

2019 Prior Authorization Criteria

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ABIRATERONE

Affected Drugs

ABIRATERONE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Severe hepatic impairment (Child-Pugh Class C). NYHA Class III or IV heart failure. LVEF is less than 50%.

Required Medical Information

Abiraterone is administered in combination with Prednisone. AST and ALT less than or equal to 2.5X ULN and total bilirubin less than or equal to 1.5X ULN. Serum potassium is within normal limits prior to initiation of abiraterone.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Urologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

ACITRETIN

Affected Drugs

ACITRETIN®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Females who are pregnant, or who intend to become pregnant during acitretin therapy or at any time for at least 3 years following discontinuation of acitretin therapy. Females who may not use reliable contraception while undergoing treatment with acitretin and for at least 3 years following discontinuation of treatment with acitretin. Patients with severely impaired liver or kidney function. Patients with chronic abnormally elevated blood lipid values. The combined use of acitretin and methotrexate. The combined use of acitretin and tetracyclines.

Required Medical Information

Females of reproductive potential must have had 2 negative urine or serum pregnancy tests with a sensitivity of at least 25 mIU/mL before receiving the initial acitretin prescription. Lipid Panel, Liver function tests: ALT, AST, LDH.

Age Restrictions

N/A

Prescriber Restrictions

Dermatologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

The documented use of at least one formulary topical corticosteroid (e.g., clobetasol propionate, fluocinonide, etc.) for the current condition is required prior to the initiation of acitretin.

ACTIMMUNE

Affected Drugs

ACTIMMUNE®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

In patients with chronic granulomatous disease (CGD), the member will be using Actimmune to reduce the frequency and severity of serious infections. In patients with severe malignant osteopetrosis (SMO), the member will be using Actimmune to delay time to disease progression.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

ADCIRCA

Affected Drugs

ADCIRCA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

The concurrent use of nitrates (e.g., nitroglycerin, isosorbide mononitrate or dinitrate, etc.) or guanylate cyclase (GC) stimulators (e.g., riociguat etc.) or potent CYP 3A inhibitors (e.g., ketoconazole, itraconazole, etc.) or PDE5 inhibitors (e.g., tadalafil, sildenafil, etc) or potent inducers of CYP3A (e.g., rifampin).

Required Medical Information

Documentation of pulmonary arterial hypertension (PAH) (WHO Group 1)

Age Restrictions

N/A

Prescriber Restrictions

Pulmonologist, Cardiologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

ADEMPAS

Affected Drugs

ADEMPAS®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Pregnancy in females of reproductive potential. The concurrent use of nitrates or nitric oxide donors (e.g., nitroglycerin, isosorbide mononitrate or dinitrate, amyl nitrite, etc.) or specific PDE-5 inhibitors (e.g., sildenafil, tadalafil, etc.) or nonspecific PDE inhibitors (e.g., dipyridamole, theophylline, etc.).

Required Medical Information

A diagnosis of 1) pulmonary arterial hypertension (PAH) (WHO Group 1) or 2) persistent or recurrent chronic thromboembolic pulmonary hypertension (CTEPH) (WHO Group 4) after surgical treatment or inoperable CTEPH.

Age Restrictions

N/A

Prescriber Restrictions

Pulmonologist, Cardiologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

AFINITOR

Affected Drugs

AFINITOR®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Co-administered with strong or moderate inhibitors of CYP3A4 and Pgp, such as ketoconazole, itraconazole, erythromycin, verapamil, diltiazem.

Required Medical Information

In patients with renal angiomyolipoma and tuberous sclerosis complex (TSC), a documentation that no immediate surgery is required. In patients with progressive neuroendocrine tumors (PNET) of pancreatic origin and progressive, well-differentiated, non-functional neuroendocrine tumors (NET) of gastrointestinal or lung origin, absence of functional carcinoid tumors and a documentation of unresectable, locally advanced or metastatic disease. In patients with tuberous sclerosis complex (TSC) who have subependymal giant cell astrocytoma (SEGA) and require therapeutic intervention, a documentation of unresectable disease. CBC, SrCr, BUN, serum glucose, lipid panel.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

For the treatment of advanced renal cell carcinoma, the documented use of sunitinib or sorafenib or both is required prior to the initiation of Afinitor. For the treatment of advanced hormone receptor-positive, HER2-negative breast cancer in postmenopausal women, Afinitor will be used in combination with exemestane after failure of treatment with letrozole or anastrozole.

AFINITOR DISPERZ

Affected Drugs

AFINITOR DISPERZ®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Afinitor Disperz is co-administered with strong inhibitors of CYP3A4 (e.g., ketoconazole, itraconazole, clarithromycin, atazanavir, etc.).

Required Medical Information

CBC, SrCr, BUN, serum glucose, lipid panel.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Neurologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

ALECENSA

Affected Drugs

ALECENSA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Documented diagnosis of Anaplastic Lymphoma Kinase (ALK)-positive, metastatic Non-Small Cell Lung Cancer (NSCLC) as detected by an FDA-approved test (e.g., FoundationOne CDx). Baseline CPK levels and LFTs (ALT, AST, and total bilirubin).

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

ALOSETRON

Affected Drugs

ALOSETRON

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with constipation. In patients with history of chronic or severe constipation or sequelae from constipation, intestinal obstruction, stricture, toxic megacolon, gastrointestinal perforation, and/or adhesions, ischemic colitis, impaired intestinal circulation, thrombophlebitis, or hypercoagulable state, Crohn's disease or ulcerative colitis, diverticulitis, severe hepatic impairment. Concomitant use of fluvoxamine.

Required Medical Information

Diagnosis of severe diarrhea-predominant chronic irritable bowel syndrome (presence of diarrhea and one or more of the following: frequent and severe abdominal pain/discomfort, frequent bowel urgency or fecal incontinence, or disability or restriction of daily activities due to IBS) in women with symptoms lasting for at least 6 months without anatomic or biochemical abnormalities of the gastrointestinal tract.

Age Restrictions

N/A

Prescriber Restrictions

Gastroenterologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

The documented use of an antispasmodic (e.g., dicyclomine, etc.) or antidiarrheal agent (e.g., loperamide, etc.) is required for current condition prior to the initiation of alosetron.

ALPRAZOLAM

Affected Drugs

ALPRAZOLAM
ALPRAZOLAM ER
ALPRAZOLAM INTENSOL

Covered Uses

All medically accepted indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

In patients 65 years of age and older: 1) for the treatment of anxiety, the use of buspirone or paroxetine or venlafaxine is required 2) for the treatment of panic disorder, the use of at least one SSRI or one SNRI (i.e., venlafaxine, venlafaxine er caps, fluoxetine, paroxetine, paroxetine er or sertraline) is required prior to initiation of alprazolam.

ALUNBRIG

Affected Drugs

ALUNBRIG™

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concomitant use of Alunbrig with strong CYP3A inducers (e.g., rifampin, carbamazepine, phenytoin, etc.). Pregnancy in females of reproductive potential.

Required Medical Information

Documented diagnosis of anaplastic lymphoma kinase (ALK)-positive metastatic non-small cell lung cancer (NSCLC) in patients who 1) have progressed on crizotinib, or 2) are intolerant to crizotinib. Baseline Creatine Phosphokinase (CPK) and pancreatic enzymes (e.g., lipase, amylase, etc.).

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

AMITRIPTYLINE

Affected Drugs

AMITRIPTYLINE HCL

Covered Uses

All medically accepted indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

For the treatment of depression, a trial of at least 2 formulary drugs: SSRIs or SNRIs (e.g., fluoxetine, paroxetine, sertraline, citalopram, escitalopram, venlafaxine, venlafaxine er, etc.) or other type of clinical justification will be required in members 65 years of age and older. For the treatment of postherpetic neuralgia, a trial of at least 2 of the following formulary drugs: gabapentin, duloxetine, pregabalin, nortriptyline or other type of clinical justification will be required in members 65 years of age and older.

AMPYRA

Affected Drugs

AMPYRA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

History of seizures. Moderate or severe renal impairment (creatinine clearance less than or equal to 50 mL/min).

Required Medical Information

Initiation of Ampyra: 1) documented diagnosis of multiple sclerosis, and 2) confirmation that patient has difficulty walking (e.g., patient has completed a timed 25-foot walk test, etc.). Reauthorization: confirmation that the patient's walking improved with Ampyra therapy.

Age Restrictions

N/A

Prescriber Restrictions

Neurologist

Coverage Duration

Initial: 3 months. Reauthorization: 12 months.

Other Criteria

N/A

ANADROL-50

Affected Drugs

ANADROL-50®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with nephrosis or the nephrotic phase of nephritis. In patients with severe hepatic dysfunction. Carcinoma of the prostate or breast in male patients. Carcinoma of the breast in females with hypercalcemia. Pregnancy in females of reproductive potential. Anadrol-50 is used as replacement of other supportive measures (e.g., correction of iron, folic acid, vitamin B12 or pyridoxine deficiency, etc., if any).

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

ANDROGEL

Affected Drugs

ANDROGEL®
TESTOSTERONE GEL

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In men with carcinoma of the breast or known or suspected prostate cancer. In women who are or may become pregnant, or who are breastfeeding.

Required Medical Information

Documented diagnosis of primary hypogonadism (congenital or acquired testicular failure due to conditions such as cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, orchiectomy, Klinefelter's syndrome, chemotherapy, toxic damage from alcohol or heavy metals, etc.) or hypogonadotropic hypogonadism (congenital or acquired, e.g., gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency, pituitary-hypothalamic injury from tumors, trauma, or radiation, etc.) in adult males. Initiation of therapy: average pre-treatment serum testosterone concentration of less than 300 ng/dL.

Age Restrictions

Approve if 18 years old or older.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

APOKYN

Affected Drugs

APOKYN®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concomitant use of 5HT3 antagonists, including antiemetics (e.g., ondansetron, granisetron, dolasetron, palonosetron, etc.) and alosetron.

Required Medical Information

Documented diagnosis of advanced Parkinson's disease. Documented motor fluctuations despite optimized oral drug regimen which includes carbidopa/levodopa.

Age Restrictions

N/A

Prescriber Restrictions

Neurologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

APREPITANT

Affected Drugs

APREPITANT

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

The use of at least one of the following 5-HT₃ antagonists is required prior to the initiation of aprepitant: 1) ondansetron for any FDA-approved indication or 2) granisetron for any FDA-approved indication, except for the prevention of postoperative nausea and vomiting. Part B coverage: 1) If aprepitant is used as full therapeutic replacement for IV anti-emetic drugs within 2 hours prior to administration of the anti-cancer treatment and will not exceed 48 hours after the treatment and 2) If aprepitant is used in combination with a 5-HT₃ antagonist (e.g., ondansetron, granisetron, dolasetron, etc.) and dexamethasone and when patient is receiving one or more of the following anti-cancer agents: alemtuzumab, azacitidine, bendamustin, carboplatin, carmustine, cisplatin, clofarabine, cyclophosphamide, cytarabine, dacarbazine, daunorubicin, doxorubicin, epirubicin, idarubicin, ifosfamide, irinotecan, lomustine, mechlorethamine, oxaliplatin, streptozocin.

ARCALYST

Affected Drugs

ARCALYST®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Arcalyst is not administered concurrently with any of the tumor necrosis factor (TNF) blockers (e.g., adalimumab, etanercept, etc.) or IL-1 inhibitors (e.g., ustekinumab, etc.).

Age Restrictions

Approve if 12 years old or older.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

ATOMOXETINE

Affected Drugs

ATOMOXETINE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Narrow Angle Glaucoma. Pheochromocytoma or history of pheochromocytoma. Known serious structural cardiac abnormalities, cardiomyopathy, serious heart rhythm abnormalities, or other serious cardiac problems.

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

The documented use of methylphenidate and dextroamphetamine is required prior to the initiation of atomoxetine (A trial of methylphenidate and dextroamphetamine is not required if patient has a history of stimulant drug abuse and dependence or other contraindications to methylphenidate and dextroamphetamine).

AUBAGIO

Affected Drugs

AUBAGIO®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with severe hepatic impairment. Pregnancy in females of reproductive potential. Concurrent use of leflunomide. In patients with active or chronic infection (e.g., pneumonia, aspergillosis, tuberculosis, etc.).

Required Medical Information

Documented relapsing forms of multiple sclerosis. Recent (e.g., within six months) complete blood count (CBC). Serum ALT less than or equal to 2 times ULN is required prior to the initiation of Aubagio.

Age Restrictions

N/A

Prescriber Restrictions

Neurologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

AURYXIA

Affected Drugs

AURYXIA™

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Iron overload syndromes (e.g., hemochromatosis).

Required Medical Information

Documented diagnosis of hyperphosphatemia in chronic kidney disease patients on dialysis. Baseline ferritin or transferrin saturation.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

AUSTEDO

Affected Drugs

AUSTEDO™

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Actively suicidal patients, or patients with untreated or inadequately treated depression. Impaired hepatic function. Concurrent use of monoamine oxidase inhibitors, reserpine or tetrabenazine.

Required Medical Information

Documented diagnosis of Huntington's disease chorea or tardive dyskinesia.

Age Restrictions

N/A

Prescriber Restrictions

Neurologist, Psychiatrist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

AVONEX

Affected Drugs

AVONEX ®

AVONEX ADMINISTRATION PACK ®

AVONEX PEN ®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

In patients who have experienced a first clinical episode, MRI features (e.g., MRI-detected brain lesions) must be consistent with Multiple Sclerosis

Age Restrictions

N/A

Prescriber Restrictions

Neurologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

BENLYSTA 200MG/ML

Affected Drugs

BENLYSTA® 200MG/ML

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Severe active lupus nephritis, severe active central nervous system lupus or progressive multifocal leukoencephalopathy (PML). Concomitant use with other biologic therapies or intravenous cyclophosphamide.

Required Medical Information

For the diagnosis of active systemic lupus erythematosus (SLE), autoantibody-positive status is confirmed by laboratory testing.

Age Restrictions

N/A

Prescriber Restrictions

Rheumatologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

The documented use of at least one standard therapy (e.g., prednisone, methylprednisolone, azathioprine, methotrexate, mycophenolate mofetil, chloroquine, hydroxychloroquine, etc.) is required prior to the initiation of Benlysta 200 mg/ml.

B VS D - PART B VERSUS PART D COVERAGE PA

Affected Drugs

ABELCET®
ACETYLCYSTEINE SOLN
ACYCLOVIR SODIUM INJ
ALBUTEROL NEBULIZER
ALBUTEROL SULFATE
AMBISOME®
AMIFOSTINE
AMINOSYN 7% WITH ELECTROLYTES®
AMINOSYN 8.5%-ELECTROLYTES®
AMINOSYN II®
AMINOSYN II 8.5%-ELECTROLYTES®
AMINOSYN-HBC®
AMINOSYN-PF®
AMINOSYN-RF®
AMPHOTERICIN B INJ
AZATHIOPRINE
BUDESONIDE NEBULIZER
CALCITRIOL CAPS
CINRYZE®
CLINISOL SF®
CROMOLYN SODIUM
CYCLOPHOSPHAMIDE
CYCLOSPORINE
CYCLOSPORINE MODIFIED
DOXERCALCIFEROL
ENGERIX-B®
GAMMAGARD LIQUID®
GAMUNEX-C®
GENGRAF
GRANISETRON HCL TABS
HEPARIN SOLN
HEPARIN SOLN IN DEXTROSE
INTRALIPID
IPRATROPIUM BR
IPRATROPIUM-ALBUTEROL
LEVALBUTEROL HCL
LEVOCARNITINE INJ

LEVOCARNITINE SOLN
LEVOCARNITINE TABS
MYCOPHENOLATE MOFETIL
MYCOPHENOLIC ACID
NEBUPENT®
NEORAL®
ONDANSETRON ODT
ONDANSETRON HCL ORAL
PARICALCITOL
PLENAMINE™
PROSOL®
PULMOZYME®
RAPAMUNE SOLN®
RECOMBIVAX HB SUSP®
RECOMBIVAX HB SYR®
SANDIMMUNE®
SENSIPAR®
SIROLIMUS
TACROLIMUS
TOBRAMYCIN NEBULIZER
TRAVASOL
TYVASO®
ZORTRESS®

Covered Uses

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

BENZTROPINE

Affected Drugs

BENZTROPINE MESYLATE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

For the treatment of Parkinsonism, a trial of at least 1 formulary drug that is not an HRM in elderly (e.g., carbidopa/levodopa, amantadine, etc.) or other type of clinical justification will be required in members 65 years of age and older. For the treatment of medication-induced movement disorder - extrapyramidal disease, a trial of at least 1 formulary drug that is not an HRM in elderly (e.g., amantadine, etc.) or other type of clinical justification will be required in members 65 years of age and older.

