

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. Criteria

- 1.1 Approved for FDA approved indications.
- 1.2 Physician is enrolled in the Lotronex® prescribing program with Glaxo Smith Kline
- 1.3 Only three (3) month approval at a time.
- 1.4 Documentation that patient has been given and educated on the Lotronex® with the Lotronex® medication guide.
- 1.5 AND that patient has signed the patient-physician agreement