2019 Priority Health Medicare Prior Authorization Criteria

An alphabetical index by drug name appears after the drug criteria listings.

Last updated: December 2019

ABILIFY MYCITE

Products Affected

- ABILIFY MYCITE

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Must be age 18 or older
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For diagnoses of bipolar disorder and schizophrenia, patient must have tried and failed (defined as taking the medication as prescribed without an adequate response or with intolerance) with one of the following generic atypical antipsychotics: ziprasidone, olanzapine, risperidone, quetiapine, paliperidone ER. For diagnosis of major depressive disorder, patient must be taking an antidepressant concurrently with Abilify Mycite. For all diagnoses, patient must have tried and failed (defined as taking the medication as prescribed without an adequate response or with intolerance) aripiprazole oral tablets.

abiraterone acetate

Products Affected

- *abiraterone acetate*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	Patient must not have a history of adrenal or pituitary gland disorders.
Required Medical Information	Patient must have evidence of disease progression. Patient must have Eastern Cooperative Oncology Group (ECOG) performance standard of 0 to 2.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for 8 months
Other Criteria	Patient must not have Eastern Cooperative Oncology Group (ECOG) performance status greater than or equal to 3. Patient must not have severe hepatic impairment. Patient must not have NYHA Class III or IV heart failure.

ABSTRAL

Products Affected

- ABSTRAL

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Patient must be age 18 or over
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For dxs of management of breakthrough pain in patients with cancer who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain. Prescriber must be enrolled in the TIRF REMS Access Program. Patient must have signed the Patient-Prescriber Agreement form for the TIRF REMS program.

ACTEMRA ACTPEN

Products Affected

- ACTEMRA ACTPEN

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	Patient must not be receiving Actemra in combination with another biologic drug.
Required Medical Information	Patient must have a negative TB test within the past 12 months.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Initial approval for 16 weeks, continuation approval for 12 months.
Other Criteria	For diagnosis of Rheumatoid Arthritis, patient must have tried and failed Humira or Enbrel.

ACTEMRA SYRINGE

Products Affected

- ACTEMRA SUBCUTANEOUS

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	Patient must not be receiving Actemra in combination with another biologic drug
Required Medical Information	Patient must have a negative TB test within the past 12 months
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Initial approval for 16 weeks, continuation approval for 12 months
Other Criteria	For diagnosis of Rheumatoid Arthritis, patient must have tried and failed Humira or Enbrel.

ACTIMMUNE

Products Affected

- ACTIMMUNE

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient's body surface area (BSA)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

ADCIRCA

Products Affected

- ADCIRCA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must have a pulmonary arterial hypertension (PAH) classification that meets World Health Organization (WHO) Group 1 criteria.

ADEMPAS

Products Affected

- ADEMPAS

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For chronic thromboembolic pulmonary hypertension, must be in World Health Organziation Group 4. For pulmonary arterial hypertension, must be in World Health Organization Group 1, and patients not previously treated for pulmonary aterial hypertension must first try sildenafil (generic Revatio).

AFINITOR

Products Affected

- AFINITOR
- AFINITOR DISPERZ

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	For dx of advanced hormone receptor-positive, HER2-negative breast cancer in postmenopausal women, patient must have Easter Cooperative Oncology Group (ECOG) performance status of 2 or less.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	For dx of advanced renal cell carcinoma (RCC), patient must try and fail sunitinib or sorafenib. For dx of advanced hormone receptor-positive, HER2-negative breast cancer in postmenopausal women, all of the following must be met: patient must have prior treatment with letrozole (Femara) or anastrozole (Arimidex), patient must not have had prior treatment with exemastane (Aromasin), Afinitor must be used in combination with exemastane (Aromasin).

ALECENSA

Products Affected

- ALECENSA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must have progressed on or be intolerant to Xalkori (crizotinib).

ALUNBRIG

Products Affected

- ALUNBRIG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must have progressed on or be intolerant to Xalkori (crizotinib).

AMITRIPTYLINE HCL

Products Affected

- *amitriptyline hcl oral*

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

AMPYRA

Products Affected

- AMPYRA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	Patient must not have history of seizure and creatine clearance must be greater than 50 ml per min
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Initial approval for 12 weeks, recertification required every 12 months therafter
Other Criteria	Baseline timed 25-foot walk (T25FW) completed within 8-45 seconds, patient must be currently ambulatory with minimal walking impairment or use of cane, crutch or brace. Continuation approval based on results of T25FW and (or) significant clinical improvement

ARALAST

Products Affected

- ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have a predicted FEV1 value between 30 and 65% and have serum AAT level less than 11 micromoles per liter (80 milligrams per deciliter if measured by radial immunodiffusion or 50 milligrams per deciliter if measure by nephelometry)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

ARIKAYCE

Products Affected

- ARIKAYCE

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	For initial review, sputum culture supporting the diagnosis of Mycobacterium avium complex (MAC) lung disease must be submitted. For continuation, documentation of negative sputum culture obtained within the last 30 days must be provided.
Age Restrictions	
Prescriber Restrictions	Must be prescribed by or in consultation with an infectious disease specialist.
Coverage Duration	Initial approval for 6 months. Continuation for 12 months.
Other Criteria	For initial review, documentation of failure to obtain a negative sputum cultures after a minimum of 6 consecutive months of a multidrug background regimen therapy for MAC lung disease, such as clarithromycin (or azithromycin), rifampin and ethambutol must be provided. Arikayce must be used as part of a multi-drug regimen (to be used with Lamira Nebulizer system only) and will not be approved for use as a single agent treatment. The ATS/IDSA guidelines state that patients should continue to be treated until they have negative cultures for 1 year. Patients that have had negative cultures for 1 year will not be approved for continued treatment.

ARIPIPRAZOLE

Products Affected

- *aripiprazole oral solution*
- *aripiprazole oral tablet*
- *aripiprazole oral tablet dispersible*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For dx of bipolar disorder or schizophrenia, patient must have a therapeutic trial and clinical failure with one generic atypical antipsychotic. For dx of major depressive disorder, patient must be taking an antidepressant concurrently with aripiprazole.

armodafinil

Products Affected

- *armodafinil*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	For dx of narcolepsy and obstructive sleep apnea, confirmation of dx by polysomnography
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

Auryxia

Products Affected

- AURYXIA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must first try and fail calcium acetate.

AUSTEDO

Products Affected

- AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	Must not be used in combination with tetrabenazine, a monoamine oxidase inhibitor (MAOI), or reserpine.
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

AVEED

Products Affected

- AVEED

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Subnormal serum total testosterone concentration must be less than 300 ng/dL, on more than one occasion in the past year.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must be male. Patient must have prior use of generic testosterone, either topical or injectable, for a minimum of two months. Patient must have clinical symptoms and signs consistent with androgen deficiency. Men over age 50 years (or over 40 years who have a family history or are African-American) must be screened for prostate cancer before starting therapy and routinely while on therapy.

BALVERSA

Products Affected

- BALVERSA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

BANZEL

Products Affected

- BANZEL

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Must be 1 year of age or older
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Must be used in conjunction with other anti-epileptic medications

BENZTROPINE MESYLATE

Products Affected

- *benztropine mesylate oral*

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For diagnosis of parkinsonism, patient must first have tried a carbidopa-containing regimen and a dopamine agonist (i.e. pramipexole, ropinirole). For diagnosis of extrapyramidal disorder, patient must first have tried amantadine and diphenhydramine oral elixir.

BERINERT

Products Affected

- BERINERT

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Documentation of C4, C1-INH protein, and C1-INH function lab results. Patient's weight.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Age 18 and older, patient must first try Firazyr.

BOSULIF

Products Affected

- BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	Patient must try imatinib except for newly diagnosed CP Ph+ CML. BCR-ALB1 Gene Arrangement, Quantitative PCR must be completed at baseline, then every 3 months to assess response to therapy until complete cytogenic response, then every 3 months for 3 years, then every 3-6 months thereafter. If loss of response to Bosulif occurs, BCR-ABL kinase domain mutation analysis must be done before changing therapy.

BRAFTOVI

Products Affected

- BRAFTOVI

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have documentation of BRAF V600 mutation status as detected by an FDA-approved test. Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 to 2.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

BUPRENORPHINE HCL/NALOXONE HCL

Products Affected

- *buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg*
- *buprenorphine hcl-naloxone hcl sublingual tablet sublingual*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

CABOMETYX

Products Affected

- CABOMETYX

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

CALQUENCE

Products Affected

- CALQUENCE

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Must be used as monotherapy. Must not have been previously treated with a Bruton tyrosine kinase (BTK) inhibitor (e.g., ibrutinib) or BCL-2 inhibitor (e.g., venetoclax).

CAPRELSA

Products Affected

- CAPRELSA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	Patient must not have uncorrected hypocalcemia, hypokalemia, hypomagnesemia, or long QT syndrome.
Required Medical Information	A baseline ECG must be obtained to monitor the QT at baseline, 2-4 weeks, and 8-12 weeks after starting treatment.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	

CARBAGLU

Products Affected

- CARBAGLU

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	12 months
Other Criteria	

CAYSTON

Products Affected

- CAYSTON

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

CHOLBAM

Products Affected

- CHOLBAM

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Initial approval for 3 months, continuation apptoval for one year
Other Criteria	For continuation, must provide documentation showing the patient has met 2 of the following laboratory criteria or 1 laboratory criterion plus a body weight increase by 10% (or stability at greater than the 50th percentile): (1) AST or ALT less than 50 U/L (or baseline levels reduced by 80%) (2) total bilirubin less than 1 mg/dL, and (3) no evidence of cholestasis on liver biopsy.

