

Keystone 65 Basic Rx HMO, Keystone 65 Essential Rx HMO-POS, Keystone 65 Focus Rx HMO-POS, Keystone 65 Assured Rx HMO, and Personal Choice 65SM Achieve Rx PPO Plans

2027 Prior Authorization Criteria

This document contains important information about some of the drugs we cover in your health plan.

At Independence Blue Cross (IBX), we work to make sure you get the medications that are safe and right for you. One way we do this is by asking you to use pharmacies in our network. Another way is through a process called **prior authorization**.

This document explains:

- What prior authorization is
- Which drugs it applies to
- What to do if your drug is affected

This document was last updated on 9/1/2026. For the most up-to-date information, or if you have questions, we're here to help:

- **Keystone 65 Rx:** 1-800-645-3965
- **Personal Choice 65 Rx:** 1-888-718-3333
- **TTY/TDD:** 711

You can call **seven days a week, 8 a.m. to 8 p.m.** From April 1 through September 30, calls on weekends and holidays may go to voicemail.

You can also visit ibxmedicare.com to search your drug list (formulary) or view and download any other plan documents.

What is prior authorization?

Some drugs need approval before they are covered. This is called **prior authorization**.

We use this process to help make sure the drug is safe, works for your condition, and is right for you.

Prior authorization means:

- You or your doctor needs to ask us before you fill the drug.
- We review the request.
- If we approve it, we will cover the drug.
- If we do not approve it, we may not cover the drug.

If you or your doctor believes this drug is the right choice for you, but it is not approved, you can ask us:

- To make an exception, or
- About other drugs that may work for you

You can find a list of drugs that require prior authorization in this document.

You can also find more details in your plan's *Formulary* (drug list) and your *Evidence of Coverage*.

How to use this document

Find your drug in the index on page **295**. Then read all the information listed for that drug.

If your drug has "PA" in the "Requirements" column of your health plan's drug formulary, you can find more details in this document.

In this document:

- "We," "us," and "our" mean Independence Blue Cross.
- "Plan" and "our plan" mean Keystone 65 Rx or Personal Choice 65 Rx.

Independence Blue Cross offers PPO, HMO-POS, and HMO Medicare Advantage plans with a Medicare contract.

Enrollment in Independence Blue Cross PPO, HMO-POS, and HMO Medicare Advantage plans depends on contract renewal.

Independence Blue Cross offers products through its subsidiaries and affiliates including Independence Assurance Company, Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company — independent licensees of the Blue Cross and Blue Shield Association.



4496800 (09/26)
IBX17001 (04/26)
Y0041_HM_27_128477_C

abiraterone 2027

Products Affected

- *abiraterone acetate*
- ABIRTEGA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

acetaminophen and butalbital and caffeine hrm 2027

Products Affected

- *butalbital-apap-caffeine oral capsule 50-300-40 mg*
- *butalbital-apap-caffeine oral tablet 50-325-40 mg*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

acetaminophen and butalbital hrm 2027

Products Affected

- *butalbital-acetaminophen oral tablet 50-325 mg*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

acute hae agents 2027

Products Affected

- BERINERT

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

adalimumab preferred products 2027

Products Affected

- *adalimumab-aacf (2 pen)*
- *adalimumab-aacf (2 syringe)*
- *adalimumab-aacf(cd/uc/hs strt)*
- *adalimumab-aacf(ps/uv starter)*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

adapalene products 2027

Products Affected

- *adapalene external gel 0.3 %*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

adbry 2027

Products Affected

- ADBRY

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

adempas 2027

Products Affected

- ADEMPAS

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

aimovig 2027

Products Affected

- AIMOVIG

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

akeega 2027

Products Affected

- AKEEGA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

alecensa 2027

Products Affected

- ALECENSA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

alunbrig 2027

Products Affected

- ALUNBRIG

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

ambrisentan 2027

Products Affected

- *ambrisentan*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

arikayce 2027

Products Affected

- ARIKAYCE

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

armodafinil 2027

Products Affected

- *armodafinil*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

aspirin and butalbital and caffeine hrm 2027

Products Affected

- *butalbital-aspirin-caffeine oral capsule*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

augtyro 2027

Products Affected

- AUGTYRO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

austedo 2027

Products Affected

- AUSTEDO & 18 & 24 & 30 MG
- AUSTEDO XR
- AUSTEDO XR PATIENT TITRATION ORAL
TABLET EXTENDED RELEASE THERAPY PACK 12

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

auvelity 2027

Products Affected

- AUVELITY

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

avmapki 2027

Products Affected

- AVMAPKI FAKZYNJA CO-PACK

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

ayvakit 2027

Products Affected

- AYVAKIT

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

balversa 2027

Products Affected

- BALVERSA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

benlysta sc 2027

Products Affected

- BENLYSTA SUBCUTANEOUS

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

besremi 2027

Products Affected

- BESREMI

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

bexarotene oral products 2027

Products Affected

- *bexarotene*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

bexarotene topical products 2027

Products Affected

- *bexarotene*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

bosentan 2027

Products Affected

- *bosentan*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

bosulif 2027

Products Affected

- BOSULIF ORAL CAPSULE 50 MG
- BOSULIF ORAL TABLET 100 MG, 500 MG
- *bosutinib oral tablet 400 mg*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

braftovi 2027

Products Affected

- BRAFTOVI ORAL CAPSULE 75 MG

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

brand pomalyst 2027

Products Affected

- POMALYST

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

brukinsa 2027

Products Affected

- BRUKINSA ORAL TABLET

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

caboxantinib products 2027

Products Affected

- CABOMETYX 20 MG & 80 MG
- COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG
- COMETRIQ (60 MG DAILY DOSE)
- COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

