ACTEMRA

Products Affected

- ACTEMRA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	New starts: Patient has a diagnosis of moderate to severe rheumatoid arthritis (IV or subcutaneous dosage form) and has had a failure, contraindication, or intolerance to two of the following: Enbrel, Humira, or Xeljanz. Patient has a diagnosis of systemic juvenile idiopathic arthritis (IV administration only) and has had a failure, contraindication, or intolerance to one NSAID or glucocorticoid. Patient has a diagnosis of polyarticular juvenile idiopathic arthritis (IV administration only) and has had a failure, contraindication, or intolerance to two of the following: Enbrel, Humira.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	Renewals: patient has had a positive clinical response to Actemra.

ACTHAR

Products Affected

- ACTHAR H.P.

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Receipt of live or live attenuated vaccines within 6 weeks of H.P. Acthar Gel, suspected congenital infection (infants), scleroderma, osteoporosis, systemic fungal infection, peptic ulcer disease, ocular herpes simplex, congestive heart failure, recent surgery, uncontrolled hypertension, known hypersensitivity to porcine proteins, primary adrenocortical insufficiency or hyperfunction.
Required Medical Information	For the following diagnoses, patient must have an inadequate response to a trial of parenteral corticosteroids: 1) For rheumatic diseases (e.g., psoriatic arthritis, rheumatoid arthritis, ankylosing spondylitis): H.P. Acthar gel must be used as adjunctive treatment, 2) For nephrotic syndrome: H.P. Acthar gel must be requested for induction of diuresis or for remission of proteinuria, 3) For multiple sclerosis (MS): H.P. Acthar gel is being used for MS exacerbation, 4) Collagen diseases (e.g., systemic lupus erythematosus, dermatomyositis, or polymyositis), 5) Dermatologic disorders (e.g., severe erythema multiforme, Stevens-Johnson syndrome), 6) Ophthalmic disorders, acute or chronic (e.g., iritis, keratitis, optic neuritis), 7) Symptomatic sarcoidosis, 8) Serum sickness.
Age Restrictions	For infantile spasms: patient is 2 years of age or younger.
Prescriber Restrictions	N/A
Coverage Duration	IS: 12 months. Collagen and ophthalmic diseases, nephrotic syndrome: 6 months. Others: 1 month
Other Criteria	N/A

ADEMPAS

Products Affected

- ADEMPAS

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of pulmonary arterial hypertension (WHO group I) and diagnosis was confirmed by right heart catheterization or Doppler echocardiogram if patient is unable to undergo a right heart catheterization (e.g., patient is frail, elderly, etc.) OR Patient has a diagnosis of chronic thromboembolic pulmonary hypertension (CTEPH, WHO group 4) and patient has persistent or recurrent disease after surgical treatment (e.g., pulmonary endarterectomy) or has CTEPH that is inoperable.
Age Restrictions	18 years of age or older
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	For renewal, medication was effective (i.e. improved 6 minute walk distance, oxygen saturation, etc.)

AFINITOR

Products Affected

- AFINITOR
- AFINITOR DISPERZ

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Diagnosis of advanced metastatic renal cell carcinoma and patient has failed therapy (disease progressed) with Sutent or Nexavar OR Diagnosis of progressive pancreatic neuroendocrine tumors (pNET) that are unresectable OR progressive, well-differentiated, nonfunctional GI or lung endocrine tumors in patients with unresectable, locally advanced or metastatic disease OR Diagnosis of renal angiomyolipoma with tuberous sclerosis complex (TSC) and patient does not require immediate surgery OR Diagnosis of advanced hormone receptor-positive, HER2-negative breast cancer and patient is a postmenopausal woman and patient has failed treatment with Femara or Arimidex and the medication will be used in combination with Aromasin OR Diagnosis of subependymal giant cell astrocytoma (SEGA) associated with TSC that requires therapeutic intervention but is not a candidate for curative surgical resection.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

AIMOVIG

Products Affected

- AIMOVIG AUTOINJECTOR (2 PACK)

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of either episodic migraines or chronic migraines. For episodic migraine, patient must have both of the following: less than 15 headache days per month and 4-14 migraine days per month. For chronic migraine, patient must have both of the following: at least 15 headache days per month and at least 8 migraine days per month. Patient has had a trial and failure or contraindication to at least 2 different preventative migraine medications.
Age Restrictions	18 years of age or older
Prescriber Restrictions	Prescribed by or in consultation with a neurologist or headache specialist
Coverage Duration	Initial: 3 months. Renewal: plan year.
Other Criteria	For renewal, patient must have a positive clinical response.

ALECENSA

Products Affected

- ALECENSA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Diagnosis of metastatic non-small cell lung cancer (NSCLC) with anaplastic lymphoma kinase (ALK) positive disease. Patient progressed on or was intolerant to crizotinib (Xalkori).
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

ALUNBRIG

Products Affected

- ALUNBRIG

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of metastatic non-small cell lung cancer has anaplastic lymphoma kinase (ALK)-positive disease. Patient had an inadequate response, progressed on, or had an intolerance or contraindication to Xalkori.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

AMPYRA

Products Affected

- AMPYRA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Moderate to severe renal impairment (CrCL less than or equal to 50 mL/min) and/or history of seizures.
Required Medical Information	Patient must have the ability to walk 25 feet (with or without assistance) prior to starting Ampyra. Patient has a diagnosis of multiple sclerosis.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	To continue therapy, the patient must experience improvement in walking speed or other objective measure of walking ability since starting Ampyra. Ampyra at doses exceeding 10mg twice daily are not covered.

AUBAGIO

Products Affected

- AUBAGIO

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Severe hepatic impairment. Pregnancy. Concomitant use with leflunomide.
Required Medical Information	Patient has a diagnosis of a relapsing form of multiple sclerosis. Serum transaminase and bilirubin levels must be drawn within 6 months prior to initiation of therapy with Aubagio. For female patients of childbearing potential: Pregnancy was excluded prior to initiation of therapy and patient will use reliable contraception during treatment.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

AURYXIA

Products Affected

- AURYXIA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Auryxia will not be approved for a diagnosis of iron deficiency anemia.
Required Medical Information	Patient has a diagnosis of hyperphosphatemia. Patient has chronic kidney disease and is on dialysis.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

AUSTEDO

Products Affected

- AUSTEDO

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Actively suicidal or has untreated or inadequately treated depression. Impaired hepatic function. Concomitant monoamine oxidase inhibitor (MAOI) or use within 14 days of stopping MAOI. Concomitant reserpine or use within 20 days of stopping reserpine. Concomitant tetrabenazine (Xenazine).
Required Medical Information	Patient has a diagnosis of chorea associated with Huntington's disease.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

BEXAROTENE

Products Affected

- *bexarotene*

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of cutaneous T-cell lymphoma and is refractory to at least 1 prior systemic therapy.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

BOSULIF

Products Affected

- BOSULIF

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of chronic, accelerated, or blast phase Philadelphia chromosome-positive chronic myelogenous leukemia (CML). Patient had resistance or intolerance to prior treatment to at least one other tyrosine kinase inhibitor agent.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

BOTOX

Products Affected

- BOTOX

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Infection at the site of injection.
Required Medical Information	For overactive bladder and urinary incontinence: trial and failure of an anticholinergic medication. For headache prophylaxis in patients with chronic migraine: must have at least 15 headache days per month with headaches lasting 4 hours per day or longer.
Age Restrictions	For blepharospasm and strabismus: 12 years of age or older. For cervical dystonia: 16 years of age or older. For all other indications: 18 years of age or older.
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

BPH VS ED

Products Affected

- CIALIS ORAL TABLET 2.5 MG, 5 MG

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Not covered for the treatment of Erectile Dysfunction. Maximum dose: 5mg daily
Required Medical Information	Patient must have a diagnosis of BPH.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

CALQUENCE

Products Affected

- CALQUENCE

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has mantle cell lymphoma. Patient has had at least 1 prior treatment.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

CAPRELSA

Products Affected

- CAPRELSA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Patient has congenital long QT syndrome.
Required Medical Information	Patient has a diagnosis of symptomatic or progressive medullary thyroid cancer. Patient has unresectable locally advanced or metastatic disease.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

CHOLBAM

Products Affected

- CHOLBAM

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of a bile acid synthesis disorder due to single enzyme defects (SEDs) OR Cholbam is being used as an adjunctive treatment of peroxisomal disorders (PDs) including Zellweger spectrum disorders in patients with manifestations of liver disease, steatorrhea or complications from decreased fat soluble vitamin absorption.
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by a hepatologist or pediatric gastroenterologist.
Coverage Duration	Plan year
Other Criteria	N/A

CIMZIA

Products Affected

- CIMZIA
- CIMZIA POWDER FOR RECONST

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	New starts: Patient has a diagnosis of moderate to severe rheumatoid arthritis and has had a failure, contraindication, or intolerance to two of the following: Enbrel, Humira, or Xeljanz. Patient has a diagnosis of moderate to severe Crohn's disease and has had a failure, contraindication, or intolerance to Humira and one of the following: 6-mercaptopurine, azathioprine, corticosteroid, methotrexate. Patient has a diagnosis of active psoriatic arthritis and has had a failure, contraindication, or intolerance to two of the following: Enbrel, Humira, Otezla, Cosentyx, Stelara. Patient has a diagnosis of active ankylosing spondylitis and has had a failure, contraindication, or intolerance to two of the following: Enbrel, Humira, Cosentyx.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	Renewals: patient has had a positive clinical response to Cimzia.