CIALIS

Products Affected

- CIALIS ORAL TABLET 2.5 MG, 5 MG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must have tried and failed either 6 months of finasteride or 3 months of Avodart and must have tried and failed 28 days of alfuzosin, doxazosin, tamsulosin, or terazosin.

CIMZIA

Products Affected

- CIMZIA PREFILLED
- CIMZIA SUBCUTANEOUS KIT 2 X 200 MG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have a negative TB test in the last 12 months. For dx of ankylosing spondylitis, must have BASDAI score of 4.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For diagnosis of rhematoid arthritis, patient must have a documented therapeutic trial of at least one DMARD and either Enbrel or Humira. For diagnosis of Crohn's Disease, patient must have a documented therapeutic trial and clinical failure with Humira. For diagnosis of psoriatic arthritis, patient must have a documented trial with either Enbrel or Humira. For diagnosis of ankylosing spondylitis, patient must have presence of active disease for at least 4 weeks and a documented trial with one NSAID.

CINRYZE

Products Affected

- CINRYZE

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

clobazam

Products Affected

- *clobazam oral suspension*
- *clobazam oral tablet*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must first try one generic anticonvulsant.

COMETRIQ

Products Affected

- COMETRIQ (100 MG DAILY DOSE)
- COMETRIQ (140 MG DAILY DOSE)
- COMETRIQ (60 MG DAILY DOSE)

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

COPIKTRA

Products Affected

- COPIKTRA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	12 months
Other Criteria	Patient must not have prior use of a P13K inhibitor, such as Zydelig or Aliqopa, nor a BTK inhibitor, such as Imbruvica or Calquence. For diagnosis of follicular lymphoma, patient must not have grade 3b disease, large cell transformations, or prior allogenic transplant.

COSENTYX

Products Affected

- COSENTYX (300 MG DOSE)
- COSENTYX SENSOREADY (300 MG)

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Must have a negative TB test in the last 12 months
Age Restrictions	Must be age 18 or older
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For diagnosis of plaque psoriasis, 5% or more of the patient's body surface area must be affected, unless hands, feet, neck, or genitalia are affected), patient must first try one non-biologic DMARD and Enbrel or Humira. For diagnosis of ankylosing spondylitis, patient must have presence of the disease for 4 weeks or longer, and must first try a therapeutic dose of one NSAID during a single 3-month period and Enbrel or Humira. For diagnosis of psoriatic arthritis, patient must first try one non-biologic DMARD and Enbrel or Humira.

COTELLIC

Products Affected

- COTELLIC

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0-2.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For diagnosis of unresectable or metastatic melanoma with a BRAF V600E or V600K mutation, must be used in combination with Zelboraf.

CRINONE

Products Affected

- CRINONE VAGINAL GEL 8 %

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

CUPRIMINE

Products Affected

- CUPRIMINE ORAL CAPSULE 250 MG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year.
Other Criteria	

DAKLINZA

Products Affected

- DAKLINZA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Must be age 18 or older
Prescriber Restrictions	Prescriber must be a gastroenterologist, hepatologist, or infectious disease specialist
Coverage Duration	Criteria will be applied consistent with current AASLD/IDSA guidance.
Other Criteria	For GT 2 and 3, must first try Epclusa. For GT 1, 5 and 6, must first try Harvoni. Criteria will be applied consistent with current AASLD/IDSA guidance.

DALFAMPRIDINE ER

Products Affected

- *dalfampridine er*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	Patient must not have history of seizure and creatinine clearance must be greater than 50 ml per min.
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Initial approval for 12 weeks, recertification required every 12 months therafter
Other Criteria	Baseline timed 25-foot walk (T25FW) completed within 8-45 seconds, patient must be currently ambulatory with minimal walking impairment or use of cane, crutch or brace. Continuation approval based on results of T25FW and (or) significant clinical improvement.

DALIRESP

Products Affected

- DALIRESP

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have history of repeated exacerbations (a minimum of 3 exacerbations in the previous 3 years)
Age Restrictions	Must be age 18 or older
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must have a documented trial of at least 4 weeks with an inhaled corticosteroid, patient must have a documented trial and clinical failure with maximally tolerated doses of one inhaled corticosteroid and one long-acting beta agonists.

DAURISMO

Products Affected

- DAURISMO

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Must be used in combination with cytarabine.

diclofenac epolamine patch

Products Affected

- *diclofenac epolamine*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

DIGITEK

Products Affected

- *digitek oral tablet 250 mcg*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	For members age 65 and older, digitek 0.25mg will be covered for a diagnosis of atrial fibrillation. For members age 65 and older with a diagnosis of heart failure, the provider must attest to consideration of the benefit-risk ratio for doses exceeding 0.125mg per day. For members under age 65, digitek 0.25mg will be covered for both atrial fibrillation and heart failure.
Prescriber Restrictions	
Coverage Duration	One year.
Other Criteria	

DIGOX

Products Affected

- *digox oral tablet 250 mcg*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	For members age 65 and older, digox 250mcg will be covered for a diagnosis of atrial fibrillation. For members age 65 and older with a diagnosis of heart failure, the provider must attest to consideration of the benefit-risk ratio for doses exceeding 0.125mg per day. For members under age 65, digox 250mcg will be covered for both atrial fibrillation and heart failure.
Prescriber Restrictions	
Coverage Duration	One year.
Other Criteria	

DIGOXIN

Products Affected

- *digoxin oral solution*
- *digoxin oral tablet 250 mcg*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	For members age 65 and older, digoxin 0.25mg will be covered for a diagnosis of atrial fibrillation. For members age 65 and older with a diagnosis of heart failure, the provider must attest to consideration of the benefit-risk ratio for doses exceeding 0.125mg per day. For members under age 65, digoxin 0.25mg will be covered for both atrial fibrillation and heart failure.
Prescriber Restrictions	
Coverage Duration	One year.
Other Criteria	

DUPIXENT

Products Affected

- DUPIXENT

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Must be age 12 or older.
Prescriber Restrictions	
Coverage Duration	Authorized for 1 year. Limited to 4 syringes the first month, 2 syringes per month thereafter.
Other Criteria	For diagnosis of diagnosis of moderate to severe atopic dermatitis, patient must have had a trial and inadequate response to one medium potency or higher topical steroid, such as clobetasol, betamethasone dipropionate, halobetasol, or fluocinonide, and one topical calcineurin inhibitor, such as Elidel or tacrolimus. For diagnosis of moderate to severe asthma, patient must either have eosinophilic phenotype or be dependent on oral corticosteroid. Dupixent must be used as an add-on to current maintenance treatment with an ICS/LABA inhaler, or if contraindicated or not tolerated, another maintenance medication for the condition. Dupixent must not be used in combination with other monoclonal antibodies, such as Xolair or Nucala. For continuation, all initial requirements must be met, and patient must have documented clinical benefit from therapy (e.g. decrease in exacerbation frequency, improvement in asthma symptoms, or decrease in oral corticosteroid use).

ENBREL

Products Affected

- ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE
- ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED
- ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Negative TB test (must be done yearly). For dx of Ankylosing Spondylitis, must have presence of active disease for at least 4 weeks, BASDAI score of at least 4. For dx of moderate to severe plaque psoriasis, must have involvement of greater than 5% of body surface area (unless hands, feet, head, neck, or genitalia are involved.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For diagnoses of RA, Juvenile RA, and Psoriatic Arthritis, must first try one non-biologic DMARD. For diagnosis of Ankylosing Spondylitis, must first try one NSAID. For diagnosis of moderate to severe plaque psoriasis, must first try one of the following: cyclosporine, cyclosporine modified, methotrexate, methylprednisolone, prednisone, or Soriatane.

ENBREL MINI

Products Affected

- *enbrel mini*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Negative TB test (must be done yearly). For diagnosis of Ankylosing Spondylitis, must have presence of active disease for at least 4 weeks, BASDAI score of at least 4. For diagnosis of moderate to severe plaque psoriasis, must have involvement of greater than 5% of body surface area (unless hands, feet, head, neck, or genitalia are involved).
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For diagnoses of RA, Juvenile RA, and Psoriatic Arthritis, must first try one non-biologic DMARD. For diagnosis of Ankylosing Spondylitis, must first try one NSAID. For diagnosis of moderate to severe plaque psoriasis, must first try one of the following: cyclosporine, cyclosporine modified, methotrexate, methylprednisolone, prednisone, or Soriatane.

EPCLUSA

Products Affected

- EPCLUSA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Must be age 18 or older.
Prescriber Restrictions	Prescriber must be a gastroenterologist, hepatologist, or infectious disease specialist.
Coverage Duration	12 weeks
Other Criteria	Criteria will be applied consistent with current AASLD-IDSA guidance. For GT1 and 4, must first try Harvoni.

EPIDIOLEX

Products Affected

- EPIDIOLEX

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Must be 2 years of age or older.
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

ERIVEDGE

Products Affected

- ERIVEDGE

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	For dx of locally advanced basal cell carinoma (BCC), patient must not be a candidate for radiation and documentation of an appropriate surgical consultation indicating patient is not a candidate for surgery must be provided.

ERLEADA

Products Affected

- ERLEADA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	12 months
Other Criteria	Patient must be receiving a gonadotropin-releasing hormone (GnRH) analog concurrently or have had a bilateral orchiectomy.

erlotinib

Products Affected

- *erlotinib hcl*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

ESBRIET

Products Affected

- ESBRIET ORAL CAPSULE
- ESBRIET ORAL TABLET 267 MG, 801 MG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Must have presence of a UIP pattern on HRCT in patients not subjected to surgical lung biopsy
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Prescriber must rule out other known causes of interstitial lung disease

ESZOPICLONE

Products Affected

- *eszopiclone*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year. Age 65 and older limited to 90 tablets per 365 days.
Other Criteria	If 65 years old or greater, for treatment of long-term insomnia (requiring more than 90 tablets per 365 days), must have tried and failed trazodone or temazepam as well as Rozerem.

