

HEALTHCARE OPERATIONS

UTILIZATION PROTOCOLS 2007

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HEALTH PLAN OF NEVADA, INC.[™]

a subsidiary of Sierra Health Services, Inc.[®]



SIERRA HEALTH AND LIFE
INSURANCE COMPANY, INC.[®]

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PROCEDURE: **Erectile Dysfunction Medications** **PHM090**
(Levitra[®], Muse[®], Viagra[®], Cialis[®], Caverject[®])

Prior Authorization through Pharmacy Services

Last Updated: 07/12/07

Drugs to treat erectile dysfunction are strict exclusions from Medicare coverage unless a plan was filed to cover them as an exception.

For 2007, only the **MA-PD and SHMO Senior Dimension Northern and Southern Nevada** plans will cover Levitra with quantity limits of #5/month; *no prior authorization is required.*

Drugs to treat erectile dysfunction are strict exclusions from all Commercial and Medicaid lines of business except _____

Preferred Medications:

Levitra[®] (vardenafil) 2.5mg, 5mg, 10mg, 20mg

MUSE (alprostadil) 125mcg, 250mcg, 500mcg, and 1000mcg pellets

Non-preferred medications

Viagra[®] (sildenafil) 25mg, 50mg, and 100mg tablets

Cialis[®] (tadalafil) 5mg, 10mg, 20mg

Caverject[®] (alprostadil) 10mcg, 20mcg, 40mcg

Edex[®] (alprostadil) 10mcg, 20mcg, 40mcg

Criteria for approval

1. If the patient is a Senior Dimensions Northern Nevada or Senior Dimensions Southern Nevada, no prior authorization is required for Levitra and will be covered up to #5 per month. If the request is for any other medication, will be denied with the following statement:

(drug) request not approved; effective 1/1/2006.
Medicare no longer covers (exclusion criteria). These

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medications are strict exclusions through the Medicare Part D prescription drug benefit. Please have the pharmacy bill the prescription to the patient's Medicaid benefit if the patient is dual-eligible.

2. If the patient is a Medicare member in a plan other than the Senior Dimensions Northern Nevada or Senior Dimensions Southern Nevada, request for any erectile dysfunction medication will be denied with the following statement:

(drug) request not approved; effective 1/1/2006, Medicare no longer covers (exclusion criteria). These medications are strict exclusions through the Medicare Part D prescription drug benefit. Please have the pharmacy bill the prescription to the patient's Medicaid benefit if the patient is dual-eligible.

3. If the patient is a Commercial member in the CCASA or Federal plan, plan will cover Viagra #5 per month. If requested, member may receive any of the below with quantity limits, but may not receive in combination with Viagra. A medication block will be placed in member's file for Viagra, along with an authorization for the requested medication.

Levitra – 5 tablets per 30 days
Cialis – 5 tablets per 30 days
Muse – 6 suppositories per fill, 1 fill per month
Caverject – 6 injections per fill, 1 fill per month
Edex – 1 injection per copay

Coverage Information – Erectile Dysfunction Medications

Seniors – 3 lines of coverage

Senior Dimensions Northern Nevada, Senior Dimensions Southern Nevada – covered

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under the Medicare Part D enhanced benefit; applicable preferred brand co-insurance will apply. Claims will adjudicate through the pharmacy online billing system and WILL apply to TrOOP.

Senior Dimensions Greater Nevada, Senior Dimensions Dual, SierraRx, SierraRx Basic, SierraRx Plus, Sierra Spectrum, Sierra Nevada Spectrum – strict exclusion from Medicare coverage.

Commercial, FEHBP, SHL – not a covered benefit for most plans; double check as there are limited plans that do cover ED-medications.

Medicaid – not a covered benefit.

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