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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.
ADAGEN

Affected Drugs
    ADAGEN®

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

Exclusion Criteria
    The patient is a candidate for and has not failed bone marrow transplant therapy. The patient is a candidate for HLA identical bone marrow transplant therapy. Adagen will be used as a replacement for continued close medical supervision and the initiation of appropriate diagnostic tests and therapy (e.g., antibiotics, nutrition, oxygen, gammaglobulin) as indicated for intercurrent illnesses.

Required Medical Information
    The diagnosis of Adenosine Deaminase Deficiency must be confirmed by Immunologic, Imaging, or Genetic studies.

Age Restrictions
    N/A

Prescriber Restrictions
    N/A

Coverage Duration
    The PA will be approved for lifetime.

Other Criteria
    Adagen is subject to Part B vs. Part D determination.
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., Adempas, etc.).

Required Medical Information
Adcirca is not used concomitantly with potent CYP 3A inhibitors (e.g., ketoconazole, itraconazole, etc.). Adcirca is not co-administered with PDE5 inhibitors (e.g., Cialis, Viagra, etc).

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, Revatio, Cialis, Adcirca, Levitra, 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
N/A

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. Afinitor is not co-administered with strong or moderate inhibitors of CYP3A4 and PgP, such as ketoconazole, itraconazole, erythromycin, verapamil, diltiazem.

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 Sutent or Nexavar 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 exemastane 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
N/A

Required Medical Information
CBC, SrCr, BUN, serum glucose, lipid panel. Afinitor Disperz is not co-administered with strong inhibitors of CYP3A4 (e.g., ketoconazole, itraconazole, clarithromycin, atazanavir, etc.).

Age Restrictions
N/A

Prescriber Restrictions
Oncologist

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
N/A
ALDURAZYME

Affected Drugs
ALDURAZYME®

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

Exclusion Criteria
N/A

Required Medical Information
The diagnosis of Mucopolysaccharidosis I must be confirmed by Laboratory, or Imaging, or Genetic studies.

Age Restrictions
N/A

Prescriber Restrictions
N/A

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
Aldurazyme is subject to Part B vs. Part D determination.
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). 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
Documented disease progression on Xalkori or intolerance to Xalkori (crizotinib) is required prior to initiation of Alecensa.
ALIMTA

Affected Drugs
ALIMTA®

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

Exclusion Criteria
In patients with squamous cell non-small cell lung cancer.

Required Medical Information
In patients with Malignant Pleural Mesothelioma whose disease is unresectable or who are otherwise not candidates for curative surgery, Alimta is used in combination with cisplatin. In patients with Nonsquamous Non-Small Cell Lung Cancer (NSCLC) one of the following: 1) prior history of chemotherapy treatment for NSCLC or 2) disease has not progressed after 4 cycles of platinum-based first-line chemotherapy (if a patient is a candidate for platinum-based chemotherapy) or 3) Alimta is used in combination with cisplatin. ANC is 1500 cells/mm³ or greater, the platelet count is 100,000 cells/mm³ or greater, creatinine clearance is 45 ml/min or greater.

Age Restrictions
N/A

Prescriber Restrictions
Oncologist

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
Alimta is subject to Part B vs. Part D determination.
**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 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, Lyrica, 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**
The PA will be approved through the remainder of the contract year.

**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.

Required Medical Information
Anadrol-50 will not be used as replacement of other supportive measures, e.g., correction of iron, folic acid, vitamin B12 or pyridoxine deficiency, etc., if any.

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, orchietomy, 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 (or granisol) 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 (Zofran), granisetron (Kytril), Anzemet, etc.) and dexamethasone and when patient is receiving one or more of the following anti-cancer agents: alemtuzumab, azacitidine, bendamustine, carmustine, cisplatin, clofarabine, cyclophosphamide, cytarabine, dacarbazine, daunorubicin, doxorubicin, epirubicin, idarubicin, ifosfamide, irinotecan, lomustine, mechloretamine, 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., Humira, Enbrel, Simponi, Remicade, etc.) or IL-1 inhibitors (e.g., Kineret).

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
ATGAM

Affected Drugs
ATGAM®

Covered Uses
All medically accepted indications not otherwise excluded from Part D.

Exclusion Criteria
Severe systemic reaction during prior administration of Atgam or any other equine gamma globulin preparation.