EVENITY

Products Affected

- EVENITY

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient's T-score must be provided
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	12 months total therapy
Other Criteria	Patient must have a documented therapeutic trial with failure, contraindication, or intolerance to alendronate, risedronate, or ibandronate, defined as one of the following: creatinine clearance (CrCl) less than 35 mL per min, inability to remain upright for 30 minutes after dose, esophageal stricture (know stricture or dysphagia), significant decrease in bone mineral density (BMD) after at least one year of therapy, or new fracture while on therapy. Patient must also have a documented therapeutic trial with failure, contraindication, or intolerance to zoledronic acid (generic Reclast) or Prolia defined as one of the following: significant decrease in bone mineral density (BMD) after at least one year of therapy, or new fracture while on therapy.

FARYDAK

Products Affected

- FARYDAK

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	48 weeks
Other Criteria	Must first try two prior regimens, including bortezomib and an immunomodulatory agent. Limited to 6 capsules for every 21-day cycle. Covered for 16 cycles when approved.

FASENRA

Products Affected

- FASENRA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Initial approval for 12 months, continuation for 12 months
Other Criteria	For initial approval, Fasenra must be used as an add-on to current maintenance treatment with an ICS/LABA inhaler or, if contraindicated or not tolerated, another maintenance medication for the condition. Must not be used in combination with other monoclonal antibodies (e.g., Xolair, Nucala). For continuation, all initial requirements must be met and patient must have documented clinical benefit from therapy (e.g., decrease in exacerbation frequency, improvement in asthma symptoms, or decrease in oral corticosteroid use). First year is limited to 1 syringe every 4 weeks for 3 months, then 1 syringe every 8 weeks thereafter. Subsequent years are limited to 1 syringe every 8 weeks.

fentanyl citrate buccal

Products Affected

- *fentanyl citrate buccal*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Patient must be age 18 or over
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For diagnosis of management of breakthrough pain in patients with cancer who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain. Prescriber must be enrolled in the TIRF REMS Access Program. Patient must have signed the Patient-Prescriber Agreement form for the TIRF REMS program.

fentanyl citrate transmucosal

Products Affected

- *fentanyl citrate buccal*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Patient must be age 16 or over
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For dxs of management of breakthrough pain in patients with cancer who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain. Prescriber must be enrolled in the TIRF REMS Access Program. Patient must have signed the Patient-Prescriber Agreement form for the TIRF REMS program.

FENTORA

Products Affected

- FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Patient must be age 18 or over
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For dxs of management of breakthrough pain in patients with cancer who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain. Prescriber must be enrolled in the TIRF REMS Access Program. Patient must have signed the Patient-Prescriber Agreement form for the TIRF REMS program.

FIRAZYR

Products Affected

- FIRAZYR

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	For HAE Type I or II, documentation of C4, C1-INH protein, and C1-INH function lab results.
Age Restrictions	Must be age 18 or older
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

Firdapse

Products Affected

- FIRDAPSE

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have clinical symptoms of LEMS (i.e., proximal extremity weakness) that interfere with daily activities. Must provide a baseline disease severity score using the Quantitative Myasthenia Gravis (QMG) or the Triple-Timed Up-And-Go (3TUG) test.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Initial approval for 4 weeks. Subsequent approvals will be for 12 months.
Other Criteria	For initial approval, patient must have tried and failed pyridostigmine (fail is defined as taking the medication as prescribed and at an appropriate dose for the condition). If the patient has a cancer diagnosis associated with LEMS, the cancer must have been appropriately treated. Patient must not have history of seizures nor have conditions (e.g., no active brain metastases) or be taking medications (e.g., bupropion, clozapine, fluoroquinolones) that increase the risk of seizures. Patient must be ambulatory. For continuation, patient must show improvement or stabilization in condition from baseline using the QMG or 3TUG test and/or other measures per provider's attestation.

FLECTOR

Products Affected

- FLECTOR

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

FORTEO

Products Affected

- FORTEO SUBCUTANEOUS SOLUTION
  600 MCG/2.4ML

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient's T-score must be provided.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Two years total therapy

PA Criteria	Criteria Details
Other Criteria	For diagnosis of postmenopausal osteoporosis, the following criteria must be met: documented therapeutic trial with failure, contraindication, or intolerance to one antiresorptive therapy (defined as creatinine clearance less than 35 mL/min, inability to remain upright for 30 minutes after dose, esophageal stricture [known stricture or dysphagia], significant decrease in BMD after at least one year of therapy, or new fracture while on therapy to alendronate, risedronate, ibandronate OR significant decrease in BMD after at least one year of therapy or new fracture while on therapy to Prolia or zoledronic acid) AND documented therapeutic trial with failure, contraindication, or intolerance (defined as significant decrease in BMD after at least one year of therapy or new fracture while on therapy) to Tymlos. For diagnosis of osteoporosis (primary or hypogonadal, or due to corticosteroids) the following criteria must be met: documented therapeutic trial with failure, contraindication, or intolerance (defined as creatinine clearance less than 35 mL/min, inability to remain upright for 30 minutes after dose, esophageal stricture (known stricture or dysphagia), significant decrease in BMD after at least one year of therapy, or new fracture while on therapy) to alendronate, risedronate, or ibandronate AND documented therapeutic trial with failure, contraindication, or intolerance (defined as significant decrease in BMD after at least one year of therapy, or new fracture while on therapy) to zoledronic acid (generic Reclast) or Prolia.

GALAFOLD

Products Affected

- GALAFOLD

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have a confirmed diagnosis of Fabry disease and documentation of an amenable galactosidase alpha gene variant based on in vitro assay data.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	12 months
Other Criteria	Patient must not be taking Galafold in combination with enzyme replacement therapy (ERT), such as Fabrazyme.

GATTEX

Products Affected

- GATTEX

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Initial approval is for 24 weeks. Each continuation approval is for 6 months
Other Criteria	Patient must have received appropriate laboratory assessments (bilirubin, alkaline phosphatase, lipase, and amylase within 6 months before starting Gattex. Patient with an intact large intestine must have documentation of a colonoscopy within 6 months before starting Gattex. Patient must not have a history of colorectal or other GI malignancy. Patient must not have received biologic treatment for Crohn's disease within 12 weeks before starting Gattex.

GILOTRIF

Products Affected

- GILOTRIF

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	

GLASSIA

Products Affected

- GLASSIA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have a predicted FEV1 value between 30 and 65% and have serum AAT level less than 11 micromoles per liter (80 milligrams per deciliter if measured by radial immunodiffusion or 50 milligrams per deciliter if measure by nephelometry)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

GROWTH HORMONE

Products Affected

- GENOTROPIN
- GENOTROPIN MINIQUICK
- HUMATROPE
- NORDITROPIN FLEXPRO
- NUTROPIN AQ NUSPIN 10
- NUTROPIN AQ NUSPIN 20
- NUTROPIN AQ NUSPIN 5
- ZORBTIVE

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	FOR CHILDREN: must submit an untreated growth velocity curve with a minimum of 1 year of growth data showing a growth velocity of less that 10th % for bone age and gender, growth plates must be open, bone age must be a minimum of 1 year behind chronological age (unless GHD is related to pituitary surgery, radiation therapy, or with precocious puberty), must have a documented GH deficiency via 2 growth hormone stimulation tests below 10ng/ml or GH stimulation test level less than 15 ng/ml + IGF-1 and IGF-PB3 levels below normal for bone age and sex, decreased muscle tone by exam. FOR ADULTS: documented growth hormone deficiency by suboptimal response (less than 3 mcg/l) to a hypoglycemic challenge (unless contraindicated, then can use other accepted method) or at least 2 other pituitary-related hormoned deficiencies and an abnormally low IGF and one of the following: hypothalamic pituitary disease resulting from tumor or infarct, hx of cranial irradiation during childhood or adulthood resulting in GH deficiency, pituitary surgery resulting in GH deficiency, or continuing treatment of childhood onset GH deficiency.
Age Restrictions	
Prescriber Restrictions	Must be prescribed by an endocrinologist, gastroenterologist, or nephrologist.
Coverage Duration	One year

PA Criteria	Criteria Details
Other Criteria	FOR CHILDREN: Dx Growth Hormone Deficiency-height must be less than the 5th% fir age/sex. Dx Turner's syndrome-height must be less than 10th%. Dx Pre-transplant chronic rneal insufficiency-height must be less than 5th% for age/sex and patient must be receiving weekly dialysis or SCR less than 2 mg/dL. FOR CHILDREN: must not have constitutional growth delay, or acute or chronic catabolic illness. FOR ADULTS: patients must not have been treated during childhood without documented evidence of persistent GH deficiency, physiologic reductions in GH related to aging, treatment of Turner's syndrome or cystinosis. For the drug Zobtive, patient must only have a diagnosis of short bowel syndrome.

HAEGARDA

Products Affected

- HAEGARDA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Requires submission of C4, C1-INH protein, and C1-INH function lab results confirming diagnosis
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

HARVONI

Products Affected

- HARVONI ORAL TABLET 90-400 MG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Must be age 12 or older
Prescriber Restrictions	Prescriber must be a gastroenterologist, hepatologist, or infectious disease specialist
Coverage Duration	Criteria will be applied consistent with current AASLD/IDSA guidance.
Other Criteria	Criteria will be applied consistent with current AASLD/IDSA guidance.