BETASERON

Affected Drugs

BETASERON®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

A documented diagnosis of a relapsing form of multiple sclerosis OR in patients who have experienced a first clinical episode and have MRI features (e.g., MRI detected brain lesions) consistent with multiple sclerosis.

Age Restrictions

N/A

Prescriber Restrictions

Neurologist, Multiple Sclerosis Specialist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

BEXAROTENE

Affected Drugs

BEXAROTENE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

In patients requesting oral bexarotene, Liver function tests: ALT/AST, Fasting lipid panel, WBC, thyroid function tests.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or Dermatologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

The patient was prescribed at least one systemic or topical therapy for the current condition prior to the initiation of bexarotene.

BOSULIF

Affected Drugs

BOSULIF®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Bosulif will be used in patients with 1) newly-diagnosed chronic phase Ph+ chronic myelogenous leukemia (CML) or 2) chronic, accelerated, or blast phase Philadelphia chromosome positive chronic myelogenous leukemia (Ph+ CML) with resistance or intolerance to prior therapy (e.g. imatinib, dasatinib, or nilotinib, etc.). Baseline CBC and LFTs prior to initiation of Bosulif.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

BRAFTOVI

Affected Drugs

BRAFTOVI®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concomitant use of Braftovi with strong or moderate CYP3A inducers (e.g., rifampin, carbamazepine, phenytoin, etc.).

Required Medical Information

Diagnosis of unresectable or metastatic melanoma with a BRAF V600E or V600K mutation, as detected by an FDA-approved test (e.g., Oncomine Dx Target Test, etc.), in combination with binimetinib. Baseline serum electrolytes (e.g., potassium, magnesium, etc.).

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

BUDESONIDE

Affected Drugs

BUDESONIDE EC

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

The documented use of 1) an aminosalicylate and 2) prednisone (or oral prednisolone) is required for current condition prior to the initiation of Budesonide.

BYDUREON

Affected Drugs

BYDUREON®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with a personal or family history of medullary thyroid carcinoma or in patients with Multiple Endocrine Neoplasia syndrome type 2. In patients with acute pancreatitis, history of pancreatitis, or end stage renal disease.

Required Medical Information

Diagnosis of Diabetes Mellitus type 2. A1C is 7% or greater with a current use for at least three months of metformin, or a sulfonylurea, or pioglitazone, or a combination of metformin and a sulfonylurea, or a combination of metformin and pioglitazone, or a combination of glimepiride and pioglitazone (except in patients who are currently on Bydureon). C1Cr is equal to or greater than 30 ml/min.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

BYETTA

Affected Drugs

BYETTA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Acute pancreatitis, history of pancreatitis or end-stage renal disease.

Required Medical Information

Diagnosis of Diabetes Mellitus type 2. A1C is 7% or greater with a current use for at least three months of metformin, or a sulfonylurea, or pioglitazone, or a combination of metformin and a sulfonylurea, or a combination of metformin and pioglitazone, or a combination of glimepiride and pioglitazone (except in patients who are currently on Byetta). Cr is greater than 30 ml/min.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

CABOMETYX

Affected Drugs

CABOMETYX™

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Recent history of hemorrhage or hemoptysis. Severe hepatic impairment. Severe uncontrolled hypertension.

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

CALQUENCE

Affected Drugs

CALQUENCE™

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

A documented diagnosis of mantle cell lymphoma who have received at least one prior therapy (e.g., CHOP, cytarabine-based, etc.). Baseline CBC and ECG.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Hematologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

CAPRELSA

Affected Drugs

CAPRELSA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Congenital long QT syndrome or QTcF interval greater than 450 ms or history of Torsades de pointes. Caprelsa is concurrently administered with anti-arrhythmic drugs (e.g., amiodarone, disopyramide, procainamide, sotalol, dofetilide, etc.) and other drugs that may prolong the QT interval (e.g., chloroquine, clarithromycin, dolasetron, granisetron, haloperidol, methadone, moxifloxacin, pimozide, etc.)

Required Medical Information

Baseline ECG. The patient's baseline calcium, potassium and magnesium levels are within normal limits.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Endocrinologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

CARBAGLU

Affected Drugs

CARBAGLU

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

A documented diagnosis of hyperammonemia due to deficiency of hepatic enzyme N-acetylglutamate synthase (NAGS).

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

CASPOFUNGIN

Affected Drugs

CASPOFUNGIN

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

Caspofungin is subject to Part B vs. Part D determination.

CAYSTON

Affected Drugs

CAYSTON®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

A documented diagnosis of cystic fibrosis (CF). Pseudomonas Aeruginosa lung infection confirmed by positive culture.

Age Restrictions

Approve if 7 years old or older.

Prescriber Restrictions

Pulmonologist, Infectious Disease Specialist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

CERDELGA

Affected Drugs

CERDELGA™

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Extensive metabolizers (EMs) or intermediate metabolizers (IMs) taking a strong or moderate CYP2D6 inhibitor (e.g., paroxetine, terbinafine, etc.) concomitantly with a strong or moderate CYP3A inhibitor (e.g., ketoconazole, fluconazole, etc.). IMs or poor metabolizers (PMs) taking a strong CYP3A inhibitor (e.g., ketoconazole, etc.). Pre-existing cardiac disease (e.g., congestive heart failure, recent acute myocardial infarction, bradycardia, heart block, ventricular arrhythmia, etc.) or long QT syndrome or concomitant use of Class IA (e.g., quinidine, procainamide, etc.) or Class III (e.g., amiodarone, sotalol, etc.) antiarrhythmic medications.

Required Medical Information

Diagnosis of Gaucher disease type 1 (GD1) confirmed by laboratory or genetic testing. Documentation that the member is a CYP2D6 extensive metabolizer (EM), intermediate metabolizer (IM), or poor metabolizer (PM) as detected by an FDA-approved genotyping test.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

CHLORZOXAZONE

Affected Drugs

CHLORZOXAZONE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

A clinical justification for the use of chlorzoxazone will be required in members 65 years of age and older.

CLOMIPRAMINE

Affected Drugs

CLOMIPRAMINE HCL

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

For the treatment of obsessive-compulsive disorder, a trial of at least 2 formulary drugs (e.g., fluvoxamine, fluoxetine, paroxetine, sertraline) or other type of clinical justification will be required in members 65 years of age and older.

CLONIDINE ER

Affected Drugs

CLONIDINE ER

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if between 6 and 17 y.o.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

CLORAZEPATE

Affected Drugs

CLORAZEPATE DIPOTASSIUM

Covered Uses

All medically accepted indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

In patients 65 years of age and older: 1) for the treatment of anxiety, the use of buspirone or paroxetine or venlafaxine is required 2) for the treatment of seizure disorder, the use of at least one formulary anticonvulsant is required prior to initiation of clorazepate.

COMETRIQ

Affected Drugs

COMETRIQ®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with recent history of hemorrhage or hemoptysis. In patients with severe uncontrolled hypertension.

Required Medical Information

Oral examination prior to initiation of Cometriq.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

COPAXONE

Affected Drugs

COPAXONE®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

In patients who have experienced a first clinical episode, MRI features (e.g., MRI-detected brain lesions) must be consistent with Multiple Sclerosis.

Age Restrictions

N/A

Prescriber Restrictions

Neurologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

COPIKTRA

Affected Drugs

COPIKTRA™

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concomitant use with strong CYP3A4 inducers (e.g., phenytoin, rifampin, carbamazepine, etc.).

Required Medical Information

A documented diagnosis of 1) Relapsed or refractory chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) after at least two prior therapies (e.g., ibrutinib, venetoclax, etc.) or 2) relapsed or refractory follicular lymphoma (FL) after at least two prior systemic therapies (e.g., lenalidomide, ibrutinib, etc.).

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Hematologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

CORLANOR

Affected Drugs

CORLANOR®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with acute decompensated heart failure, blood pressure less than 90/50 mmHg, resting heart rate less than 60 beats per minute prior to treatment. In patients with sick sinus syndrome, sinoatrial block or 3rd degree AV block, unless a functioning demand pacemaker is present. In patients with severe hepatic impairment. In patients with pacemaker dependence (heart rate maintained exclusively by the pacemaker). Concurrent use of strong CYP3A4 inhibitors (e.g., itraconazole, clarithromycin, telithromycin, nelfinavir, nefazodone, etc.).

Required Medical Information

A documented diagnosis of stable, symptomatic chronic heart failure with left ventricular ejection fraction less than or equal to 35%, who are in sinus rhythm with resting heart rate greater than or equal to 70 beats per minute. The patient is either on maximally tolerated dose of beta-blocker or has a contraindication to beta-blocker use.

Age Restrictions

N/A

Prescriber Restrictions

Cardiologist

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

N/A

COSENTYX

Affected Drugs

COSENTYX®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concomitant use with biologic DMARDs (e.g., TNF Antagonists)

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Rheumatologist, Dermatologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

In patients with Psoriatic Arthritis, the documented use of at least one conventional Disease-Modifying Anti-Rheumatic Drug (e.g., methotrexate, sulfasalazine, etc.) is required for the current condition prior to the initiation of Cosentyx. In patients with Ankylosing Spondylitis, the documented use of at least 1 NSAID is required for the current condition prior to the initiation of Cosentyx. In patients with plaque psoriasis, the documented use of at least one systemic therapy (e.g., methotrexate, cyclosporine, acitretin, etc.) is required prior to the initiation of Cosentyx if a patient is a candidate for systemic therapy. For the indications listed above, the use of at least one prerequisite drug is not required in patients who have already tried a biologic.

COTELLIC

Affected Drugs

COTELLIC™

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

A documented diagnosis of unresectable or metastatic melanoma with a BRAF V600E or V600K mutation as detected by an FDA-approved test. Cotellic is used in combination with Zelboraf (vemurafenib). Baseline LFTs, serum CPK, creatinine levels, and ophthalmic evaluation. Baseline LVEF is greater than 50% confirmed by appropriate methodology (e.g., Echocardiogram, MUGA, MRI, etc.).

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

CRESEMBA

Affected Drugs

CRESEMBA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Co-administration of strong CYP3A4 inhibitors, e.g., ketoconazole or high-dose ritonavir (e.g., 400 mg every 12 hours, etc.) or strong CYP3A4 inducers (e.g., rifampin, carbamazepine, long-acting barbiturates, etc.) with Cresemba. Patients with familial short QT syndrome.

Required Medical Information

Diagnosis of Invasive Fungal Disease, such as invasive aspergillosis or invasive mucormycosis. Baseline liver function tests (AST, ALT, alkaline phosphatase, bilirubin).

Age Restrictions

Approve if 18 years old or older.

Prescriber Restrictions

Infectious Disease Specialist

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

N/A

CYCLOBENZAPRINE

Affected Drugs

CYCLOBENZAPRINE HCL

Covered Uses

All FDA-approved indications not otherwise excluded from Part D and other medically accepted indication: fibromyalgia.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

For the treatment fibromyalgia, a trial of at least one formulary drug that is not an HRM in the elderly (e.g., gabapentin, duloxetine, pregabalin, etc.) or other type of clinical justification will be required in members 65 years of age and older. For the treatment of skeletal muscle spasm, a clinical justification for the use of cyclobenzaprine will be required in members 65 years of age and older.

CYPROHEPTADINE

Affected Drugs

CYPROHEPTADINE HCL

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

In patients 65 years of age and older: 1) for the treatment of allergic conjunctivitis, a trial of at least 2 formulary drugs that are not HRMs in elderly (e.g., azelastine ophthalmic, olopatadine, etc.) or other type of clinical justification will be required 2) for the treatment of allergic rhinitis, a trial of at least 2 formulary drugs that are not HRM in elderly (e.g., desloratadine, levocetirizine, azelastine nasal, etc.) or other type of clinical justification will be required 3) for the treatment of vasomotor rhinitis, a trial of at least 1 formulary drug that is not an HRM in elderly (e.g., azelastine nasal, etc.) or other type of clinical justification will be required 4) for the treatment of urticaria, a trial of at least 2 formulary drugs that are not HRM in elderly (e.g., desloratadine, levocetirizine, etc.) or other type of clinical justification will be required. For all other FDA-labeled indications, a clinical justification for the use of cyproheptadine will be required in members 65 years of age and older.

DALFAMPRIDINE

Affected Drugs

DALFAMPRIDINE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

History of seizures. Moderate or severe renal impairment (creatinine clearance less than or equal to 50 mL/min).

Required Medical Information

Initiation of dalfampridine: 1) documented diagnosis of multiple sclerosis, and 2) confirmation that patient has difficulty walking (e.g., patient has completed a timed 25-foot walk test, etc.). Reauthorization: confirmation that the patients walking improved with dalfampridine therapy.

Age Restrictions

N/A

Prescriber Restrictions

Neurologist

Coverage Duration

Initial: 3 months. Reauthorization: 12 months.

Other Criteria

N/A

DARAPRIM

Affected Drugs

DARAPRIM®

Covered Uses

All medically accepted indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with megaloblastic anemia due to folate deficiency.

Required Medical Information

A documented diagnosis of toxoplasmosis in combination with a sulfonamide.

Age Restrictions

N/A

Prescriber Restrictions

Infectious Disease Specialist

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

For prophylaxis of malaria, the use of at least two other antimalarials (e.g., doxycycline, atovaquone-proguanil, chloroquine phosphate, hydroxychloroquine sulfate, mefloquine, primaquine, etc.) is required prior to the initiation of Daraprim. For the treatment of malaria, the use of at least two other antimalarials (e.g., doxycycline, atovaquone-proguanil, chloroquine phosphate, hydroxychloroquine sulfate, mefloquine, primaquine, atovaquone, etc.) is required prior to the initiation of Daraprim.

DEMSER

Affected Drugs

DEMSER

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Documented diagnosis of pheochromocytoma. Demser will not be used in patients for the treatment of essential hypertension.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

DIAZEPAM

Affected Drugs

DIAZEPAM
DIAZEPAM INTENSOL

Covered Uses

All medically accepted indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

In patients 65 years of age and older: 1) for the treatment of seizure disorder, the use of at least one formulary anticonvulsant is required 2) for the treatment of anxiety, the use of buspirone or paroxetine or venlafaxine is required prior to initiation of diazepam.

DICLOFENAC SODIUM 3% GEL

Affected Drugs

DICLOFENAC SODIUM 3% GEL

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Documented diagnosis of actinic keratosis. Reauthorization: documented positive clinical response to diclofenac sodium 3% gel therapy.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

The documented use of topical fluorouracil or imiquimod is required prior to the initiation of diclofenac sodium 3% gel.

DIGOXIN

Affected Drugs

DIGITEK
DIGOX
DIGOXIN

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

The average daily dose of digoxin that is greater than 0.125 mg will require a clinical justification in members 65 years of age and older

DIPYRIDAMOLE

Affected Drugs

DIPYRIDAMOLE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

For the prophylaxis of thromboembolic disorder, at least 1 formulary drug that is not an HRM in elderly (e.g., aspirin and dipyridamole, clopidogrel, warfarin, etc.) or other type of clinical justification is required in members 65 years of age and older.

DISOPYRAMIDE

Affected Drugs

DISOPYRAMIDE PHOSPHATE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

For the treatment of life-threatening ventricular arrhythmia, a trial of at least 1 formulary drug (e.g., quinidine, amiodarone, sotalol, mexiletine, etc.) or other type of clinical justification is required in members 65 years of age and older.

DRONABINOL

Affected Drugs

DRONABINOL

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

In patients with AIDS, diagnosis of anorexia with weight loss.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

CINV: 6 months. AIDS Anorexia: the PA will be approved through the remainder of the contract year.