calquence 2027

Products Affected

- CALQUENCE ORAL TABLET

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

caplyta 2027

Products Affected

- CAPLYTA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

caprelsa 2027

Products Affected

- CAPRELSA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

cayston 2027

Products Affected

- CAYSTON

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

chlordiazepoxide hrm 2027

Products Affected

- *chlordiazepoxide-clidinium*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

cholbam 2027

Products Affected

- CHOLBAM

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

cimzia 2027

Products Affected

- CIMZIA (1 SYRINGE)
- CIMZIA SUBCUTANEOUS KIT 2 X 200 MG
- CIMZIA-STARTER

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

cinryze 2027

Products Affected

- CINRYZE

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

cobenfy 2027

Products Affected

- COBENFY
- COBENFY STARTER PACK

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

copiktra 2027

Products Affected

- COPIKTRA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

cosentyx sq 2027

Products Affected

- COSENTYX (300 MG DOSE)
- COSENTYX SENSOREADY (300 MG)
- COSENTYX SUBCUTANEOUS SOLUTION
PREFILLED SYRINGE 75 MG/0.5ML
- COSENTYX UNOREADY

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

cotellic 2027

Products Affected

- COTELLIC

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

crenesity 2027

Products Affected

- CRENESSITY ORAL CAPSULE 100 MG, 50 MG
- CRENESSITY ORAL SOLUTION

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

cresemba oral 2027

Products Affected

- CRESEMBA ORAL

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

dalfampridine 2027

Products Affected

- *dalfampridine er*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

dasatinib products 2027

Products Affected

- *dasatinib*
- PHYRAGO
- SPRYCEL

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

daurismo 2027

Products Affected

- DAURISMO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

deferasirox 2027

Products Affected

- *deferasirox oral tablet*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

diacomit 2027

Products Affected

- DIACOMIT

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

dichlorophenamide 2027

Products Affected

- ORMALVI

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

dipyridamole hrm 2027

Products Affected

- *dipyridamole oral*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

doptelet 2027

Products Affected

- DOPTELET ORAL TABLET 20 MG
- DOPTELET SPRINKLE

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

dulaglutide 2027

Products Affected

- TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

dupixent 2027

Products Affected

- DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR MG/2ML
- DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

ebglyss 2027

Products Affected

- EBGlySS

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

eltrombopag 2027

Products Affected

- *eltrombopag olamine oral tablet*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

emgality 2027

Products Affected

- EMGALITY
- EMGALITY (300 MG DOSE)

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

emsam 2027

Products Affected

- EMSAM

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

enbrel 2027

Products Affected

- ENBREL MINI
- ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML
- ENBREL SUBCUTANEOUS SOLUTION PREFILLED
- SYRINGE
- ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

endari 2027

Products Affected

- ENDARI
- *l-glutamine oral packet*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

ensacove 2027

Products Affected

- ENSACOVE

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

entyvio sq 2027

Products Affected

- ENTYVIO PEN

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

epclusa 2027

Products Affected

- EPCLUSA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

epidiolex 2027

Products Affected

- EPIDIOLEX

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

erivedge 2027

Products Affected

- ERIVEDGE

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

erleada 2027

Products Affected

- ERLEADA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

erlotinib 2027

Products Affected

- *erlotinib hcl*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

estradiol-progestin hrm 2027

Products Affected

- CLIMARA PRO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

estrogen conjugate hrm 2027

Products Affected

- PREMARIN ORAL

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

eszopiclone hrm 2027

Products Affected

- *eszopiclone oral tablet 3 mg*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

eucrisa 2027

Products Affected

- EUCRISA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

evenity 2027

Products Affected

- EVENITY

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

everolimus products 2027

Products Affected

- *everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg*
- *everolimus oral tablet soluble*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

filspari 2027

Products Affected

- FILSPARI

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

fintepla 2027

Products Affected

- FINTEPLA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

firmagon 2027

Products Affected

- FIRMAGON SUBCUTANEOUS SOLUTION
RECONSTITUTED 80 MG

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

fotivda 2027

Products Affected

- FOTIVDA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

fruzaqla 2027

Products Affected

- FRUZAQLA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

galafold 2027

Products Affected

- GALAFOLD

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

gattex 2027

Products Affected

- GATTEX

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

gavreto 2027

Products Affected

- GAVRETO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

gefitinib products 2027

Products Affected

- *gefitinib*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

generic lidocaine transdermal patch 2027

Products Affected

- *lidocaine external patch 5 %*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

generic sodium phenylbutyrate 2027

Products Affected

- *sodium phenylbutyrate oral tablet*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

gilotrif 2027

Products Affected

- GILOTRIF

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

gomekli 2027

Products Affected

- GOMEKLI

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

grastek 2027

Products Affected

- GRASTEK

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

growth hormones 2027

Products Affected

- GENOTROPIN SUBCUTANEOUS CARTRIDGE
- OMNITROPE SUBCUTANEOUS SOLUTION
CARTRIDGE 5 MG/1.5ML

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

haegarda 2027

Products Affected

- HAEGARDA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

harvoni 2027

Products Affected

- HARVONI

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

hernexeos 2027

Products Affected

- HERNEXEOS

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

high dose opioids- fentanyl 2027

Products Affected

- *fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 75 mcg/hr*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

high dose opioids- methadone 2027

Products Affected

- *methadone hcl oral tablet*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

high dose opioids- morphine 2027

Products Affected

- *morphine sulfate er oral tablet extended release*
100 mg, 60 mg

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

hrm cyclobenzaprine 2027

Products Affected

- *cyclobenzaprine hcl oral tablet 10 mg, 5 mg*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

hrm short term skeletal muscle relaxants 2027

Products Affected

- *carisoprodol oral*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

hydroxyzine hrm 2027

Products Affected

- *hydroxyzine hcl oral syrup 10 mg/5ml*
- *hydroxyzine hcl oral tablet*
- *hydroxyzine pamoate oral*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