HETLIOZ

Products Affected

- HETLIOZ

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	Must be prescribed by a sleep specialist or a neurologist.
Coverage Duration	6 months
Other Criteria	

HUMIRA

Products Affected

- HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT
- HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT
- HUMIRA PEN-CD/UC/HS STARTER
- HUMIRA PEN-PS/UV/ADOL HS START
- HUMIRA SUBCUTANEOUS PREFILLED

SYRINGE KIT

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Negative TB test (must be done yearly). For dx of Ankylosing Spondylitis, must have presence of active disease for at least 4 weeks, BASDAI score of at least 4. For dx of moderate to severe plaque psoriasis, must have involvement of greater than 5% of body surface area (unless hands, feet, head, neck, or genitalia are involved.
Age Restrictions	Must be 2 years of age or older
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

HYSINGLA ER

Products Affected

- HYSINGLA ER

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	Not covered in combination with buprenorphine/naloxone.
Required Medical Information	
Age Restrictions	Patient must be age 18 or over
Prescriber Restrictions	
Coverage Duration	12 months
Other Criteria	Must first try two of the following: morphine sulfate extended-release, fentanyl patch, methadone, tramadol, morphine sulfate, hydromorphone, or hydromorphone extended-release. Patient must sign a pain management agreement. Hysingla ER is not covered for as needed use, acute pain, or post-operative pain.

IBRANCE

Products Affected

- IBRANCE

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

icatibant acetate

Products Affected

- *icatibant acetate*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	For HAE Type I or II, documentation of C4, C1-INH protein, and C1-INH function lab results.
Age Restrictions	Must be age 18 or older
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

ICLUSIG

Products Affected

- ICLUSIG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year
Other Criteria	For diagnosis of chronic myeloid leukemia, patient must have a trial of one of Sprycel or Tasigna. BCR-ALB1 Gene Arrangement, Quantitative PCR must be completed at baseline, then every 3 months to assess response to therapy until complete cytogenic response, then every 3 months for 3 years, then every 3-6 months thereafter. If loss of response to Iclusig occurs, BCR-ABL kinase domain mutation analysis must be done before changing therapy.

IDHIFA

Products Affected

- IDHIFA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Must have an Eastern Cooperative Oncology Group (ECOG) score between 0 and 2. Results of FDA approved companion test detecting an IDH2 (isocitrate dehydrogenase-2) mutation must be submitted.
Age Restrictions	Must be age 18 or older.
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

ILARIS

Products Affected

- ILARIS

PA Criteria	Criteria Details
Covered Uses	Pending CMS approval
Exclusion Criteria	Pending CMS approval
Required Medical Information	Pending CMS approval
Age Restrictions	Pending CMS approval
Prescriber Restrictions	Pending CMS approval
Coverage Duration	Pending CMS approval
Other Criteria	Pending CMS approval

imatinib mesylate

Products Affected

- *imatinib mesylate*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	BCR-ALB1 Gene Arrangement, Quantitative PCR must be completed at baseline, then every 3 months to assess response to therapy until complete cytogenic response, then every 3 months for 3 years, then every 3-6 months thereafter. If loss of response to imatinib mesylate occurs, BCR-ABL kinase domain mutation analysis must be done before changing therapy.

IMBRUVICA

Products Affected

- IMBRUVICA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	GVHD, initial approval 12 weeks. Subsequent approvals 12 months. All other indications 12 months.
Other Criteria	For mantle cell lymphoma, must have prior use of one other treatment (cyclophosphamide, vincristine, doxorubicin, cytarabine, rituximab, etoposide, ifosfamide, carboplatin, cladribine). For GVHD, must fail one systemic corticosteroid and one immunosuppressant (tacrolimus, cyclosporine). Failure is defined as disease progression, inability to taper steroid dose, or failure to improve after 1 month of therapy and/or treatment-related toxicity. For GVHD, continuation requires no disease progression of chronic GVHD, recurrence of malignancy, or unacceptable toxicity.

IMIPRAMINE

Products Affected

- *imipramine hcl oral*
- *imipramine pamoate*

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

INGREZZA

Products Affected

- INGREZZA ORAL CAPSULE
- INGREZZA ORAL CAPSULE THERAPY PACK

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Must be age 18 or older.
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

INLYTA

Products Affected

- INLYTA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	For diagnosis of renal cell carcinoma, patient must have a trial with one of Sutent, Nexavar or Votrient.

INREBIC

Products Affected

- INREBIC

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Baseline platelet count of 50 x 109 cells/L or greater and liver function tests (ALT, AST, bilirubin) before starting therapy with monitoring every 2 to 4 weeks until dosing is stable, then as clinically necessary.
Age Restrictions	Must be age 18 or older.
Prescriber Restrictions	
Coverage Duration	Initial approval 6 months with continuation approval for 12 months
Other Criteria	Patient must have intermediate02 or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis. Patient must be resistant, intolerant, or have a contraindication to Jakafi. Patient must not currently have thiamin deficiency. Physician must be familiar with the FDA labeling and dose modification information for Inrebic. For continuation, patient must have experienced a 35% reduction in spleen volume (approximately a 50% reduction in spleen size on palpation).

IRESSA

Products Affected

- IRESSA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

IVIG

Products Affected

- CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM
- GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML
- GAMMAGARD S/D LESS IGA
- GAMUNEX-C INJECTION SOLUTION 1 GM/10ML
- PANZYGA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	one year
Other Criteria	

JAKAFI

Products Affected

- JAKAFI

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Complete blood count (CBC) prior to initiating therapy (platelet count greater than 50 x 10(9)/L) with monitoring every 2 to 4 weeks until dose is stabilized, then as clinically necessary.
Age Restrictions	Must be age 18 or older
Prescriber Restrictions	
Coverage Duration	Initial approval for 12 weeks, continuation approval for 12 months
Other Criteria	Patient must be at intermediate or high-risk, including primary myleofibrosis, post-polycthemia vera myelofibrosis, or post-essential thrombocythemia myelofobrosis. Physician must be familiar with the FDA labeling and dose modification information for Jakafi. For continuation, patient must have experienced a 35% reduction in spleen volume (approximately a 50% reduction in spleen size on palpation).

KALYDECO

Products Affected

- KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG
- KALYDECO ORAL TABLET

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Must be age 6 months or older.
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

KEVEYIS

Products Affected

- KEVEYIS

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

KEVZARA

Products Affected

- KEVZARA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Must have documented negative TB test in the past 12 months.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Must first try one non-biologic disease modifying antirheumatic therapy. Must first try one self-injectable anti-TNF drug. Must not be given in combination with other biologic drugs.

KINERET

Products Affected

- KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For active rheumatoid arthritis, must first try one DMARD and then also Enbrel.

KISQALI

Products Affected

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

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	For advanced or metastatic breast cancer, patient must be HR-positive, HER2-negative.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For advanced or metastatic breast cancer, patient must be using Kisqali in combination with an aromatase inhibitor.

KISQALI FEMARA

Products Affected

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

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	For advanced or metastatic breast cancer, patient must be HR-positive, HER2-negative.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

LAZANDA

Products Affected

- LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT, 400 MCG/ACT

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Patient must be age 18 or over
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For dxs of management of breakthrough pain in patients with cancer who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain. Prescriber must be enrolled in the TIRF REMS Access Program. Patient must have signed the Patient-Prescriber Agreement form for the TIRF REMS program.

LENVIMA

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
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

LIDOCAINE PATCH

Products Affected

- *lidocaine external patch 5 %*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months for dx of post-herpetic neuralgia. One year for dx of diabetic neuropathy.
Other Criteria	

LINEZOLID

Products Affected

- *linezolid intravenous solution 600 mg/300ml*
- *linezolid oral*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	Linezolid will not be authorized in patients taking any of the following interacting/contraindicated medications: dopamine, SSRIs, SNRIs, tricyclic antidepressants, MAOIs, bupropion, sympathomimetic agents, triptans, meperidine, buspirone.
Required Medical Information	Fax copy of culture, determination of antibiotic susceptibility (fax copy must be provided).
Age Restrictions	
Prescriber Restrictions	Prescriber must be an infectious disease specialist or have consulted with an infectiuos disease specialist
Coverage Duration	14 days, including days administered inpatient. Max of 28 days for vancomycin-resistant Enterococcus
Other Criteria	For all medically-accepted indications, the patient's infection must not be susceptible to alternative oral antibiotics or the patient has an allergy or intolerance to all other susceptible oral antibiotics. For all medically-accepted indications, the patient must try IV vancomycin for susceptible infections (unless patient has a contraindication) and have an inadequate response or intolerance. Trial with IV vancomycin only applies to Medicare Advantage-Prescription Drug (MA-PD) contract members.

LONSURF

Products Affected

- LONSURF

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Documentation of KRAS mutation status. Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Must first try fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy, an anti-VEGF therapy, and, if KRAS wild type, an anti-EGFR therapy.

LORBRENA

Products Affected

- LORBRENA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Documentation of ALK-positive mutation must be provided.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must have tried and experienced disease progression on Xalkori and at least one other ALK inhibitor, or patient must have experienced disease progression on Alecensa or Zykadia as first-line therapy.

LYNPARZA

Products Affected

- LYNPARZA ORAL CAPSULE
- LYNPARZA ORAL TABLET 100 MG, 150 MG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Must provide germline BRCA test results (must use FDA-approved test)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

MATULANE

Products Affected

- MATULANE

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	

MAVENCLAD

Products Affected

- MAVENCLAD (10 TABS)
- MAVENCLAD (4 TABS)
- MAVENCLAD (5 TABS)
- MAVENCLAD (6 TABS)
- MAVENCLAD (7 TABS)
- MAVENCLAD (8 TABS)
- MAVENCLAD (9 TABS)

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Must be age 18 or older
Prescriber Restrictions	
Coverage Duration	Two years total therapy
Other Criteria	Patient must first try glatiramer. Patient must not have concurrent use with other MS disease modifying drugs. Patient must not have clinically isolated syndrome (CIS).