COSENTYX

Products Affected

- COSENTYX (2 SYRINGES)
- COSENTYX PEN (2 PENS)

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	New starts: Patient has a diagnosis of moderate to severe plaque psoriasis and has had a failure, intolerance, or contraindication to systemic treatment such as methotrexate, acitretin, cyclosporine. Patient has a diagnosis of active psoriatic arthritis and has had a failure, contraindication, or intolerance to a DMARD such as: methotrexate, sulfasalazine, leflunomide. Patient has a diagnosis of active ankylosing spondylitis and a failure, contraindication, or intolerance to at least two different NSAIDs.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	Renewals: patient has had a positive clinical response to Cosentyx.

COTELLIC

Products Affected

- COTELLIC

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of unresectable or metastatic melanoma. Patient has a BRAF V600E or V600K mutation. Cobimetinib will be used in combination with vemurafenib (Zelboraf).
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

DEFERASIROX

Products Affected

- EXJADE
- JADENU
- JADENU SPRINKLE

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	Patients with a creatinine clearance (CrCL) less than 40mL/min. Patient's with a platelet count less than 50 million/L.
Required Medical Information	(1) For chronic iron overload due to blood transfusions, Diagnosis of chronic iron overload due to blood transfusions and current serum ferritin level greater than 1000 mcg/L. (2) For iron overload in patients with NON-transfusion-dependent thalassemia (NTDT), a) Diagnosis of a NON-transfusion thalassemia syndrome and chronic iron overload, b)For initiation: i) pretreatment LIC of at least 5 mg per gram of dry weight and ii) pretreatment serum ferritin levels greater than 300 mcg/L and iii) For patients currently on deferasirox therapy: current LIC is greater than 3 mg per gram of dry weight or deferasirox will be withheld until the LIC reaches above 5 mg per gram of dry weight.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

DICLOFENAC

Products Affected

- *diclofenac sodium topical gel 3 %*

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient must have a diagnosis of actinic keratosis.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

DUPIXENT

Products Affected

- DUPIXENT

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of moderate-to-severe atopic dermatitis. Patient has tried and failed or has contraindications to at least two topical prescription therapies from the following classes: medium to high potency corticosteroid or calcineurin inhibitor.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

DYSPORT

Products Affected

- DYSPORT

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Infection at the site of injection.
Required Medical Information	Patient has a diagnosis of cervical dystonia or upper limb spasticity or lower limb spasticity in a pediatric patient.
Age Restrictions	18 years of age or older, 2 years of age or older for lower limb spasticity
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

ENBREL

Products Affected

- ENBREL
- ENBREL SURECLICK

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	New starts: Patient has a diagnosis of moderate to severely active rheumatoid arthritis and has had a failure, contraindication, or intolerance to one DMARD such as: methotrexate, leflunomide, sulfasalazine. Patient has a diagnosis of moderate to severe polyarticular juvenile idiopathic arthritis and has had a failure, contraindication, or intolerance to methotrexate or leflunomide. Patient has a diagnosis of active psoriatic arthritis and has had a failure, contraindication, or intolerance to a DMARD such as: methotrexate, sulfasalazine, leflunomide. Patient has a diagnosis of moderate to severe plaque psoriasis and has had a failure, intolerance, or contraindication to systemic treatment such as methotrexate, acitretin, cyclosporine. Patient has a diagnosis of active ankylosing spondylitis and has had a failure, contraindication, or intolerance to at least two NSAIDs.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	Renewals: patient has had a positive clinical response to Enbrel.

EPCLUSA

Products Affected

- EPCLUSA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Information required for review: genotype, prior treatments, cirrhosis status (including Child-Pugh class), desired treatment regimen, viral load, HIV status, liver transplant history, renal impairment status. Requests will be reviewed against the most current edition of the American Association for the Study of Liver Diseases (AASLD) Infectious Diseases Society of America (IDSA) guidelines for Hepatitis C infection. Patients must be prescribed regimens recommended under these guidelines with the highest evidence rating in that category as of the date of the request. In cases where the request is for a lower evidence rated treatment, an explanation will be required as to why the higher rated regimen is not preferred.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 weeks
Other Criteria	N/A

ERIVEDGE

Products Affected

- ERIVEDGE

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of metastatic basal cell carcinoma OR has a diagnosis of locally advanced basal cell carcinoma that has recurred following surgery or when the patient is not a candidate for surgery and radiation.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

ERLEADA

Products Affected

- ERLEADA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has non-metastatic, castration-resistant prostate cancer. Patient will also be on concurrent gonadotropin-releasing hormone (GnRH) analog or had a bilateral orchiectomy.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

ESBRIET

Products Affected

- ESBRIET

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	The patient has a diagnosis of idiopathic pulmonary fibrosis. Liver function tests were performed prior to starting therapy.
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with a pulmonologist
Coverage Duration	Plan year
Other Criteria	For renewal, the patient has not experienced AST or ALT elevations greater than 5 times the upper limit of normal or greater than 3 times the upper limit of normal with signs or symptoms of severe liver damage.

FARYDAK

Products Affected

- FARYDAK

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	History of recent myocardial infarction or unstable angina, QTcF greater than 450 msec or significant baseline ST-segment or T-wave abnormalities.
Required Medical Information	Patient must have multiple myeloma and received at least 2 prior regimens, including bortezomib and an immunomodulatory agent. Must be used in combination with bortezomib and dexamethasone.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	For renewals: Patient must have clinical benefit. Patient must not have experienced unresolved severe or medically significant toxicity. Total treatment duration will not exceed 16 cycles (48 weeks).

FASENRA

Products Affected

- FASENRA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has severe asthma with an eosinophilic phenotype. Patient is maintained with high dose inhaled corticosteroid or with medium to high dosed inhaled corticosteroid with a long-acting beta agonist (LABA). Patient has had at least two exacerbations in the past year or at least one exacerbation in the prior year while on daily oral corticosteroid treatment.
Age Restrictions	12 years of age or older
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

FIRAZYR

Products Affected

- FIRAZYR

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of hereditary angioedema. Firazyr will be used for acute attacks of angioedema. Patient has been advised to seek immediate medical attention in addition to treatment with Firazyr. Patient has been counseled to use no more than 3 doses in a 24 hour period.
Age Restrictions	18 years of age or older
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

FLECTOR

Products Affected

- FLECTOR

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Application to non-intact skin from any etiology.
Required Medical Information	Patient has acute pain due to minor strains, sprains, or contusions. Patient has been counseled to not wear the patch while bathing or showering.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

GILENYA

Products Affected

- GILENYA ORAL CAPSULE 0.5 MG

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Recent occurrence (within the last 6 months) of myocardial infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization, class III or IV heart failure. History or presence of Mobitz Type II 2nd degree or 3rd degree AV block or sick sinus syndrome, unless patient has a pacemaker. Baseline QTc interval greater than or equal to 500ms. Treatment with Class Ia or Class III anti-arrhythmic drugs.
Required Medical Information	Patient has a diagnosis of a relapsing form of multiple sclerosis.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

GILOTRIF

Products Affected

- GILOTRIF

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of previously untreated metastatic non-small cell lung cancer (NSCLC) with tumors expressing epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations. OR Patient has a diagnosis of metastatic squamous NSCLC and has been previously treated with platinum-based chemotherapy.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