Required Medical Information
Moderate to Severe Aplastic Anemia: a member is not a candidate for bone marrow transplantation. Absence of any of the following diagnoses: aplastic anemia secondary to neoplastic disease, storage disease, myelofibrosis, Fanconi's syndrome, or in patients known to have been exposed to myelotoxic agents or radiation. Renal transplantation: Atgam will be administered concomitantly with conventional therapy at the time of rejection or as an adjunct to other immunosuppressive therapy to delay the onset of the first rejection episode. Absence of 1) severe and unremitting thrombocytopenia and 2) severe and unremitting leukopenia in renal transplant patients.

Age Restrictions
N/A

Prescriber Restrictions
Nephrologist, Hematologist, Oncologist, or Transplant Specialist

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
Atgam is subject to Part B vs. Part D determination.
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.

Required Medical Information
Documented relapsing forms of multiple sclerosis. Absence of pre-existing acute or chronic liver disease. Absence of active or chronic infection (e.g., pneumonia, aspergillosis, tuberculosis, etc.). 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
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, riserpine or tetrabenazine.

Required Medical Information
   Documented diagnosis of Huntington’s disease chorea.

Age Restrictions
   N/A

Prescriber Restrictions
   Neurologist

Coverage Duration
   The PA will be approved for lifetime.

Other Criteria
   N/A
AVASTIN

Affected Drugs
AVASTIN®

Covered Uses
All FDA-approved indications not otherwise excluded from Part D and other medically accepted indication(s), such as Metastatic Breast Cancer.

Exclusion Criteria
In patients with gastrointestinal perforation. In patients with wound dehiscence requiring medical intervention. In patients with serious hemorrhage or recent history of hemoptysis of one and a half or greater teaspoon of red blood. In patients who have experienced a severe arterial thromboembolic event including cerebral infarction, transient ischemic attacks, or myocardial infarction.

Required Medical Information
In patients with Metastatic Colorectal Cancer, Avastin is used in combination with intravenous 5-fluorouracil-based chemotherapy. In patients with metastatic colorectal cancer who have progressed on a first-line Avastin-containing regimen, Avastin is used in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy. Avastin is not used as adjuvant treatment of colon cancer. In patients with Non-Squamous Non-Small Cell Lung Cancer whose disease is unresectable, locally advanced, recurrent or metastatic, Avastin is used in combination with carboplatin and paclitaxel. In patients with Metastatic Renal Cell Carcinoma, Avastin is used in combination with interferon alfa. In patients with Glioblastoma, Avastin is used following prior therapy (e.g., radiation therapy). In patients with persistent, recurrent, or metastatic cervical cancer, Avastin is used in combination with paclitaxel and cisplatin or paclitaxel and topotecan. In patients with platinum-resistant recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer, Avastin is used in combination with paclitaxel, pegylated liposomal doxorubicin or topotecan. In patients with platinum sensitive recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer, Avastin is used in combination with paclitaxel, pegylated liposomal doxorubicin or topotecan. In patients with platinum resistant recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer, Avastin is used in combination with paclitaxel, pegylated liposomal doxorubicin or topotecan. In patients with platinum sensitive recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer, Avastin is used in combination with paclitaxel, pegylated liposomal doxorubicin or topotecan. In patients with platinum resistant recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer, Avastin is used in combination with paclitaxel, pegylated liposomal doxorubicin or topotecan. In patients with platinum sensitive recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer, Avastin is used in combination with paclitaxel, pegylated liposomal doxorubicin or topotecan. In patients with platinum resistant recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer, Avastin is used in combination with paclitaxel, pegylated liposomal doxorubicin or topotecan. In patients with platinum sensitive recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer, Avastin is used in combination with paclitaxel, pegylated liposomal doxorubicin or topotecan. In patients with platinum resistant recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer, Avastin is used in combination with paclitaxel, pegylated liposomal doxorubicin or topotecan. In patients with platinum sensitive recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer, Avastin is used in combination with paclitaxel, pegylated liposomal doxorubicin or topotecan. In patients with platinum resistant recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer, Avastin is used in combination with paclitaxel, pegylated liposomal doxorubicin or topotecan. In patients with platinum sensitive recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer, Avastin is used in combination with paclitaxel, pegylated liposomal doxorubicin or topotecan. In patients with platinum resistant recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer, Avastin is used in combination with paclitaxel, pegylated liposomal doxorubicin or topotecan. In patients with platinum sensitive recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer, Avastin is used in combination with paclitaxel, pegylated liposomal doxorubicin or topotecan. Absence of tracheoesophageal (TE) fistula, fistula formation involving an internal organ, or any Grade 4 fistula.