MAVYRET

Products Affected

- MAVYRET

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Must have chronic hepatitis C infection.
Age Restrictions	Must be age 18 or older.
Prescriber Restrictions	Prescriber must be a gastroenterologist, hepatologist, or infectious disease specialist.
Coverage Duration	Criteria will be applied consistent with current AASLD/IDSA guidance.
Other Criteria	For GT1, must first try Harvoni

MEKINIST

Products Affected

- MEKINIST ORAL TABLET 0.5 MG, 2 MG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0-2.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	For melanoma and non-small cell lung cancer, must not have prior use of a BRAF or MEK inhibitor.

MEKTOVI

Products Affected

- MEKTOVI

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have documentation of BRAF V600 mutation status as detected by an FDA-approved test. Patient must have an Easter Cooperative Oncology Group (ECOG) performance status of 0 to 2.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

METHYLTESTOSTERONE

Products Affected

- *methyltestosterone oral*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

MIRVASO

Products Affected

- MIRVASO

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

MYALEPT

Products Affected

- MYALEPT

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Laboratory confirmed leptin deficiency. Must have one of the following: triglyceride level more than 200mg/dL or diabetes mellitus.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must not have HIV, infectious liver disease, or acquired lipodystrophy with hematologic abnormalities

NATPARA

Products Affected

- NATPARA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Must have two consecutive calcium levels less than 8.9
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

NEBUPENT

Products Affected

- NEBUPENT

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	CD4+ lymphocyte count. For patients 30 days to 1 year of age, was the patient born to a mother known to be HIV-infected? Is HIV seropostive or infected? For patients 2 years of age ond older, has the patient experienced at least one episode of PCP?
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Must have therapeutic trial of Co-trimoxazole (trimethoprim/sulfamethoxazole)

NERLYNX

Products Affected

- NERLYNX

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1.
Age Restrictions	Must be age 18 or older.
Prescriber Restrictions	
Coverage Duration	12 months total therapy
Other Criteria	Must be used as extended adjuvant treatment following treatment with adjuvant Herceptin (trastuzumab)-based therapy within the past 24 months.

NEUPOGEN

Products Affected

- NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML
- NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

NEXAVAR

Products Affected

- NEXAVAR

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	

NIVESTYM

Products Affected

- NIVESTYM

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

NORTHERA

Products Affected

- NORTHERA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must first try midodrine.

NUBEQA

Products Affected

- NUBEQA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must be receiving a gonadotropin-releasing hormone (GnRH) analog concurrently or have had a bilateral orchiectomy.

NUCALA

Products Affected

- NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR
- NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	For severe eosinophilic asthma, peripheral blood eosinophil count must be provided.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Initial approval for 12 months, continuation for 12 months
Other Criteria	For initial approval for severe eosinophilic asthma, Nucala must be used as add-on to current maintenance treatment with an ICS/LABA inhaler or, if contraindicated or not tolerated, another maintenance medication for the condition. For a diagnosis of severe eosinophilic asthma, Nucala is limited to one syringe every 28 days. For a diagnosis of eosinophilic granulomatosis with polyangiitis, must have first tried one systemic non-biologic disease modifying drug (e.g., azathioprine, cyclophosphamide). For a diagnosis of eosinophilic granulomatosis with polyangiitis up to three syringes every 28 days will be authorized. Nucala must not be used in combination with other monoclonal antibodies (e.g., Xolair, Fasenra). For continuation, all initial requirements must be met and patient must have documented clinical benefit from therapy.

NUEDEXTA

Products Affected

- NUEDEXTA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

NUPLAZID

Products Affected

- NUPLAZID

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

OCALIVA

Products Affected

- OCALIVA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Must have one of the following: alkaline phosphatase level greater than or equal to 1.67 times the upper limit of normal, or total bilirubin greater than or equal to 1 times the upper limit of normal but less than 2 times the upper limit of normal.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must have received 12 months of ursodiol therapy and have had an inadequate response or be intolerant to ursodiol.

ODOMZO

Products Affected

- ODOMZO

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Carcinoma must have recurred following surgery or radiation therapy or in patients who are not candidates for surgery or radiation therapy.

OFEV

Products Affected

- OFEV

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Must have presence of a UIP pattern on HRCT in patients not subjected to surgical lung biopsy
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Prescriber must rule out other known causes of interstitial lung disease

OLUMIANT

Products Affected

- OLUMIANT

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	For initial approval, patient must have a negative TB test result.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must have tried and failed one non-biologic oral DMARD, such as methotrexate, and Enbrel or Humira.

ONFI

Products Affected

- ONFI ORAL SUSPENSION
- ONFI ORAL TABLET 10 MG, 20 MG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must first try one generic anticonvulsant.

OPSUMIT

Products Affected

- OPSUMIT

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For diagnosis of pulmonary aterial hypertension, must be in World Health Organization Group category 1.

ORENCIA

Products Affected

- ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have a negative TB test (must be done yearly)
Age Restrictions	Must be age 6 years or older for intraveneous formulation and age 2 years or older for subcutaneous formulation.
Prescriber Restrictions	
Coverage Duration	12 months
Other Criteria	Must first try infliximab. Trial with infliximab applies only to members who are enrolled in an MAPD plan and criteria are pending.

ORENCIA CLICKJECT

Products Affected

- ORENCIA CLICKJECT

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have a negative TB test (must be done yearly)
Age Restrictions	Must be age 6 years or older for intraveneous formulation and age 2 years or older for subcutaneous formulation.
Prescriber Restrictions	
Coverage Duration	12 months
Other Criteria	Must first try Humira or Enbrel.

ORENITRAM

Products Affected

- ORENITRAM

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must first try generic Revatio (sildenafil).

ORKAMBI

Products Affected

- ORKAMBI

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have laboratory confirmation of homozygous F508del mutation in the cystic fibrosis transmembrane regulator (CFTR) gene
Age Restrictions	Must be age 2 or older
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

OTEZLA

Products Affected

- OTEZLA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For moderate to severe plaque psoriasis, patient must try one systemic non-biologic treatment (cyclosporine, cyclosporine modified, methotrexate, methylprednisolone, prednisone, or Soriatane). For psoriatic arthritis, patient must try one non-biologic DMARD (methotrexate, sulfasalazine, hydroxychloroquine, leflunomide, azathioprine, cyclosporine).

OXERVATE

Products Affected

- OXERVATE

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Documentation confirming diagnosis must be submitted
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	8 weeks total treatment
Other Criteria	

penicillamine

Products Affected

- *penicillamine oral*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

PERSERIS

Products Affected

- PERSERIS

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must be stable on or be able to tolerate an oral risperidone dose of 3 to 4 mg/day. For Perseris 120 mg, the patient must try and fail Rispderal Consta (fail means the drug was tried at an equivalent dose to currently requested Perseris, but the condition did not improve or patient had an intolerance).

PHENOBARBITAL

Products Affected

- *phenobarbital oral elixir*
- *phenobarbital oral tablet*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

PIQRAY

Products Affected

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

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	For diagnosis of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, PIK3CA-mutated, advanced or metastatic breast cancer, documentation of evidence confirming mutations must be submitted.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must have previously tried and progressed on or after an endocrine-based regimen. Piqray must be given in combination with fulvestrant.

POMALYST

Products Affected

- POMALYST

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	Must have disease progression 60 days or less following prior therapies. Must have had a therapeutic trial with lenalidomide and bortezomib. Must be taken with low-dose dexamethasone unless contraindicated or not tolerated.

PREVYMIS

Products Affected

- PREVYMIS

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	100 days
Other Criteria	

PROLASTIN-C

Products Affected

- PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have a predicted FEV1 value between 30 and 65% and have serum AAT level less than 11 micromoles per liter (80 milligrams per deciliter if measured by radial immunodiffusion or 50 milligrams per deciliter if measure by nephelometry)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

PROLIA

Products Affected

- PROLIA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For diagnosis of post-menopausal osteoporosis and for males with diagnosis of osteoporosis, must have a therapeutic trial with one oral bisphosphonate (e.g., alendronate, risedronate, ibandronate) and zoledronic acid. For diagnosis of prophylaxis of post-menopausal osteoporosis, must have a therapeutic trial with one oral bisphosphonate (e.g., alendronate, risedronate, ibandronate) and zoledronic acid. Applies only to beneficiaries enrolled in an MA-PD plan.

PROMACTA

Products Affected

- PROMACTA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Current platelet count
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 months
Other Criteria	For chronic ITP, must first try IVIG or immunoglobulin. For thrombocytopenia from hepatitis C infection, must also use interferon-based therapy. For aplastic anemia, must be used with standard immunosuppressive therapy (antithymocyte globulin and cyclosporine) for first-line treatment or must have had an insufficient response to cyclosporine or cyclosporine modified for second-line or subsequent treatment.

promethazine

Products Affected

- *promethazine hcl oral tablet*

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For nausea and vomiting, patient must first try prochlorperazine. For allergic condition, patient must first try desloratadine or levocetirizine. For motion sickness, patient must first try meclizine or Transderm Scop.

QUETIAPINE FUMARATE ER

Products Affected

- *quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Must first try immediate-release quetiapine.