GLEEVEC

Products Affected

- *imatinib*

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Diagnosis of one of the following in an adult: A) Philadelphia chromosome-positive chronic myelogenous leukemia (Ph+ CML), B) Ph+ acute lymphoblastic leukemia (ALL), C) Myelodysplastic syndrome or myeloproliferative disease associated with platelet-derived growth factor receptor gene re-arrangements, D) Aggressive systemic mastocytosis without the D816V c-KIT mutation or with c-KIT mutational status unknown, E) Hypereosinophilic syndrome or chronic eosinophilic leukemia, F) Dermatofibrosarcoma protuberans that is unresectable, recurrent, or metastatic, G) Gastrointestinal tumor (GIST) where patient has documented c-KIT (CD117) positive unresectable or metastatic malignant GIST or patient had resection of c-KIT positive GIST and imatinib will be used as an adjuvant therapy. Diagnosis of one of the following in a pediatric patient: A) Ph+ CML that is newly diagnosed in the chronic phase B) newly diagnosed Ph+ ALL.
Age Restrictions	18 years of age or younger - newly diagnosed CML in the chronic phase or newly diagnosed Ph+ ALL. 18 years of age or older for other indications.
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

GROWTH HORMONE

Products Affected

- GENOTROPIN
- GENOTROPIN MINIQUICK
- HUMATROPE
- NORDITROPIN FLEXPRO
- NUTROPIN AQ NUSPIN
- OMNITROPE
- SAIZEN
- SAIZEN SAIZENPREP
- SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG
- ZOMACTON
- ZORBTIVE

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D including adult or childhood onset growth hormone deficiency (GHD), Turner syndrome (TS), Noonan syndrome (NS), small for gestational age (SGA), Prader-Willi syndrome (PWS), short stature homeobox-containing gene deficiency (SHOXD), chronic renal insufficiency (CRI).
Exclusion Criteria	Closed epiphyses in pediatric patients. Acute critical illness due to complications following open heart or abdominal surgery, multiple accidental trauma or acute respiratory failure. Active malignancy. Active proliferative or severe non-proliferative diabetic retinopathy. For Prader-Willi Syndrome only: severe obesity, history of upper airway obstruction or sleep apnea, or severe respiratory impairment.
Required Medical Information	For CRI: patient is not post-kidney transplant. For TS: diagnosis confirmed by karyotyping. For PWS: diagnosis confirmed by genetic testing. For pediatric GHD, CRI, SHOXD, and NS, patient must meet one of the following: 1) height more than 3 SDS below mean for age and gender 2) Height more than 2 SDS below mean with growth velocity more than 1 SDS below mean, or 3) Growth velocity over 1 year 2 SDS below mean. For adult GHD: must meet one of the following: 1) Failed 2 standard GH stimulation tests 2) Panhypopituitarism or 3 or more pituitary hormone deficiencies 3) Childhood-onset GHD with known mutations, embryopathic lesions, or irreversible structural lesions/damage 4) Low pre-treatment IGF-1 and failed 1 stimulation test prior to starting treatment
Age Restrictions	For SGA: patient is more than 2 years old.
Prescriber Restrictions	N/A
Coverage Duration	Plan year

PA Criteria	Criteria Details
Other Criteria	For renewal of pediatric indications: final adult height has not been reached. For renewal of adult indications, patient has experienced an improvement or normalization of IGF-1 levels (not applicable to patients with panhypopituitarism)

HARVONI

Products Affected

- HARVONI

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Information required for review: genotype, prior treatments, cirrhosis status, desired treatment regimen, viral load, HIV status, liver transplant history, renal impairment status. Requests will be reviewed against the most current edition of the American Association for the Study of Liver Diseases (AASLD) Infectious Diseases Society of America (IDSA) guidelines for Hepatitis C infection. Patients must be prescribed regimens recommended under these guidelines as of the date of the request.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 or 24 weeks. 8 weeks per prescriber discretion
Other Criteria	N/A

HETLIOZ

Products Affected

- HETLIOZ

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of non-24-hour sleep-wake disorder.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

HRM-ANTIDIABETICS

Products Affected

- *chlorpropamide*
- *glyburide micronized*
- *glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg*
- *glyburide-metformin*

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	The patient tried and failed to at least one of the following: glipizide, glipizide/metformin, glimepiride or has contraindications to all alternatives.
Age Restrictions	Applies to patients 65 years of age or older.
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	Patient will be monitored for hypoglycemia. Conservative dosing will be used to minimize hypoglycemic events.

HRM-DIGOXIN

Products Affected

- *digitek oral tablet 250 mcg*
- *digox oral tablet 250 mcg*
- *digoxin oral tablet 250 mcg*
- LANOXIN ORAL TABLET 250 MCG

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	The patient has tried a lower dose (less than or equal to 0.125mg daily) or has contraindications to a lower dose.
Age Restrictions	Applies to patients 65 years of age or older.
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	The patient has been counseled on and does not have signs and symptoms of toxicity.

HRM-HYPNOTICS

Products Affected

- *eszopiclone*
- *zaleplon*
- *zolpidem oral*

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	The patient has tried and failed one of the following non-HRM formulary drugs: low-dose trazodone, Rozerem, Silenor OR a non-HRM formulary drug is not an acceptable alternative. Prescriber must acknowledge that the benefits of the HRM outweigh the potential risks. The prescriber attests that the lowest effective dose will be used to minimize side effects.
Age Restrictions	Applies to patients 65 years of age or older.
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

HRM-MUSCLE RELAXANTS

Products Affected

- *cyclobenzaprine oral tablet*

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	The prescriber must attest that the medication benefits outweigh the potential risks.
Age Restrictions	Applies to patients 65 years of age or older.
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

HRM-NITROFURANTOIN

Products Affected

- *nitrofurantoin*
- *nitrofurantoin macrocrystal*
- *nitrofurantoin monohyd/m-cryst*

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	The prescriber has considered the risk for pulmonary and hepatic toxicity and acknowledges that the benefits outweigh the risks. The patient has tried and failed at least one of the following for UTI prophylaxis: trimethoprim, trimethoprim/sulfamethoxazole, ciprofloxacin or has contraindications to all alternatives.
Age Restrictions	Applies to patients 65 years of age or older.
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	Applies to patients that have greater than 90 days of therapy per year.

HUMIRA

Products Affected

- HUMIRA
- HUMIRA PEDIATRIC CROHN'S START
- HUMIRA PEN
- HUMIRA PEN CROHN'S-UC-HS START
- HUMIRA PEN PSORIASIS-UVEITIS

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	New starts: Patient has a diagnosis of moderate to severely active rheumatoid arthritis and has had a failure, contraindication, or intolerance to one DMARD such as: methotrexate, leflunomide, sulfasalazine. Patient has a diagnosis of moderate to severe polyarticular juvenile idiopathic arthritis and has had a failure, contraindication, or intolerance to methotrexate or leflunomide. Patient has a diagnosis of active psoriatic arthritis and has had a failure, contraindication, or intolerance to a DMARD such as: methotrexate, sulfasalazine, leflunomide. Patient has a diagnosis of moderate to severe plaque psoriasis and has had a failure, contraindication, or intolerance to a DMARD such as: methotrexate, sulfasalazine, leflunomide. Patient has a diagnosis of active ankylosing spondylitis and has had a failure, contraindication, or intolerance to at least two NSAIDs. Patient has a diagnosis of moderate to severe Crohn's Disease and has had a failure, contraindication, or intolerance to 1 of the following: methotrexate, azathioprine, corticosteroid, 6-mercaptopurine, Remicade. Patient has a diagnosis of moderate to severe ulcerative colitis and has a failure, contraindication, or intolerance to 1 of the following: aminosalicylate, corticosteroid, azathioprine, 6-mercaptopurine. Patient has a diagnosis of moderate to severe hidradenitis suppurativa. Patient has a diagnosis of non-infectious uveitis that is intermediate, posterior, or panuveitis.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year

PA Criteria	Criteria Details
Other Criteria	Renewals: patient has had a positive clinical response to Humira.