Age Restrictions
N/A
Prescriber Restrictions
  Oncologist

Coverage Duration
  The PA will be approved for lifetime.

Other Criteria
  Avastin is subject to Part B vs. Part D determination.
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
BELEODAQ

Affected Drugs
BELEODAQ®

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

Exclusion Criteria
N/A

Required Medical Information
Absence of active infection (e.g., pneumonia, sepsis, etc.). Baseline CBC and liver function tests. Absolute neutrophil count (ANC) is greater than or equal to 1.0 x 10(9)/L and platelet count is greater than or equal to 50 x 10(9)/L prior to the start of each cycle or prior to resuming treatment following toxicity, if any.

Age Restrictions
N/A

Prescriber Restrictions
Oncologist, Hematologist

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
Beleodaq is subject to Part B vs. Part D determination.
BENLYSTA

Affected Drugs
BENLYSTA®

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

Exclusion Criteria
N/A

Required Medical Information
For the diagnosis of active systemic lupus erythematosus (SLE), autoantibody-positive status is confirmed by laboratory testing. Absence of severe active lupus nephritis or severe active central nervous system lupus. Absence of Progressive Multifocal Leukoencephalopathy (PML). No concomitant use with other biologic therapies or intravenous cyclophosphamide.

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. Benlysta is subject to Part B vs. Part D determination.
BENLYSTA SC

Affected Drugs
BENLYSTA® FOR SUBCUTANEOUS

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 for subcutaneous injection.
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
AZACITIDINE
AZATHIOPRINE
BUDESONIDE NEBULIZER
CALCITRIOL CAPS
CINRYZE®
CLINISOL SF®
CROMOLYN SODIUM
CYCLOPHOSPHAMIDE
CYCLOSPORINE
CYCLOSPORINE MODIFIED
DOXERCALCIFEROL
ENGERIX-B®
GAMMAGARD LIQUID®
GAMUNEX-C®
GANCICLOVIR INJ
GENGRAF
GRANISETRON HCL TABS
HEPARIN SOLN
HEPARIN SOLN IN DEXTROSE
IBANDRONATE SODIUM INJ
IMOVA RABIES VACCINE®
INTRALIPID
IPRATROPIUM BR
IPRATROPIUM-ALBUTEROL
LEVALBUTEROL HCL
LEVOCARNITINE INJ
LEVOCARNITINE SOLN
LEVOCARNITINE TABS
MIACALCIN® INJ
MYCOPHENOLATE MOFETIL
MYCOPHENOLIC ACID
NEBUPENT®
NEORAL®
ONDANSETRON ODT
ONDANSETRON HCL ORAL
PAMIDRONATE SOLN
PARICALCITOL
PLENAMINE™
PROSOL®
PULMOZYME®
RABAVER®
RAPAMUNE SOLN®
RECOMBIVAX HB SUSP®
RECOMBIVAX HB SYR®
SANDIMMUNE®
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.
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

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 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
Hypersensitivity to Bosulif.

Required Medical Information
Diagnosis of chronic, accelerated, or blast phase Philadelphia chromosome positive chronic myelogenous leukemia (Ph+ CML). Baseline CBC and LFTs prior to initiation of Bosulif. Absence of pregnancy in females of reproductive potential.

Age Restrictions
N/A

Prescriber Restrictions
Oncologist

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
A documented use of at least one prior therapy: Gleevec, Sprycel, or Tasigna, etc., is required prior to initiation of Bosulif.
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.

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). Absence of acute pancreatitis. No history of pancreatitis. ClCr is equal to or greater than 30 ml/min. Absence of an end-stage renal disease.

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 or history of pancreatitis. 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). ClCr 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
CANCIDAS

Affected Drugs
   CANCIDAS®

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 testing.

Age Restrictions
   N/A

Prescriber Restrictions
   N/A

Coverage Duration
   The PA will be approved for lifetime.

Other Criteria
   Cancidas is subject to Part B vs. Part D determination.
CAPRELSA

Affected Drugs
CAPRELSA®

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

Exclusion Criteria
Congenital long QT syndrome.