Other Criteria

For the treatment of nausea and vomiting associated with cancer chemotherapy, the use of at least one of the following agents is required prior to the initiation of dronabinol: ondansetron, granisetron (or granisol), aprepitant, metoclopramide. Part B coverage: 1) if dronabinol is used as full therapeutic replacement for IV anti-emetic drugs within 2 hours prior to administration of the anti-cancer treatment and will not exceed 48 hours after the treatment. Part D coverage if used after 48 hours of administration of chemotherapy.

DUAVEE

Affected Drugs

DUAVEE®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

In patients 65 years of age and older: 1) for the treatment or prophylaxis of postmenopausal osteoporosis, a trial of at least 1 formulary drug that is not an HRM in elderly (e.g., alendronate, ibandronate, risedronate, etc.) or other type of clinical justification will be required 2) for the treatment of vasomotor symptoms associated with menopause, a trial of at least 1 formulary drug that is not an HRM in elderly (e.g., paroxetine, venlafaxine er capsules, etc.) or other type of clinical justification will be required.

ELIGARD

Affected Drugs

ELIGARD®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In women who are or may become pregnant.

Required Medical Information

Documented diagnosis of advanced prostatic cancer undergoing palliative treatment. Baseline electrolytes (e.g., potassium, magnesium, etc.), serum testosterone, PSA, and ECG.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

ENBREL

Affected Drugs

ENBREL®
ENBREL MINI®
ENBREL SURECLICK®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concomitant use with biologic DMARDs (e.g., TNF Antagonists)

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Rheumatologist, Dermatologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

In patients with Rheumatoid Arthritis, Polyarticular-Course Juvenile Rheumatoid Arthritis, or Psoriatic Arthritis, the documented use of at least one conventional Disease-Modifying Anti-Rheumatic Drug (e.g., methotrexate, sulfasalazine, etc.) is required for the current condition prior to the initiation of Enbrel. In patients with Ankylosing Spondylitis, the documented use of at least 1 NSAID is required for the current condition prior to the initiation of Enbrel. In patients with plaque psoriasis, the documented use of at least one systemic therapy (e.g., methotrexate, cyclosporine, acitretin, etc.) is required prior to the initiation of Enbrel if a patient is a candidate for systemic therapy. For the indications listed above, the use of at least one prerequisite drug is not required in patients who have already tried a biologic.

ENTRESTO

Affected Drugs

ENTRESTO®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with history of angioedema related to previous angiotensin converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB) therapy. Concomitant use with an ACE inhibitor or ARB. Concomitant use with Tekturna (aliskiren) in patients with diabetes. In patients with severe hepatic impairment (Child-Pugh C).

Required Medical Information

A documented diagnosis of chronic heart failure (NYHA Class II-IV) and systolic dysfunction (left ventricular ejection fraction less than or equal to 40 percent).

Age Restrictions

N/A

Prescriber Restrictions

Cardiologist

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

1) The patient has tried at least one beta blocker or is currently receiving a beta blocker for the heart failure unless the patient has contraindications to the use of beta blocker therapy and 2) the patient has previously tried at least one ACE inhibitor or ARB for the heart failure unless the patient has contraindications to the use of ACE inhibitor or ARB therapy.

EPCLUSA

Affected Drugs

EPCLUSA®

Covered Uses

All medically accepted indications not otherwise excluded from Part D.

Exclusion Criteria

Concomitant use of Epclusa with P-gp inducers or moderate to potent CYP inducers (e.g., rifampin, St. John's wort, carbamazepine, etc.).

Required Medical Information

Diagnosis of chronic hepatitis C virus (HCV) genotypes 1a, 1b, 2, 3, 4, 5, or 6 infection confirmed via detectable serum hepatitis C virus RNA by quantitative assay. Criteria will be applied consistent with current AASLD IDSA guidance.

Age Restrictions

N/A

Prescriber Restrictions

Infectious Disease Specialist, Gastroenterologist, Hepatologist

Coverage Duration

The PA will be approved consistent with current AASLD IDSA guidance.

Other Criteria

For genotypes 1, 4, 5, or 6, a documented use of Harvoni is required prior to the initiation of Epclusa. Criteria will be applied consistent with current AASLD IDSA guidance.

EPIDIOLEX

Affected Drugs

EPIDIOLEX®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Documented diagnosis of seizures associated with Dravet syndrome or Lennox-Gastaut syndrome. Baseline liver enzymes (e.g., transaminases, etc.) and bilirubin.

Age Restrictions

Approve if 2 years old or older.

Prescriber Restrictions

Neurologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

The documented use of at least one formulary anticonvulsant (e.g., valproic acid, topiramate, lamotrigine, etc.) is required prior to initiation of Epidiolex.

ERGOLOID MESYLATES

Affected Drugs

ERGOLOID MESYLATES

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with acute or chronic psychosis.

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

For the treatment of Alzheimer's Disease/Dementia, a trial of at least 1 formulary drug that is not an HRM in elderly (e.g., donepezil, galantamine, rivastigmine, etc.) or other type of clinical justification will be required in members 65 years of age and older.

ERIVEDGE

Affected Drugs

ERIVEDGE®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

A confirmed negative pregnancy test for women of childbearing age prior to initiation of therapy. Confirmed diagnosis of metastatic Basal Cell Carcinoma (BCC) or locally advanced BCC. In a patient with locally advanced BCC, the documentation of BCC recurrence following surgery or radiation is required if a patient is a candidate for surgery or radiation.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

ERLEADA

Affected Drugs

ERLEADA™

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Pregnancy in females of reproductive potential. History of seizures.

Required Medical Information

Documented diagnosis of non-metastatic castration-resistant prostate cancer.
Concurrent use of Erleada with a gonadotropin-releasing hormone (GnRH) analog unless the patient has had a bilateral orchiectomy.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

ESBRIET

Affected Drugs

ESBRIET®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Use of Esbriet in patients on nintedanib. Severe hepatic impairment (Child-Pugh Class C). End stage renal disease (ESRD) requiring dialysis.

Required Medical Information

Confirmed diagnosis of idiopathic pulmonary fibrosis (e.g., via high-resolution computed tomography (HRCT) demonstrating usual interstitial pneumonia (UIP), etc.). Baseline liver function tests: ALT, AST, bilirubin.

Age Restrictions

N/A

Prescriber Restrictions

Pulmonologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

ESTROGENS

Affected Drugs

AMABELZ™

ALORA®

ESTRADIOL TABS/TRANSDERMAL

ESTRADIOL/NORETHINDRONE

ESTROPIPATE

FYAVOLV

JINTELI

MENEST®

MIMVEY®

MIMVEY LO®

PREMARIN ORAL®

PREMPHASE®

PREMPRO®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

In patients 65 years of age and older: 1) for the treatment or prophylaxis of postmenopausal osteoporosis, a trial of at least 1 formulary drug that is not an HRM in elderly (e.g., alendronate, ibandronate, risedronate, etc.) or other type of clinical justification will be required 2) for the treatment of vulvar and vaginal atrophy, a trial of at least 1 formulary drug that is not an HRM in elderly (e.g., conjugated estrogens cream, estradiol cream, estradiol vaginal tablets, etc.) or other type of clinical justification will be required 3) for the treatment of vasomotor symptoms associated with menopause, a trial of at least 1 formulary drug that is not an HRM in elderly (e.g., paroxetine, venlafaxine er capsules, etc.) or other type of clinical justification will be required. For all other FDA-labeled indications, a clinical justification will be required for the use of these HRMs in members 65 years of age and older.

EXJADE

Affected Drugs

EXJADE®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Platelet count less than $50 \times 10^9/L$. Patient with high-risk myelodysplastic syndromes (MDS), advanced malignancies, serum creatinine greater than 2 times the age-appropriate upper limit of normal, creatinine clearance less than 40 mL/min, or severe (Child-Pugh C) hepatic impairment.

Required Medical Information

Baseline serum ferritin and liver function tests (ALT, AST, bilirubin).

Age Restrictions

N/A

Prescriber Restrictions

Hematologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

FARYDAK

Affected Drugs

FARYDAK®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

A documented diagnosis of multiple myeloma. Farydak will be used in combination with bortezomib and dexamethasone. Baseline CBC, ECG, serum electrolytes (e.g., potassium, magnesium, etc.). Correction of abnormal electrolyte values, if any, prior to initiation of Farydak. Baseline platelet count is equal to or greater than $100 \times 10^9/L$. Baseline absolute neutrophil count is equal to or greater than $1.5 \times 10^9/L$. Baseline QTcF is less than 450 msec.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

At least two prior therapies including bortezomib and an immunomodulatory agent (e.g., thalidomide, lenalidomide, pomalidomide etc.) are required prior to the initiation of Farydak.

FENTANYL CITRATE TRANSMUCOSAL

Affected Drugs

FENTANYL CITRATE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Management of acute, intermittent or postoperative pain. Opioid naive patients, such as patients who are not taking at least 60 mg morphine per day, or 25 mcg transdermal fentanyl per hour, or 30 mg oxycodone per day, or 8 mg oral hydromorphone daily, or an equianalgesic dose of another opioid for a week or longer.

Required Medical Information

Documented history of Opioid use.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Pain Specialist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

FERRIPROX

Affected Drugs

FERRIPROX®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

A documented diagnosis of transfusional iron overload due to thalassemia syndromes when current chelation therapy is inadequate (e.g., deferasirox, etc).
Baseline absolute neutrophil count (ANC).

Age Restrictions

N/A

Prescriber Restrictions

Hematologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

FIRAZYR

Affected Drugs

FIRAZYR®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

A documented diagnosis of hereditary angioedema (HAE). The patient (or a caregiver) has received training from a healthcare provider on how to self-administer Firazyr.

Age Restrictions

Approve if 18 years or older.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

FORTEO

Affected Drugs

FORTEO®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Patients have increased baseline risk for osteosarcoma (e.g., those with Paget's disease of bone or unexplained elevations of alkaline phosphatase, pediatric and young adult patients with open epiphyses, or prior external beam or implant radiation therapy involving the skeleton).

Required Medical Information

Documented history of one of the following: 1. The patient is at high risk for fractures (BMD T score below -2.5, steroids use) or has a history of an osteoporotic fracture. 2. The patient had a fracture and/ or experienced a decrease in BMD T score while on either alendronate, risedronate, and ibandronate. 3. The patient is not a candidate for bisphosphonates or intolerant to them.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for 2 years.

Other Criteria

N/A

GATTEX

Affected Drugs

GATTEX®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with active gastrointestinal malignancy (e.g., GI tract, hepatobiliary, pancreatic, or colorectal cancer).

Required Medical Information

A documented diagnosis of Short Bowel Syndrome (SBS) in adults dependent on parenteral nutrition for at least 12 months. Baseline bilirubin, alkaline phosphatase, lipase, and amylase tests.

Age Restrictions

N/A

Prescriber Restrictions

Gastroenterologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

GENOTROPIN

Affected Drugs

GENOTROPIN®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with Acute Critical Illness due to complications following open heart surgery, abdominal surgery or multiple accidental trauma, or those with acute respiratory failure. In children with Prader-Willi syndrome who are severely obese or have severe respiratory impairment. In patients with Active Malignancy. In Patients with Active Proliferative or Severe Non-Proliferative Diabetic Retinopathy. In children with closed epiphyses.

Required Medical Information

Diagnoses of Prader-Willi syndrome and Turner Syndrome are confirmed by genetic testing. Idiopathic short stature is confirmed by height less or equal to 2.25 SD (standard deviation) below the mean height for age and the diagnostic evaluation excludes other causes of short stature that should be treated by other means. In adults with Growth Hormone Deficiency, IGF-1 level of less than 84 ng/ml or Growth hormone stimulation tests, e.g., insulin tolerance test (ITT) with GH level of less than 5 mcg/L, GHRH with arginine with GH level of less than 4.1 mcg/L.

Age Restrictions

N/A

Prescriber Restrictions

Endocrinologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

GILENYA

Affected Drugs

GILENYA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with a recent (i.e., within the last 6 months) occurrence of: myocardial infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization, or Class III/IV heart failure. History or presence of Mobitz Type II 2nd degree or 3rd degree AV block or sick sinus syndrome, unless patient has a pacemaker. Baseline QTc interval greater than or equal to 500 ms. Treatment with Class Ia or Class III anti-arrhythmic drugs (e.g., quinidine, procainamide, disopyramide, sotalol, amiodarone, etc.). In patients with active or chronic infection (e.g., pneumonia, disseminated primary herpes zoster, herpes simplex encephalitis, etc.).

Required Medical Information

A baseline ECG, recent CBC (i.e., within the last 6 months), recent (i.e., within the last 6 months) liver enzymes: transaminase and bilirubin levels, and an ophthalmologic evaluation prior to initiation of Gilenya.

Age Restrictions

N/A

Prescriber Restrictions

Neurologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

GILOTRIF

Affected Drugs

GILOTRIF®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

A documented diagnosis of 1) metastatic non-small cell lung cancer (NSCLC) with EGFR exon 19 deletions, exon 21 (L858R), L861Q, G719X or S768I substitution mutations as detected by an FDA-approved test (e.g., the theascreen EGFR RGQ PCR Kit, etc.) OR 2) metastatic, squamous NSCLC that has progressed after platinum-based chemotherapy.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

GLATIRAMER

Affected Drugs

GLATIRAMER

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

In patients who have experienced a first clinical episode, MRI features (e.g., MRI-detected brain lesions) must be consistent with Multiple Sclerosis.

Age Restrictions

N/A

Prescriber Restrictions

Neurologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

GLATOPA

Affected Drugs

GLATOPA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

In patients who have experienced a first clinical episode, MRI features (e.g., MRI-detected brain lesions) must be consistent with Multiple Sclerosis.

Age Restrictions

N/A

Prescriber Restrictions

Neurologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

HARVONI

Affected Drugs

HARVONI®

Covered Uses

All medically accepted indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Diagnosis of hepatitis C infection confirmed via detectable serum hepatitis C virus RNA by quantitative assay. Criteria will be applied consistent with current AASLD IDSA guidance.

Age Restrictions

N/A

Prescriber Restrictions

Infectious Disease Specialist, Gastroenterologist, Hepatologist

Coverage Duration

The PA will be approved consistent with current AASLD IDSA guidance.

Other Criteria

Criteria will be applied consistent with current AASLD IDSA guidance.

HETLIOZ

Affected Drugs

HETLIOZ®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Severe hepatic impairment (Child-Pugh Class C). Co-administration of Hetlioiz with strong CYP1A2 inhibitors (e.g., fluvoxamine, etc.) or strong CYP3A4 inducers (e.g., rifampin, etc.).

Required Medical Information

A documented diagnosis of Non-24-Hour Sleep-Wake Disorder (Non-24) as defined by the International Classification of Sleep Disorders in a totally blind patient with no perception of light.

Age Restrictions

Approve if 18 years old or older.

Prescriber Restrictions

Sleep Specialist or Neurologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

HUMATROPE

Affected Drugs

HUMATROPE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with Acute Critical Illness due to complications following open heart surgery, abdominal surgery or multiple accidental trauma, or those with acute respiratory failure. In children with Prader-Willi syndrome who are severely obese or have severe respiratory impairment. In patients with Active Malignancy. In Patients with Active Proliferative or Severe Non-Proliferative Diabetic Retinopathy. In children with closed epiphyses.

Required Medical Information

Diagnoses of Turner Syndrome or SHOX deficiency are confirmed by genetic testing. Idiopathic short stature is confirmed by height less or equal to 2.25 SD (standard deviation) below the mean height for age and the diagnostic evaluation excludes other causes of short stature that should be treated by other means. In adults with Growth Hormone Deficiency, IGF-1 level of less than 84 ng/ml or Growth hormone stimulation tests, e.g., insulin tolerance test (ITT) with GH level of less than 5 mcg/L, GHRH with arginine with GH level of less than 4.1 mcg/L.