IBRANCE

Products Affected

- IBRANCE

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has hormone receptor (HR)-positive, HER2-negative advanced or metastatic breast cancer. Ibrance will be used with letrozole as initial endocrine based therapy in postmenopausal women OR with fulvestrant in women with disease progression following endocrine therapy.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

ICLUSIG

Products Affected

- ICLUSIG

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Patient must not have newly diagnosed chronic phase CML.
Required Medical Information	Patient has chronic myeloid leukemia (CML) and is T315I-positive, OR patient has T315I-positive Philadelphia chromosome positive acute lymphoblastic leukemia (ALL), OR patient has CML or Philadelphia chromosome positive ALL for whom no other tyrosine kinase inhibitor is indicated.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

IDHIFA

Products Affected

- IDHIFA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of relapsed or refractory acute myeloid leukemia (AML). Patient has an isocitrate dehydrogenase-2 (IDH2) mutation.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

IMBRUVICA

Products Affected

- IMBRUVICA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Diagnosis of mantle cell lymphoma (MCL) and patient has received at least one prior therapy. Diagnosis of chronic lymphocytic leukemia (CLL). Diagnosis of CLL with 17p deletion. Diagnosis of Waldenstrom's macroglobulinemia (WM). Diagnosis of marginal zone lymphoma in patients that have received at least one prior anti-CD20-based therapy such as rituximab.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

INGREZZA

Products Affected

- INGREZZA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Concomitant monoamine oxidase inhibitor (MAOI) or tetrabenazine.
Required Medical Information	Patient has been clinically diagnosed with moderate to severe tardive dyskinesia including all of the following: involuntary athetoid or choreiform movements, history of treatment with dopamine receptor blocking agent.
Age Restrictions	N/A
Prescriber Restrictions	Ingrezza is prescribed by or in consultation with a neurologist or psychiatrist.
Coverage Duration	Plan year
Other Criteria	For renewal, patient must have improvement in symptoms.

INLYTA

Products Affected

- INLYTA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of advanced renal cell carcinoma (RCC). Patient has failed one prior systemic therapy.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

INVEGA TRINZA

Products Affected

- INVEGA TRINZA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient must have a diagnosis of schizophrenia. Patient must have been adequately treated with Invega Sustenna for at least 4 months. Invega Trinza will only be given once every 3 months.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

IRESSA

Products Affected

- IRESSA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has metastatic non-small cell lung cancer. The tumors have EGFR exon 19 deletions or exon 21 (L858R) substitution mutations. Patient is using Iressa first line.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

IVIG

Products Affected

- BIVIGAM
- CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM
- FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %
- GAMASTAN S/D
- GAMMAGARD LIQUID
- GAMMAGARD S-D (IGA < 1 MCG/ML)
- GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)
- GAMMAPLEX
- GAMMAPLEX (WITH SORBITOL)
- GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)
- OCTAGAM
- PRIVIGEN

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	History of hypersensitivity to immune globulin or any component of the preparation.
Required Medical Information	For a diagnosis of ITP: patient must have a trial of corticosteroids unless platelet count is less than 20,000 cells/mm3 and bleeding has occurred. For a diagnosis of hypogammaglobulinemia associated with B-cell chronic lymphocytic leukemia: IgG level is less than 500 mg/dL or patient has a history of infection.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	Coverage under Part D will be denied if coverage is available under Part A or Part B as the medication is prescribed and dispensed or administered for the individual.

JAKAFI

Products Affected

- JAKAFI

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of intermediate or high-risk myelofibrosis (including primary myelofibrosis, post-polycythemia vera myelofibrosis and post-essential thrombocythemia myelofibrosis). OR Patient has a diagnosis of polycythemia vera and has had an inadequate response to or was intolerant of hydroxyurea.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

JUXTAPID

Products Affected

- JUXTAPID

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	For initiation of treatment, moderate or severe hepatic impairment (eg, Child-Pugh B or C). For renewal, ALT or AST equal to or greater than 5 times the upper limit normal (ULN), or equal to greater than 3x ULN with signs or symptoms of liver toxicity or injury, increases in bilirubin greater than 2x ULN or active liver disease.
Required Medical Information	For initiation of therapy, 1. Patient has a diagnosis of homozygous familial hypercholesterolemia confirmed by one of the following: A. documented mutations in both alleles at LDL receptor, ApoB, PCSK9, or ARH adapter protein gene locus, B. documented skin fibroblast LDL receptor activity less than 20% of normal, OR C. the following criteria are met: a) untreated LDL-C greater than 500 mg/dL or unknown AND b) triglyceride level less than 350 mg/dL AND c) tendon or cutaneous xanthomas at age 10 or younger OR d) both parents with a history of LDL-C greater than 190 mg/dL, AND 2. Patient has tried and had an inadequate response to the maximum tolerated dose of a high potency statin and a PCSK9 inhibitor unless contraindicated. For renewal of therapy, 1. Patient meets all initial criteria AND 2. Current LDL-C is improved from the levels immediately prior to initiation of treatment with Juxtapid.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

KALYDECO

Products Affected

- KALYDECO

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Statement from physician or lab results showing patient has cystic fibrosis with a CFTR gene mutation G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, or S549R OR patient has an R117H mutation in the CFTR gene. Patient is not homozygous for the F508del mutation in the CFTR gene.
Age Restrictions	Patient is at least 2 years old for granules and 6 years old for tablets.
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

KEVZARA

Products Affected

- KEVZARA SUBCUTANEOUS SYRINGE

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Patient has an ANC less than 2,000/mm3, platelet count less than 150,000/mm3, or ALT and AST are more than 1.5 times the upper limit of normal.
Required Medical Information	Patient has a diagnosis of moderately to severely active rheumatoid arthritis. Patient has had an inadequate response, contraindication, or intolerance to at least 2 of the following: Humira, Enbrel, Xeljanz.
Age Restrictions	Patient is 18 years of age or older.
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

KISQALI

Products Affected

- KISQALI
- KISQALI FEMARA CO-PACK

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of hormone receptor positive, human epidermal growth factor receptor 2 negative advanced or metastatic breast cancer. Patient will be on letrozole with Kisqali. Kisqali is prescribed as initial endocrine-based therapy in a postmenopausal woman.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

KORLYM

Products Affected

- KORLYM

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Not covered if patient is pregnant. Maximum dose: 1200mg daily, not to exceed 20mg/kg/day. Patient requires concomitant treatment with long-term corticosteroids (e.g., immunosuppression for organ transplant). History of unexplained vaginal bleeding. Endometrial hyperplasia with atypia or endometrial carcinoma. Concomitantly taking simvastatin, lovastatin, or a CYP3A substrate with a narrow therapeutic range (e.g., cyclosporine, dihydroergotamine, ergotamine, fentanyl, pimozide, quinidine, sirolimus, or tacrolimus)
Required Medical Information	Patient has a diagnosis of endogenous Cushing's syndrome and has type 2 diabetes mellitus or glucose intolerance. Patient has failed surgery or is not a candidate for surgery. Statement from physician verifying that non-hormonal contraception will be used during treatment and for one month after discontinuation of therapy unless the patient has had surgical sterilization.
Age Restrictions	N/A
Prescriber Restrictions	Prescribing physician must be an endocrinologist
Coverage Duration	Plan year
Other Criteria	N/A

KYNAMRO

Products Affected

- KYNAMRO

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	For initiation of treatment, moderate or severe hepatic impairment (eg, Child-Pugh B or C). For renewal, ALT or AST equal to or greater than 5 times the upper limit normal (ULN), or equal to greater than 3x ULN with signs or symptoms of liver toxicity or injury, increases in bilirubin greater than 2x ULN or active liver disease.
Required Medical Information	For initiation of therapy, all of the following requirements are met : 1)Patient has a diagnosis of homozygous familial hypercholesterolemia confirmed by one of the following: a) documented mutations in both alleles at LDL receptor, ApoB, PCSK9, or ARH adapter protein gene locus, b) documented skin fibroblast LDL receptor activity less than 20% of normal, OR c) the following criteria are met: i) untreated LDL-C greater than 500 mg/dL or unknown AND ii) triglyceride level less than 350 mg/dL AND iii) tendon or cutaneous xanthomas at age 10 or younger or both parents with a history of LDL-C greater than 190 mg/dL, AND 2) Patient has tried and had an inadequate response to the maximum tolerated dose of a high potency statin and a PCSK9 inhibitor unless contraindicated. For renewal of therapy, Patient meets all criteria for initiation of therapy AND current LDL-C is improved from levels immediately prior to initiation of treatment with Kynamro.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

LENVIMA

Products Affected

- LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of locally recurrent or metastatic, progressive, radioactive iodine-refractory differentiated thyroid cancer. OR Patient has a diagnosis of advanced renal cell carcinoma (RCC) and has failed one prior anti-angiogenic therapy. Lenvima will be used in combination with everolimus when used for RCC.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