Required Medical Information
QTcF interval is less than 450 ms. No history of Torsades de pointes. Baseline ECG. The patient's baseline calcium, potassium and magnesium levels are within normal limits. Caprelsa is not concurrently administered with anti-arrhythmic drugs (e.g., amiodarone, disopyramide, procainamide, sotalol, dofetilide (Tikosyn), etc.) and other drugs that may prolong the QT interval (e.g., chloroquine, clarithromycin, dolasetron (Anzemet), granisetron, haloperidol, methadone, moxifloxacin (Avelox), pimozide (Orap), etc.)

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
**CAYSTON**

**Affected Drugs**
CAYSTON®

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

**Exclusion Criteria**
N/A

**Required Medical Information**

**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.).

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. Absence of pre-existing cardiac disease (e.g., congestive heart failure, recent acute myocardial infarction, bradycardia, heart block, ventricular arrhythmia, etc.) or long QT syndrome. Cerdelga will not be used concomitantly with Class IA (e.g., quinidine, procainamide, etc.) or Class III (e.g., amiodarone, sotalol, etc.) antiarrhythmic medications.

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
Clonidine er will not be used concomitantly with other products containing clonidine.

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
N/A

Required Medical Information
Oral examination prior to initiation of Cometriq. Absence of a recent history of hemorrhage or hemoptysis. Absence of moderate or severe hepatic impairment. Absence of severe uncontrolled hypertension.

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
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
Coadministration 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
CYCLOMETHAPRINE

Affected Drugs
  CYCLOMETHAPRINE 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, Lyrica, 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, Patanol, Pataday, 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.
DAKLINZA

Affected Drugs
DAKLINZA®

Covered Uses
All medically accepted indications not otherwise excluded from Part D.

Exclusion Criteria
Concomitant use of Daklinza with strong inducers of CYP3A (e.g., phenytoin, carbamazepine, rifampin, St. John’s wort, etc.).

Required Medical Information
Diagnosis of chronic hepatitis C virus (HCV) infection confirmed via detectable serum hepatitis C virus RNA by quantitative assay. Daklinza will be used in combination with Sovaldi OR Daklinza will be used in combination with Sovaldi plus ribavirin. 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 through the remainder of the contract year.

Other Criteria
HCV genotype 1a or 1b: The use of Harvoni is required prior to the use of Daklinza. Criteria will be applied consistent with current AASLD IDSA guidance.
DARAPRIM

Affected Drugs
DARAPRIM®

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

Exclusion Criteria
In patients with megaloblastic anemia due to folate deficiency.

Required Medical Information
N/A

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 (e.g., Tolac cream, etc.) or imiquimod is required prior to the initiation of diclofenac sodium 3% gel.
DIGOXIN

Affected Drugs
   DIGITEK
   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/dipyridamole, clopidogrel, warfarin, jantoven, Coumadin, 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, procainamide, 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
   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), Emend, 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.
ENBREL

Affected Drugs
   ENBREL®
   ENBREL SURECLICK®

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

Exclusion Criteria
   N/A

Required Medical Information
   Enbrel is not administered concurrently with any of the following drugs: Humira, Kineret, Orencia or Remicade.

Age Restrictions
   N/A

Prescriber Restrictions
   The prescription is initially written or recommended by the Rheumatologist or Dermatologist.

Coverage Duration
   The PA will be approved for lifetime.

Other Criteria
   In patients with active Rheumatoid Arthritis, the documented use of at least one Disease-Modifying Anti-Rheumatic Drug is required for the current condition prior to the initiation of Enbrel. In patients with Psoriatic Arthritis, Polyarticular-Course Juvenile Rheumatoid Arthritis, the documented use of methotrexate is required for the current condition prior to the initiation of Enbrel. In patients with Ankylosing Spondylitis, the documented use of at least 2 NSAIDs is required for the current condition prior to the initiation of Enbrel. In patients with plaque psoriasis, the documented use of phototherapy or 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 phototherapy or systemic therapy.
EPCLUSA

Affected Drugs
EPCLUSA®

Covered Uses
All FDA-approved 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.
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
ERWINAZE

Affected Drugs
ERWINAZE®

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

Exclusion Criteria
History of any of the following: 1) serious hypersensitivity reactions to Erwinaze, including anaphylaxis 2) serious pancreatitis, serious thrombosis or serious hemorrhagic events with prior L-asparaginase therapy

Required Medical Information
The diagnosis of acute lymphoblastic leukemia (ALL) in patients who have developed hypersensitivity to E. coli-derived asparaginase. Erwinaze will be used as a component of multi-agent chemotherapeutic regimen. Baseline glucose levels.

