in patients with moderately to severely active disease.</li> </ol> </li> <li>6. Ankylosing Spondylitis- <ol style="list-style-type: none"> <li>a. reducing signs and symptoms in patients with active disease.</li> </ol> </li> <li>7. Psoriatic Arthritis- <ol style="list-style-type: none"> <li>a. reducing signs and symptoms of active arthritis, inhibiting the progression of structural damage, and improving physical function.</li> </ol> </li> <li>8. Plaque Psoriasis- <ol style="list-style-type: none"> <li>a. treatment of adult patients with chronic severe (i.e., extensive and /or disabling) plaque psoriasis who are candidates for systemic therapy and when other systemic therapies are medically less appropriate.</li> </ol> </li> </ol>		
<b>Remodulin</b> (treprostinil) continuous subQ infusion	<u>Indicated for:</u> <ol style="list-style-type: none"> <li>1. treatment of pulmonary arterial hypertension (PAH) (WHO Group 1) to diminish symptoms associated with exercise [studies establishing effectiveness included patients with NYHA Functional Class II-IV symptoms and etiologies of idiopathic or heritable PAH (58%), PAH associated with congenital systemic-to-pulmonary shunts (23%), or PAH associated with connective tissue diseases (19%)].</li> <li>2. patients who require transition from Flolan (prostaglandin vasodilator) to reduce the rate of clinical deterioration.</li> </ol>		<a href="#">REMODULIN PI</a>
<b>Revatio</b> (sildenafil)	Indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group I) in adults to improve exercise ability and delay clinical worsening [studies establishing effectiveness were short-term (12 to 16 weeks), and included predominately patients with NYHA Functional Class II-III symptom; etiologies were idiopathic (71%) or associated with connective tissue disease (25%)].		<a href="#">REVATIO PI</a>
<b>Ribavirin</b> (Copegus) (Rebetol)	Indicated in combination with interferon alfa-2b (pegylated and nonpegylated) for the treatment of Chronic Hepatitis C in patients 3 years of age or older with compensated liver disease. <i>***patients with the following characteristics are less likely to benefit from re-treatment after failing a course of therapy: previous nonresponse, previous pegylated interferon treatment, significant bridging fibrosis or cirrhosis and genotype 1 infection.</i>		<a href="#">COPEGUS PI</a>  <a href="#">REBETOL PI</a>

<b>Risperdal Consta</b> (risperidone)	<u>Indicated for:</u> 1. for the treatment of schizophrenia. 2. as monotherapy or as adjunctive therapy to lithium or valproate for the maintenance treatment of Bipolar I Disorder.	1. ≥18 years of age 2. failed or intolerant to at least 2 formulary atypical antipsychotic agents such as olanzapine, quetiapine, clozapine or ziprasidone	<a href="#">RISPERDAL CONSTA PI</a>
<b>Sabril</b> (vigabatrin)	<u>Indicated for:</u> 1. refractory complex partial seizures in patients ≥10 years of age and should be used as adjunctive therapy in patients who have responded inadequately to several alternative treatments. 2. treatment of infantile spasms as monotherapy in infants 1 month to 2 years of age. <b>**** Because of the risk of permanent vision loss, SABRIL is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the SHARE Program</b>	Rx by Neurologist	<a href="#">SABRIL PI</a>
<b>Safyral</b> (drospirenone/ethinyl estradiol/levomefolate calcium tablets and levomefolate calcium tablets)	Folate containing contraceptive pill, indicated for use by women to prevent pregnancy and raise folate levels in women who choose to use an oral contraceptive for contraception.	ANY OCP on prior authorization requires documentation demonstrating a compelling reason why formulary OCPs cannot be used [ex: intolerance, prior side effects, failures, etc. documented after a 3 month trial of formulary OCP(s)]	<a href="#">SAFYRAL PI</a>