hyrnuo 2027

Products Affected

- HYRNUO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

ibrance 2027

Products Affected

- IBRANCE ORAL CAPSULE 125 MG
- IBRANCE ORAL TABLET

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

ibtrozi 2027

Products Affected

- IBTROZI

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

icatibant products 2027

Products Affected

- FIRAZYR SUBCUTANEOUS SOLUTION
PREFILLED SYRINGE
- *icatibant acetate subcutaneous solution prefilled syringe*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

iclusig 2027

Products Affected

- ICLUSIG

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

idhifa 2027

Products Affected

- IDHIFA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

ilumya 2027

Products Affected

- ILUMYA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

imatinib products 2027

Products Affected

- *imatinib mesylate oral*
- *imkeldi*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

imbruvica 2027

Products Affected

- IMBRUVICA ORAL CAPSULE
- IMBRUVICA ORAL SUSPENSION
- IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

increlex 2027

Products Affected

- INCRELEX

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

inhaled tobramycin 2027

Products Affected

- TOBI PODHALER

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

injectable methotrexate 2027

Products Affected

- RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 22.5 MG/0.45ML, 30 MG/0.6ML, 7.5 MG/0.15ML

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

inluriyo 2027

Products Affected

- INLURIYO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

inlyta 2027

Products Affected

- INLYTA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

inqovi 2027

Products Affected

- INQOVI

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

inrebic 2027

Products Affected

- INREBIC

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

intravenous immune globulins (ivig) 2027

Products Affected

- GAMMAGARD ERC
- GAMUNEX-C INJECTION SOLUTION 1 GM/10ML

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

isturisa 2027

Products Affected

- ISTURISA ORAL TABLET 1 MG, 5 MG

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

itovebi 2027

Products Affected

- ITOVEBI

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

ivabradine 2027

Products Affected

- *ivabradine hcl*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

iwilfin 2027

Products Affected

- IWILFIN

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

jakafi 2027

Products Affected

- JAKAFI
- JAKAFI XR

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

jaycirca 2027

Products Affected

- JAYPIRCA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

jynarque 2027

Products Affected

- *tolvaptan oral tablet*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

kalydeco 2027

Products Affected

- KALYDECO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

kerendia 2027

Products Affected

- KERENDIA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

kevzara 2027

Products Affected

- KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

kineret 2027

Products Affected

- KINERET SUBCUTANEOUS SOLUTION
PREFILLED SYRINGE

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

kisqali 2027

Products Affected

- KISQALI (200 MG DOSE)
- KISQALI (400 MG DOSE)
- KISQALI (600 MG DOSE)

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

komzifti 2027

Products Affected

- KOMZIFTI

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

korlym 2027

Products Affected

- *mifepristone oral tablet 300 mg*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

koselugo 2027

Products Affected

- KOSELUGO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

krazati 2027

Products Affected

- KRAZATI

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

lapatinib products 2027

Products Affected

- *lapatinib ditosylate*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

lazcluze 2027

Products Affected

- LAZCLUZE

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

lenalidomide products 2027

Products Affected

- *lenalidomide*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

lenvatinib products 2027

Products Affected

- LENVIMA (10 MG DAILY DOSE)
- LENVIMA (12 MG DAILY DOSE)
- LENVIMA (14 MG DAILY DOSE)
- LENVIMA (18 MG DAILY DOSE)
- LENVIMA (20 MG DAILY DOSE)
- LENVIMA (24 MG DAILY DOSE)
- LENVIMA (4 MG DAILY DOSE)
- LENVIMA (8 MG DAILY DOSE)

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

leqembi iqlik sq 2027

Products Affected

- LEQEMBI IQLIK

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

lifyorli 2027

Products Affected

- LIFYORLI (125 MG DOSE) ORAL CAPSULE
THERAPY PACK 1 X 25 MG & 1 X 100 MG
- LIFYORLI (150 MG DOSE) ORAL CAPSULE
THERAPY PACK 2 X 25 MG & 1 X 100 MG

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

liraglutide 2027

Products Affected

- *liraglutide*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

livtencity 2027

Products Affected

- LIVTENCITY

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

lomustine products 2027

Products Affected

- *lomustine*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

lonsurf 2027

Products Affected

- LONSURF

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

lorbrena 2027

Products Affected

- LORBRENA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

lumakras 2027

Products Affected

- LUMAKRAS

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

lynparza 2027

Products Affected

- LYNPARZA ORAL TABLET

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

lytgobi 2027

Products Affected

- LYTGOBI (12 MG DAILY DOSE)
- LYTGOBI (16 MG DAILY DOSE)
- LYTGOBI (20 MG DAILY DOSE)

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

mavyret 2027

Products Affected

- MAVYRET

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

mekinist 2027

Products Affected

- MEKINIST

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

mektovi 2027

Products Affected

- MEKTOVI

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

modafinil 2027

Products Affected

- *modafinil oral*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

modeyso 2027

Products Affected

- MODEYSO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

nayzilam 2027

Products Affected

- NAYZILAM

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

nerlynx 2027

Products Affected

- NERLYNX

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

nexletol 2027

Products Affected

- NEXLETOL

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

nexlizet 2027

Products Affected

- NEXLIZET

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

nilotinib products 2027

Products Affected

- DANZITEN
- *nilotinib hcl*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

ninlaro 2027

Products Affected

- NINLARO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

nintedanib 2027

Products Affected

- *nintedanib esylate*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

non-preferred ustekinumab sq 2027

Products Affected

- *ustekinumab subcutaneous*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

noxafil 2027

Products Affected

- *posaconazole oral tablet delayed release*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

nubeqa 2027

Products Affected

- NUBEQA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

nucala 2027

Products Affected

- NUCALA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

nuedexta 2027

Products Affected

- NUEDEXTA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

nuplazid 2027

Products Affected

- NUPLAZID ORAL CAPSULE
- NUPLAZID ORAL TABLET 10 MG

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

nurtec 2027

Products Affected

- NURTEC

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

octreotide 2027

Products Affected

- *octreotide acetate injection solution 200 mcg/ml, 50 mcg/ml*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

