

Policies Repository



Policy Title Age Edits for Pharmaceuticals Covered Under the Pharmacy Benefit

Policy Number FS.CLIN.21

Application of Pharmacy Policy is determined by benefits and contracts. Benefits may vary based on product line, group or contract. Some medications may be subject to precertification, age, gender or quantity edits. Individual member benefits must be verified.

This Pharmacy Policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this Policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy Certain medications may not be appropriate for individuals in certain age groups; therefore, an age edit may be placed on a medication when there are safety concerns or inappropriate utilization issues for a particular age group. The Pharmacy and Therapeutics Committee reviews all medications that are subject to age edits. Prescribing the selected medications listed in this policy requires prior authorization for individuals in a particular age group.

Authorization requires clinical pharmacy review and/or Medical Director review. An urgent, temporary, 96-hour supply of medication is available (through retail pharmacy facilitation) upon request during review for medical necessity. Refer to Policy List of Applicable Drugs for a list of medications with applicable age edits.

Policy Description Please refer to the manufacturers' prescribing guidelines for the specific agents.

Policy Guideline Inclusion The inclusion criterion for medically necessary medications with applicable member age edits is medical necessity documentation supplied by the prescriber.

Policy Guideline Exclusion The exclusion criterion for medically necessary medications with applicable member age edits is the lack of medical necessity documentation supplied by the prescriber.

Policy List of Applicable Drugs

AGE EDITS		
TRADE DRUG NAME/THERAPEUTIC CLASS	GENERIC DRUG NAME	AGE EDIT

Acne Medications		
Atralin	Tretinoin	Prior authorization age 36 and over
Avita	Tretinoin	Prior authorization age 36 and over
Differin	Adapalene	Prior authorization age 36 and over
Epiduo	Adapalene/Benzoyl Peroxide	Prior authorization age 36 and over
Retin-A and Retin-A Micro	Tretinoin	Prior authorization age 36 and over
Ziana	Tretinoin/Clindamycin	Prior authorization age 36 and over
Aczone	Dapsone	Prior authorization through age 11
Alzheimers Drugs		
Aricept and Aricept ODT	Donepezil	Prior authorization under age 50
Cognex	Tacrine	Prior authorization under age 50
Exelon and Exelon Patch	Rivastigmine	Prior authorization under age 50
Namenda	Memantine	Prior authorization under age 50
Razadyne and Razadyne ER	Galantamine	Prior authorization under age 50
Antihistamines		
Allegra 30 mg and Allegra 30mg ODT	Fexofenadine	Prior authorization through age 1
Allegra 60 and 180mg	Fexofenadine	Prior authorization through age 5
Allegra D	Fexofenadine HCL/ Pseudoephedrine HCL	Prior authorization through age 11
Clarinet D	Desloratadine/Pseudoephedrine	Prior authorization through age 11
Xyzal and Xyzal solution	Levocetirizine	Prior authorization through age 5
Antimigraine Agents		
Amerge	Naratriptan	Prior authorization through age 12
Axert	Almotriptan	Prior authorization through age 12
Frova	Frovatriptan	Prior authorization through age 12
Imitrex	Sumatriptan	Prior authorization through age 12
Maxalt	Rizatriptan	Prior authorization through age 12
Relpax	Eletriptan Hydrobromide	Prior authorization through age 12
Stadol NS	Butorphanol Tartrate	Prior authorization

		through age 17
Zomig	Zolmitriptan	Prior authorization through age 12
Zomig NS	Zolmitriptan Nasal Spray	Prior authorization through age 12
Antivirals		
Relenza	Zanamivir	Prior authorization through age 4
Benign Prostate Medications		
Avodart	Dutasteride	Prior authorization under age 50
Proscar	Finasteride	Prior authorization under age 50
Uroxatral	Alfuzosin	Prior authorization under age 50
Flomax	Tamsulosin	Prior authorization under age 50
Benzodiazepines		
Dalmane	Flurazepam	Prior authorization through age 12
Doral	Quezepam (not available as generic)	Prior authorization through age 12
Halcion	Triazolam	Prior authorization through age 12
Prosom	Estazolam	Prior authorization through age 12
Restoril	Temezepam	Prior authorization through age 12
Ativan	Lorazepam	Prior authorization through age 12
Librium	Chlordiazepoxide	Prior authorization through age 5
Serax	Oxazepam	Prior authorization through age 5
Tranxene	Clorazepate	Prior authorization through age 8
Xanax	Alprazolam	Prior authorization through age 12
Klonopin	Clonazepam	None
Leukotriene Inhibitors		
Accolate	Zafirlukast	Prior authorization through age 4
Zyflo CR	Zileuton controlled release	Prior authorization through age 11

Dosing and Administration

Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.

