

HIP

Drugs that need submission of a Certificate of Medical Necessity for Therapy Approval

To manage and maximize treatment results, the HIP Pharmacy and Therapeutics Committee implemented submission of a Certificate of Medical Necessity (CMN) form for approval of certain drugs. Prescribing doctors need to fax the completed form along with certain medical information (asked for on the form) to the Pharmacy Services Department at **1-877-300-9695**. You can access CMNs by double clicking the *Notes Section* of the specific drug in the Formulary Search Tool. Based on the information sent, if the requested drug meets the clinical criteria for approval, we will notify the doctor who prescribed the medicine by Fax within 72 hours. **All approvals are based on the patient's benefits.**

This drug list is subject to change.

Drug class/Medication	Criteria
Anti-obesity drugs (e.g., Meridia, Xenical, etc.)	Used for weight loss. Must be covered under the patient's benefits. Clinical criteria must be met. CMN must be submitted every three months. Approval based on treatment outcomes with therapy length subject to patient's benefits.
Fuzeon	Used to treat HIV infection in combination with other antiretrovirals in patients that failed other anti-HIV therapies.
Growth Hormones (e.g., Norditropin, etc.)	Used to treat growth failure in children or growth hormone deficiency in adults. Initial approval for children requires growth chart (baseline). Subsequent yearly approval based on therapy outcomes and growth chart submission.
Singular	Used for asthma and allergic rhinitis. CMN only required if step therapy not met.
Pegylated Interferon/Ribavirin (e.g., Pegasys/Copegus)	Used for treatment of hepatitis. Approved for initial therapy (six months) and six months follow up. Approval is based on clinical criteria, therapy outcome and benefit.
Proton Pump Inhibitors PPIs (e.g., omeprazole, Aciphex, Kapidex, Nexium, Prevacid, Protonix)	Used for gastroesophageal reflux disorder (GERD), also known as heartburn. Clinical data shows these drugs are all equally effective. Omeprazole, Pantoprazole, Aciphex, Kapidex available on the HIP Drug Formulary. Continuation of therapy after four months of use requires CMN submission.
Serostim	Used for AIDS waisting/cachexia. CMN ensures the appropriate dose is prescribed based on the patient's weight.
Ventavis	Used for treatment of pulmonary hypertension. For safety purposes. The initial therapy approval is based on CMN submission.
Zyvox	Used for resistant gram positive infections. Approval based on "Culture and Sensitivity" and "Complete Blood Count" lab results.