LETAIRIS

Products Affected

- LETAIRIS

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Pregnancy
Required Medical Information	Patient has a diagnosis of pulmonary arterial hypertension (WHO Group I). For female patients of childbearing potential: 1) Pregnancy was excluded prior to initiation of therapy, AND 2) Patient will use reliable contraception during treatment and for one month after stopping treatment
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

LIDODERM

Products Affected

- *lidocaine topical adhesive patch,medicated*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D including diabetic neuropathy and cancer-related neuropathic pain.
Exclusion Criteria	N/A
Required Medical Information	The patient has a diagnosis of post-herpetic neuralgia, diabetic neuropathy, or cancer-related neuropathic pain. The patch will only be applied to intact skin
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

LONSURF

Products Affected

- LONSURF

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of metastatic colorectal cancer. Patient has been previously treated with a fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy (such as FOLFOX, FOLFIRI, FOLFOXIRI) AND an anti-VEGF biological therapy (such as Avastin). If patient is RAS wild-type, patient has been previously treated with an anti-EGFR therapy.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

LYNPARZA

Products Affected

- LYNPARZA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of advanced ovarian cancer. Patient has deleterious or suspected deleterious germline BRCA mutations. Patient has been treated with three or more prior lines of chemotherapy.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

MAVYRET

Products Affected

- MAVYRET

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Patient does not have moderate to severe hepatic impairment (Child-Pugh B or C).
Required Medical Information	Information required for review: genotype, prior HCV treatments, cirrhosis status (including Child-Pugh class), desired treatment regimen, viral load, HIV status, liver transplant history, renal impairment status. Requests will be reviewed against the most current edition of the American Association for the Study of Liver Diseases (AASLD) Infectious Diseases Society of America (IDSA) guidelines for Hepatitis C infection. Patients must be prescribed regimens recommended under these guidelines with the highest evidence rating in that category as of the date of the request. In cases where the request is for a lower evidence rated treatment, an explanation will be required as to why the higher rated regimen is not preferred.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	8, 12, or 16 weeks
Other Criteria	N/A

MEKINIST

Products Affected

- MEKINIST

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has unresectable or metastatic melanoma with BRAF V600E or V600K mutations. Mekinist will be used as a single agent or with dabrafenib (Tafinlar). Patient has not received prior BRAF-inhibitor therapy (Zelboraf, Tafinlar).
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

NERLYNX

Products Affected

- NERLYNX

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of early stage HER2-overexpressed breast cancer. Patient has been on trastuzumab based therapy.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

NEXAVAR

Products Affected

- NEXAVAR

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	For patients with squamous cell lung cancer, sorafenib will not be given in combination with carboplatin and paclitaxel
Required Medical Information	Patient has a diagnosis of one of the following: unresectable hepatocellular carcinoma, advanced renal cell carcinoma, or locally recurrent or metastatic, progressive, differentiated thyroid carcinoma refractory to radioactive iodine treatment.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

NINLARO

Products Affected

- NINLARO

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of multiple myeloma. Ixazomib will be used in combination with lenalidomide and dexamethasone. Patient has received at least one prior therapy.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

NUEDEXTA

Products Affected

- NUEDEXTA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Patient is currently using quinidine, quinine, mefloquine, monoamine oxidase inhibitors (MAOIs), or drugs that both prolong the QT interval and are metabolized by CYP2D6 (examples: thioridazine and pimozide). Patient has a prolonged QT interval or congenital long QT syndrome (LQTS), or heart failure or a history suggestive of torsades de pointes (TdP). Patient has complete atrioventricular (AV) block without an implanted pacemaker or is at high risk of complete AV block.
Required Medical Information	Diagnosis of pseudobulbar affect (PBA).
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

NUVIGIL

Products Affected

- *armodafinil*

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Diagnosis of excessive sleepiness associated with obstructive sleep apnea (OSA)/hypopnea syndrome and documentation of residual excessive sleepiness OR Diagnosis of excessive sleepiness associated with narcolepsy and patient has tried and failed, is unable to tolerate, or has contraindication(s) to at least one other central nervous system stimulant (e.g., methylphenidate, mixed amphetamine salts, dextroamphetamine) OR Diagnosis of excessive sleepiness associated with shift work disorder.
Age Restrictions	17 years of age or older
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

ODOMZO

Products Affected

- ODOMZO

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of locally advanced basal cell carcinoma (BCC). BCC has either recurred following surgery or radiation therapy or patient was not a candidate for surgery or radiation.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

OFEV

Products Affected

- OFEV

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	The patient has a diagnosis of idiopathic pulmonary fibrosis. Liver function tests were performed prior to starting therapy.
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with a pulmonologist
Coverage Duration	Plan year
Other Criteria	For renewal, the patient has not experienced AST or ALT elevations greater than 5 times the upper limit of normal or greater than 3 times the upper limit of normal with signs or symptoms of severe liver damage.

OPSUMIT

Products Affected

- OPSUMIT

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has pulmonary arterial hypertension (PAH), World Health Organization Group I disease. PAH was confirmed by right heart catheterization or Doppler echocardiogram if patient is unable to undergo a right heart catheterization (e.g., patient is frail, elderly, etc.). Liver function tests were performed prior to starting therapy.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

ORENCIA

Products Affected

- ORENCIA
- ORENCIA (WITH MALTOSE)
- ORENCIA CLICKJECT

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	New starts: Patient has a diagnosis of moderate to severe rheumatoid arthritis and has had a failure, contraindication, or intolerance to two of the following: Enbrel, Humira, Xeljanz. Patient has a diagnosis of moderate to severe juvenile idiopathic arthritis and has had a failure, contraindication, or intolerance to both Enbrel and Humira.
Age Restrictions	Juvenile idiopathic arthritis: IV: 6 years and older older. SC: 2 years and older.
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	Renewals: patient has had a positive clinical response to Orencia.

ORENITRAM

Products Affected

- ORENITRAM

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Patient has a diagnosis of severe hepatic impairment (Child Pugh Class C).
Required Medical Information	Diagnosis of pulmonary arterial hypertension that was confirmed by right heart catheterization or Doppler echocardiogram if patient is unable to undergo a right heart catheterization (e.g., patient is frail, elderly, etc.).
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

ORKAMBI

Products Affected

- ORKAMBI ORAL TABLET

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has cystic fibrosis and is homozygous for the F508del mutation in the CFTR gene. Patient had baseline ALT, AST, and bilirubin assessed.
Age Restrictions	6 years of age or older
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

OTEZLA

Products Affected

- OTEZLA
- OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of active psoriatic arthritis OR moderate to severe plaque psoriasis and is a candidate for phototherapy or systemic therapy.
Age Restrictions	18 years of age or older
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	For renewals, patient has stable disease or has improved while on therapy.

POMALYST

Products Affected

- POMALYST

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	For multiple myeloma: 1) Patient received prior therapy with Velcade (bortezomib) AND Revlimid (lenalidomide), 2) disease has progressed during or within 60 days of completion of last therapy 3) Will be used in combination with dexamethasone.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

PRALUENT

Products Affected

- PRALUENT PEN

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of heterozygous familial hypercholesterolemia or clinical atherosclerotic cardiovascular disease (ASCVD, defined as having at least one of the following: ACS, history of MI, stable or unstable angina, coronary or other arterial revascularization, stroke, TIA, or peripheral arterial disease presumed to be of atherosclerotic origin) and requires additional lowering of LDL cholesterol. Patient is on maximally tolerated statin therapy or has zero tolerance to statin therapy. Patient will be started on the 75mg dose. For a diagnosis of clinical atherosclerotic cardiovascular disease: patient has tried at least two statins (rosuvastatin, atorvastatin, simvastatin, pravastatin, lovastatin, or fluvastatin)
Age Restrictions	18 years of age or older
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

PROMACTA

Products Affected

- PROMACTA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of chronic immune thrombocytopenic purpura (ITP) and meets both of the following: baseline platelet count less than 50,000/mcL, had an isufficient response to either corticosteroids, immunoglobulins, or splenectomy. Patient has a diagnosis of severe aplastic anemia and has had an isufficient response to immunosuppressive therapy. Patient has a diagnosis of thrombocytopenia in a patient with chronic hepatitis C.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

PROVIGIL

Products Affected

- *modafinil oral tablet 100 mg, 200 mg*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Diagnosis of excessive sleepiness associated with obstructive sleep apnea (OSA)/hypopnea syndrome and documentation of residual excessive sleepiness OR Diagnosis of excessive sleepiness associated with narcolepsy and patient has tried and failed, is unable to tolerate, or has contraindication(s) to at least one other central nervous system stimulant (e.g., methylphenidate, mixed amphetamine salts, dextroamphetamine) OR Diagnosis of excessive sleepiness associated with shift work disorder.
Age Restrictions	17 years of age or older.
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

