

**Prior Authorization Group:** Part D vs. Part B Prior Authorization only

**Drug(s):** ACCUNEB (albuterol), ACETYLCYST (acetylcysteine), Albuterol, ANZEMET (dolasetron), AZASAN (azathioprine), Azathioprine, BROVANA (arformoterol), CELLCEPT (mycophenolate mofetil), Cromolyn, Cyclophosphamide, Cyclosporine, CYTOXAN (cyclophosphamide), DUONEB (albuterol/ipratropium), EMEND (aprepitant), GENGRAF (cyclosporine), Granisetron, GRANISOL (granisetron), IMOVAX (rabies vaccine), IMURAN (azathioprine), INTAL (cromolyn), Ipratropium, Ipratropium/Albuterol, KYTRIL (granisetron), Metaproterenol, NEBUPENT (pentamidine), NEORAL (cyclosporine), Ondansetron, PENTAM (pentamidine), PROGRAF (tacrolimus), PULMICORT (budesonide), PULMOZYME (dornase alfa), RABAVERT (rabies vaccine), RAPAMUNE (sirolimus), SANDIMMUNE (cyclosporine), TOBI (tobramycin), XOPENEX (levalbuterol), ZOFRAN (ondansetron)

**Criteria:** 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(s) to make the determination.