<b>Saphris</b> (asenapine) SUBLINGUAL TABS	<u>Indicated for:</u> 1. acute treatment of schizophrenia in adults. 2. acute treatment of manic or mixed episodes associated with bipolar 1 disorder in adults as monotherapy or adjunctive therapy.	1. ≥ 18 years of age 2. failed or intolerant to at least 2 formulary atypical antipsychotic agents such as olanzapine, quetiapine, clozapine or	<a href="#">SAPHRIS PI</a>

		ziprasidone 3. unable to swallow pills	
<b>Sensipar</b> (cinacalcet)	Indicated for: 1. treatment of secondary hyperparathyroidism in patients with CKD on dialysis. 2. treatment of hypercalcemia in patients with parathyroid carcinoma. 3. treatment of severe hypercalcemia in patients with primary hyperparathyroidism who are unable to undergo parathyroidectomy.	Rx by Nephrologist or Endocrinologist	<a href="#">SENSIPAR PI</a>
<b>Seroquel XR</b> (quetiapine fumarate)	Indicated for: 1. for treatment of schizophrenia. 2. for acute treatment of bipolar I disorder, mixed or manic episodes, as monotherapy or as an adjunct to lithium or valproate. 3. for maintenance treatment of bipolar I disorder as an adjunct to lithium or valproate. 4. for treatment of bipolar disorder, depressive episodes. 5. for treatment of major depressive disorder as adjunctive therapy to antidepressants.	1. ≥ 18 years of age 2. failed or intolerant to at least 2 formulary atypical antipsychotic agents such as olanzapine, quetiapine, clozapine or ziprasidone	<a href="#">SEROQUEL XR PI</a>
<b>Serostim</b> (somatropin (rDNA origin))	Indicated for the treatment of HIV patients with wasting or cachexia to increase lean body mass and body weight, and improve physical endurance.	Rx by ID or HIV Specialist	<a href="#">SEROSTIM PI</a>
<b>Sirturo</b> (bedaquiline)	Indicated as part of combination therapy in adults with pulmonary multi-drug resistant TB. [Reserved for use when an effective treatment regimen cannot otherwise be provided; not indicated for the treatment of latent, extra pulmonary or drug-sensitive tuberculosis; should be administered by directly observed therapy].	Rx by ID	<a href="#">SITURO PI</a>
<b>Sovaldi</b> (sofosbuvir)	Indicated for the treatment of chronic hepatitis C infection as a component of a combination antiviral treatment regimen.  *** (efficacy <b>has been</b> established in subjects with HCV genotype 1, 2, 3 or 4 infection, including those with hepatocellular carcinoma meeting Milan criteria (awaiting liver transplantation) and those with HCV/HIV-1 co-infection)  <b>Genotype 1-</b> Sovaldi with peginterferon and ribavirin for 12 weeks <b>Genotype 2-</b> Sovaldi with ribavirin for 12 weeks <b>Genotype 3-</b> Sovaldi with ribavirin for 24 weeks <b>Genotype 4-</b> Sovaldi with ribavirin and peginterferon for 12 weeks	Rx by ID or GI  <b>Please submit:</b> A COMPLETED PRIOR AUTHORIZATION FORM (see link below) via FAX to 202-243-5496  <a href="#">PRIOR AUTHORIZATION form and RX for Sovaldi</a>	<a href="#">SOVALDI PI</a>
<b>SEE SPECIAL NOTE REGARDING</b>			

<p><b>WEEK 4 and 12 VIRAL LOAD TESTING</b> *****→</p>	<p>For patients awaiting liver transplant- Sovaldi and ribavirin for 48 weeks or until transplant.</p> <p style="text-align: center;"><b>MSFC <u>REQUIRES</u> viral load levels at 4 weeks and 12 weeks on therapy.</b></p> <p>For more information on the <b>Department of Health Care Finance for the District of Columbia Criteria for Hepatitis C treatment</b> , click the link below:  <a href="http://www.medstarfamilychoice.com/documents/ProviderReference/DHCF%20Criteria.pdf">http://www.medstarfamilychoice.com/documents/ProviderReference/DHCF%20Criteria.pdf</a></p>		
<p><b>Stelara</b> (ustekinumab)</p>	<p><u>Indicated for:</u></p> <ol style="list-style-type: none"> <li>1. treatment of patients ≥18 years of age with moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy.</li> <li>2. active psoriatic arthritis , alone or in combination with methotrexate.</li> </ol>	<p>Rx by Dermatologist or Rheumatologist</p>	<p><a href="#">STELARA PI</a></p>
<p><b>Stimate</b> nasal spray (desmopressin)</p>	<p>See <b>Desmopressin Products</b></p>		
