

HealthAlliance**MEDICARE**

PURPOSE OF THE POLICY

To provide prior authorization criteria for Part D coverage of Lotronex®

STATEMENT OF THE POLICY

Health Alliance will cover Lotronex® for Part D new start only members when the below criteria is met:

PROCEDURES

1. Lotronex covered criteria:

- 1.1 Physician is enrolled in the Lotronex® prescribing program w Glaxo Smith Kline
- 1.2 Only 3month approval at a time
- 1.3 Documentation that patient has been given and educated on the Lotronex® w the Lotronex® medication guide
- 1.4 AND that patient has signed the patient-physician agreement