RAVICTI

Products Affected

- RAVICTI

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Patient must be age 2 months or older.
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

RAYALDEE

Products Affected

- RAYALDEE

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Serum total 25-hydroxyvitamin D level must be less than 30 ng/mL (must be submitted to Priority Health).
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Must have chronic kidney disease (CKD) stage 3 or 4.

RELISTOR

Products Affected

- RELISTOR ORAL
- RELISTOR SUBCUTANEOUS SOLUTION

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	Patient must not have mechanical gastrointestinal obstruction
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	4 months
Other Criteria	Patient must be unresponsive with a minimum of 2 other laxative therapies or is unable to tolerate oral laxatives.

REPATHA

Products Affected

- REPATHA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Must submit most recent LDL cholesterol (LDL-C) laboratory report. For HeFH or HoFH, must confirm diagnosis by genetic testing, WHO Dutch Lipid Network or Simon-Broome criteria.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For ASCVD, must first atorvastatin 40 mg daily or higher dose and rosuvastatin 20 mg daily or higher dose and be unable to reach LDL-C less than 100 mg/dL. Statins trials are not required for patients who are unable to tolerate a statin based on provider attestation certifying statin intolerance.

REPATHA PUSHTRONEX SYSTEM

Products Affected

- REPATHA PUSHTRONEX SYSTEM

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Must submit most recent LDL cholesterol (LDL-C) laboratory report. For HeFH or HoFH, must confirm diagnosis by genetic testing, WHO Dutch Lipid Network or Simon-Broome criteria.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For ASCVD, must first atorvastatin 40 mg daily or higher dose and rosuvastatin 20 mg daily or higher dose and be unable to reach LDL-C less than 100 mg/dL. Statins trials are not required for patients who are unable to tolerate a statin based on provider attestation certifying statin intolerance.

REPATHA SURECLICK

Products Affected

- REPATHA SURECLICK

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Must submit most recent LDL cholesterol (LDL-C) laboratory report. For HeFH or HoFH, must confirm diagnosis by genetic testing, WHO Dutch Lipid Network or Simon-Broome criteria.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For ASCVD, must first atorvastatin 40 mg daily or higher dose and rosuvastatin 20 mg daily or higher dose and be unable to reach LDL-C less than 100 mg/dL. Statins trials are not required for patients who are unable to tolerate a statin based on provider attestation certifying statin intolerance.

REVCOVI

Products Affected

- REVCOVI

PA Criteria	Criteria Details
Covered Uses	Pending CMS approval
Exclusion Criteria	Pending CMS approval
Required Medical Information	Pending CMS approval
Age Restrictions	Pending CMS approval
Prescriber Restrictions	Pending CMS approval
Coverage Duration	Pending CMS approval
Other Criteria	Pending CMS approval

REVLIMID

Products Affected

- REVLIMID

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	

REXULTI

Products Affected

- REXULTI

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For diagnosis of schizophrenia, patient must first try one generic atypical antipsychotic. For diagnosis of major depressive disorder, Rexulti must be taken concurrently with an antidepressant.

RHOFADE

Products Affected

- *rhofade*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

RINVOQ

Products Affected

- RINVOQ

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	For initial approval, patient must have a negative TB test in the last 12 months.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must have tried and failed one oral DMARD (e.g., methotrexate) or one injectable DMARD (e.g., Humira).

ROZLYTREK

Products Affected

- ROZLYTREK

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Documentation of NTRK gene fusion must be submitted for NTRK gene fusion positive solid tumors. Documentation of ROS 1 mutation testing must be submitted for ROS1 positive non-small cell lung cancer.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

RUBRACA

Products Affected

- RUBRACA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Must have tried at least two other chemotherapies.

RUCONEST

Products Affected

- RUCONEST

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Must be age 13 or older
Prescriber Restrictions	
Coverage Duration	One fill of four vials for each acute attack. Reauthorization required every 6 months.
Other Criteria	

RUZURGI

Products Affected

- RUZURGI

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have clinical symptoms of LEMS (i.e., proximal lower extremity weakness). If the patient has a cancer diagnosis associated with LEMS, the cancer must have been appropriately treated. Must provide a baseline disease severity score using the Triple-Timed Up-And-Go (3TUG) test.
Age Restrictions	Patient must be age 6 to less than 17 years.
Prescriber Restrictions	
Coverage Duration	Initial approval for 3 months. Subsequent approvals for 12 months.
Other Criteria	Patient must not have history of seizures. Patient must be ambulatory. For continuation, patient must show improvement or stabilization in condition from baseline using the 3TUG test and/or other measures per provider's attestation.

RYDAPT

Products Affected

- RYDAPT

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	For diagnosis of acute myeloid leukemia (AML), patient must have FLT3 mutation-positive disease as detected by an FDA-approved test.
Age Restrictions	Must be age 18 or older
Prescriber Restrictions	
Coverage Duration	One year. For AML, limited to 6 cycles.
Other Criteria	For diagnosis of AML, patient must be using Rydapt in combination with standard cytarabine and daunorubicin induction and cytarabine consolidation chemotherapy.

SAMSCA

Products Affected

- SAMSCA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Treatment must be initiated in an inpatient setting

SEROSTIM

Products Affected

- SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

SIGNIFOR

Products Affected

- SIGNIFOR

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must be too ill for pituitary surgery or patient must have had surgery that failed to completely removed the tumor. Patient must have a documented trial with ketoconazole to reduce cortisol secretion.

Signifor LAR

Products Affected

- SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER

PA Criteria	Criteria Details
Covered Uses	Pending CMS approval
Exclusion Criteria	Pending CMS approval
Required Medical Information	Pending CMS approval
Age Restrictions	Pending CMS approval
Prescriber Restrictions	Pending CMS approval
Coverage Duration	Pending CMS approval
Other Criteria	Pending CMS approval

SIKLOS

Products Affected

- SIKLOS

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Patient must be between age 2 and 17 years.
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

SILDENAFIL CITRATE

Products Affected

- *sildenafil citrate oral tablet 20 mg*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must have a pulmonary arterial hypertension (PAH) classification that meets World Health Organization (WHO) Group 1 criteria.

SILIQ

Products Affected

- SILIQ

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have a negative TB test in the last 12 months.
Age Restrictions	Must be age 18 or older.
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For diagnosis of plaque psoriasis, 5% or more of the patient's body surface are must be affected (unless hands, feet, head, neck, or genitalie are affected), patient must first try one non-biologic systemic drug, and Enbrel or Humira.

SIMPONI

Products Affected

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

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Negative TB test (must be done yearly). For dx of Ankylosing Spondylitis, must have presence of active disease for at least 4 weeks, BASDAI score of at least 4.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year.
Other Criteria	For diagnoses of RA, Psoriatic Arthritis, and Ankylosing Spondylitis must have a therapeutic trial and clinical failure with Enbrel or Humira.

SIVEXTRO

Products Affected

- SIVEXTRO ORAL

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Culture and sensitivity results showing the patient's infection is not susceptible to alternative antibiotic treatments.
Age Restrictions	Must be age 18 or older
Prescriber Restrictions	Prescriber must be an infectious disease specialist or have consulted with an infectious disease specialist.
Coverage Duration	6 days
Other Criteria	

SKYRIZI

Products Affected

- SKYRIZI (150 MG DOSE)

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	Must submit a negative TB test results from within the previous 12 months.
Required Medical Information	
Age Restrictions	Must be age 18 or older
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For diagnosis of plaque psoriasis, 5% or more of the patient's body surface area must be affected (unless hands, feet, head, neck, or genitalia are affected), patient must first try one non-biologic systemic drug and Enbrel or Humira. When authorized, up to 150mg (two 75mg syringes) will be covered at weeks 0 and 4, followed by 150mg (two 75mg syringes) every 12 weeks for maintenance dosing.

SOLIRIS

Products Affected

- SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML

PA Criteria	Criteria Details
Covered Uses	Pending CMS approval
Exclusion Criteria	Pending CMS approval
Required Medical Information	Pending CMS approval
Age Restrictions	Pending CMS approval
Prescriber Restrictions	Pending CMS approval
Coverage Duration	Pending CMS approval
Other Criteria	Pending CMS approval

SOVALDI

Products Affected

- SOVALDI ORAL TABLET 400 MG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Patient must be age 12 or over
Prescriber Restrictions	Prescriber must be a gastroenterologist, hepatologist, or infectious disease specialist
Coverage Duration	Criteria will be applied consistent with current AASLD/IDSA guidance.
Other Criteria	For GT 2 and 3, must first try Epclusa. For GT 1, 4, 5, and 6, must first try Harvoni. Not covered as monotherapy. Criteria will be applied consistent with current AASLD/IDSA guidance.

SPRYCEL

Products Affected

- SPRYCEL

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	BCR-ALB1 Gene Arrangement, Quantitative PCR must be completed at baseline, then every 3 months to assess response to therapy until complete cytogenic response, then every 3 months for 3 years, then every 3-6 months thereafter. If loss of response to Sprycel occurs, BCR-ABL kinase domain mutation analysis must be done before changing therapy.

STELARA

Products Affected

- STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML
- STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Must have a negative TB test (must be done yearly).
Age Restrictions	Patient must be age 12 or over
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For diagnosis of plaque psoriasis, 5% or more of patient's body surface area affected (unless hands, feet, head, neck, or genitalia are affected), must first try one non-biologic DMARD and must try Enbrel or Humira. For diagnosis of psoriatic arthritis, must try one non-biologic DMARD and must try Enbrel or Humira. For diagnosis of Crohn's disease, must first try or be intolerant to Humira. For members with Crohn's disease that are naive to TNF blockers, must first try or be intolerant to one immunomodulator (methotrexate, azathioprine, 6-MP) or one corticosteroid.