<p><b>Stivarga</b> (regorafenib)</p>	<p><u>Indicated for:</u></p> <ol style="list-style-type: none"> <li>1. treatment of metastatic colorectal cancer, previously treated with ALL the following therapies: <ol style="list-style-type: none"> <li>a. fluoropyrimidine-based chemotherapy</li> <li>b. oxaliplatin-based chemotherapy</li> <li>c. irinotecan-based chemotherapy</li> <li>d. an anti-vascular endothelial growth factor (VEGF) therapy</li> <li>e. if Kirsten RNA Associated Rat Sarcoma 2 Virus Gene (KRAS) wild type, an anti-epidermal growth factor receptor (EGFR) therapy</li> </ol> </li> <li>2. treatment of locally advanced, unresectable or metastatic gastrointestinal stromal tumor (GIST), previously treated with imatinib mesylate and sunitinib malate.</li> </ol>	<p>Rx by Oncologist</p>	<p><a href="#">STIVARGA PI</a></p>
<p><b>Supprelin LA</b> (histrelin acetate) subcutaneous implant</p>	<p>Indicated for treatment of Central Precocious Puberty in children.</p>	<p>Rx by Pediatric Endocrinologist</p>	<p><a href="#">SUPPRELIN LA PI</a></p>
<p><b>Synagis</b> (palivizumab)</p>	<p>Indicated for prevention of serious lower respiratory tract disease caused by RSV in children at high risk of RSV disease.</p>	<p>Authorization is given in accordance with the latest</p>	<p><a href="#">SYNAGIS PI</a></p>

	<p>MedStar Family Choice uses the newest recommendations of the American Academy of Pediatrics (AAP).</p> <p>Recommendations were last updated in the journal Pediatrics (7/28/2014 issue): <b>Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection</b></p> <p>The internet address for this reference is:  <a href="http://pediatrics.aappublications.org/content/134/2/415.full">http://pediatrics.aappublications.org/content/134/2/415.full</a></p>	recommendation from the American Academy of Pediatrics (see left).	
<b>Synribo</b> (omacetaxine)	Indicated to treat adults with chronic phase (CP) or accelerated phase (AP) CML with resistance and/or intolerance to two or more TKIs.	Rx by Oncologist	<a href="#">SYNRIBO PI</a>
<b>Synvisc</b> <b>Synvisc-ONE</b> (hylan G-F 20)	Indicated for the treatment of pain in osteoarthritis of the knee in patients who have failed to respond adequately to conservative nonpharmacologic therapy and simple analgesics, e.g., acetaminophen.	Must have failed steroid joint injections or have compelling contraindication to the use of steroids.	<a href="#">SYNVISC PI</a> <a href="#">SYNVISC ONE PI</a>
<b>Tafinlar</b> (dabrafenib)	Indicated for the treatment of patients with unresectable or metastatic melanoma with BRAF V600E mutation as detected by an FDA-approved test.		<a href="#">TAFINLAR PI</a>
<b>Tarceva</b> (erlotinib)	<p><u>Indicated for:</u></p> <ol style="list-style-type: none"> <li>1. first-line treatment of metastatic non-small cell lung cancer (NSCLC) tumors with epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations as detected by an FDA-approved test.</li> <li>2. maintenance treatment of locally advanced or metastatic non-small cell lung cancer (NSCLC) where disease has not progressed after four cycles of platinum-based first-line chemotherapy.</li> <li>3. treatment of locally advanced or metastatic NSCLC after failure of at least one prior chemotherapy regimen.</li> <li>4. first-line treatment of locally advanced, unresectable or metastatic pancreatic cancer, in combination with gemcitabine.</li> </ol>	Rx by Oncologist	<a href="#">TARCEVA PI</a>
<b>Tasigna</b> (nilotinib)	<p><u>Indicated for:</u></p> <ol style="list-style-type: none"> <li>1. treatment of newly diagnosed adult patients with Philadelphia chromosome positive chronic myeloid leukemia (Ph+ CML) in chronic phase.</li> </ol>	Rx by Oncologist	<a href="#">TASIGNA PI</a>

	2. treatment of Philadelphia chromosome-positive CML in adult patients in chronic phase (CML-CP) or accelerated phase (CML-AP) in patients resistant or intolerant to prior therapy, including Gleevec (imatinib).		