Age Restrictions

N/A

Prescriber Restrictions

Endocrinologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

HUMIRA

Affected Drugs

HUMIRA®
HUMIRA PEDIATRIC CROHNS®
HUMIRA PEN®
HUMIRA PEN-CD/UC/HS STARTER®
HUMIRA PEN-PS/UV STARTER®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concomitant use with biologic DMARDs (e.g., TNF Antagonists)

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Rheumatologist, Dermatologist, Gastroenterologist, Ophthalmologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

In patients with Rheumatoid Arthritis, Polyarticular-Course Juvenile Rheumatoid Arthritis, or Psoriatic Arthritis, the documented use of at least one conventional Disease-Modifying Anti-Rheumatic Drug (e.g., methotrexate, sulfasalazine, etc.) is required for the current condition prior to the initiation of Humira. In patients with Ankylosing Spondylitis, the documented use of at least 1 NSAID is required for the current condition prior to the initiation of Humira. In patients with plaque psoriasis, the documented use of at least one systemic therapy (e.g., methotrexate, cyclosporine, acitretin, etc.) is required prior to the initiation of Humira if a patient is a candidate for systemic therapy. In patients with Crohn's disease, the documented use of at least one conventional therapy agent (e.g., 6-mercaptopurine, azathioprine, etc.) is required prior to the initiation of Humira. In patients with moderately to severely active ulcerative colitis, the documented use of at least one conventional therapy agent (e.g., a corticosteroid,

azathioprine, or 6-mercaptopurine, etc.) is required prior to initiation of Humira. For the indications listed above, the use of at least one prerequisite drug is not required in patients who have already tried a biologic.

HYDROXYZINE

Affected Drugs

HYDROXYZINE®

Covered Uses

All medically accepted indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

In patients 65 years of age and older: 1) for the treatment of anxiety, the use of at least 1 formulary drug that is not HRM in elderly (e.g., buspirone, paroxetine, venlafaxine, etc.) or other type of clinical justification will be required 2) for the treatment of pruritus, a trial of at least 1 formulary drug that is not HRM in elderly (e.g., doxepin cream, etc.) or other type of clinical justification will be required 3) for the treatment of seasonal allergic rhinitis, a trial of at least 2 formulary drugs that are not HRM in elderly (e.g., desloratadine, levocetirizine, azelastine nasal, etc.) or other type of clinical justification will be required. For all other medically-accepted indications, a clinical justification for the use of hydroxyzine will be required in members 65 years of age and older.

IBRANCE

Affected Drugs

IBRANCE®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer confirmed via testing. Ibrance will be used in combination with an 1) aromatase inhibitor in postmenopausal women OR 2) fulvestrant in women with disease progression following endocrine therapy. Baseline CBC.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Hematologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

ICLUSIG

Affected Drugs

ICLUSIG®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

A documented diagnosis of chronic phase, accelerated phase, or blast phase chronic myeloid leukemia (CML) or Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ALL) or T315I-positive chronic phase, accelerated phase, or blast phase CML confirmed by testing or T315I-positive Ph+ ALL confirmed by testing. Baseline CBC, LFTs, and eye examination prior to initiation of Iclusig.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

A documented resistance and/or intolerance to at least one prior tyrosine kinase inhibitor therapy (e.g., imatinib, dasatinib, nilotinib, bosutinib, etc.) is required prior to initiation of Iclusig (a trial of at least one prior tyrosine kinase inhibitor therapy is not required if a patient has T315I-positive chronic phase, accelerated phase, or blast phase CML or T315I-positive Ph+ ALL).

IDHIFA

Affected Drugs

IDHIFA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Pregnancy in females of reproductive potential.

Required Medical Information

Documented diagnosis of relapsed or refractory acute myeloid leukemia (AML) with an isocitrate dehydrogenase-2 (IDH2) mutation as detected by an FDA approved test (e.g., RealTime IDH2, etc.) Baseline CBC, bilirubin and uric acid level.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Hematologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

IMATINIB

Affected Drugs

IMATINIB MESYLATE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Documented Philadelphia chromosome positive status is required for 1) chronic myeloid leukemia (Ph+ CML), and 2) acute lymphoblastic leukemia (Ph+ ALL).

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

IMBRUVICA

Affected Drugs

IMBRUVICA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

A documented diagnosis of Waldenstrom's macroglobulinemia (WM) or mantle cell lymphoma (MCL) or chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) or chronic lymphocytic leukemia (CLL) with 17p deletion or small lymphocytic lymphoma (SLL) with 17p deletion or marginal zone lymphoma or chronic graft versus host disease

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Hematologist, Transplant specialist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

A documented use of at least one prior therapy for mantle cell lymphoma (e.g., bortezomib, lenalidomide, etc.) is required prior to the initiation of Imbruvica. A documented use of at least one anti-CD-20 based therapy for marginal zone lymphoma is required prior to the initiation of Imbruvica. A documented use of at least one line systemic therapy (e.g. corticosteroid, etc.) for chronic graft versus host disease is required prior to the initiation of Imbruvica.

IMIPRAMINE

Affected Drugs

IMIPRAMINE HCL

Covered Uses

All medically accepted indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

For the treatment of depression, a trial of at least 2 formulary drugs: SSRIs or SNRIs (e.g., fluoxetine, paroxetine, sertraline, citalopram, escitalopram, venlafaxine, venlafaxine er, etc.) or other type of clinical justification will be required in members 65 years of age and older. For the treatment of diabetic neuropathy, a trial of at least 2 of the following formulary drugs: gabapentin, duloxetine, pregabalin, nortriptyline or other type of clinical justification will be required in members 65 years of age and older. For all other Part D medically-accepted indications, a clinical justification for the use of imipramine will be required in members 65 years of age and older.

INCRELEX

Affected Drugs

INCRELEX®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with secondary forms of IGF-1 deficiency, such as Growth Hormone (GH) deficiency, malnutrition, hypothyroidism, and chronic treatment with pharmacologic doses of anti-inflammatory steroids. In patients with closed epiphyses. In patients with active or suspected neoplasia. In adult patients.

Required Medical Information

In growth failure patients with Severe Primary IGF-1 deficiency, Severe Primary IGF-1 deficiency is defined by: height standard deviation score is 3.0 or less and basal IGF-1 standard deviation score is 3.0 or less and normal or elevated GH. In growth failure patients with GH gene deletion who have developed neutralizing antibodies to GH, the diagnosis must be confirmed by Laboratory or Genetic testing.

Age Restrictions

Approve in children 2 years old and older

Prescriber Restrictions

Endocrinologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

INDOMETHACIN

Affected Drugs

INDOMETHACIN
INDOMETHACIN ER

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

For the treatment of osteoarthritis, acute pain, or rheumatoid arthritis, a trial of at least 2 formulary drugs that are not HRMs in elderly (e.g., naproxen, sulindac, ibuprofen, etc., excluding ketorolac) or other type of clinical justification will be required in members 65 years of age and older. For the treatment of ankylosing spondylitis or acute gouty arthritis, a trial of at least 2 formulary drugs that are not HRMs in elderly (e.g., naproxen, sulindac, etc., excluding ketorolac) or other type of clinical justification will be required in members 65 years of age and older.

INLYTA

Affected Drugs

INLYTA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Arterial thromboembolic event (e.g., transient ischemic attack, cerebrovascular accident, myocardial infarction, retinal artery occlusion, etc.) within the previous 12 months. Venous thromboembolic event (e.g., pulmonary embolism, deep vein thrombosis, retinal vein occlusion, retinal vein thrombosis, etc.) within the previous 6 months. Untreated brain metastasis. Recent active gastrointestinal bleeding. Reversible posterior leukoencephalopathy syndrome with previous Inlyta treatment. Severe hepatic impairment. Scheduled surgery within the next 24 hours.

Required Medical Information

Documentation of ECOG performance status of either zero (0) or one (1). Documented well-controlled blood pressure prior to initiating Inlyta. Baseline thyroid function tests, baseline liver function tests (AST, ALT, bilirubin) and baseline test to monitor for proteinuria are required prior to initiation of Inlyta.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

A trial of one prior systemic therapy (e.g., sunitinib, temsirolimus, pazopanib, interleukin-2 (IL-2), sorafenib, everolimus, etc.) is required.

IRESSA

Affected Drugs

IRESSA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

A documented diagnosis of metastatic non-small cell lung cancer (NSCLC) with EGFR exon 19 deletions or exon 21 (L858R) substitution mutations as detected by an FDA-approved test.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

JADENU

Affected Drugs

JADENU™

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Platelet count less than $50 \times 10^9/L$. Patient with high-risk myelodysplastic syndromes (MDS), advanced malignancies, serum creatinine greater than 2 times the age-appropriate upper limit of normal, creatinine clearance less than 40 mL/min, or severe (Child-Pugh C) hepatic impairment.

Required Medical Information

Baseline serum ferritin and liver function tests (ALT, AST, bilirubin).

Age Restrictions

N/A

Prescriber Restrictions

Hematologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

JAKAFI

Affected Drugs

JAKAFI®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

The diagnosis of 1) intermediate or high-risk myelofibrosis (including primary myelofibrosis, post-polycythemia vera myelofibrosis and post-essential thrombocythemia myelofibrosis) or 2) polycythemia vera. Baseline CBC, liver and renal function tests. The platelet count is equal to or greater than $50 \times 10^9/L$.

Age Restrictions

N/A

Prescriber Restrictions

Hematologist, Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

In patients with polycythemia vera, a documented inadequate response or intolerance to hydroxyurea is required prior to initiation of Jakafi.

JUXTAPID

Affected Drugs

JUXTAPID®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Pregnancy. In patients with moderate or severe hepatic impairment (based on Child-Pugh category B or C) and in patients with active liver disease, including unexplained persistent elevations of serum transaminases. Concomitant use with strong CYP3A4 inhibitors (e.g., clarithromycin, itraconazole, ketoconazole, posaconazole, ritonavir, voriconazole, etc.) or moderate CYP3A4 inhibitors (e.g., ciprofloxacin, diltiazem, erythromycin, fluconazole, verapamil, etc.).

Required Medical Information

A documented diagnosis of homozygous familial hypercholesterolemia in patients with LDL-R genetic mutations confirmed by genetic testing or clinical criteria: 1) untreated LDL-C greater than 500 mg/dL or treated LDL-C greater than 300 mg/dL or 2) patient has clinical manifestations of HoFH (e.g., cutaneous xanthomas, tendon xanthomas, arcus cornea, tuberous xanthomas or xanthelasma). Inadequate response to a lipid-lowering therapy containing a high potency statin, unless a patient is intolerant to statin. Juxtapid is being used as an adjunct to a lipid lowering therapy containing a high potency statin. Baseline LFTs (ALT, AST, alkaline phosphatase, total bilirubin). Reauthorization: a documented positive clinical response to Juxtapid.

Age Restrictions

Approve if 18 years old or older.

Prescriber Restrictions

N/A

Coverage Duration

Initiation: 6 months. Reauthorization: 12 months.

Other Criteria

N/A

KALYDECO

Affected Drugs

KALYDECO®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Kalydeco is used concomitantly with strong CYP3A inducers (e.g., rifampin, etc.). Patient is homozygous for the F508del mutation in the CFTR gene.

Required Medical Information

A documented diagnosis of cystic fibrosis (CF) with one of the following mutations in the cystic fibrosis transmembrane conductance regulator (CFTR) gene: G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, S549R, R117H, F1052V, D1152H, G1069R, D579G, K1060T, S945L, R74W, A1067T, R1070W, D110H, R347H, D1270N, P67L, D110E, R352Q, E56K, A455E, L206W, F1074L, R117C, S977F, R1070Q, E193K, E831X, 711+3A(to)G, 2789+5G(to)A, 3272-26A(to)G, or 3849+10kbC(to)T (if the patient's genotype is unknown, an FDA-cleared CF mutation test will be used to detect the presence of a CFTR mutation followed by verification with bi-directional sequencing when recommended by the mutation test instructions for use). Baseline liver function tests (AST, ALT).

Age Restrictions

Approve oral granules if 2 years old or older. Approve tablets if 6 years old or older.

Prescriber Restrictions

Pulmonologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

KETOROLAC

Affected Drugs

KETOROLAC TROMETHAMINE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

For the treatment of pain, a trial of at least 2 formulary drugs that are not HRMs in elderly (e.g., naproxen, diclofenac, sulindac, ibuprofen, etodolac, etc., excluding indomethacin) or other type of clinical justification will be required in members 65 years of age and older.

KINERET

Affected Drugs

KINERET®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Known hypersensitivity to E coli-derived proteins, Kineret, or to any component of the product. Concurrent use with any live vaccines. In patients with active infections (e.g., upper respiratory tract infections, tuberculosis, etc.) or used in combination with any tumor necrosis factor (TNF) blocking agents (e.g., adalimumab, etanercept, infliximab, etc.).

Required Medical Information

In patients with rheumatoid arthritis (RA), a diagnosis of moderately to severely active RA. In patients with Cryopyrin-Associated Periodic Syndromes (CAPS), a diagnosis of Neonatal-Onset Multisystem Inflammatory Disease (NOMID). Baseline neutrophil count. The patient (or a caregiver) has received training from a healthcare provider on how to self-administer Kineret.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

In patients with moderately to severely active rheumatoid arthritis, the documented use of at least one disease modifying antirheumatic drug (DMARD) (e.g., methotrexate, leflunomide, etanercept, adalimumab, etc.) is required prior to the initiation of Kineret.

KISQALI

Affected Drugs

KISQALI®

KISQALI® FEMARA® CO-PACK

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concomitant use of Kisqali with strong CYP3A4 inducers (e.g., phenytoin, rifampin, carbamazepine, etc.). Patients who already have or who are at significant risk of developing QTc prolongation, including patients with: long QT syndrome, uncontrolled or significant cardiac disease (including recent myocardial infarction, congestive heart failure, unstable angina and bradyarrhythmias), electrolyte abnormalities, or concomitant use with drugs that prolong the QT interval (e.g., amiodarone, disopyramide, procainamide, quinidine, sotalol, etc.).

Required Medical Information

Documented diagnosis of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer. Kisqali will be used in combination with 1) an aromatase inhibitor (e.g., letrozole, etc.) in pre/perimenopausal or postmenopausal women or 2) fulvestrant in postmenopausal women as initial endocrine based therapy or following disease progression on endocrine therapy (e.g., letrozole, exemestane, etc.). Baseline LFTs, CBC, ECG, and electrolytes.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Hematologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

KORLYM

Affected Drugs

KORLYM®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Pregnancy in females of reproductive potential. Use of simvastatin, lovastatin, and CYP3A substrates with narrow therapeutic range (e.g., cyclosporine, dihydroergotamine, ergotamine, fentanyl, pimozide, quinidine, sirolimus, tacrolimus, etc.). In women with history of unexplained vaginal bleeding. In women with endometrial hyperplasia with atypia or endometrial carcinoma. In patients who require concomitant treatment with systemic corticosteroids for serious medical conditions or illnesses (e.g., immunosuppression after organ transplantation).

Required Medical Information

A documented diagnosis of hyperglycemia secondary to hypercortisolism in adult patients with endogenous Cushing's syndrome who have type 2 diabetes mellitus or glucose intolerance and have failed surgery or are not candidates for surgery.

Age Restrictions

N/A

Prescriber Restrictions

Endocrinologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

KYNAMRO

Affected Drugs

KYNAMRO®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with moderate or severe hepatic impairment (based on Child-Pugh category B or C) and in patients with active liver disease, including unexplained persistent elevations of serum transaminases.

Required Medical Information

A documented diagnosis of homozygous familial hypercholesterolemia in patients with LDL-R genetic mutations confirmed by genetic testing. Inadequate response to a lipid-lowering therapy containing a high potency statin. Kynamro is being used as an adjunct to a lipid lowering therapy containing a high potency statin. Baseline LFTs (ALT, AST, alkaline phosphatase, total bilirubin). Reauthorization: a documented positive clinical response to Kynamro.

Age Restrictions

Approve if 18 years old or older.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

N/A

LANOXIN

Affected Drugs

LANOXIN®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

The average daily dose of Lanoxin that is greater than 0.125 mg will require a clinical justification in members 65 years of age and older

LAZANDA

Affected Drugs

LAZANDA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Management of acute or postoperative pain including headache/migraine or dental pain.