odactra 2027

Products Affected

- ODACTRA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

odomzo 2027

Products Affected

- ODOMZO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

ofev 2027

Products Affected

- OFEV

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

ogsiveo 2027

Products Affected

- OGSIVEO ORAL TABLET 100 MG, 150 MG

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

ojemda 2027

Products Affected

- OJEMDA ORAL SUSPENSION RECONSTITUTED
- OJEMDA ORAL TABLET 100 MG

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

ojjaara 2027

Products Affected

- OJJAARA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

olumiant 2027

Products Affected

- OLUMIANT

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

onureg 2027

Products Affected

- ONUREG

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

opipza 2027

Products Affected

- OPIPZA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

orencia sq 2027

Products Affected

- ORENCIA CLICKJECT
- ORENCIA SUBCUTANEOUS SOLUTION
 PREFILLED SYRINGE

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

orgovyx 2027

Products Affected

- ORGOVYX

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

orkambi 2027

Products Affected

- ORKAMBI

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

orserdu 2027

Products Affected

- ORSERDU

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

otezla 2027

Products Affected

- OTEZLA
- OTEZLA XR
- OTEZLA/OTEZLA XR INITIATION PK

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

part d vs excluded- voriconazole 2027

Products Affected

- *voriconazole intravenous solution reconstituted*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

pazopanib products 2027

Products Affected

- *pazopanib hcl oral tablet 200 mg*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

pde inhibitor agents for pah 2027

Products Affected

- *tadalafil (pah)*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

pemigatinib products 2027

Products Affected

- PEMAZYRE

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

piqray 2027

Products Affected

- PIQRAY (200 MG DAILY DOSE)
- PIQRAY (250 MG DAILY DOSE)
- PIQRAY (300 MG DAILY DOSE)

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

pirfenidone 2027

Products Affected

- *pirfenidone*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

pomalidomide 2027

Products Affected

- *pomalidomide*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

praluent 2027

Products Affected

- PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

preferred denosumab (xgeva products) 2027

Products Affected

- OSENVELT
- WYOST

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

preferred denosumab 2027

Products Affected

- JUBBONTI
- STOBOCLO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

preferred tocilizumab sq 2027

Products Affected

- TYENNE SUBCUTANEOUS

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

preferred ustekinumab sq 2027

Products Affected

- YESINTEK SUBCUTANEOUS

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

pretomanid 2027

Products Affected

- *pretomanid*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

promethazine hrm 2027

Products Affected

- *promethazine hcl oral tablet*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

qinlock 2027

Products Affected

- QINLOCK

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

qualaquin 2027

Products Affected

- *quinine sulfate oral*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

raldesy 2027

Products Affected

- RALDESY

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

repatha 2027

Products Affected

- REPATHA SURECLICK

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

respiratory enzymes 2027

Products Affected

- PROLASTIN-C INTRAVENOUS SOLUTION

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

retevmo 2027

Products Affected

- RETEVMO ORAL TABLET

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

revuforj 2027

Products Affected

- REVUFORJ

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

rexulti 2027

Products Affected

- REXULTI

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

rezdiffra 2027

Products Affected

- REZDIFFRA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

rezlidhia 2027

Products Affected

- REZLIDHIA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

rezurock 2027

Products Affected

- REZUROCK

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

rinvoq 2027

Products Affected

- RINVOQ

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

rinvoq lq 2027

Products Affected

- RINVOQ LQ

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

romvimza 2027

Products Affected

- ROMVIMZA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

rozlytrek 2027

Products Affected

- ROZLYTREK

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

rubraca 2027

Products Affected

- RUBRACA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

rydapt 2027

Products Affected

- RYDAPT

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

scemblix 2027

Products Affected

- SCEMBLIX

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

semaglutide 2027

Products Affected

- OZEMPIC
- OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML
- OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML
- OZEMPIC (2 MG/DOSE)

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

signifor 2027

Products Affected

- SIGNIFOR

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

sildenafil 2027

Products Affected

- *sildenafil citrate oral tablet 20 mg*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

simponi 2027

Products Affected

- SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR
- SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

sirturo 2027

Products Affected

- SIRTURO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

sivextro iv 2027

Products Affected

- SIVEXTRO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

sivextro oral 2027

Products Affected

- SIVEXTRO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

skyrizi sc 2027

Products Affected

- SKYRIZI PEN
 - SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE
 - SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED
- SYRINGE 150 MG/ML

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

sodium oxybate 2027

Products Affected

- *sodium oxybate*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

somavert 2027

Products Affected

- SOMAVERT

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

sorafenib products 2027

Products Affected

- *sorafenib tosylate*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

sotatercept 2027

Products Affected

- WINREVAIR

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

stivarga 2027

Products Affected

- STIVARGA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

sunitinib products 2027

Products Affected

- *sunitinib malate*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

tabrecta 2027

Products Affected

- TABRECTA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

tadalafil (bph) 2027

Products Affected

- *tadalafil oral tablet 2.5 mg, 5 mg*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

tafinlar 2027

Products Affected

- TAFINLAR

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

tagrisso 2027

Products Affected

- TAGRISSO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

taltz 2027

Products Affected

- TALTZ

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

talzenna 2027

Products Affected

- TALZENNA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

tarpeyo 2027

Products Affected

- TARPEYO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

tavaborole products 2027

Products Affected

- *tavaborole*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

tavneos 2027

Products Affected

- TAVNEOS

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

tepmetko 2027

Products Affected

- TEPMETKO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

teriparatide 2027

Products Affected

- BONSITY 560 mcg/2.24ml
- FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML
- *teriparatide subcutaneous solution pen-injector*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

testosterone products 2027

Products Affected

- testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml
- testosterone enanthate intramuscular solution
- testosterone transdermal gel 12.5 mg/act (1%),
- testosterone transdermal solution