<b>Tecfidera</b> (dimethyl fumarate)	Indicated for the treatment of patients with relapsing forms of multiple sclerosis.	Rx by Neurologist	<a href="#">TECFIDERA PI</a>
<b>Tykerb</b> (lapatinib)	<u>Indicated for:</u> 1. the treatment of advanced or metastatic breast cancer, in combination with Xeloda (capecitabine), for patients whose tumors overexpress HER2 and who have received prior therapy including an anthracycline, a taxane, and Herceptin (trastuzumab). 2. the treatment of postmenopausal women, in combination with letrozole, for hormone receptor positive metastatic breast cancer that overexpresses the HER2 receptor when hormonal therapy is indicated.	Rx by Oncologist	<a href="#">TYKERB PI</a>
<b>Tyvaso</b> (treprostinil)	Indicated to increase walk distance in patients with World Health Organization (WHO) Group I Pulmonary Arterial Hypertension and New York Heart Association (NYHA) Class III symptoms [studies establishing effectiveness included predominately patients with NYHA Functional Class III symptoms and etiologies of idiopathic or heritable PAH (56%) or PAH associated with connective tissue diseases (33%)].	Rx by Cardiologist or Pulmonologist	<a href="#">TYVASO PI</a>
<b>Ventavis</b> (iloprost)	Indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group 1) to improve a composite endpoint consisting of exercise tolerance, symptoms (NYHA Class), and lack of deterioration [studies establishing effectiveness included predominately patients with NYHA Functional Class III-IV symptoms and etiologies of idiopathic or heritable PAH (65%) or PAH associated with connective tissue diseases (23%)].		<a href="#">VENTAVIS PI</a>
<b>Vimpat</b> (lacosamide)	Tablets and oral solution are indicated for adjunctive therapy for partial-onset seizures in patients ≥17 years old. Injection is indicated for short term replacement when oral administration is not feasible.	Rx by Neurologist	<a href="#">VIIMPAT PI</a>
<b>Xalkori</b> (crizotinib)	Indicated for the treatment of locally advanced or metastatic non-small cell lung cancer that is ALK-positive (anaplastic lymphoma kinase) as detected by an FDA-approved test	Rx by Oncologist	<a href="#">XALKORI PI</a>
<b>Xgeva</b> (denosumab)	<u>Indicated for:</u> 1. prevention of skeletal-related events in patients with bone metastases from solid tumors. (does not include multiple myeloma). 2. treatment of adults and skeletally mature adolescents with giant cell tumor of the bone that is unresectable or where surgical resection is like to result in severe morbidity. 3. treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy	Rx by Oncologist	<a href="#">XGEVA PI</a>



<p><b>Xolair</b> (omalizumab)</p>	<p><u>Indicated for:</u></p> <ol style="list-style-type: none"> <li>adults and adolescents (<math>\geq 12</math> years of age) with moderate to severe persistent asthma who have a positive skin test or <i>in vitro</i> reactivity to a perennial aeroallergen and whose symptoms are inadequately controlled with inhaled corticosteroids.</li> <li>Chronic idiopathic urticaria in adults and adolescents (12 years of age and above) who remain symptomatic despite H1 antihistamine treatment</li> </ol>	<ol style="list-style-type: none"> <li><math>\geq 12</math> years of age and ideally not <math>&gt;150</math> kg</li> <li>moderate to severe persistent ALLERGIC asthma (confirmed by a positive skin test or RAST for <math>\geq 1</math> perennial aeroallergen)</li> <li>IgE level of <math>\geq 30</math> and <math>\leq 700</math> IU/ml obtained <u>prior to</u> initiation of therapy in order to calculate the dosage</li> <li>currently using an inhaled corticosteroid at maximum dose; compliance must be confirmed in the patient's Caremark profile</li> <li>currently using a long-acting inhaled beta<sub>2</sub>-agonist <b>OR</b> a leukotriene modifier; compliance must be confirmed in the patient's Caremark profile</li> <li>Rx by Allergist or Pulmonologist</li> <li>NOT approved for monotherapy</li> <li>NOT approved for treating an asthma</li> </ol>	<p><a href="#">XOLAIR PI</a></p>