Required Medical Information

Confirmed diagnosis of cancer pain. Documented tolerance to opioid therapy.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Pain Specialist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

LEDIPASVIR-SOFOSBUVIR

Affected Drugs

LEDIPASVIR-SOFOSBUVIR

Covered Uses

All medically accepted indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Diagnosis of hepatitis C infection confirmed via detectable serum hepatitis C virus RNA by quantitative assay. Criteria will be applied consistent with current AASLD IDSA guidance.

Age Restrictions

N/A

Prescriber Restrictions

Infectious Disease Specialist, Gastroenterologist, Hepatologist

Coverage Duration

The PA will be approved consistent with current AASLD IDSA guidance.

Other Criteria

Criteria will be applied consistent with current AASLD IDSA guidance.

LENVIMA

Affected Drugs

LENVIMA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

In patients with differentiated thyroid cancer, disease is locally recurrent or metastatic, progressive, and refractory to radioactive iodine treatment. In patients with advanced renal cell cancer, Lenvima will be used in combination with everolimus following one prior anti-angiogenic therapy.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

LETAIRIS

Affected Drugs

LETAIRIS®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Pregnancy in females of reproductive potential. Idiopathic Pulmonary Fibrosis.

Required Medical Information

Diagnosis of pulmonary arterial hypertension (PAH) (WHO Group 1). Baseline hemoglobin.

Age Restrictions

N/A

Prescriber Restrictions

Pulmonologist, Cardiologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

The prior use of sildenafil citrate is required for the current condition in members initiating Letairis.

LEUKINE

Affected Drugs

LEUKINE®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with excessive leukemic myeloid blasts in the bone marrow or peripheral blood (equal to or greater than 10%). Concomitant use with chemotherapy and radiotherapy.

Required Medical Information

CBC with differential (including examination for the presence of blast cells).

Age Restrictions

Approve if 55 years old or older in patients with Acute Myelogenous Leukemia.

Prescriber Restrictions

Oncologist, Hematologist

Coverage Duration

3 months

Other Criteria

Leukine is subject to Part B vs. Part D determination.

LEUPROLIDE

Affected Drugs

LEUPROLIDE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In women who are or may become pregnant.

Required Medical Information

Documented diagnosis of advanced prostatic cancer undergoing palliative treatment. Baseline electrolytes (e.g., potassium, magnesium, etc.), serum testosterone, PSA, and ECG.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

LIDOCAINE PATCH

Affected Drugs

LIDOCAINE PATCH

Covered Uses

All FDA-approved indications not otherwise excluded by Part D and other medically-accepted indications: diabetic neuropathy and cancer-related pain.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

N/A

LONSURF

Affected Drugs

LONSURF®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Confirmed diagnosis of metastatic colorectal cancer. Baseline complete blood count (CBC) and platelet count.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

The documented use of fluoropyrimidine-oxaliplatin-irinotecan-based therapy, an anti-VEGF biological therapy, and, if RAS wild-type, an anti-EGFR therapy are required prior to the initiation of Lonsurf.

LORBRENA

Affected Drugs

LORBRENA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concomitant use with strong CYP3A4 inducers (e.g., phenytoin, rifampin, carbamazepine, etc.).

Required Medical Information

Documented diagnosis of anaplastic lymphoma kinase (ALK)-positive metastatic non-small cell lung cancer (NSCLC), whose disease has progressed on 1) crizotinib and at least one other ALK inhibitor for metastatic disease (e.g., brigatinib, alectinib, ceritinib, etc.) or 2) alectinib as the first ALK inhibitor therapy for metastatic disease or 3) ceritinib as the first ALK inhibitor therapy for metastatic disease.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Hematologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

LUPRON DEPOT

Affected Drugs

LUPRON DEPOT®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In women who are or may become pregnant, or who are breastfeeding.
Undiagnosed abnormal vaginal bleeding.

Required Medical Information

Documented diagnosis of 1) advanced prostatic cancer undergoing palliative treatment 2) endometriosis (including pain relief, reduction of endometriotic lesion, and recurrence of symptoms) or 3) uterine leiomyomata. In patients with advanced prostatic cancer, baseline serum testosterone, PSA, and ECG. In patients with uterine leiomyomata, concomitant use of iron therapy.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Uterine leiomyomata or endometriosis: 6 months. Advanced prostatic cancer: lifetime.

Other Criteria

N/A

LYNPARZA TABLET

Affected Drugs

LYNPARZA® TABLET

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

A documented diagnosis of 1) deleterious or suspected deleterious germline BRCA mutated advanced ovarian cancer as detected by an FDA-approved test (e.g., BRACAnalysis CDx, etc.), and with documented use of at least three prior lines of chemotherapy or 2) recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer and documentation of a complete or partial response to at least two treatments with platinum based chemotherapy or 3) in patients with deleterious or suspected deleterious gBRCAm, human epidermal growth factor receptor 2 (HER2)-negative metastatic breast cancer who have previously been treated with chemotherapy in the neoadjuvant, adjuvant or metastatic setting. Baseline CBC.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

LYNPARZA

Affected Drugs

LYNPARZA® CAPSULE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

A documented diagnosis of deleterious or suspected deleterious germline BRCA-mutated advanced ovarian cancer as detected by an FDA-approved test (e.g., BRACAnalysis CDx, etc.). Baseline CBC.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Gynecologic Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

The documented use of at least three prior lines of chemotherapy (e.g., carboplatin, paclitaxel, liposomal doxorubicin, gemcitabine, cisplatin, etc.) for the current condition is required prior to the initiation of Lynparza.

LYRICA

Affected Drugs

LYRICA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

In patients with one of the following diagnoses: Seizure Disorder, Diabetic Peripheral Neuropathy, Post-herpetic neuralgia, the documented use of the total daily dose of gabapentin 600mg or greater is required prior to the initiation of Lyrica.

MEKINIST

Affected Drugs

MEKINIST®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with interstitial lung disease and pneumonitis.

Required Medical Information

A documented diagnosis of (1) unresectable or metastatic melanoma with BRAF V600E or V600K mutation as detected by an FDA-approved test (e.g., the THxID BRAF kit, etc.), (2) metastatic non-small cell lung cancer (NSCLC) with BRAF V600E mutation as detected by an FDA-approved test (e.g., Oncomine Dx Target Test, etc.), (3) locally advanced or metastatic anaplastic thyroid cancer (ATC) with BRAF V600E mutation and with no satisfactory locoregional treatment options, or (4) adjuvant treatment of patients with melanoma with BRAF V600E or V600K mutations, as detected by an FDA-approved test and involvement of lymph node(s) following complete resection. In patients with NSCLC, ATC, and as adjuvant treatment in patients with melanoma, Mekinist will be used in combination with dabrafenib (Tafinlar). Baseline left ventricular ejection fraction obtained via ECHO or MUGA. Baseline ophthalmologic evaluation.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

MEKTOVI

Affected Drugs

MEKTOVI®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Diagnosis of unresectable or metastatic melanoma with a BRAF V600E or V600K mutation, as detected by an FDA-approved test (e.g., Oncomine Dx Target Test, etc.), in combination with encorafenib. Baseline LFTs, serum CPK, creatinine levels, and ophthalmic evaluation.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

MEPROBAMATE

Affected Drugs

MEPROBAMATE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

In patients 65 years of age and older: for the treatment of anxiety, a trial of at least one formulary drug that is not an HRM in the elderly (e.g., buspirone, paroxetine, venlafaxine, etc.) or other type of clinical justification will be required prior to the initiation of meprobamate.

METHOCARBAMOL

Affected Drugs

METHOCARBAMOL

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

A clinical justification for the use of methocarbamol will be required in members 65 years of age and older.

METHYLDOPA

Affected Drugs

METHYLDOPA

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

For the treatment of hypertension, a trial of at least 2 formulary drugs that are not HRMs in elderly (e.g., benazepril, lisinopril, losartan, irbesartan, metoprolol, atenolol, hydrochlorothiazide, etc.) or other type of clinical justification will be required in members 65 years of age and older.

METHYLDOPA/HYDROCHLOROTHIAZIDE

Affected Drugs

METHYLDOPA-HYDROCHLOROTHIAZIDE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

For the treatment of hypertension, a trial of at least 2 formulary drugs that are not HRMs in elderly (e.g., benazepril, lisinopril, losartan, irbesartan, metoprolol, atenolol, hydrochlorothiazide, etc.) or other type of clinical justification will be required in members 65 years of age and older.

MIGLUSTAT

Affected Drugs

MIGLUSTAT

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

The diagnosis must be confirmed by laboratory or Genetic testing. Documented intolerance to Enzyme Replacement Therapy, such as allergy, hypersensitivity, or poor venous access.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

MODAFINIL

Affected Drugs

MODAFINIL

Covered Uses

All FDA-approved indications not otherwise excluded from Part D and other medically accepted indication(s), such as Idiopathic Hypersomnia.

Exclusion Criteria

N/A

Required Medical Information

Diagnosis of narcolepsy confirmed by a sleep study. Diagnosis of Idiopathic Hypersomnia confirmed by a sleep study as defined by the International Classification of Sleep Disorders.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

In patients with narcolepsy, the documented use of methylphenidate and dextroamphetamine is required prior to the initiation of Modafinil (A trial of methylphenidate and dextroamphetamine is not required if a patient with narcolepsy has a history of stimulant drug abuse and dependence or other contraindications to methylphenidate and dextroamphetamine).

NATPARA

Affected Drugs

NATPARA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with hypoparathyroidism caused by calcium sensing receptor mutations, acute post-surgical hypoparathyroidism, or increased baseline risk for osteosarcoma (e.g., patients with Paget's disease of bone or unexplained elevations of alkaline phosphatase, pediatric and young adult patients with open epiphyses, patients with hereditary disorders predisposing to osteosarcoma, patients with a history of prior external beam or implant radiation therapy involving the skeleton, etc.).

Required Medical Information

A documented diagnosis of hypocalcemia in patients with hypoparathyroidism as an adjunct to calcium and vitamin D supplementation. Serum calcium level is above 7.5mg/dL and 25-hydroxyvitamin D concentration is above 20ng/mL (50nmol/L).

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

NERLYNX

Affected Drugs

NERLYNX®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concomitant use of Nerlynx with strong CYP3A4 inducers (e.g., phenytoin, rifampin, carbamazepine, etc.), or strong CYP3A4 inhibitors (e.g., ketoconazole, clarithromycin, voriconazole, etc.). In patients experiencing Grade 3 or Grade 4 liver abnormalities. In women who are or may become pregnant, or who are breastfeeding.

Required Medical Information

A documented diagnosis of HER2-overexpressed/amplified breast cancer. Baseline LFTs.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

A documented treatment with trastuzumab based therapy is required prior to the initiation of Nerlynx.

NEUPOGEN

Affected Drugs

NEUPOGEN®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D and other medically accepted indications, such as treatment of graft failure after bone marrow transplantation, neutropenia associated with myelodysplastic syndrome, hairy cell leukemia, aplastic anemia, severe neutropenia in HIV-infected patients on antiretroviral therapy.

Exclusion Criteria

N/A

Required Medical Information

Baseline CBC and platelet count.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Hematologist, Infectious disease specialist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

NEXAVAR

Affected Drugs

NEXAVAR®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concurrent use with carboplatin and paclitaxel in patients with squamous cell lung cancer.

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

NIFEDIPINE

Affected Drugs

NIFEDIPINE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

For the treatment of chronic stable angina, a trial of at least two formulary drugs (e.g., nifedipine er, felodipine er, amlodipine, diltiazem, verapamil, nitroglycerin, metoprolol, propranolol, ranolazine, etc.) or other type of clinical justification will be required in members 65 years of age and older. For the treatment of variant (Prinzmetal's) angina, a trial of at least two formulary drugs (e.g., nifedipine er, felodipine er, amlodipine, diltiazem, verapamil, etc.) or other type of clinical justification will be required in members 65 years of age and older.

NINLARO

Affected Drugs

NINLARO®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

A documented diagnosis of multiple myeloma. Ninlaro will be used in combination with lenalidomide and dexamethasone. Baseline absolute neutrophil count is equal to or greater than 1,000/mm³. Baseline platelet count is equal to or greater than 75,000/mm³.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

At least one prior therapy (e.g., bortezomib, thalidomide, etc.) is required prior to the initiation of Ninlaro.

NORTHERA

Affected Drugs

NORTHERA™

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Initiation of therapy: a documented diagnosis of symptomatic neurogenic orthostatic hypotension (NOH) caused by primary autonomic failure (e.g., Parkinson's disease, multiple system atrophy, pure autonomic failure, etc.), dopamine beta-hydroxylase deficiency, or non-diabetic autonomic neuropathy. Reauthorization: a documented positive clinical response to therapy (e.g., improvement in dizziness, lightheadedness, etc.).

Age Restrictions

Approve if 18 years old or older.

Prescriber Restrictions

Cardiologist, Neurologist

Coverage Duration

Initiation: 1 month. Reauthorization: 12 months.

Other Criteria

The documented use of midodrine or fludrocortisone is required prior to the initiation of Northera.

NOXAFIL SUSP

Affected Drugs

NOXAFIL® SUSP

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concurrent use of any of the following with Noxafil: sirolimus, pimozide, quinidine, HMG-CoA reductase inhibitors primarily metabolized through CYP3A4 (e.g., atorvastatin, lovastatin, or simvastatin), or ergot alkaloids (e.g., ergotamine or dihydroergotamine).

Required Medical Information

For prevention of invasive *Aspergillus* and *Candida* infections, documentation is required that the patients are at high risk of developing these infections due to being severely immunocompromised, such as hematopoietic stem cell transplant (HSCT) recipients with graft-versus-host disease (GVHD) or those with hematologic malignancies with prolonged neutropenia from chemotherapy.

Age Restrictions

Approve if 13 years old or older.

Prescriber Restrictions

Infectious Disease Specialist, Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

The documented use of itraconazole or fluconazole is required prior to the initiation of Noxafil in patients with refractory oropharyngeal candidiasis.

NOXAFIL TAB

Affected Drugs

NOXAFIL® TBEC

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concurrent use of any of the following with Noxafil: sirolimus, pimozide, quinidine, HMG-CoA reductase inhibitors primarily metabolized through CYP3A4 (e.g., atorvastatin, lovastatin, or simvastatin), or ergot alkaloids (e.g., ergotamine or dihydroergotamine)

Required Medical Information

For prevention of invasive Aspergillus and Candida infections, documentation is required that the patients are at high risk of developing these infections due to being severely immunocompromised, such as hematopoietic stem cell transplant (HSCT) recipients with graft-versus-host disease (GVHD) or those with hematologic malignancies with prolonged neutropenia from chemotherapy.

Age Restrictions

Approve if 13 years old or older.

Prescriber Restrictions

Infectious Disease Specialist, Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

NUEDEXTA

Affected Drugs

NUEDEXTA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concomitant use with quinidine, quinine, or mefloquine or MAOI. In patients with a history of quinidine, quinine or mefloquine-induced thrombocytopenia, hepatitis, or other hypersensitivity reactions. In patients with prolonged QT interval, congenital long QT syndrome, history suggestive of torsades de pointes, heart failure, atrioventricular (AV) block without implanted pacemaker, or patients at high risk of complete AV block. Concomitant use with drugs that both prolong QT interval and are metabolized by CYP2D6 (e.g., thioridazine or pimozide).

Required Medical Information

Documented diagnosis of pseudobulbar affect.

Age Restrictions

N/A

Prescriber Restrictions

Neurologist, Psychiatrist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

NUPLAZID

Affected Drugs

NUPLAZID™

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with hepatic impairment.

Required Medical Information

Documented diagnosis of hallucinations and delusions associated with Parkinson's disease psychosis. Creatinine clearance greater than or equal to 30mL/min.

Age Restrictions

N/A

Prescriber Restrictions

Neurologist, Psychiatrist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

ODOMZO

Affected Drugs

ODOMZO

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

A confirmed negative pregnancy test for women of childbearing age prior to initiation of therapy. Confirmed diagnosis of locally advanced basal cell carcinoma (BCC). The documentation of BCC recurrence following surgery or radiation is required if a patient is a candidate for surgery or radiation. Baseline serum creatine kinase (CK) and creatinine levels.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

OFEV

Affected Drugs

OFEV®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Use of Ofev in patients on pirfenidone. Moderate or severe hepatic impairment (Child-Pugh Class B or C).