QUININE

Products Affected

- *quinine sulfate*

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D, babesiosis, uncomplicated Plasmodium vivax malaria.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of uncomplicated Plasmodium falciparum malaria, uncomplicated Plasmodium vivax malaria, or babesiosis. Patient is not prescribed quinine for the treatment or prevention of leg cramps.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

RELISTOR

Products Affected

- RELISTOR ORAL
- RELISTOR SUBCUTANEOUS SOLUTION
- RELISTOR SUBCUTANEOUS SYRINGE

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Patient with known or suspected mechanical GI obstruction and at increased risk of recurrent obstruction.
Required Medical Information	Patient has a diagnosis of opioid induced constipation with either chronic non cancer pain or advanced illness who are receiving palliative care, when response to laxative therapy has not been sufficient. Patient has had an inadequate response to Amitiza or Movantik.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

REMODULIN

Products Affected

- REMODULIN

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Congestive heart failure due to severe left ventricular systolic dysfunction.
Required Medical Information	Diagnosis of pulmonary arterial hypertension that was confirmed by right heart catheterization or Doppler echocardiogram if patient is unable to undergo a right heart catheterization (e.g., patient is frail, elderly, etc.) AND Patient has WHO Group I PAH AND Patient has New York Heart Association (NYHA) Functional Class II-IV.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	Part D if patient in long term care (defined by customer location code on claim) otherwise Part B

REPATHA

Products Affected

- REPATHA
- REPATHA PUSHTRONEX
- REPATHA SURECLICK

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of heterozygous or homozygous familial hypercholesterolemia (HeFH or HoFH) or clinical atherosclerotic cardiovascular disease (ASCVD, defined as having at least one of the following: ACS, history of MI, stable or unstable angina, coronary or other arterial revascularization, stroke, TIA, or peripheral arterial disease presumed to be of atherosclerotic origin) and requires additional lowering of LDL cholesterol. Patient is on maximally tolerated statin therapy or has zero tolerance to statin therapy. For a diagnosis of clinical atherosclerotic cardiovascular disease: patient has tried at least two statins (rosuvastatin, atorvastatin, simvastatin, pravastatin, lovastatin, or fluvastatin)
Age Restrictions	13 years of age or older for HoFH, 18 years of age or older for other indications
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

RESPIRATORY PDE-5 INHIBITOR

Products Affected

- ADCIRCA
- REVATIO ORAL SUSPENSION FOR RECONSTITUTION
- *sildenafil (pulmonary arterial hypertension)*

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Receiving nitrate therapy (includes intermittent use)
Required Medical Information	Diagnosis of pulmonary arterial hypertension that was confirmed by right heart catheterization or Doppler echocardiogram if patient is unable to undergo a right heart catheterization (e.g., patient is frail, elderly, etc.) AND Patient has (WHO Group I) PAH.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

REVLIMID

Products Affected

- REVLIMID

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Diagnosis of multiple myeloma and medication will be used in combination with dexamethasone or as maintenance therapy after autologous hematopoietic stem cell transplant. OR Diagnosis of transfusion-dependent anemia due to low- or intermediate-1-risk myelodysplastic syndromes associated with a deletion 5 q cytogenetic abnormality with or without additional cytogenetic abnormalities. OR Diagnosis of mantle cell lymphoma whose disease has relapsed or progressed after two prior therapies, one of which included bortezomib. AND Patient is not using the medication for the treatment of chronic lymphocytic leukemia.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

RUBRACA

Products Affected

- RUBRACA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of advanced ovarian cancer with deleterious BRCA mutation. Patient has been treated with 2 or more chemotherapies.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

RYDAPT

Products Affected

- RYDAPT

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of new onset acute myeloid leukemia (AML) that is FLT3 mutation positive, aggressive systemic mastocytosis, systemic mastocytosis with associated hematological neoplasm, mast cell leukemia. For patients with AML, midostaurin will be used in combination with standard cytarabine and daunorubicin induction and cytarabine consolidation chemotherapy. Midostaurin will not be used as a single-agent induction for AML.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

SOMATULINE

Products Affected

- SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 — MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of either Acromegaly or gastroenteropancreatic neuroendocrine tumors (GEP-NETs). For acromegaly, patient has had an inadequate or partial response to surgery and/or radiotherapy or patient was not a candidate for surgery or radiotherapy. For GEP-NETs, tumors are unresectable, well- or moderately-differentiated, locally advanced or metastatic.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

SPRYCEL

Products Affected

- SPRYCEL

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D. Gastrointestinal stromal tumor (GIST).
Exclusion Criteria	N/A
Required Medical Information	Newly diagnosed adults with Philadelphia chromosome-positive chronic myelogenous leukemia (CML) in chronic phase. Adults with chronic, accelerated, or myeloid or lymphoid blast phase Philadelphia chromosome-positive CML with resistance or intolerance to prior therapy including imatinib. Adults with diagnosis of Philadelphia chromosome-positive acute lymphoblastic leukemia (ALL) with resistance or intolerance to prior therapy. For patients with GIST, patient must have progressed on imatinib or sunitinib.
Age Restrictions	18 years or older
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

STELARA

Products Affected

- STELARA SUBCUTANEOUS

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of moderate to severe plaque psoriasis (affects more than 5% of body surface area or affects crucial areas such as hands, feet, or genitals), active psoriatic arthritis, or moderate to severe Crohn's disease. For Crohn's disease: patient has failed or was intolerant to at least 1 TNF blocker, immunomodulator, or corticosteroid. Patient was negative for latent TB infection.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	For renewals: patient has had stable disease or improved on therapy.

STIVARGA

Products Affected

- STIVARGA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Diagnosis of: A) metastatic colorectal cancer AND patient has previously treated with fluoropyrimidine-, oxaliplatin-, and irinotecan -based therapy, an anti-vascular endothelial growth factor (VEGF) therapy, and, if KRAS wild type, an anti-epidermal growth factor receptor (EGFR) therapy or B) gastrointestinal stromal tumors that is locally advanced, unresectable or metastatic AND patient has tried and had an inadequate response, contraindication or intolerance to imatinib and sunitinib.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

SUTENT

Products Affected

- SUTENT

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Diagnosis of advanced/metastatic renal cell carcinoma. Diagnosis of gastrointestinal stromal tumor (GIST) after disease progression on or intolerance to imatinib. Diagnosis of progressive, well-differentiated pancreatic neuroendocrine tumors (pNET) in a patient with unresectable locally advanced or metastatic disease.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

SYMDEKO

Products Affected

- SYMDEKO

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has cystic fibrosis and is homozygous for the F508del mutation or has at least 1 mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene that is responsive to tezacaftor/ivacaftor based on in vitro data and/or clinical evidence. Patient had baseline ALT and AST assessed.
Age Restrictions	12 years of age or older
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

TAFINLAR

Products Affected

- TAFINLAR

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of unresectable or metastatic melanoma AND will be used as monotherapy in patients with the BRAF V600E mutation OR dabrafenib will be used in combination with trametinib in patients with BRAF V600E or V600K mutations.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

TAGRISSO

Products Affected

- TAGRISSO

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Diagnosis of metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) T790M mutation-positive disease. Patient must have progressed on or after EGFR tyrosine kinase inhibitor (TKI) therapy.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

TARCEVA

Products Affected

- TARCEVA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	For pancreatic cancer: Used first-line in locally advanced, unresectable, or metastatic cancer in combination with gemcitabine. For metastatic non-small cell lung cancer: not used in combination with platinum-based chemotherapy, tumors have EGFR exon 19 deletions or exon 21 substitution mutations.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

TARGRETIN

Products Affected

- TARGRETIN TOPICAL

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	For gel: patient has a diagnosis of stage 1A or 1B cutaneous T-cell lymphoma that is refractory or persistent after treatment with other therapies or has not tolerated other therapies.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

TASIGNA

Products Affected

- TASIGNA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Uncorrected hypokalemia or hypomagnesemia, long QT syndrome. Use of concomitant drugs known to prolong the QT interval or strong CYP3A4 inhibitors.
Required Medical Information	Patient has a diagnosis of newly diagnosed Philadelphia chromosome positive CML in chronic phase OR a diagnosis of chronic phase or accelerated phase Philadelphia chromosome positive CML in patients that are resistant or intolerant to imatinib.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

TAVALISSE

Products Affected

- TAVALISSE

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of chronic immune thrombocytopenia (ITP). Patient had an insufficient response to a previous treatment.
Age Restrictions	18 years of age or older
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

TECFIDERA

Products Affected

- TECFIDERA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of a relapsing form of multiple sclerosis. Patient must have a complete blood count within the past 6 months before initiation.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	To continue therapy, the patient must demonstrate stabilization or improvement while on Tecfidera.