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		exacerbation; it is for prophylactic therapy only	
<b>Xyrem</b> (sodium oxybate)	<p><u>Indicated for:</u></p> <ol style="list-style-type: none"> <li>1. treatment of cataplexy in narcolepsy.</li> <li>2. treatment of excessive daytime sleepiness (EDS) in narcolepsy.</li> </ol> <p><i>***Xyrem may only be dispensed to patients enrolled in the Xyrem Success Program</i></p>	<ol style="list-style-type: none"> <li>1. patient &gt; 16 years old</li> <li>2. alternative diagnoses must have been excluded</li> <li>3. for cataplexy, must have failed tricyclic or SSRIs</li> <li>4. for excessive daytime sleepiness, must have failed at least one formulary stimulant treatment (ex: methylphenidate or dextroamphetamine)</li> <li>5. initial approval for maximum of 1-month supply with subsequent renewals for maximum approval period of 3 months at a time (Patients are to be re-evaluated by physician no less frequently than every 3 months)</li> </ol>	<a href="#">XYREM PI</a>
<b>Zelboraf</b> (vemurafenib)	Indicated for the treatment of unresectable or metastatic melanoma with BRAF V600E mutation as detected by an FDA-approved test. (not recommended for use in patients with wild-type BRAF melanoma).	Rx by Oncologist or Dermatologist	<a href="#">ZELBORAF PI</a>
<b>Zemaira</b> (alpha <sub>1</sub> -proteinase inhibitor [human])	Indicated for chronic augmentation and maintenance therapy in patients with A <sub>1</sub> -Proteinase I deficiency and clinical evidence of emphysema.	Rx by Pulmonologist	<a href="#">ZEMAIRA PI</a>

<b>Zoladex</b> (goserelin)	<u>Indicated for:</u> 1. palliative treatment of advanced carcinoma of the prostate. 2. use in combination with flutamide for the management of locally confined stage T2b-T4 (Stage B2-C) carcinoma of the prostate. 3. management of endometriosis including pain relief and reduction of endometriotic lesions for the duration of therapy [women ≥18 years of age for 6 months of treatment]. 4. palliative treatment of advanced breast cancer in pre- and peri-menopausal women. 5. use as an agent to cause endometrial thinning agent prior to endometrial ablation for dysfunctional uterine bleeding.	Rx by Oncologist	<a href="#">ZOLADEX 3.6 mg PI</a>  <a href="#">ZOLADEX 10.8 mg PI</a>
<b>Zontivity</b> (vorapaxar)	Indicated for the reduction of thrombotic cardiovascular events in patients with a history of myocardial infarction (MI) or with peripheral arterial disease (PAD). **** For use with aspirin and/or clopidogrel according to their indications or standard of care. There is limited clinical experience with other antiplatelet drugs or with ZONTIVITY as the only antiplatelet agent.	Rx by Cardiology, Neurology or Vascular Surgery	<a href="#">ZONTIVITY PI</a>
<b>Zydelig</b> (idelalisib)	<u>Indicated for:</u> 1. treatment of patients with relapsed chronic lymphocytic leukemia (CLL), in combination with rituximab, in patients for whom rituximab alone would be considered appropriate therapy due to other co-morbidities. 2. treatment of patients with relapsed follicular B-cell non-Hodgkin lymphoma (FL) in patients who have received at least two prior systemic therapies. 3. treatment of patients with relapsed small lymphocytic lymphoma (SLL) in patients who have received at least two prior systemic therapies.	Rx by Oncologist	<a href="#">ZYDELIG PI</a>