Policy References

Accolate® (zafirlukast) [prescribing information]. Wilmington, DE: AstraZeneca

Pharmaceuticals; 2000.

Atralin™ (tretinoin) [prescribing information]. Fort Worth, TX: Coria Laboratories, LTD.; 2008.

Allegra® (fexofenadine HCl) [prescribing information]. Bridgewater, NJ: Aventis Pharmaceuticals; 2007.

Amerge® (naratriptan HCl) [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; 2003.

Aricept® (donepezil) [prescribing information]. Teaneck, NJ: Pfizer, Inc.; 2006.

Avita® (tretinoin) [prescribing information]. Research Triangle Park, NC: Bertek Pharmaceuticals, Inc.; 2002.

Avodart® (dutasteride) [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; 2008.

Axert® (almotriptan maleate) [prescribing information]. Peapack, NJ: Pharmacia & Upjohn; 2002.

Clarinex® (desloratadine) [prescribing information]. Kenilworth, NJ: Schering Corporation; 2004.

Cognex® (tacrine HCl) [prescribing information]. Roswell, GA: First Horizon Pharmaceutical Corp.; 2000.

Differin® (adapalene) [prescribing information]. Ft. Worth, TX: Galderma Laboratories; 2000.

Exelon® (rivastigmine tartrate) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals; 2006.

Facts & Comparisons website. [5-HT Receptor agonists monograph] Available at www.factsandcomparisons.com. Accessed January 15, 2009.

Facts & Comparisons website [Benzodiazepines monograph] Available at www.factsandcomparisons.com Accessed January 15, 2009.

Facts & Comparisons website [Flomax] Available at www.factsandcomparisons.com Accessed January 15, 2009.

Facts & Comparisons website [Ziana] Available at www.factsandcomparisons.com Accessed January 15, 2009.

Frova® (frovatriptan succinate) [prescribing information]. San Diego, CA: Elan Pharmaceuticals; 2002.

Imitrex® (sumatriptan succinate) [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; 2007.

Malxalt® (rizatriptan benzoate) [prescribing information]. Whitehouse Station, NJ: Merck & Co., Inc.; 2001.

Namenda® (memantine HCl) [prescribing information]. St. Louis, MO: Forest Laboratories, Inc.; 2005.

Proscar® (finasteride) [prescribing information]. Whitehouse Station, NJ: Merck & Co., Inc.;

2003.

Relenza® (zanamivir) [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; 2008.

Relpax® (eletriptan) [prescribing information]. New York, NY: Roerig (Pfizer Inc.); 2002.

Retin-A® (tretinoin) [prescribing information]. Skillman, NJ: Otho Dermatological; 1999.

Stadol NS® (butorphanol tartrate) [prescribing information]. Princeton, NJ: Bristol-Myers Squibb; 2001.

Zomig® (zolmitriptan) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals; 2003.

Zomig NS® (zolmitriptan nasal) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals; 2003.

Policy Link to Related Policies

Printed

03/02/2009 09:47:59

The Policy Bulletins on this web site were developed to assist AmeriHealth and its subsidiaries ("AmeriHealth") in administering the provisions of the respective benefit programs, and do not constitute a contract. If you are an AmeriHealth member, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. AmeriHealth does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of AmeriHealth. If you have a specific medical condition, please consult with your doctor. AmeriHealth reserves the right at any time to change or update its Policy Bulletins. ©2008 AmeriHealth, Inc. All Rights Reserved. Current Procedural Terminology ©2008 American Medical Association. All Rights Reserved.