STIVARGA

Products Affected

- STIVARGA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Documentation of KRAS mutation status. Easter Cooperative Oncology Group (ECOG) performance status of 0-1. ECOG not required for diagnosis of Gastrointestinal Stromal Tumors.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	For diagnosis of metastatic colorectal cancer, patient must have a documented trial with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy and an anti-vascular endothelial growth factor (VEGF) therapy. Patients with KRAS wild-type, patient must have a documented trial with an anti-epidermal growth factor receptor (EGFR) therapy. For diagnosis of gastrointestinal stromal tumor, patient must have had prior treatment with both Gleevec and Sutent.

STRIANT

Products Affected

- STRIANT

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Subnormal serum total testosterone concentration must be less than 300 ng/dL, on more than one occasion in the past year.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must be male. Patient must have prior use of generic testosterone, either topical or injectable, for a minimum of two months. Patient must have clinical symptoms and signs consistent with androgen deficiency. Men over age 50 years (or over 40 years who have a family history or are African-American) must be screened for prostate cancer before starting therapy and routinely while on therapy.

SUBOXONE FILM

Products Affected

- SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

SUBSYS

Products Affected

- SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Patient must be age 18 or over
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For dxs of management of breakthrough pain in patients with cancer who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain. Prescriber must be enrolled in the TIRF REMS Access Program. Patient must have signed the Patient-Prescriber Agreement form for the TIRF REMS program.

SUTENT

Products Affected

- SUTENT

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	For diagnosis of gastrointestinal stromal tumor, patient must have a trial with Gleevec.

SYLATRON

Products Affected

- SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	Patient must not have autoimmune hepatitis, hepatic decompensation, or sever neuropsychiatric disorders
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	12 months
Other Criteria	Sylatron administration must begin within 84 days after cutaneous lesion is removed with documentation of adequate surgical margins and complete regional lymphadenectomy

SYMDEKO

Products Affected

- SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Must be age 6 or older.
Prescriber Restrictions	
Coverage Duration	One year.
Other Criteria	

SYMPAZAN

Products Affected

- SYMPAZAN

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Must be age 2 years or older.
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Must first try and fail generic clobazam.

SYNRIBO

Products Affected

- SYNRIBO

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	For diagnosis of chronic myeloid leukemia, patient must have a trial with one of Gleevec, Sprycel or Tasigna.

tadalafil 2.5mg and 5mg (Cialis)

Products Affected

- *tadalafil oral tablet 2.5 mg, 5 mg*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must have tried and failed either 6 months of finasteride or 3 months of Avodart and must have tried and failed 28 days of alfuzosin, doxazosin, tamsulosin, or terazosin.

tadalafil 20mg (Adcirca)

Products Affected

- *tadalafil (pah)*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must have a pulmonary arterial hypertension (PAH) classification that meets World Health Organization (WHO) Group 1 criteria.

TAFINLAR

Products Affected

- TAFINLAR

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0-2.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	Patient must not have prior use of Zelboraf or Mekinist.

TAGRISSO

Products Affected

- TAGRISSO

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have laboratory confirmation of epidermal growth factor receptor T790M mutation, as detected by an FDA approved test.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For EGFR T790M mutation positive non-small cell lung cancer, must have had disease progression on or after EGFR TKI therapy.

TAKHZYRO

Products Affected

- TAKHZYRO

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Requires submission of C4, C1-INH protein, and C1-INH function lab results confirming diagnosis.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

TALTZ

Products Affected

- TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have a negative TB test in the last 12 months.
Age Restrictions	Must be 18 years of age or older.
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For diagnosis of plaque psoriasis, 5% or more of the patient's body surface are must be affected (unless hands, feet, head, neck, or genitalia are affected), patient must first try one non-biologic DMARD, and Enbrel or Humira. For diagnosis of psoriatic arthritis, patient must first try Enbrel or Humira.

TALZENNA

Products Affected

- TALZENNA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

TARCEVA

Products Affected

- TARCEVA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	

TARGRETIN

Products Affected

- TARGRETIN

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	

TASIGNA

Products Affected

- TASIGNA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	BCR-ALB1 Gene Arrangement, Quantitative PCR must be completed at baseline, then every 3 months to assess response to therapy until complete cytogenic response, then every 3 months for 3 years, then every 3-6 months thereafter. If loss of response to Tasigna occurs, BCR-ABL kinase domain mutation analysis must be done before changing therapy.

TEGSEDI

Products Affected

- TEGSEDI

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	For hereditary transthyretin-mediated (hATTR) amyloidosis with polyneuropathy, diagnosis confirmed by the following: documented transthyretin (TTR) mutation (e.g., V30M) by genetic testing AND documented amyloid deposits in biopsy tissue. Must provide documentation of one of the following: Baseline polyneuropathy disability (PND) score less than or equal to IIIb or baseline FAP Stage 1 or 2. Patient must have a platelet count of greater than or equal to 100 x 109/L. Patient must have a urine protein to creatinine ratio (UPCR) less than 1,000 mg/g.
Age Restrictions	Must be age 18 or older
Prescriber Restrictions	
Coverage Duration	12 months on initial and continuation requests
Other Criteria	Patient must present with clinical signs and symptoms of the condition (e.g., motor disability, peripheral/autonomic neuropathy, etc.). Patient must not be receiving Tegsedi in combination with tafamidis (Vyndaqel, Vyndamax) or Onpattro. For continuation, patient must show clinical benefit from Tegsedi (e.g., improved neuropathy symptoms, slowing of disease progression).

TEMSIROLIMUS

Products Affected

- *temsirolimus*

PA Criteria	Criteria Details
Covered Uses	Pending CMS approval
Exclusion Criteria	Pending CMS approval
Required Medical Information	Pending CMS approval
Age Restrictions	Pending CMS approval
Prescriber Restrictions	Pending CMS approval
Coverage Duration	Pending CMS approval
Other Criteria	Pending CMS approval

testosterone gel

Products Affected

- *testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Subnormal serum total testosterone concentration must be less than 300 ng/dL, on more than one occasion in the past year.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must be male. Patient must have clinical symptoms and signs consistent with androgen deficiency. Men over age 50 years (or over 40 years who have a family history or are African-American) must be screened for prostate cancer before starting therapy and routinely while on therapy. Patient must have a documented trial and failure (defined as an intolerance or an inability to improve symptoms or testosterone levels after 2 months of therapy) to a generic injectable testosterone product. Trial with injectable testosterone applies only to members who are enrolled in a MAPD plan.

testosterone solution

Products Affected

- *testosterone transdermal solution*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Subnormal serum total testosterone concentration must be less than 300 ng/dL, on more than one occasion in the past year.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must be male. Patient must have clinical symptoms and signs consistent with androgen deficiency. Men over age 50 years (or over 40 years who have a family history or are African-American) must be screened for prostate cancer before starting therapy and routinely while on therapy. Patient must have a documented trial and failure (defined as an intolerance or an inability to improve symptoms or testosterone levels after 2 months of therapy) to a generic injectable testosterone product. Trial with injectable testosterone applies only to members who are enrolled in a MAPD plan.

THALOMID

Products Affected

- THALOMID

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year
Other Criteria	

TIBSOVO

Products Affected

- TIBSOVO

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have documentation of IDH1 mutation status as detected by an FDA-approved test. Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 to 2.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

TREMFYA

Products Affected

- TREMFYA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Must submit a negative TB test result from within the previous 12 months.
Age Restrictions	Must be age 18 or older.
Prescriber Restrictions	
Coverage Duration	Up to 100mg (1 syringe) at weeks 0 and 4, 100mg (1 syringe) every 8 weeks for maintenance
Other Criteria	For diagnosis of plaque psoriasis, 5% or more of the patient's body surface are must be affected (unless hands, feet, head, neck, or genitalie are affected), patient must first try one non-biologic systemic drug, and Enbrel or Humira.

TRETINOIN CAPSULES

Products Affected

- *tretinoin oral*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	

trimipramine

Products Affected

- *trimipramine maleate oral*

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

TURALIO

Products Affected

- TURALIO

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

TYKERB

Products Affected

- TYKERB

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	

TYMLOS

Products Affected

- TYMLOS

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient's T-score must be provided.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Two years total therapy (inclusive of all parathyroid hormone analogs)
Other Criteria	For diagnosis of postmenopausal osteoporosis, the following criteria must be met: documented therapeutic trial with failure, contraindication, or intolerance (defined as creatinine clearance less than 35 mL/min, inability to remain upright for 30 minutes after dose, esophageal stricture (known stricture or dysphagia), significant decrease in BMD after at least one year of therapy, or new fracture while on therapy) to alendronate, risedronate, or ibandronate AND documented therapeutic trial with failure, contraindication, or intolerance (defined as significant decrease in BMD after at least one year of therapy, or new fracture while on therapy) to zoledronic acid (generic Reclast) or Prolia.

UPTRAVI

Products Affected

- UPTRAVI

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have World Health Organization (WHO) group 1 classification of pulmonary arterial hypertension.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

VALCHLOR

Products Affected

- VALCHLOR

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Must have tried one of the following: topical corticosteroids, topical chemotherapy such as BiCNU an mechlorethamine), topical retinoids, or topical imiquimod.

VASCEPA

Products Affected

- VASCEPA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Laboratory confirmation of a baseline triglyceride level of at least 500 mg/dL prior to starting Vascepa.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

VENCLEXTA

Products Affected

- VENCLEXTA
- VENCLEXTA STARTING PACK

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

VERZENIO

Products Affected

- VERZENIO

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

VITRAKVI

Products Affected

- VITRAKVI

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Documentation of NTRK gene fusion must be submitted.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

VIZIMPRO

Products Affected

- VIZIMPRO

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Documentation of laboratory report confirming EGFR exon 19 deletion or exon 21 L858R mutation must be provided.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

VOTRIENT

Products Affected

- VOTRIENT

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	For diagnosis of soft tissue sarcoma, patient must have a trial with anthracycline-containing chemotherapy.