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

tetrabenazine 2027

Products Affected

- *tetrabenazine*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

thalomid 2027

Products Affected

- THALOMID ORAL CAPSULE 100 MG, 50 MG

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

tibsovo 2027

Products Affected

- TIBSOVO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

tirzepatide 2027

Products Affected

- MOUNJARO SUBCUTANEOUS SOLUTION
AUTO-INJECTOR

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

tolvaptan 2027

Products Affected

- *tolvaptan (hyponatremia)*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

topical retinoid products 2027

Products Affected

- *tretinoin external*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

tracleer 2027

Products Affected

- TRACLEER

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

tremfya sq 2027

Products Affected

- TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR
- TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML
- TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE
- TREMFYA-CD/UC INDUCTION

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

trikafta 2027

Products Affected

- TRIKAFTA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

triptorelin 2027

Products Affected

- TRELSTAR MIXJECT INTRAMUSCULAR
SUSPENSION RECONSTITUTED 11.25 MG

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

truqap 2027

Products Affected

- TRUQAP ORAL TABLET 200 MG
- TRUQAP ORAL TABLET THERAPY PACK 160 MG

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

tryngolza 2027

Products Affected

- TRYNGOLZA SUBCUTANEOUS SOLUTION
AUTO-INJECTOR 80 MG/0.8ML

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

tukysa 2027

Products Affected

- TUKYSA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

turalio 2027

Products Affected

- TURALIO ORAL CAPSULE 125 MG

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

tymlos 2027

Products Affected

- TYMLOS

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

tyvaso dpi 2027

Products Affected

- TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X 64MCG, 112 X 48MCG & 112 X 64MCG, 112 X 48MCG & 112 X 80MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG
- TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

ubrelvy 2027

Products Affected

- UBRELVY

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

valchlor 2027

Products Affected

- VALCHLOR

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

valtoco 2027

Products Affected

- VALTOCO 10 MG DOSE
- VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML
- VALTOCO 20 MG DOSE NASAL LIQUID
- VALTOCO 5 MG DOSE THERAPY PACK 2 X 10 MG/0.1ML

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

vanflyta 2027

Products Affected

- VANFLYTA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

velsipity 2027

Products Affected

- VELSIPITY

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

venclexta 2027

Products Affected

- VENCLEXTA
- VENCLEXTA STARTING PACK

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

veozah 2027

Products Affected

- VEOZAH

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

verquvo 2027

Products Affected

- VERQUVO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

verzenio 2027

Products Affected

- VERZENIO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

vigafyde solution 2027

Products Affected

- VIGAFYDE

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

vitrakvi 2027

Products Affected

- VITRAKVI

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

vonjo 2027

Products Affected

- VONJO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

voquezna tablets 2027

Products Affected

- VOQUEZNA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

voranigo 2027

Products Affected

- VORANIGO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

vosevi 2027

Products Affected

- VOSEVI

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

vowst 2027

Products Affected

- VOWST

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

wegovy 2027

Products Affected

- WEGOVY

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

wegovy oral 2027

Products Affected

- WEGOVY

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

welireg 2027

Products Affected

- WELIREG

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

wilsons disease 2027

Products Affected

- *trientine hcl oral capsule 500 mg*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

xalkori 2027

Products Affected

- XALKORI

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

xdemvy 2027

Products Affected

- XDEM VY

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

xeljanz 2027

Products Affected

- *tofacitinib citrate er*
- *tofacitinib citrate oral*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

xermelo 2027

Products Affected

- XERMELO

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

xifaxan 550mg 2027

Products Affected

- XIFAXAN ORAL TABLET 550 MG

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

xolair 2027

Products Affected

- XOLAIR

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

xospata 2027

Products Affected

- XOSPATA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

xpovio 2027

Products Affected

- XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG
- XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG
- XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG
- XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG
- XPOVIO (60 MG TWICE WEEKLY)
- XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG
- XPOVIO (80 MG TWICE WEEKLY)

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

xtandi 2027

Products Affected

- XTANDI

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

yonsa 2027

Products Affected

- YONSA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

zavesca 2027

Products Affected

- *miglustat*

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

zejula 2027

Products Affected

- ZEJULA ORAL TABLET

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

zelboraf 2027

Products Affected

- ZELBORAF

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

zolinza 2027

Products Affected

- ZOLINZA

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

ztalmy 2027

Products Affected

- ZTALMY

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

zurzuvaе 2027

Products Affected

- ZURZUVAE

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

zykadia 2027

Products Affected

- ZYKADIA ORAL TABLET

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

zymfentra sq 2027

Products Affected

- ZYMFENTRA (2 PEN)
- ZYMFENTRA (2 SYRINGE)

PA Criteria	Criteria Details
Exclusion Criteria	UNDER CMS REVIEW
Required Medical Information	UNDER CMS REVIEW
Age Restrictions	UNDER CMS REVIEW
Prescriber Restrictions	UNDER CMS REVIEW
Coverage Duration	UNDER CMS REVIEW
Other Criteria	UNDER CMS REVIEW
Indications	UNDER CMS REVIEW
Off Label Uses	UNDER CMS REVIEW
Part B Prerequisite	UNDER CMS REVIEW
Prerequisite Therapy Required	UNDER CMS REVIEW

