

The following policy is for medication that falls under the Medicare Part D benefit only.

Prior Authorization Group: Intravenous (IV) vs. Oral Policy

Drug(s): VFEND (voriconazole), AVELOX (moxifloxacin), CIPRO (ciprofloxacin), LEVAQUIN (levofloxacin), CELLCEPT (mycophenolate mofetil), Cyclosporine, PROGRAF (tacrolimus), ZOMETA (zoledronic acid), ANZEMET (dolasetron mesylate), (KYTRIL) granisetron, (ZOFTRAN) ondansetron, NEXIUM IV (esomeprazole), PROTONIX INJ (pantoprazole), PEPCID SOL (famotidine)

Covered Uses:

Intravenous medication, when there is an equivalent or therapeutically interchangeable oral medication available, is indicated for members with a non-functional gastrointestinal tract and only for FDA approved indications not otherwise excluded from Part D. Consideration will be given on a case-by-case basis in instances of clinically significant severe nausea with vomiting.

Required Medical Information: Chart notes identifying the rationale for using an Intravenous medication, when there is an equivalent oral medication available. Also radiologic reports indicating non-functional gastrointestinal tract.

Age Restrictions: Restricted to FDA approved package labeling indications.

Prescriber Restrictions: N/A

Other Criteria: Treatment with an IV product when an equivalent oral medication is available may be considered medically necessary when all of the following are met:

- 1) When documentation provided identifies a non-functional gastrointestinal tract (e.g. short gut syndrome, total parenteral nutrition).
- 2) Patient chart notes may be provided to support the request.
- 3) All other prior authorization criteria are met for the oral product. Consideration will be given on a case-by-case basis in instances of clinically significant severe nausea with vomiting.

Exclusion Criteria: Coverage is excluded for members that have a functional gastrointestinal tract or do not meet the FDA approved indications or clinical indications for use. Consideration will be given on a case-by-case basis in instances of clinically significant severe nausea with vomiting. Consideration will be given in cases where patient is unable to tolerate any oral products to prevent post surgical nausea and vomiting.

Coverage Duration: Initial 3-month trial to evaluate outcomes. Approval in 6-month intervals.