VYNDAMAX

Products Affected

- VYNDAMAX

PA Criteria	Criteria Details
Covered Uses	Pending CMS approval
Exclusion Criteria	Pending CMS approval
Required Medical Information	Pending CMS approval
Age Restrictions	Pending CMS approval
Prescriber Restrictions	Pending CMS approval
Coverage Duration	Pending CMS approval
Other Criteria	Pending CMS approval

VYNDAQEL

Products Affected

- VYNDAQEL

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Diagnosis of ATTR-CM must be confirmed by presence of amyloid deposits in biopsy tissue AND one of the following: For wild-type disease, must identify TTR as the precursor protein by immunohistochemistry, scintigraphy, or mass spectrometry, and for hereditary disease, must have a TTR mutation (e.g., V122I, Val122Ile) on genetic testing. Patient must have medical history of heart failure (e.g., prior hospitalization for heart failure, clinical evidence of heart failure such as volume overload). Patient must have evidence of cardiac involvement on ECHO with increased wall thickness.
Age Restrictions	Must be age 18 or older
Prescriber Restrictions	
Coverage Duration	12 months on initial and continuation requests
Other Criteria	Vyndaqel will not be approved if any of the following apply: Patient has primary (light-chain) amyloidosis, patient has had a prior liver or heart transplant or an implanted cardiac device, use of Vyndaqel with Onpattro or Tegsedi, or NYHA Class 3 and 4 heart failure. For continuation, patient must continue to meet initial criteria and have had a positive clinical response to Vyndaqel compared to baseline evidenced by objective (e.g., reduced cardiovascular-related hospitalizations, cardiac function) and subjective measures (e.g., function, quality of life).

XALKORI

Products Affected

- XALKORI

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have an Eastern Cooperative Oncology Group (ECOG) performance score between 0 and 3
Age Restrictions	Must be 18 years of age or older
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	

XATMEP

Products Affected

- XATMEP

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

XELJANZ

Products Affected

- XELJANZ ORAL TABLET 10 MG, 5 MG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	For initial approval, patient must have a negative TB test in the past 12 months.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must have tried and failed with one oral DMARD or one injectable biologic DMARD.

XELJANZ XR

Products Affected

- XELJANZ XR

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	For initial approval, patient must have a negative TB test in the past 12 months.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must have tried and failed with one oral DMARD or one injectable biologic DMARD.

XERMELO

Products Affected

- XERMELO

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must be experiencing 4 or more bowel movements per day.
Age Restrictions	Must be 18 years of age or older.
Prescriber Restrictions	
Coverage Duration	One year.
Other Criteria	Patient must have been receiving stable dose SSA therapy (either long-acting release (LAR), depot, or infusion pump) for at least 3 months.

XIFAXAN

Products Affected

- XIFAXAN ORAL TABLET 550 MG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year. Limited to 42 tablets for 14 days for IBS-D. 60 tablets per 30 days for other indications.
Other Criteria	

XOLAIR

Products Affected

- XOLAIR

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	For diagnosis of asthma, patient must have had a positive skin test or in-vitro reactivity to a perennial aeroallergen.
Age Restrictions	For diagnosis of chronic urticaria patient must be age 12 or older
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For diagnosis of asthma, patient's symptoms must be inadequately controlled with inhaled corticosteroids. For diagnosis of chronic urticaria, patient must first try two or more H1 antihistamines, or patient must first try one H1 antihistamine and one or more of the following: H2 antihistamines, oral corticosteroids, or leukotriene modifiers.

XOSPATA

Products Affected

- XOSPATA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Documentation of laboratory report confirming FLT3 mutation must be submitted.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

XPOVIO

Products Affected

- XPOVIO (100 MG ONCE WEEKLY)
- XPOVIO (60 MG ONCE WEEKLY)
- XPOVIO (80 MG ONCE WEEKLY)
- XPOVIO (80 MG TWICE WEEKLY)

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must have previously tried at least four prior therapies. Patient must have disease refractory to at least two proteasome inhibitors such as Velcade, Kyprolis, or Ninlaro, two immunomodulatory agents such as Revlimid, Pomalyst, or Thalomid, and one anti-CD38 monoclonal antibody such as Darzalex. Xpovio must be taken in combination with dexamethasone.

XTANDI

Products Affected

- XTANDI

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Eastern Cooperative Oncology Group (ECOG) performance status of 0-2. Two sequential rising PSA levels obtained 2 to 3 weeks apart or other evidence of disease progression. Serum testosterone must be less than 50ng/dL.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	

XYOSTED

Products Affected

- XYOSTED

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Subnormal serum total testosterone concentration must be less than 300 ng/dL, on more than one occasion in the past year.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must be male. Patient must have clinical symptoms and signs consistent with androgen deficiency. Men over age 50 years (or over 40 years who have a family history or are African-American) must be screened for prostate cancer before starting therapy and routinely while on therapy. Patient must have a documented trial and failure (defined as an intolerance or an inability to improve symptoms or testosterone levels after 2 months of therapy) to a generic injectable testosterone product. Trial with injectable testosterone applies only to members who are enrolled in a MAPD plan.

XYREM ORAL

Products Affected

- XYREM

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	Patient must not be receiving sedative hypnotics with Xyrem. Patient must not suffer from succinic semialdehyde dehydrogenase deficiency.
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	Prescriber must be a sleep specialist, neurologist, or pulmonologist.
Coverage Duration	One year
Other Criteria	

Yonsa

Products Affected

- YONSA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	Patient must not have a history of adrenal or pituitary gland disorders.
Required Medical Information	Patient must have evidence of disease progression. Patient must have Eastern Cooperative Oncology Group (ECOG) performance standard of 0 to 2.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for 8 months.
Other Criteria	Patient must not have Eastern Cooperative Oncology Group (ECOG) performance status greater than or equal to 3. Patient must not have severe hepatic impairment. Patient must not have NYHA Class III or IV heart failure.

ZALEPLON

Products Affected

- *zaleplon*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year.
Other Criteria	If 65 years old or greater, for treatment of long-term insomnia (requiring more than 90 tablets per 365 days), must have tried and failed trazodone or temazepam as well as Rozerem.

ZEJULA

Products Affected

- ZEJULA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year.
Other Criteria	For annual continuation, patient must have no evidence of disease progression or treatment-limiting adverse reactions.

ZELBORAF

Products Affected

- ZELBORAF

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 (excluding patients with Erdheim-Chester disease). Baseline ECG, electrolytes (including potassium, magnesium, and calcium), liver enzymes (transaminase and alkaline phosphatase), and bilirubin baseline values must be within clinically acceptable limits and will continued to be monitored throughout treatment.
Age Restrictions	Must be 18 years of age or older
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	

ZEMAIRA

Products Affected

- ZEMAIRA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	Patient must have a predicted FEV1 value between 30 and 65% and have serum AAT level less than 11 micromoles per liter (80 milligrams per deciliter if measured by radial immunodiffusion or 50 milligrams per deciliter if measure by nephelometry)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

ZEPATIER

Products Affected

- ZEPATIER

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Criteria will be applied consistent with current AASLD/IDSA guidance.
Other Criteria	For GT1 and 4, must first try Harvoni. Criteria will be applied consistent with current AASLD/IDSA guidance.

ZOHYDRO ER

Products Affected

- ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Must be age 18 or over
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	Patient must first try one of the following: morphine sulfate extended-release, fentanyl patch, or methadone. Patient must also try one non-opioid or immediate-release opioid options (unless contraindicated). Patient must sign a pain management agreement. Zohydro ER is not covered for as needed use, acute pain, post-operative pain.

ZOLINZA

Products Affected

- ZOLINZA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	For diagnosis of primary cutaneous T-cell lymphoma, patient must have prior use of two of the following systemic therapies: a retinoid (bexarotene, all-trans retinoic acid, isotretinoin, acitretin), an interferon (IFN-alpha, IFN-gamma), methotrexate, or extracorporeal photopheresis.

ZOLPIDEM/ZOLPIDEM ER

Products Affected

- *zolpidem tartrate*
- *zolpidem tartrate er*

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year.
Other Criteria	If 65 years old or greater, for treatment of long-term insomnia (requiring more than 90 tablets per 365 days), must have tried and failed trazodone or temazepam as well as Rozerem.

ZUBSOLV

Products Affected

- ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	

ZYDELIG

Products Affected

- ZYDELIG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	One year
Other Criteria	For chronic lymphocytic leukemia (CLL), must be used in combination with Rituximab. For relapsed Follicular lymphoma (FL) and relapsed Small lymphotcytic lymphoma (SLL), must have had 2 previous treatments such as Rituxan, bendamustine, chlorambucil, fludarabine, or cyclophosphamide.

ZYKADIA

Products Affected

- ZYKADIA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for one year.
Other Criteria	

ZYTIGA

Products Affected

- ZYTIGA ORAL TABLET 500 MG

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion Criteria	Patient must not have a history of adrenal or pituitary gland disorders.
Required Medical Information	Patient must have evidence of disease progression. Patient must have Eastern Cooperative Oncology Group (ECOG) performance standard of 0 to 2.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Authorized for 8 months
Other Criteria	Patient must not have Eastern Cooperative Oncology Group (ECOG) performance status greater than or equal to 3. Patient must not have severe hepatic impairment. Patient must not have NYHA Class III or IV heart failure.

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