Required Medical Information

Confirmed diagnosis of idiopathic pulmonary fibrosis (e.g., by high-resolution computed tomography (HRCT) demonstrating usual interstitial pneumonia (UIP), etc.).
Baseline liver function tests: ALT, AST, bilirubin.

Age Restrictions

N/A

Prescriber Restrictions

Pulmonologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

OPSUMIT

Affected Drugs

OPSUMIT®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Pregnancy in females of reproductive potential.

Required Medical Information

Diagnosis of pulmonary arterial hypertension (PAH) (WHO Group 1). Baseline LFTs (AST, ALT, bilirubin) and hemoglobin.

Age Restrictions

N/A

Prescriber Restrictions

Pulmonologist, Cardiologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

ORENCIA

Affected Drugs

ORENCIA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concomitant use with biologic DMARDs (e.g., TNF Antagonists)

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Rheumatologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

In patients with Rheumatoid Arthritis, Polyarticular-Course Juvenile Rheumatoid Arthritis, or Psoriatic Arthritis, the documented use of at least one conventional Disease-Modifying Anti-Rheumatic Drug (e.g., methotrexate, sulfasalazine, etc.) is required for the current condition prior to the initiation of Orencia. For the indications listed above, the use of at least one prerequisite drug is not required in patients who have already tried a biologic.

ORFADIN

Affected Drugs

ORFADIN®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

The diagnosis must be confirmed by laboratory or genetic testing.

Age Restrictions

N/A

Prescriber Restrictions

The prescription is recommended or initially written by gastroenterologist, hematologist, metabolic specialist, nephrologist or other specialist experienced in the treatment of Hereditary Tyrosinemia type 1.

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

ORKAMBI

Affected Drugs

ORKAMBI®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concomitant use with strong CYP3A inducers (e.g., rifampin, etc.). Concomitant use with ivacaftor.

Required Medical Information

A documented diagnosis of cystic fibrosis (CF) in patients who are homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene confirmed by an FDA-cleared CF mutation test. Baseline liver function tests (AST, ALT, bilirubin).

Age Restrictions

Approve if 2 years old or older.

Prescriber Restrictions

Pulmonologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

OTEZLA

Affected Drugs

OTEZLA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concomitant use with biologic DMARDs (e.g., TNF Antagonists). Co-administered with strong cytochrome P450 enzyme inducers, such as rifampin, phenobarbital, carbamazepine, phenytoin, etc.

Required Medical Information

N/A

Age Restrictions

Approve if 18 years or older.

Prescriber Restrictions

Rheumatologist, Dermatologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

In patients with Psoriatic Arthritis, the documented use of at least one conventional Disease-Modifying Anti-Rheumatic Drug (e.g., methotrexate, sulfasalazine, etc.) is required for the current condition prior to the initiation of Otezla. In patients with plaque psoriasis, the documented use of at least one systemic therapy (e.g., methotrexate, cyclosporine, acitretin, etc.) is required prior to the initiation of Otezla if a patient is a candidate for systemic therapy. For the indications listed above, the use of at least one prerequisite drug is not required in patients who have already tried a biologic.

OXAZEPAM

Affected Drugs

OXAZEPAM®

Covered Uses

All medically accepted indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

In patients 65 years of age and older for the treatment of anxiety, the use of buspirone or paroxetine or venlafaxine is required prior to initiation of oxazepam.

OZEMPIC

Affected Drugs

OZEMPIC®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with a personal or family history of medullary thyroid carcinoma or in patients with Multiple Endocrine Neoplasia syndrome type 2. In patients with acute pancreatitis or history of pancreatitis.

Required Medical Information

Diagnosis of Diabetes Mellitus type 2. A1C is 7% or greater with a current use for at least three months of metformin, or a sulfonylurea, or pioglitazone, or a combination of metformin and a sulfonylurea, or a combination of metformin and pioglitazone, or a combination of glimepiride and pioglitazone (except in patients who are currently on Ozempic).

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

PERPHENAZINE/AMITRIPTYLINE

Affected Drugs

PERPHENAZINE-AMITRIPTYLINE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D and other medically accepted indication, such as treatment of mixed symptoms of anxiety and depression.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

For the treatment of anxiety with depression, a trial of at least 2 formulary drugs: SSRIs or SNRIs (e.g., paroxetine, venlafaxine, etc.) or other type of clinical justification will be required in members 65 years of age and older.

PHENOBARBITAL

Affected Drugs

PHENOBARBITAL

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

In patients 65 years of age and older, a trial of at least one formulary anticonvulsant or other type of clinical justification is required.

PLEGRIDY

Affected Drugs

PLEGRIDY®

PLEGRIDY STARTER PACK®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

History of hypersensitivity to natural or recombinant interferon beta, peginterferon, or any other component of the formulation.

Required Medical Information

Documented relapsing forms of multiple sclerosis (e.g., relapsing-remitting MS) or a member at high risk of developing MS defined by the following: member has had a first clinical episode with MRI features (e.g., MRI-detected brain lesions) consistent with MS.

Age Restrictions

N/A

Prescriber Restrictions

Neurologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

POMALYST

Affected Drugs

POMALYST®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Pregnancy.

Required Medical Information

A documented diagnosis of multiple myeloma. ANC is greater than or equal to 500 per mcL. Platelet count is greater than or equal to 50,000 per mcL. SrCr is less than or equal to 3.0 mg/dL. Serum bilirubin is less than or equal to 2.0 mg/dL and AST/ALT is less than or equal to 3.0 x ULN. Anti-coagulation prophylaxis is considered in patients with underlying risk factors for deep vein thrombosis or pulmonary embolism. In females of reproductive potential, the use of two reliable methods of contraception is required.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

At least two prior therapies including lenalidomide and bortezomib and demonstration of disease progression on or within 60 days of completion of the last therapy is required prior to initiation of Pomalyst.

PROCRIT

Affected Drugs

PROCRIT®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D and other medically accepted indication(s), such as treatment of anemia in low or intermediate-1 risk Myelodysplastic Syndrome patients.

Exclusion Criteria

In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy. In patients scheduled for surgery who are willing to donate autologous blood. In patients undergoing cardiac or vascular surgery. As a substitute for RBC transfusions in patients who require immediate correction of anemia. In patients with uncontrolled hypertension. Pure red cell aplasia (PRCA) that occurred after prior treatment with erythropoiesis-stimulating agents (e.g., epoetin alfa, etc.).

Required Medical Information

In patients with CKD, the pretreatment Hgb level is less than 10g/dL or pretreatment Hct is less than 30%. In patients with Non-Myeloid malignancies receiving concomitant myelosuppressive chemotherapy: 1) pretreatment Hgb level is less than 10 g/dL or pretreatment Hct is less than 30% and 2) chemotherapy is planned for a minimum of two additional months. In HIV-infected patients with anemia related to zidovudine-treatment, the pretreatment endogenous serum erythropoietin level is less than 500 milliunits/mL. In patients undergoing elective non-cardiac or non-vascular surgery: 1) DVT prophylaxis is considered and 2) perioperative hemoglobin is greater than 10g/dL and less than or equal to 13g/dL. In patients with low or intermediate-1 risk Myelodysplastic Syndrome: 1) patient must be transfusion-dependent or symptomatic from anemia and 2) pretreatment endogenous serum erythropoietin level is less than 500 milliunits/mL. For all uses: 1) pretreatment serum ferritin is greater than or equal to 100mcg/L or serum transferrin saturation is greater than or equal to 20%, 2) iron, folate, and vitamin B-12 deficiencies have been corrected (if any), and 3) other causes of anemia (e.g., hemolysis, bleeding, etc.) have been ruled out.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

Part B coverage 1) if a prescriber (e.g., nephrologist, nurse practitioner, physician assistant, etc.) receives a monthly capitation payment to manage end-stage renal disease (ESRD) patients' care and 2) if Procrit is furnished to an ESRD patient receiving dialysis services and used for an ESRD-related condition.

PROLASTIN

Affected Drugs

PROLASTIN C®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

IgA deficient patients with antibodies against IgA.

Required Medical Information

Documented alpha1-antitrypsin deficiency with clinically evident emphysema in patients with PiZZ, PiZ(null), Pi(null)(null) or PiSZ genotypes.

Age Restrictions

N/A

Prescriber Restrictions

Pulmonologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

Prolastin is subject to Part B vs. Part D determination.

PROLIA

Affected Drugs

PROLIA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Hypocalcemia. Patients on Xgeva.

Required Medical Information

Documented history of one of the following: 1. The patient is at high risk for fractures (BMD T score below -2.5, steroids use) or has a history of an osteoporotic fracture. 2. The patient had a fracture and/ or experienced a decrease in BMD T score while on either alendronate, risedronate, ibandronate. 3. The patient is not a candidate for bisphosphonates or intolerant to them.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

Prolia is subject to Part B versus Part D determination.

PROMACTA

Affected Drugs

PROMACTA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

1) A diagnosis of thrombocytopenia in patients with chronic hepatitis C whose degree of thrombocytopenia prevents the initiation of interferon-based therapy or limits the ability to maintain interferon-based therapy or 2) a diagnosis of chronic immune (idiopathic) thrombocytopenic purpura (ITP): platelet count is less than 30,000/microliter or less than 50,000/microliter with the risk factors for bleeding and the patient has had an insufficient response to corticosteroids, immunoglobulins, or splenectomy or 3) a diagnosis of severe aplastic anemia in patients who have had an insufficient response to immunosuppressive therapy. Baseline CBC. Baseline liver function tests: ALT, AST, Bilirubin.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

PROMETHAZINE

Affected Drugs

PHENADOZ
PROMETHAZINE HCL
PROMETHAZINE RECTAL
PROMETHEGAN RECTAL

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

For the treatment of allergy, a trial of at least 2 formulary drugs that are not HRM in elderly (e.g., desloratadine, levocetirizine, etc.) or other type of clinical justification will be required in members 65 years of age and older. For the treatment of nausea and vomiting, a trial of at least 2 formulary drugs that are not HRM in elderly (e.g., ondansetron, granisetron, granisol, etc.) or other type of clinical justification will be required in members 65 years of age and older. For all other FDA-labeled indications, a clinical justification for the use of promethazine will be required in members 65 years of age and older.

QUININE SULFATE

Affected Drugs

QUININE SULFATE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients for the treatment of severe or complicated *P. falciparum* malaria. In patients for prevention of malaria. In patients for the treatment or prevention of nocturnal leg cramps. In patients with any of the following: 1) prolonged QT interval. glucose-6-phosphate dehydrogenase (G6PD) deficiency 2) known hypersensitivity reactions to quinine (e.g., thrombocytopenia, idiopathic thrombocytopenia purpura (ITP) and thrombotic thrombocytopenic purpura (TTP), hemolytic uremic syndrome (HUS), blackwater fever (acute intravascular hemolysis, hemoglobinuria, and hemoglobinemia), etc.) 3) myasthenia gravis 4) optic neuritis.

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

7 days

Other Criteria

In patients with Chloroquine-sensitive uncomplicated malaria, the use of chloroquine or hydroxychloroquine is required prior to the use of quinine sulfate unless the use of chloroquine or hydroxychloroquine is contraindicated.

RANEXA

Affected Drugs

RANEXA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Co-administration of Ranexa with strong CYP3A inhibitors, such as ketoconazole, itraconazole, clarithromycin, nefazodone, nelfinavir, ritonavir, indinavir or saquinavir . Co-administration of Ranexa with CYP3A inducers rifampin, phenobarbital, phenytoin, carbamazepine, or St. John's Wort. In patients with liver cirrhosis.

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

REBIF

Affected Drugs

REBIF®

REBIF REBIDOSE ®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

History of hypersensitivity to natural or recombinant interferon, human albumin, or any other component of the formulation.

Required Medical Information

Documented relapsing forms of multiple sclerosis (e.g., relapsing-remitting MS) or a member at high risk of developing MS defined by the following: member has had a first clinical episode with MRI features (e.g., MRI-detected brain lesions) consistent with MS.

Age Restrictions

N/A

Prescriber Restrictions

Neurologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

RELISTOR

Affected Drugs

RELISTOR®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Patients with known or suspected mechanical gastrointestinal obstruction and at increased risk of recurrent obstruction.

Required Medical Information

Documented history of opioid-induced constipation (OIC) in patients with 1) chronic non-cancer pain or 2) advanced illness who are receiving palliative care (e.g., end-stage COPD/emphysema, cardiovascular disease, heart failure, Alzheimer's disease/dementia, HIV/AIDS, incurable cancer or any other advanced illness that requires a palliative opioid therapy).

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

The use of at least one formulary laxative (e.g. lactulose, enulose or polyethylene glycol 3350) for the current condition is required prior to the initiation of Relistor.

RELISTOR TAB

Affected Drugs

RELISTOR® TABLET

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Diagnosis of opioid-induced constipation (OIC) in patients with chronic non-cancer pain.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

N/A

REPATHA

Affected Drugs

REPATHA™

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

A history of serious hypersensitivity reaction to Repatha (e.g., hypersensitivity vasculitis, hypersensitivity reactions requiring hospitalization, etc.).

Required Medical Information

A documented diagnosis of one of the following 1) an adjunct to the LDL-lowering therapy containing a high potency statin in patients with homozygous familial hypercholesterolemia (HoFH) confirmed by genetic testing or clinical diagnosis (based on a history of an untreated LDL-C greater than 500mg/dL together with either xanthoma before 10 years of age or evidence of heterozygous familial hypercholesterolemia (HeFH) in both parents) or 2) primary hyperlipidemia including HeFH confirmed by genotyping or clinical criteria (using either the Simon Broome or WHO/Dutch Lipid Network criteria with documented baseline LDL-C greater than or equal to 160 mg/dL) or 3) to reduce the risk of MI, stroke, or coronary revascularization in adults with established clinical atherosclerotic cardiovascular disease (ASCVD) with documented LDL-C greater than or equal to 70 mg/dL while being treated with previous lipid lowering therapy AND documentation of one of the following conditions: MI, history of ACS, ischemic stroke, unstable/stable angina, revascularization (e.g., PCI or CABG), TIA, carotid stenosis, or PVD/PAD. In members with primary hyperlipidemia including HeFH or ASCVD: documentation that the member has tried at least 1 high-intensity statin (e.g., atorvastatin greater than or equal to 40 mg/d) for greater than or equal to 8 weeks continuously and LDL-C remains greater than or equal to 70 mg/dL (unless there is documentation that the member is statin intolerant as demonstrated by experiencing statin-associated rhabdomyolysis OR the member experienced skeletal-muscle related symptoms while receiving a high-intensity statin). In members with HoFH: documentation that the member has tried at least one high-intensity statin (e.g., atorvastatin greater than or equal to 40 mg/d) for greater than or equal to 8 weeks continuously and requires additional lowering of LDL-C (unless there is documentation that the member is statin intolerant as demonstrated by experiencing statin-associated rhabdomyolysis OR the member experienced skeletal-muscle related symptoms while receiving a high-intensity statin).

Age Restrictions

HoFH: 13 years old or older. All others: 18 years old or older.

Prescriber Restrictions

Cardiologist, endocrinologist, or physician who focuses in the treatment of cardiovascular (CV) risk management and/or lipid disorders.

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

RESTASIS

Affected Drugs

RESTASIS®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Active ocular infection

Required Medical Information

The diagnosis of tear deficiency due to ocular inflammation in patients with keratoconjunctivitis sicca.

Age Restrictions

Approve if 16 years old or older.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

The use of at least one topical anti-inflammatory ophthalmic (e.g., fluorometholone) or artificial tears is required prior to the use of Restasis if appropriate or indicated for the patient.

REVLIMID

Affected Drugs

REVLIMID®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Pregnancy in females of reproductive potential.

Required Medical Information

Revlimid will not be used in patients with chronic lymphocytic leukemia (CLL) outside of controlled clinical trials. In patients with transfusion-dependent anemia due to low-or intermediate-1-risk myelodysplastic syndromes (MDS), disease is associated with a deletion 5q cytogenetic abnormality with or without additional cytogenetic abnormalities confirmed by testing.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Hematologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

In patients with mantle cell lymphoma (MCL), documented disease relapse or progression on at least two prior therapies including bortezomib is required prior to the initiation of Revlimid.