Index

<i>abiraterone acetate</i>	3	CAPLYTA.....	36
ABIRTEGA.....	3	CAPRELSA.....	37
<i>adalimumab-aacf (2 pen)</i>	7	<i>carisoprodol oral</i>	100
<i>adalimumab-aacf (2 syringe)</i>	7	CAYSTON.....	38
<i>adalimumab-aacf(cd/uc/hs strt)</i>	7	<i>chlordiazepoxide-clidinium</i>	39
<i>adalimumab-aacf(ps/uv starter)</i>	7	CHOLBAM.....	40
<i>adapalene external gel 0.3 %</i>	8	CIMZIA (1 SYRINGE).....	41
ADBRY.....	9	CIMZIA SUBCUTANEOUS KIT 2 X 200 MG.....	41
ADEMPAS.....	10	CIMZIA-STARTER.....	41
AIMOVIG.....	11	CINRYZE.....	42
AKEEGA.....	12	CLIMARA PRO.....	72
ALECENSA.....	13	COBENFY.....	43
ALUNBRIG.....	14	COBENFY STARTER PACK.....	43
<i>ambrisentan</i>	15	COMETRIQ (100 MG DAILY DOSE) ORAL KIT	
ARIKAYCE.....	16	80 & 20 MG.....	34
<i>armodafinil</i>	17	COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3	
AUGTYRO.....	19	X 20 MG & 80 MG.....	34
AUSTEDO.....	20	COMETRIQ (60 MG DAILY DOSE).....	34
AUSTEDO XR.....	20	COPIKTRA.....	44
AUSTEDO XR PATIENT TITRATION ORAL		COSENTYX (300 MG DOSE).....	45
TABLET EXTENDED RELEASE THERAPY PACK		COSENTYX SENSOREADY (300 MG).....	45
12 & 18 & 24 & 30 MG.....	20	COSENTYX SUBCUTANEOUS SOLUTION	
AUVELITY.....	21	PREFILLED SYRINGE 75 MG/0.5ML.....	45
AVMAPKI FAKZYNJA CO-PACK.....	22	COSENTYX UNOREADY.....	45
AYVAKIT.....	23	COTELLIC.....	46
BALVERSA.....	24	CRENESSITY ORAL CAPSULE 100 MG, 50 MG...	47
BENLYSTA SUBCUTANEOUS.....	25	CRENESSITY ORAL SOLUTION.....	47
BERINERT.....	6	CRESEMBA ORAL.....	48
BESREMI.....	26	<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	99
<i>bexarotene</i>	27, 28	<i>dalfampridine er</i>	49
BONSITY.....	239	DANZITEN.....	158
<i>bosentan</i>	29	<i>dasatinib</i>	50
BOSULIF ORAL CAPSULE 50 MG.....	30	DAURISMO.....	51
BOSULIF ORAL TABLET 100 MG, 500 MG.....	30	<i>deferasirox oral tablet</i>	52
<i>bosutinib oral tablet 400 mg</i>	30	DIACOMIT.....	53
BRAFTOVI ORAL CAPSULE 75 MG.....	31	<i>dipyridamole oral</i>	55
BRUKINSA ORAL TABLET.....	33	DOPTELET ORAL TABLET 20 MG.....	56
<i>butalbital-acetaminophen oral tablet 50-325</i>		DOPTELET SPRINKLE.....	56
<i>mg</i>	5	DUPIXENT SUBCUTANEOUS SOLUTION	
<i>butalbital-apap-cafeine oral capsule 50-300-</i>		AUTO-INJECTOR.....	58
<i>40 mg</i>	4	DUPIXENT SUBCUTANEOUS SOLUTION	
<i>butalbital-apap-cafeine oral tablet 50-325-</i>		PREFILLED SYRINGE 200 MG/1.14ML, 300	
<i>40 mg</i>	4	MG/2ML.....	58
<i>butalbital-aspirin-cafeine oral capsule</i>	18	EBGLYSS.....	59
CABOMETYX.....	34	<i>eltrombopag olamine oral tablet</i>	60
CALQUENCE ORAL TABLET.....	35	EMGALITY.....	61

EMGALITY (300 MG DOSE)	61	HAEGARDA	93
EMSAM	62	HARVONI	94
ENBREL MINI	63	HERNEXEOS	95
ENBREL SUBCUTANEOUS SOLUTION 25		<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	101
MG/0.5ML	63	<i>hydroxyzine hcl oral tablet</i>	101
ENBREL SUBCUTANEOUS SOLUTION		<i>hydroxyzine pamoate oral</i>	101
PREFILLED SYRINGE	63	HYRNUO	102
ENBREL SURECLICK SUBCUTANEOUS		IBRANCE ORAL CAPSULE 125 MG	103
SOLUTION AUTO-INJECTOR	63	IBRANCE ORAL TABLET	103
ENDARI	64	IBTROZI	104
ENSACOVE	65	<i>icatibant acetate subcutaneous solution</i>	
ENTYVIO PEN	66	<i>prefilled syringe</i>	105
EPCLUSA	67	ICLUSIG	106
EPIDIOLEX	68	IDHIFA	107
ERIVEDGE	69	ILUMYA	108
ERLEADA	70	<i>imatinib mesylate oral</i>	109
<i>erlotinib hcl</i>	71	IMBRUVICA ORAL CAPSULE	110
<i>eszopiclone oral tablet 3 mg</i>	74	IMBRUVICA ORAL SUSPENSION	110
EUCRISA	75	IMBRUVICA ORAL TABLET 140 MG, 280 MG,	
EVENITY	76	420 MG	110
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5</i>		<i>imkeldi</i>	109
<i>mg</i>	77	INCRELEX	111
<i>everolimus oral tablet soluble</i>	77	INLURIYO	114
<i>fentanyl transdermal patch 72 hour 100</i>		INLYTA	115
<i>mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr,</i>		INQOVI	116
<i>75 mcg/hr</i>	96	INREBIC	117
FILSPARI	78	ISTURISA ORAL TABLET 1 MG, 5 MG	119
FINTEPLA	79	ITOVEBI	120
FIRAZYR SUBCUTANEOUS SOLUTION		<i>ivabradine hcl</i>	121
PREFILLED SYRINGE	105	IWILFIN	122
FIRMAGON SUBCUTANEOUS SOLUTION		JAKAFI	123
RECONSTITUTED 80 MG	80	JAKAFI XR	123
FORTEO SUBCUTANEOUS SOLUTION PEN-		JAYPIRCA	124
INJECTOR 560 MCG/2.24ML	239	JUBBONTI	192
FOTIVDA	81	KALYDECO	126
FRUZAQLA	82	KERENDIA	127
GALAFOLD	83	KEVZARA SUBCUTANEOUS SOLUTION AUTO-	
GAMMAGARD ERC	118	INJECTOR 150 MG/1.14ML	128
GAMUNEX-C INJECTION SOLUTION 1		KINERET SUBCUTANEOUS SOLUTION	
GM/10ML	118	PREFILLED SYRINGE	129
GATTEX	84	KISQALI (200 MG DOSE)	130
GAVRETO	85	KISQALI (400 MG DOSE)	130
<i>gefitinib</i>	86	KISQALI (600 MG DOSE)	130
GENOTROPIN SUBCUTANEOUS CARTRIDGE	92	KOMZIFTI	131
GILOTRIF	89	KOSELUGO	133
GOMEKLI	90	KRAZATI	134
GRASTEK	91	<i>lapatinib ditosylate</i>	135