THALOMID

Products Affected

- THALOMID

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of: A) multiple myeloma that is newly diagnosed and is receiving concurrent dexamethasone B) acute treatment of cutaneous manifestations of moderate to severe erythema nodosum leprosum C) Maintenance therapy for prevention and suppression of the cutaneous manifestations of erythema nodosum leprosum recurrence. Thalidomide will not be used as monotherapy for erythema nodosum leprosum treatment if the member has moderate to severe neuritis
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

TRACLEER

Products Affected

- TRACLEER

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Pregnancy. Concomitant use with cyclosporine or glyburide. For initial therapy: alanine aminotransferase (ALT)/aspartate aminotransferase (AST) level greater than 3 times the upper limit of normal (ULN).
Required Medical Information	Diagnosis of pulmonary arterial hypertension (WHO Group I) that was confirmed by right heart catheterization or Doppler echocardiagram if patient is unable to undergo a right heart catheterization (e.g., patient is frail, elderly, etc.). NYHA Functional Class II to IV symptoms. For female patients of childbearing potential: 1) Pregnancy was excluded prior to initiation of therapy, and 2) Patient will use reliable contraception during treatment and for one month after stopping treatment
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

TRANSMUCOSAL FENTANYL PRODUCTS

Products Affected

- ABSTRAL
- *fentanyl citrate*
- FENTORA
- LAZANDA
- SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	A. Long-Acting opioid is being prescribed B. The patient is opioid tolerant (Patients are considered opioid tolerant if they have been taking at least 60 mg of oral morphine per day, 25 mcg of transdermal fentanyl/hr, 30 mg of oral oxycodone daily, 8 mg of oral hydromorphone daily, 25 mg oral oxymorphone daily or an equianalgesic dose of another opioid for a week or longer.).
Age Restrictions	16 years of age or older (fentanyl oral lozenge), 18 years of age or older all others.
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

TYKERB

Products Affected

- TYKERB

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of advanced or metastatic breast cancer with overexpression of HER2 AND Tykerb will be used with capecitabine AND patient has received prior therapy with an anthracycline, a taxane, and trastuzumab. OR Patient is postmenopausal with a diagnosis of hormone receptor positive metastatic breast cancer with overexpression of HER2 AND Tykerb will be used with letrozole.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

TYSABRI

Products Affected

- TYSABRI

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	For patients with multiple sclerosis: will be used as monotherapy. For Crohn's disease: must have moderately to severely active disease and has had a failure, contraindication, or intolerance to conventional therapies such as Humira, Remicade, or Cimzia.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

UPTRAVI

Products Affected

- UPTRAVI

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Diagnosis of pulmonary arterial hypertension (WHO Group I) that was confirmed by right heart catheterization or Doppler echocardiagram if patient is unable to undergo a right heart catheterization (e.g., patient is frail, elderly, etc.).
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

VENCLEXTA

Products Affected

- VENCLEXTA
- VENCLEXTA STARTING PACK

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Must not be on a strong CYP3A inhibitor (such as ketoconazole, conivaptan, clarithromycin, indinavir, itraconazole, lopinavir, ritonavir, telaprevir, posaconazole, or voriconazole) at Venclexta initiation and during Venclexta ramp-up phase.
Required Medical Information	Patient has a diagnosis of chronic lymphocytic leukemia (CLL) with 17p deletion. Patient has received at least one prior therapy.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

VERZENIO

Products Affected

- VERZENIO

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has advanced or metastatic hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative breast cancer. Patient had disease progression following endocrine therapy. Patient will use with fluvestrant except in patients with metastatic disease that had disease progression after chemotherapy.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

VIBERZI

Products Affected

- VIBERZI

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of irritable bowel syndrome with diarrhea.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

VOSEVI

Products Affected

- VOSEVI

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Information required for review: genotype, prior HCV treatments, cirrhosis status (including Child-Pugh class), desired treatment regimen, viral load, HIV status, liver transplant history, renal impairment status. Requests will be reviewed against the most current edition of the American Association for the Study of Liver Diseases (AASLD) Infectious Diseases Society of America (IDSA) guidelines for Hepatitis C infection. Patients must be prescribed regimens recommended under these guidelines with the highest evidence rating in that category as of the date of the request. In cases where the request is for a lower evidence rated treatment, an explanation will be required as to why the higher rated regimen is not preferred.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 weeks
Other Criteria	N/A

VOTRIENT

Products Affected

- VOTRIENT

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of advanced renal cell carcinoma or advanced soft tissue sarcoma. Patients with a diagnosis of soft tissue sarcoma must have received prior chemotherapy.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

XALKORI

Products Affected

- XALKORI

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of metastatic non-small cell lung cancer (NSCLC). The tumor is ROS1- or ALK-positive. Xalkori will be used as a single agent.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

XELJANZ

Products Affected

- XELJANZ
- XELJANZ XR

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of moderate to severe rheumatoid arthritis. Patient has had a failure, contraindication, or intolerance to one DMARD such as: methotrexate, leflunomide, sulfasalazine.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	Renewals: patient has had a positive clinical response to Xeljanz or Xeljanz XR.

XENAZINE

Products Affected

- *tetrabenazine*

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D. Tardive dyskinesia and Tourette's syndrome.
Exclusion Criteria	Actively suicidal or has untreated or inadequately treated depression. Impaired hepatic function. Concomitant monoamine oxidase inhibitor (MAOI) or use within 14 days of stopping MAOI. Concomitant reserpine or use within 20 days of stopping reserpine.
Required Medical Information	Diagnosis of chorea associated with Huntington's disease. If treating for tardive dyskinesia, require failure of at least one previous therapy (e.g., amantadine, benzodiazepines, haloperidol, atypical antipsychotics, etc.) or Gilles de la Tourette's syndrome with failure or least one previous therapy (e.g., antipsychotic agents, clonidine). Patients who require doses greater than 50 mg/day will be genotyped for CYP2D6 to determine whether the patient is a poor, intermediate or extensive metabolizer.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	For renewal, patient must have a lack of disease progression or have improvement in symptoms.

XEOMIN

Products Affected

- XEOMIN INTRAMUSCULAR RECON SOLN 50 UNIT

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Infection at the site of injection.
Required Medical Information	For blepharospasm: must have prior treatment with onabotulinumtoxin A (Botox).
Age Restrictions	18 years of age or older
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

XTANDI

Products Affected

- XTANDI

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of metastatic castration-resistant prostate cancer (CRPC). The patient has tried and had an inadequate response, contraindication or intolerance to Zytiga.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

XYREM

Products Affected

- XYREM

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Taking alcohol or sedative hypnotic agents while taking Xyrem.
Required Medical Information	Patient has a diagnosis of narcolepsy with either cataplexy or excessive daytime sleepiness. For patients with a diagnosis of excessive daytime sleepiness, patient has had a previous trial with or a contraindication, intolerance, or allergy to modafinil, armodafinil, methylphenidate, dextroamphetamine, or mixed amphetamine salts.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

YONSA

Products Affected

- YONSA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has metastatic castration-resistant prostate cancer. Yonsa will be used in combination with methylprednisolone.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

ZEJULA

Products Affected

- ZEJULA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer. Patient had a complete or partial response to platinum-based chemotherapy.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

ZELBORAF

Products Affected

- ZELBORAF

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Diagnosis of unresectable or metastatic melanoma. Patient has positive BRAF-V600E mutation.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

ZEPATIER

Products Affected

- ZEPATIER

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	Patient has moderate or severe hepatic impairment (Child-Pugh B or C). Patient is on OATP1B1/3 inhibitors, strong inducers of CYP3A or efavirenz.
Required Medical Information	Information required for review: genotype, prior treatments, cirrhosis status, desired treatment regimen, viral load, HIV status, liver transplant history, renal impairment status, NS5A polymorphism status. Requests will be reviewed against the most current edition of the American Association for the Study of Liver Diseases (AASLD) Infectious Diseases Society of America (IDSA) guidelines for Hepatitis C infection. Patients must be prescribed regimens recommended under these guidelines as of the date of the request.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	12 or 16 weeks per medical information provided
Other Criteria	N/A