RUBRACA

Affected Drugs

RUBRACA™

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Rubraca will be used 1) in adult patients with deleterious BRCA mutation (germline and/or somatic) associated epithelial ovarian, fallopian tube, or primary peritoneal cancer as detected by an FDA approved test (e.g., FoundationFocus CDxBRCA Assay, etc) or 2) as a maintenance treatment in adult patients with recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to platinum-based chemotherapy. Baseline CBC.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

RYDAPT

Affected Drugs

RYDAPT®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concomitant use of Rydapt with strong CYP3A inducers (e.g., rifampin, carbamazepine, phenytoin, etc).

Required Medical Information

Documented diagnosis of 1) acute myeloid leukemia (AML) that is FLT3 mutation-positive as detected by an FDA-approved test (e.g., LeukoStrat CDx FLT3 Mutation Assay, etc.), 2) aggressive systemic mastocytosis (ASM), 3) systemic mastocytosis with associated hematological neoplasm (SM-AHN), or 4) mast cell leukemia. For AML, Rydapt will be used in combination with standard cytarabine and daunorubicin induction and cytarabine consolidation. Baseline CBC and platelets.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

SIGNIFOR

Affected Drugs

SIGNIFOR®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with hypokalemia, hypomagnesemia, or severe hepatic impairment (Child Pugh C).

Required Medical Information

Adult patients with Cushing's disease for whom pituitary surgery is not an option or has not been curative. A 24-hr urine cortisol to confirm Cushing's disease. Baseline fasting plasma glucose levels, HgA1C, liver function tests, gallbladder ultrasound, electrocardiogram.

Age Restrictions

N/A

Prescriber Restrictions

Endocrinologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

SILDENAFIL CITRATE TABS 20 MG

Affected Drugs

SILDENAFIL CITRATE TABS 20MG

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

The concurrent use of nitrates (e.g., nitroglycerin, isosorbide mononitrate or dinitrate, etc.) or guanylate cyclase (GC) stimulators (e.g., riociguat, etc.). The concomitant use of sildenafil citrate with potent CYP 3A inhibitors (e.g., ritonavir, etc). Co-administration of sildenafil citrate with PDE5 inhibitors (e.g., tadalafil, etc).

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

SOFOSBUVIR-VELPATASVIR

Affected Drugs

SOFOSBUVIR-VELPATASVIR

Covered Uses

All medically accepted indications not otherwise excluded from Part D.

Exclusion Criteria

Concomitant use of sofosbuvir-velpatasvir with P-gp inducers or moderate to potent CYP inducers (e.g., rifampin, St. John's wort, carbamazepine, etc.).

Required Medical Information

Diagnosis of chronic hepatitis C virus (HCV) genotypes 1a, 1b, 2, 3, 4, 5, or 6 infection confirmed via detectable serum hepatitis C virus RNA by quantitative assay. Criteria will be applied consistent with current AASLD IDSA guidance.

Age Restrictions

N/A

Prescriber Restrictions

Infectious Disease Specialist, Gastroenterologist, Hepatologist

Coverage Duration

The PA will be approved consistent with current AASLD IDSA guidance.

Other Criteria

Criteria will be applied consistent with current AASLD IDSA guidance.

SOMATULINE DEPOT

Affected Drugs

SOMATULINE DEPOT®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

A diagnosis of 1) unresectable, well- or moderately-differentiated, locally advanced or metastatic gastroenteropancreatic neuroendocrine tumors (GEP-NETs), 2) acromegaly or 3) carcinoid syndrome. In patients with acromegaly: 1) the patient has had an inadequate response to surgery and/or radiation therapy if the patient was a candidate for these therapies and 2) serum growth hormone (GH) level greater than 1 ng/mL after a 2-hour oral glucose tolerance test or elevated serum IGF-1 levels as compared to normal reference values by age.

Age Restrictions

N/A

Prescriber Restrictions

Endocrinologist, Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

SOMAVERT

Affected Drugs

SOMAVERT®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

The patient has had an inadequate response to surgery and/or radiation therapy within the past 6 months if the patient was a candidate for these therapies. The patient is not responsive or intolerant to octreotide or age-adjusted IGF-1 level greater than the upper end of a normal range.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

SPRYCEL

Affected Drugs

SPRYCEL®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Sprycel will be used in patients with 1) newly diagnosed Philadelphia chromosome-positive (Ph+) chronic myeloid leukemia (CML) in chronic phase, 2) chronic, accelerated, or myeloid or lymphoid blast phase Ph+ CML with resistance or intolerance to prior therapy including imatinib, or 3) Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ ALL) with resistance or intolerance to prior therapy (e.g. imatinib, etc.). In pediatric patients, diagnosis of Ph+ CML in chronic phase.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

STELARA

Affected Drugs

STELARA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concomitant use with biologic DMARDs (e.g., TNF Antagonists)

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Rheumatologist, Dermatologist, Gastroenterologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

In patients with Psoriatic Arthritis, the documented use of at least one conventional Disease-Modifying Anti-Rheumatic Drug (e.g., methotrexate, sulfasalazine, etc.) is required for the current condition prior to the initiation of Stelara. In patients with plaque psoriasis, the documented use of at least one systemic therapy (e.g., methotrexate, cyclosporine, acitretin, etc.) is required prior to the initiation of Stelara if a patient is a candidate for systemic therapy. In patients with Crohn's disease, the documented use of at least one conventional therapy agent (e.g., 6-mercaptopurine, azathioprine, etc.) is required prior to the initiation of Stelara. For the indications listed above, the use of at least one prerequisite drug is not required in patients who have already tried a biologic.

STIVARGA

Affected Drugs

STIVARGA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with severe hepatic impairment (Child-Pugh Class C)

Required Medical Information

Baseline liver function test (ALT, AST and bilirubin) prior to initiation of Stivarga. Documentation of adequately-controlled blood pressure prior to initiation of Stivarga.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

In patients with metastatic colorectal cancer, a documented use of fluoropyrimidine-oxaliplatin-irinotecan-based chemotherapy, an anti-VEGF therapy, and, if KRAS wild type, an anti-EGFR therapy is required prior to initiation of Stivarga. In patients with locally advanced, unresectable or metastatic gastrointestinal stromal tumor (GIST), a documented use of imatinib and sunitinib is required prior to initiation of Stivarga. In patients with hepatocellular carcinoma, a documented use of sorafenib is required prior to initiation of Stivarga.

SUTENT

Affected Drugs

SUTENT®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Acute Liver failure.

Required Medical Information

ALT or AST is equal to or less than 2.5X ULN or, if due to liver metastases, is equal to or less than 5.0X ULN. In patients restarting Sutent, absence of severe changes in liver function tests and absence of other signs and symptoms of liver failure with the previous use of Sutent.

Age Restrictions

N/A

Prescriber Restrictions

The prescription must be initially written or recommended by the Oncologist.

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

In patients with gastrointestinal stromal tumors (GIST), the documented use of imatinib is required prior to the initiation of Sutent.

SYLATRON

Affected Drugs

SYLATRON®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Known serious hypersensitivity reactions to peginterferon alfa-2b or interferon alfa-2b. Diagnosis of autoimmune hepatitis or hepatic decompensation (Child-Pugh score is greater than 6 [class B and C]). In patients with severe depression, psychosis, or encephalopathy.

Required Medical Information

The diagnosis of melanoma with microscopic or gross nodal involvement within 84 days of definitive surgical resection (including complete lymphadenectomy). ANC is equal to or greater than $0.5 \times 10^9/L$. Platelet count is equal to or greater than $50 \times 10^9/L$. ECOG performance status is 0-1. Eye examination at baseline in patients with preexisting retinopathy. Baseline serum bilirubin, ALT, AST, alkaline phosphatase, and LDH.

Age Restrictions

Approve if 18 years or older.

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

SYMLINPEN

Affected Drugs

SYMLINPEN 120®

SYMLINPEN 60®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

The patient has poor compliance with the current insulin regimen and with self-blood glucose monitoring., history of a recurrent severe hypoglycemia requiring assistance in the last 6 months, diagnosis of gastroparesis or currently taking drugs that stimulate gastrointestinal motility (e.g., metoclopramide, etc).

Required Medical Information

The patient is currently using insulin. The patient's current hemoglobin A1C is less than 9.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

SYNRIBO

Affected Drugs

SYNRIBO®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with poorly controlled diabetes mellitus.

Required Medical Information

A documented diagnosis of chronic or accelerated phase chronic myeloid leukemia (CML). ANC is greater than or equal to $1.0 \times 10^9/L$. Platelet Count is greater than or equal to $50 \times 10^9/L$.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

A documented resistance and/or intolerance to at least two tyrosine kinase inhibitors (e.g., imatinib, dasatinib, nilotinib, bosutinib, etc.) is required prior to initiation of Synribo.

TAFINLAR

Affected Drugs

TAFINLAR®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

A documented diagnosis of unresectable or metastatic melanoma with BRAF V600E mutation as detected by an FDA-approved test when Tafinlar will be used as a single agent. A documented diagnosis of (1) unresectable or metastatic melanoma with BRAF V600E or V600K mutations as detected by an FDA-approved test, when Tafinlar will be used in combination with Mekinist, (2) metastatic non-small cell lung cancer (NSCLC) with BRAF V600E mutation as detected by an FDA-approved test (e.g., Oncomine Dx Target Test, etc.), 3) locally advanced or metastatic anaplastic thyroid cancer (ATC) with BRAF V600E mutation and with no satisfactory locoregional treatment options, or 4) adjuvant treatment of patients with melanoma with BRAF V600E or V600K mutations, as detected by an FDA-approved test and involvement of lymph node(s) following complete resection). In patients with NSCLC, ATC, and as adjuvant treatment in patients with melanoma, Tafinlar will be used in combination with trametinib (Mekinist). Baseline dermatologic evaluation.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

TAGRISSO

Affected Drugs

TAGRISSO™

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

A documented diagnosis of (1) metastatic non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R mutations, as detected by an FDA-approved test (e.g., cobas EGFR Mutation Test v2, FoundationOne CDx, etc.), or (2) metastatic epidermal growth factor receptor (EGFR) T790M mutation-positive NSCLC, as detected by an FDA-approved test (e.g., the cobas EGFR Mutation Test v2, etc.). Baseline ECG and electrolytes in patients with congenital long QTc syndrome, congestive heart failure, electrolyte abnormalities, or those who are taking medications known to prolong the QTc interval. Baseline left ventricular ejection fraction (LVEF) measurement obtained via ECHO or MUGA.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

Documented disease progression following treatment with at least one prior EGFR tyrosine kinase inhibitor (TKI) therapy (e.g., afatinib, erlotinib, etc.) is required prior to the initiation of Tagrisso in patients with metastatic EGFR T790M mutation-positive NSCLC.

TALZENNA

Affected Drugs

TALZENNA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Documented diagnosis of deleterious or suspected deleterious germline BRCA-mutated (gBRCAm) HER2-negative locally advanced or metastatic breast cancer, as detected by an FDA approved test (e.g., BRACAnalysis CDx, etc.).

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Hematologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

TARCEVA

Affected Drugs

TARCEVA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Documented diagnosis of 1) metastatic non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations as detected by an FDA-approved test or 2) locally advanced, unresectable, or metastatic pancreatic cancer. In patients with pancreatic cancer, Tarceva will be used in combination with gemcitabine. Baseline serum electrolytes (e.g., potassium, magnesium, etc.), renal function test (e.g., SCr, BUN, etc), and LFTs (e.g., ALT, AST, etc.).

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Hematologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

TARGRETIN

Affected Drugs

TARGRETIN®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

The prescription must be initially written or recommended by the Oncologist or Dermatologist.

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

The patient was prescribed at least one systemic therapy (e.g., cyclophosphamide, methotrexate, an oral retinoid, etc.) or one topical therapy (e.g, a corticosteroid, mechlorethamine, etc.) for the current condition prior to the initiation of Targretin.

TASIGNA

Affected Drugs

TASIGNA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

The patient's QTc interval 480 msec or greater. The patient's baseline potassium and magnesium levels are not within normal limits. Concurrent use of strong CYP3A4 Inhibitors or drugs that prolong QT interval.

Required Medical Information

Documented Philadelphia chromosome positive status is required for chronic myeloid leukemia (Ph+ CML). In adult patients, the documented history of resistance to imatinib that is defined as one of the following: failure to achieve a complete hematologic response by 3 months, failure to achieve a cytogenetic response by 6 months or major cytogenetic response by 12 months, progression of disease after a previous cytogenetic or hematologic response (the documented history of resistance to imatinib is not needed if the patient is intolerant to imatinib or in newly-diagnosed patients with Ph+ CML in chronic phase). In pediatric patients, the documented history of resistance or intolerance to at least one prior tyrosine-kinase inhibitor therapy (the documented history of resistance to at least one prior tyrosine-kinase inhibitor therapy is not needed in newly-diagnosed patients with Ph+ CML in chronic phase). Baseline ECG. Baseline Potassium and Magnesium levels.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

TECFIDERA

Affected Drugs

TECFIDERA®

TECFIDERA STARTER PACK®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Documented relapsing forms of multiple sclerosis. Recent (e.g., within six months) complete blood count (CBC).

Age Restrictions

N/A

Prescriber Restrictions

Neurologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

TESTOSTERONE INJ

Affected Drugs

TESTOSTERONE ENANTHATE
TESTOSTERONE CYPIONATE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In men with carcinoma of the breast or known or suspected prostate cancer. In women who are or may become pregnant, or who are breastfeeding.

Required Medical Information

Documented diagnosis of 1) primary hypogonadism (congenital or acquired testicular failure due to conditions such as cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, orchiectomy, etc.) in males or 2) hypogonadotropic hypogonadism (congenital or acquired, e.g., gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency, pituitary-hypothalamic injury from tumors, trauma, or radiation, etc.) in males or 3) metastatic (skeletal) mammary cancer in women. Initiation of therapy: low average serum testosterone level (total or free) as defined by normal laboratory reference values in males.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

THALOMID

Affected Drugs

THALOMID®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

In patients with Multiple Myeloma, the concurrent use of Thalomid with dexamethasone.

Age Restrictions

N/A

Prescriber Restrictions

The prescription must be initially written or recommended by the Oncologist, Hematologist, Dermatologist, or Infection Disease Specialist.

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

Thalomid must be prescribed by a physician registered with System for Thalomid Education and Prescribing Safety Program.

THIOGUANINE

Affected Drugs

TABLOID®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

THIORIDAZINE

Affected Drugs

THIORIDAZINE HCL

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

For the treatment of refractory schizophrenia, a trial of at least 1 formulary drug that is not an HRM in elderly (e.g., olanzapine, clozapine, etc.) or other type of clinical justification will be required in members 65 years of age and older.

TIBSOVO

Affected Drugs

TIBSOVO®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concomitant use of Tibsovo with strong or moderate CYP3A inducers (e.g., rifampin, carbamazepine, phenytoin, etc.). Diagnosis of Guillain-Barré syndrome.

Required Medical Information

Adult patients with relapsed or refractory acute myeloid leukemia (AML) with a susceptible IDH1 mutation as detected by an FDA-approved test (e.g., Abbott RealTime IDH1, etc.).

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Hematologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

TRACLEER

Affected Drugs

TRACLEER®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Pregnancy in females of reproductive potential.

Required Medical Information

Diagnosis of pulmonary arterial hypertension (PAH) (WHO Group 1) in patients with NYHA Functional Class II-IV symptoms. Baseline LFTs (ALT, AST, bilirubin).

Age Restrictions

N/A

Prescriber Restrictions

Pulmonologist, Cardiologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

The prior use of sildenafil citrate is required for the current condition in adult patients initiating Tracleer.

TRELSTAR

Affected Drugs

TRELSTAR®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients who are or may become pregnant.

Required Medical Information

Documented diagnosis of advanced prostate cancer. Baseline electrolytes (e.g., potassium, magnesium, etc.), serum testosterone and ECG.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

TRETINOIN TOPICAL

Affected Drugs

TRETINOIN

Covered Uses

All medically accepted indications not otherwise excluded from Part D.

Exclusion Criteria

Cosmetic use.