LAZCLUZE	136	NUCALA	164
<i>lenalidomide</i>	137	NUDEXTA	165
LENVIMA (10 MG DAILY DOSE)	138	NUPLAZID ORAL CAPSULE	166
LENVIMA (12 MG DAILY DOSE)	138	NUPLAZID ORAL TABLET 10 MG	166
LENVIMA (14 MG DAILY DOSE)	138	NURTEC	167
LENVIMA (18 MG DAILY DOSE)	138	<i>octreotide acetate injection solution 200</i>	
LENVIMA (20 MG DAILY DOSE)	138	<i>mcg/ml, 50 mcg/ml</i>	168
LENVIMA (24 MG DAILY DOSE)	138	ODACTRA	169
LENVIMA (4 MG DAILY DOSE)	138	ODOMZO	170
LENVIMA (8 MG DAILY DOSE)	138	OFEV	171
LEQEMBI IQLIK	139	OGSIVEO ORAL TABLET 100 MG, 150 MG	172
<i>L-glutamine oral packet</i>	64	OJEMDA ORAL SUSPENSION RECONSTITUTED	
<i>lidocaine external patch 5 %</i>	87		173
LIFYORLI (125 MG DOSE) ORAL CAPSULE		OJEMDA ORAL TABLET 100 MG	173
THERAPY PACK 1 X 25 MG & 1 X 100 MG	140	OJJAARA	174
LIFYORLI (150 MG DOSE) ORAL CAPSULE		OLUMIANT	175
THERAPY PACK 2 X 25 MG & 1 X 100 MG	140	OMNITROPE SUBCUTANEOUS SOLUTION	
<i>liraglutide</i>	141	CARTRIDGE 5 MG/1.5ML	92
LIVTENCITY	142	ONUREG	176
<i>lomustine</i>	143	OPIPZA	177
LONSURF	144	ORENCIA CLICKJECT	178
LORBRENA	145	ORENCIA SUBCUTANEOUS SOLUTION	
LUMAKRAS	146	PREFILLED SYRINGE	178
LYNPARZA ORAL TABLET	147	ORGOVYX	179
LYTGObI (12 MG DAILY DOSE)	148	ORKAMBI	180
LYTGObI (16 MG DAILY DOSE)	148	ORMALVI	54
LYTGObI (20 MG DAILY DOSE)	148	ORSERDU	181
MAVYRET	149	OSENVELT	191
MEKINIST	150	OTEZLA	182
MEKTOVI	151	OTEZLA XR	182
<i>methadone hcl oral tablet</i>	97	OTEZLA/OTEZLA XR INITIATION PK	182
<i>mifepristone oral tablet 300 mg</i>	132	OZEMPIC	215
<i>miglustat</i>	287	OZEMPIC (0.25 OR 0.5 MG/DOSE)	
<i>modafinil oral</i>	152	SUBCUTANEOUS SOLUTION PEN-INJECTOR 2	
MODEYSO	153	MG/3ML	215
<i>morphine sulfate er oral tablet extended release</i>		OZEMPIC (1 MG/DOSE) SUBCUTANEOUS	
<i>100 mg, 60 mg</i>	98	SOLUTION PEN-INJECTOR 4 MG/3ML	215
MOUNJARO SUBCUTANEOUS SOLUTION		OZEMPIC (2 MG/DOSE)	215
AUTO-INJECTOR	244	<i>pazopanib hcl oral tablet 200 mg</i>	184
NAYZILAM	154	PEMAZYRE	186
NERLYNX	155	PHYRAGO	50
NEXLETOL	156	PIQRAY (200 MG DAILY DOSE)	187
NEXLIZET	157	PIQRAY (250 MG DAILY DOSE)	187
<i>nilotinib hcl</i>	158	PIQRAY (300 MG DAILY DOSE)	187
NINLARO	159	<i>pirfenidone</i>	188
<i>nintedanib esylate</i>	160	<i>pomalidomide</i>	189
NUBEQA	163	POMALYST	32