ZOLINZA

Products Affected

- ZOLINZA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of cutaneous T-cell lymphoma with progressive, persistent or recurrent disease. Patient has received at least two prior systemic therapies.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

ZYDELIG

Products Affected

- ZYDELIG

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	For relapsed chronic lymphocytic leukemia, Zydelig is used in combination with rituximab. For relapsed follicular B-cell non-Hodgkin lymphoma and relapsed small lymphocytic lymphoma, patient has received at least two prior systemic therapies.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

ZYKADIA

Products Affected

- ZYKADIA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of metastatic non-small cell lung cancer has anaplastic lymphoma kinase (ALK)-positive disease. Patient had an inadequate response, progressed on, or had an intolerance or contraindication to Xalkori.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

ZYTIGA

Products Affected

- ZYTIGA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	N/A
Required Medical Information	Patient has a diagnosis of metastatic castration-resistant prostate cancer (CRPC). Zytiga will be used in combination with prednisone.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Plan year
Other Criteria	N/A

PART B VERSUS PART D

Products Affected

- ABELCET
- *acetylcysteine*
- *acyclovir sodium intravenous solution*
- *adrucil intravenous solution 500 mg/10 ml*
- *albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml*
- ALIQOPA
- ALKERAN INTRAVENOUS
- ALOXI
- AMBISOME
- AMINOSYN 7 % WITH ELECTROLYTES
- AMINOSYN 8.5 %-ELECTROLYTES
- AMINOSYN II 10 %
- AMINOSYN II 15 %
- AMINOSYN II 8.5 %
- AMINOSYN II 8.5 %-ELECTROLYTES
- AMINOSYN-HBC 7%
- AMINOSYN-PF 10 %
- AMINOSYN-PF 7 % (SULFITE-FREE)
- AMINOSYN-RF 5.2 %
- *amphotericin b*
- ANZEMET ORAL
- *aprepitant*
- ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML
- ARANESP (IN POLYSORBATE) INJECTION SYRINGE
- ASTAGRAF XL
- ATGAM
- AZASAN
- *azathioprine*
- AZATHIOPRINE SODIUM
- BAVENCIO
- BETHKIS
- *bleomycin injection recon soln 30 unit*
- BROVANA
- *budesonide inhalation*
- *busulfan*
- BUSULFEX
- *calcitriol intravenous solution 1 mcg/ml*
- *calcitriol oral*
- *caspofungin intravenous recon soln 50 mg*
- CASPOFUNGIN INTRAVENOUS RECON SOLN 70 MG
- CELLCEPT
- CELLCEPT INTRAVENOUS
- CESAMET
- *cladribine*
- CLEOCIN INJECTION
- *clindamycin phosphate injection*
- *clindamycin phosphate intravenous solution 600 mg/4 ml*
- CLINIMIX 5%/D15W SULFITE FREE
- CLINIMIX 5%/D25W SULFITE-FREE
- CLINIMIX 2.75%/D5W SULFIT FREE
- CLINIMIX 4.25%/D10W SULF FREE
- CLINIMIX 4.25%/D5W SULFIT FREE
- CLINIMIX 4.25%-D20W SULF-FREE
- CLINIMIX 4.25%-D25W SULF-FREE
- CLINIMIX 5%-D20W(SULFITE-FREE)
- CLINIMIX E 2.75%/D10W SUL FREE
- CLINIMIX E 2.75%/D5W SULF FREE
- CLINIMIX E 4.25%/D10W SUL FREE
- CLINIMIX E 4.25%/D25W SUL FREE
- CLINIMIX E 4.25%/D5W SULF FREE
- CLINIMIX E 5%/D15W SULFIT FREE
- CLINIMIX E 5%/D20W SULFIT FREE
- CLINIMIX E 5%/D25W SULFIT FREE
- CLINISOL SF 15 %
- *cromolyn inhalation*
- *cyclophosphamide oral capsule*
- *cyclosporine intravenous*
- *cyclosporine modified*
- *cyclosporine oral capsule*
- *cytarabine*
- *cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)*
- CYTOVENE
- D10 %-0.45 % SODIUM CHLORIDE
- *d2.5 %-0.45 % sodium chloride*
- *d5 % and 0.9 % sodium chloride*
- *d5 %-0.45 % sodium chloride*

- *dexamethasone sodium phosphate injection solution*
- *dextrose 10 % and 0.2 % nacl*
- *dextrose 10 % in water (d10w)*
- *dextrose 5 % in water (d5w) intravenous parenteral solution*
- *dextrose 5%-0.2 % sod chloride*
- *dextrose 5%-0.3 % sod.chloride*
- *dextrose with sodium chloride*
- *doxercalciferol*
- *dronabinol*
- ELELYSO
- EMEND (FOSAPREPITANT)
- EMEND ORAL
- ENGERIX-B (PF) INTRAMUSCULAR SYRINGE
- ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE
- ENVARSUS XR
- EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML
- *fluorouracil intravenous solution 5 gram/100 ml*
- FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML
- FREAMINE HBC 6.9 %
- *ganciclovir sodium intravenous recon soln*
- *gengraf oral capsule 100 mg, 25 mg*
- *gengraf oral solution*
- *granisetron (pf) intravenous solution 100 mcg/ml*
- *granisetron hcl*
- GRANIX
- *heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)*
- *heparin (porcine) injection solution*
- HEPATAMINE 8%
- HUMULIN R U-500 (CONC) INSULIN
- HYCAMTIN INTRAVENOUS
- HYPERRAB S/D (PF)
- *ibandronate intravenous solution*
- IMFINZI
- IMOGAM RABIES-HT (PF)
- INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %
- *ipratropium bromide inhalation*
- *ipratropium-albuterol*
- *ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)*
- *levalbuterol hcl*
- *levocarnitine (with sugar)*
- *levocarnitine oral tablet*
- *levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml*
- LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML
- *melphalan hcl*
- *methotrexate sodium (pf)*
- *methotrexate sodium injection*
- *methylprednisolone sodium succ injection recon soln 125 mg, 40 mg*
- MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML
- MORPHINE INTRAVENOUS SYRINGE
- *mycophenolate mofetil*
- *mycophenolate mofetil hcl*
- *mycophenolate sodium*
- MYFORTIC
- MYLOTARG
- NEBUPENT
- NEORAL
- NEPHRAMINE 5.4 %
- NEULASTA SUBCUTANEOUS SYRINGE
- NEUPOGEN
- NULOJIX
- NUTRILIPID
- *ondansetron*
- *ondansetron hcl (pf)*
- *ondansetron hcl oral*

- PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML
- *palonosetron intravenous solution 0.25 mg/5 ml*
- *pamidronate intravenous solution*
- *paricalcitol intravenous*
- *paricalcitol oral*
- PENTAM
- PERFOROMIST
- *piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram, 40.5 gram*
- *plenamine*
- PREMASOL 10 %
- PREMASOL 6 %
- PROCALAMINE 3%
- PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML
- PROGRAF INTRAVENOUS
- PROSOL 20 %
- PULMOZYME
- RAPAMUNE
- RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML
- RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE
- RITUXAN
- SANDIMMUNE
- SIMULECT INTRAVENOUS RECON SOLN 20 MG
- *sirolimus*
- *sodium chloride 0.45 % intravenous parenteral solution*
- *sodium chloride 0.9 % intravenous parenteral solution*
- *sodium chloride 3 %*
- *sodium chloride 5 %*
- *sodium chloride intravenous parenteral solution 2.5 meq/ml*
- SOLU-MEDROL (PF) INJECTION
- SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML
- SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM
- *tacrolimus oral*
- TECENTRIQ
- THYMOGLOBULIN
- TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE
- *tobramycin in 0.225 % nacl*
- *tobramycin sulfate injection solution*
- *topotecan intravenous recon soln*
- TRAVASOL 10 %
- TROPHAMINE 10 %
- TROPHAMINE 6%
- *vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg*
- VARUBI ORAL
- VENTAVIS
- VINBLASTINE INTRAVENOUS SOLUTION
- *vincasar pfs intravenous solution 1 mg/ml*
- *vincristine intravenous solution 1 mg/ml*
- VYXEOS
- XOLAIR
- ZARXIO
- *zoledronic acid intravenous solution*
- *zoledronic acid-mannitol-water*
- ZORTRESS
- ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML
- ZOSYN INTRAVENOUS RECON SOLN 40.5 GRAM

Details

This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

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