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

N/A

TRIHEXYPHENIDYL

Affected Drugs

TRIHEXYPHENIDYL HCL

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

For the treatment of Parkinson's disease, a trial of at least 1 formulary drug that is not a high risk medication (HRM) in elderly (e.g., carbidopa/levodopa, amantadine, etc.) or other type of clinical justification will be required in members 65 years of age and older. For the treatment of Parkinsonism (extrapyramidal symptoms), a trial of at least 1 formulary drug that is not a HRM in elderly (e.g., amantadine, etc.) or other type of clinical justification will be required in members 65 years of age and older.

TRIMIPRAMINE

Affected Drugs

TRIMIPRAMINE MALEATE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If aged 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

For the treatment of depression, a trial of at least 2 formulary drugs: SSRIs or SNRIs (e.g., fluoxetine, paroxetine, sertraline, citalopram, escitalopram, venlafaxine, venlafaxine er, etc.) or other type of clinical justification will be required in members 65 years of age and older.

TYKERB

Affected Drugs

TYKERB®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Laboratory testing based on the new HER2 Testing Guidelines from the College of American Pathologists (CAP) and the American Society of Clinical Oncology (ASCO) that confirms Human Epidermal Receptor Type 2 (HER2) overexpression in the patient's tumor. Testing for hormone receptor positive metastatic breast cancer in postmenopausal women who will be prescribed Tykerb with letrozole. The patient's baseline LVEF is equal or greater than 50% The patient's baseline potassium and magnesium levels are within normal limits. Liver function tests: ALT, AST, bilirubin

Age Restrictions

N/A

Prescriber Restrictions

The prescription must be initially written or recommended by the Oncologist.

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

The documented use of anthracycline, taxane, and trastuzumab is required prior to the initiation of Tykerb with advanced or metastatic breast cancer who will receive Tykerb in combination with capecitabine. These criteria do not apply for the other indication: in postmenopausal women with hormone receptor positive metastatic breast cancer who will receive Tykerb in combination with letrozole.

TYMLOS

Affected Drugs

TYMLOS™

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Patients that have an increased baseline risk for osteosarcoma (e.g., those with Paget's disease of bone or unexplained elevations of alkaline phosphatase, open epiphyses, bone metastases or skeletal malignancies, hereditary disorders predisposing to osteosarcoma, or prior external beam or implant radiation therapy involving the skeleton), or underlying hypercalcemic disorder (e.g., primary hyperparathyroidism). Use of Tymlos and parathyroid hormone analogs (e.g. Forteo, etc.) for more than 2 years.

Required Medical Information

Documented history of one of the following: 1. The patient is at high risk for fractures (BMD T score below -2.5, steroids use) or has a history of an osteoporotic fracture. 2. The patient had a fracture and/ or experienced a decrease in BMD T score while on either alendronate, risedronate, and ibandronate. 3. The patient is not a candidate for bisphosphonates or intolerant to them.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for 2 years.

Other Criteria

N/A

UPTRAVI

Affected Drugs

UPTRAVI®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Severe hepatic impairment (Child-Pugh Class C).

Required Medical Information

Diagnosis of pulmonary arterial hypertension (PAH) (WHO Group 1).

Age Restrictions

N/A

Prescriber Restrictions

Pulmonologist, Cardiologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

The documented use of at least two medications that belong to any of the following pharmacologic classes: a PDE5 inhibitor (e.g., sildenafil, tadalafil, etc.), an endothelin receptor antagonist (e.g., bosentan, ambrisentan, macitentan, etc.), or a guanylate cyclase stimulator (e.g., riociguat, etc.) are required prior to initiation of Uptravi.

VALCHLOR

Affected Drugs

VALCHLOR®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

At least one prior skin-directed therapy (e.g., bexarotene, methotrexate, etc.) is required for the treatment of the current condition prior to initiation of Valchlor.

VANCOMYCIN

Affected Drugs

VANCOMYCIN HCL

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for 10 days

Other Criteria

In patients with antibiotic-associated pseudomembranous colitis caused by *C. difficile* that is not resistant to metronidazole, the use of oral metronidazole is required prior to the use of Vancomycin.

VELTASSA

Affected Drugs

VELTASSA™

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with severe constipation, bowel obstruction or impaction, including abnormal post-operative bowel motility disorders.

Required Medical Information

Baseline serum magnesium.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

VENCLEXTA

Affected Drugs

VENCLEXTA™

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concomitant use with strong CYP3A4 inhibitors (e.g., ketoconazole, conivaptan, clarithromycin, indinavir, itraconazole, lopinavir, ritonavir, telaprevir, posaconazole, voriconazole, etc.) at initiation and during ramp-up phase.

Required Medical Information

A documented diagnosis of chronic lymphocytic leukemia (CLL) with 17p deletion confirmed by testing (e.g., the Vysis CLL FISH Probe Kit, etc.).

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Hematologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

A documented use of at least one prior therapy for CLL with 17p deletion (e.g., Imbruvica, etc.) is required prior to the initiation of Venclexta.

VERZENIO

Affected Drugs

VERZENIO™

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concomitant use of Verzenio with strong CYP3A inducers (e.g., rifampin, carbamazepine, phenytoin, etc.) or ketoconazole.

Required Medical Information

Documented diagnosis of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer. Verzenio will be used (1) in combination with fulvestrant in women with disease progression following endocrine therapy OR (2) as monotherapy in adults with disease progression following endocrine therapy and prior chemotherapy in the metastatic setting OR (3) in combination with an aromatase inhibitor as initial endocrine-based therapy in postmenopausal women. Baseline LFTs, CBC.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Hematologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

VICTOZA

Affected Drugs

VICTOZA 3-PAK®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with a personal or family history of medullary thyroid carcinoma or in patients with Multiple Endocrine Neoplasia syndrome type 2. In patients with acute pancreatitis.

Required Medical Information

Diagnosis of Diabetes Mellitus type 2. A1C is 7% or greater with a current use for at least three months of metformin, or a sulfonylurea, or pioglitazone, or a combination of metformin and a sulfonylurea, or a combination of metformin and pioglitazone, or a combination of glimepiride and pioglitazone (except in patients who are currently on Victoza). A trial of metformin, or a sulfonylurea, or pioglitazone, or a combination of metformin and a sulfonylurea, or a combination of metformin and pioglitazone, or a combination of glimepiride and pioglitazone is not required if Victoza will be used to reduce the risk of major adverse cardiovascular events in adults with type 2 diabetes mellitus and established cardiovascular disease.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

VIZIMPRO

Affected Drugs

VIZIMPRO®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Interstitial Lung Disease

Required Medical Information

Documented diagnosis of metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletion or exon 21 L858R substitution mutations as detected by an FDA-approved test (e.g., cobas EGFR Mutation Test v2, FoundationOne CDx, etc.).

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Hematologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

VOTRIENT

Affected Drugs

VOTRIENT®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Pre-existing severe hepatic impairment (total bilirubin greater than 3 times upper limit of normal). Patients who were hospitalized for cerebral hemorrhage, or clinically significant GI hemorrhage in the past 6 months.

Required Medical Information

Baseline serum liver tests: AST, ALT, bilirubin, EKG, electrolytes (e.g., calcium, magnesium, potassium), thyroid function tests, urinalysis.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

XALKORI

Affected Drugs

XALKORI®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with congenital long QT syndrome. In a patient restarting Xalkori, the patient has experienced 1) QTc greater than 500 ms or greater than or equal to 60 ms change from baseline with Torsade de pointes or polymorphic ventricular tachycardia or signs/symptoms of serious arrhythmia and 2) ALT or AST elevation greater than 3 times ULN with concurrent total bilirubin elevation greater than 1.5 times ULN (in the absence of cholestasis or hemolysis) and 3) any Grade drug-related interstitial lung disease/pneumonitis with the previous Xalkori treatment.

Required Medical Information

The diagnosis of 1) Anaplastic Lymphoma Kinase (ALK)-positive metastatic Non-Small Cell Lung Cancer (NSCLC) detected by an FDA approved test (e.g., Vysis ALK Break-Apart FISH Probe Kit, VENTANA ALK (D5F3) CDx Assay, etc.) OR 2) ROS1-positive metastatic NSCLC. Baseline CBC with differential and liver function tests including ALT and total bilirubin.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

XELJANZ

Affected Drugs

XELJANZ®
XELJANZ® XR

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Concomitant use with biologic DMARDs (e.g., TNF Antagonists) or with potent immunosuppressants, such as azathioprine or cyclosporine.

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Rheumatologist, Gastroenterologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

In patients with Rheumatoid Arthritis or Psoriatic Arthritis, the documented use of at least one conventional Disease-Modifying Anti-Rheumatic Drug (e.g., methotrexate, sulfasalazine, etc.) is required for the current condition prior to the initiation of Xeljanz. In patients with moderately to severely active ulcerative colitis, the documented use of at least one conventional therapy agent (e.g., a corticosteroid, azathioprine, or 6-mercaptopurine, etc.) is required prior to initiation of Xeljanz. For the indications listed above, the use of at least one prerequisite drug is not required in patients who have already tried a biologic.

XIFAXAN

Affected Drugs

XIFAXAN®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

Documented diagnosis of 1) travelers diarrhea caused by Escherichia coli, 2) hepatic encephalopathy, or 3) irritable bowel syndrome with diarrhea (IBS-D).

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

In patients with travelers diarrhea, a documented use of ciprofloxacin, levofloxacin, or azithromycin is required prior to initiation of Xifaxan. In patients with hepatic encephalopathy, a documented use of lactulose is required prior to initiation of Xifaxan. In patients with IBS-D, a documented use of loperamide is required prior to initiation of Xifaxan.

XGEVA

Affected Drugs

XGEVA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients with pre-existing hypocalcemia

Required Medical Information

1) Giant cell tumor of bone: a diagnosis of unresectable giant cell tumor of bone or where surgical resection is likely to result in severe morbidity, or 2) prevention of skeletal related events in patients with multiple myeloma or bone metastases from solid tumors: diagnosis of a) multiple myeloma or b) solid tumors and evidence of one or more metastatic bone lesions, or 3) hypercalcemia of malignancy: persistent hypercalcemia refractory to bisphosphonate therapy..

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

Xgeva is not used in patients on Prolia.

XIIDRA

Affected Drugs

XIIDRA™

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

The diagnosis of dry eye disease.

Age Restrictions

Approve if 17 years old or older.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

The use of at least one topical anti-inflammatory ophthalmic (e.g., fluorometholone) or artificial tears is required prior to the use of Xiidra if appropriate or indicated for the patient.

XTANDI

Affected Drugs

XTANDI®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In women who are or may become pregnant. Concomitant use of Xtandi with drugs metabolized by CYP3A4 (e.g., alfentanil, cyclosporine, dihydroergotamine, ergotamine, fentanyl, pimozide, quinidine, sirolimus or tacrolimus, etc.), CYP2C9 (e.g., phenytoin, etc.), or CYP2C19 (e.g., S-mephenytoin, etc.)

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

XYREM

Affected Drugs

XYREM®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

In patients being treated with sedative hypnotic agents (e.g., zolpidem, mirtazapine, etc.) or diagnosis of succinic semialdehyde dehydrogenase deficiency.

Required Medical Information

Documented diagnosis of 1) cataplexy in narcolepsy or 2) excessive daytime sleepiness in narcolepsy.

Age Restrictions

N/A

Prescriber Restrictions

Sleep Specialist or Neurologist

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

A trial of one formulary CNS stimulant (e.g., methylphenidate, dextroamphetaminemodafinil, etc.) is required prior to initiation of Xyrem (a trial of a CNS stimulant is not required if a patient with narcolepsy has a history of stimulant drug abuse and dependence or other contraindications to a CNS stimulant).

YONSA

Affected Drugs

YONSA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Pregnancy in females of reproductive potential. Severe hepatic impairment (Child-Pugh Class C). NYHA Class III or IV heart failure. LVEF is less than 50%.

Required Medical Information

Yonsa is administered in combination with methylprednisolone. AST and ALT less than or equal to 2.5X ULN and total bilirubin less than or equal to 1.5X ULN. Serum potassium is within normal limits prior to initiation.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

ZEJULA

Affected Drugs

ZEJULA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Pregnancy in females of reproductive potential. Zejula will not be initiated until patients have recovered from hematological toxicity caused by previous chemotherapy (less than or equal Grade 1).

Required Medical Information

Documented diagnosis of recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer. Baseline CBC.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Gynecologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

Documentation of a complete or partial response to at least two treatments with platinum based chemotherapy (e.g., carboplatin, cisplatin, etc) is required prior to the initiation of Zejula.

ZELBORAF

Affected Drugs

ZELBORAF®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Wild-type BRAF melanoma. Uncorrectable electrolyte abnormalities and long QT syndrome.

Required Medical Information

The diagnosis of 1) unresectable or metastatic melanoma with BRAFV600E mutation confirmed by an FDA-approved test (e.g., cobas 4800 BRAF V600 Mutation Test, etc.) or 2) Erdheim-Chester Disease with BRAF V600 mutation. In patients who are taking medications known to prolong the QT interval, discontinuation of these medications is required with initiation of Zelboraf. Baseline ECG and electrolytes, including potassium, magnesium, and calcium, dermatologic evaluation, liver enzymes (transaminases and alkaline phosphatase) and bilirubin. QTc interval is less than or equal to 500ms. In a patient restarting Zelboraf, the patient hasn't experienced Common Terminology Criteria for Adverse Events v4.0 (CTC-AE) Grade 2 (Intolerable) or Grade 3: 3rd appearance and Grade 4: 2nd appearance with the previous Zelboraf treatment.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Hematologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

ZOLINZA

Affected Drugs

ZOLINZA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

The prescription must be initially written or recommended by the Oncologist.

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

The documented use of at least one systemic therapies for the current condition: bexarotene oral or CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) or interferon alfa-2b or methotrexate is required prior to the initiation of Zolinza.

ZOLPIDEM

Affected Drugs

ZOLPIDEM TARTRATE

Covered Uses

All medically accepted indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

Approve if under age 65. If age 65 years and older, other criteria will apply.

Prescriber Restrictions

N/A

Coverage Duration

The PA will be approved through the remainder of the contract year.

Other Criteria

A trial of at least 1 of the following: ramelteon, doxepin, trazodone, temazepam, lorazepam, triazolam, etc. or other type of clinical justification will be required in members 65 years of age and older.

ZYDELIG

Affected Drugs

ZYDELIG®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

History of serious allergic reactions, including anaphylaxis and toxic epidermal necrolysis. In patients with life-threatening diarrhea, intestinal perforation, or symptomatic pneumonitis.

Required Medical Information

CBC and liver function tests: ALT, AST, bilirubin.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Hematologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

In patients with relapsed chronic lymphocytic leukemia (CLL), Zydelig is used in combination with rituximab (for whom rituximab alone would be considered appropriate therapy due to other co-morbidities). In patients with relapsed follicular B-cell non-Hodgkin lymphoma (FL) or in patients with relapsed small lymphocytic lymphoma (SLL), the documented use of at least two prior systemic therapies is required prior to the initiation of Zydelig.

ZYKADIA

Affected Drugs

ZYKADIA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

N/A

Required Medical Information

The diagnosis of Anaplastic Lymphoma Kinase (ALK)-positive metastatic Non-Small Cell Lung Cancer. Baseline ECG and liver function tests including ALT and total bilirubin. In a patient restarting Zykadia, the patient hasn't experienced 1) ALT or AST elevation greater than 3 times ULN with concurrent total bilirubin elevation greater than 2 times ULN (in the absence of cholestasis or hemolysis) and 2) any Grade treatment-related interstitial lung disease/pneumonitis and 3) QTc interval prolongation with Torsade de pointes or polymorphic ventricular tachycardia or signs/symptoms of serious arrhythmia and 4) life-threatening bradycardia if no contributing concomitant medication with the previous Zykadia treatment.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A

ZYTIGA

Affected Drugs

ZYTIGA®

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Severe hepatic impairment (Child-Pugh Class C). NYHA Class III or IV heart failure. LVEF is less than 50%.

Required Medical Information

Zytiga is administered in combination with Prednisone. AST and ALT less than or equal to 2.5X ULN and total bilirubin less than or equal to 1.5X ULN. Serum potassium is within normal limits prior to initiation of Zytiga.

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Urologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A