<i>posaconazole oral tablet delayed release</i>	162	STOBOCLO	192
PRALUENT SUBCUTANEOUS SOLUTION		<i>sunitinib malate</i>	228
AUTO-INJECTOR	190	TABRECTA	229
PREMARIN ORAL	73	<i>tadalafil (pah)</i>	185
<i>pretomanid</i>	195	<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	230
PROLASTIN-C INTRAVENOUS SOLUTION	201	TAFINLAR	231
<i>promethazine hcl oral tablet</i>	196	TAGRISSE	232
QINLOCK	197	TALTZ	233
<i>quinine sulfate oral</i>	198	TALZENNA	234
RALDESY	199	TARPEYO	235
RASUVO SUBCUTANEOUS SOLUTION AUTO- INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 22.5 MG/0.45ML, 30 MG/0.6ML, 7.5 MG/0.15ML	113	<i>tavaborole</i>	236
REPATHA SURECLICK	200	TAVNEOS	237
RETEVMO ORAL TABLET	202	TEPMETKO	238
REVUFORJ	203	<i>teriparatide subcutaneous solution pen-injector</i> <i>560 mcg/2.24ml</i>	239
REXULTI	204	<i>testosterone cypionate intramuscular solution</i> <i>100 mg/ml, 200 mg/ml</i>	240
REZDIFFRA	205	<i>testosterone enanthate intramuscular solution</i>	240
REZLIDHIA	206	<i>testosterone transdermal gel 12.5 mg/act (1%),</i> <i>20.25 mg/1.25gm (1.62%), 20.25 mg/act</i> <i>(1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm</i> <i>(1.62%), 50 mg/5gm (1%)</i>	240
REZUROCK	207	<i>testosterone transdermal solution</i>	240
RINVOQ	208	<i>tetrabenazine</i>	241
RINVOQ LQ	209	THALOMID ORAL CAPSULE 100 MG, 50 MG ...	242
ROMVIMZA	210	TIBSOVO	243
ROZLYTREK	211	TOBI PODHALER	112
RUBRACA	212	<i>tofacitinib citrate er</i>	279
RYDAPT	213	<i>tofacitinib citrate oral</i>	279
SCEMBLIX	214	<i>tolvaptan (hyponatremia)</i>	245
SIGNIFOR	216	<i>tolvaptan oral tablet</i>	125
<i>sildenafil citrate oral tablet 20 mg</i>	217	TRACLEER	247
SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR	218	TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	250
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	218	TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	248
SIRTURO	219	TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	248
SIVEXTRO	220, 221	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	248
SKYRIZI PEN	222	TREMFYA-CD/UC INDUCTION	248
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	222	<i>tretinoin external</i>	246
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	222	<i>trientine hcl oral capsule 500 mg</i>	276
<i>sodium oxybate</i>	223	TRIKAFTA	249
<i>sodium phenylbutyrate oral tablet</i>	88	TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	57
SOMAVERT	224	TRUQAP ORAL TABLET 200 MG	251
<i>sorafenib tosylate</i>	225		
SPRYCEL	50		
STIVARGA	227		

TRUQAP ORAL TABLET THERAPY PACK 160 MG.....	251	XIFAXAN ORAL TABLET 550 MG.....	281
TRYNGOLZA SUBCUTANEOUS SOLUTION		XOLAIR.....	282
AUTO-INJECTOR 80 MG/0.8ML.....	252	XOSPATA.....	283
TUKYSA.....	253	XPOVIO (100 MG ONCE WEEKLY) ORAL	
TURALIO ORAL CAPSULE 125 MG.....	254	TABLET THERAPY PACK 50 MG.....	284
TYENNE SUBCUTANEOUS.....	193	XPOVIO (40 MG ONCE WEEKLY) ORAL	
TYMLOS.....	255	TABLET THERAPY PACK 10 MG.....	284
TYVASO DPI MAINTENANCE KIT INHALATION		XPOVIO (40 MG TWICE WEEKLY) ORAL	
POWDER 112 X 32MCG & 112 X64MCG, 112		TABLET THERAPY PACK 40 MG.....	284
X 48MCG & 112 X64MCG, 112 X 48MCG &		XPOVIO (60 MG ONCE WEEKLY) ORAL	
112 X80MCG, 16 MCG, 32 MCG, 48 MCG, 64		TABLET THERAPY PACK 60 MG.....	284
MCG, 80 MCG.....	256	XPOVIO (60 MG TWICE WEEKLY).....	284
TYVASO DPI TITRATION KIT INHALATION		XPOVIO (80 MG ONCE WEEKLY) ORAL	
POWDER 16 & 32 & 48 MCG.....	256	TABLET THERAPY PACK 40 MG, 80 MG.....	284
UBRELVY.....	257	XPOVIO (80 MG TWICE WEEKLY).....	284
<i>ustekinumab subcutaneous</i>	161	XTANDI.....	285
VALCHLOR.....	258	YESINTEK SUBCUTANEOUS.....	194
VALTOCO 10 MG DOSE.....	259	YONSA.....	286
VALTOCO 15 MG DOSE NASAL LIQUID		ZEJULA ORAL TABLET.....	288
THERAPY PACK 2 X 7.5 MG/0.1ML.....	259	ZELBORAF.....	289
VALTOCO 20 MG DOSE NASAL LIQUID		ZOLINZA.....	290
THERAPY PACK 2 X 10 MG/0.1ML.....	259	ZTALMY.....	291
VALTOCO 5 MG DOSE.....	259	ZURZUVAE.....	292
VANFLYTA.....	260	ZYKADIA ORAL TABLET.....	293
VELSIPITY.....	261	ZYMFENTRA (2 PEN).....	294
VENCLEXTA.....	262	ZYMFENTRA (2 SYRINGE).....	294
VENCLEXTA STARTING PACK.....	262		
VEOZAH.....	263		
VERQUVO.....	264		
VERZENIO.....	265		
VIGAFYDE.....	266		
VITRAKVI.....	267		
VONJO.....	268		
VOQUEZNA.....	269		
VORANIGO.....	270		
<i>voriconazole intravenous solution reconstituted</i>			
.....	183		
VOSEVI.....	271		
VOWST.....	272		
WEGOVY.....	273, 274		
WELIREG.....	275		
WINREVAIR.....	226		
WYOST.....	191		
XALKORI.....	277		
XDEMVI.....	278		
XERMELO.....	280		