Age Restrictions
N/A

Prescriber Restrictions
Oncologist

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
Erwinaze will be administered in a setting with resuscitation equipment and other agents necessary to treat anaphylaxis (for example, epinephrine, oxygen, intravenous steroids, antihistamines, etc.).
ESBRIET

Affected Drugs

ESBRIET®

Covered Uses

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

Exclusion Criteria

Use of Esbriet in patients on Ofev. 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 order: 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, Atelvia, 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., Premarin Cream, Estrace Cream, Vagifem, 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., Brisdelle, 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 x 10⁹/L. Patient with high-risk myelodysplastic syndromes (MDS), advanced malignancies, serum creatinine greater than 2 times the age-appropriate upper limit of normal, or creatinine clearance less than 40 mL/min.

Required Medical Information
Baseline serum ferritin and liver function tests (ALT, AST, bilirubin). Absence of severe (Child-Pugh C) hepatic impairment.

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 (Velcade) 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 x 10(9)/L. Baseline absolute neutrophil count is equal to or greater than 1.5 x 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 (Velcade) and an immunomodulatory agent (e.g., Thalomid, Revlimid, Pomalyst, 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 (Exjade or Jadenu), 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 (Fosamax), Atelvia, Ibandronate (Boniva). 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
N/A
GATTEX

Affected Drugs
GATTEX®

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

Exclusion Criteria
N/A

Required Medical Information
A documented diagnosis of Short Bowel Syndrome (SBS) in adults dependent on parenteral nutrition for at least 12 months. Absence of active gastrointestinal malignancy (e.g., GI tract, hepatobiliary, pancreatic, or colorectal cancer). 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

Updated: 10/2017
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.).

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. Absence of active or chronic infection (e.g., pneumonia, disseminated primary herpes zoster, herpes simplex encephalitis, etc.).

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 or exon 21 (L858R) substitution mutations as detected by an FDA-approved test (e.g., the therascreen 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
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 through the remainder of the contract year.

Other Criteria
Criteria will be applied consistent with current AASLD IDSA guidance.
HERCEPTIN

Affected Drugs
HERCEPTIN®

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

Exclusion Criteria
N/A

Required Medical Information
A documented diagnosis of Human Epidermal Receptor Type 2 (HER2)-overexpressing breast cancer or HER2-overexpressing metastatic gastric or gastroesophageal adenocarcinoma, confirmed by laboratory testing based on the new HER2 Testing Guidelines from the College of American Pathologists (CAP) and the American Society of Clinical Oncology (ASCO). 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
Herceptin is subject to Part B vs. Part D determination.
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 Hetlioz 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®

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

Exclusion Criteria
N/A

Required Medical Information
Humira is not administered concurrently with any of the following drugs: Enbrel, Kineret, Orencia, or Remicade.

Age Restrictions
N/A

Prescriber Restrictions
The prescription is initially written or recommended by the Rheumatologist, Dermatologist, Gastroenterologist, or Ophthalmologist

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
In patients with active Rheumatoid Arthritis, the documented use of at least one Disease-Modifying Anti-Rheumatic Drug is required for the current condition prior to the initiation of Humira. In patients with Psoriatic Arthritis, Polyarticular-Course Juvenile Rheumatoid Arthritis, the documented use of methotrexate is required for the current condition prior to the initiation of Humira. In patients with Ankylosing Spondylitis, the documented use of at least 2 NSAIDs is required for the current condition prior to the initiation of Humira. In patients with plaque psoriasis, the documented use of phototherapy or 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 phototherapy or systemic therapy. In patients with Crohn’s disease, the documented use of at least one conventional therapy agent that belongs to any of the following pharmacologic classes: aminosalicylates, corticosteroids, immunomodulators (e.g., 6-
mercaptopurine or azathioprine) or Remicade is required prior to the initiation of Humira. In patients with moderately to severely active ulcerative colitis, the documented use of at least one immunosuppressant (e.g., a corticosteroid, azathioprine, or 6-mercaptopurine, etc.) is required prior to initiation of Humira.
HUMIRA CROHNS

Affected Drugs
HUMIRA PEN-CROHNS DISEASE STARTER®

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 is initially written or recommended by the Gastroenterologist

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
The documented use of at least one medication that belongs to any of the following pharmacologic classes: aminosalicylates or corticosteroids or immunomodulators (e.g., 6-mercaptopurine or azathioprine) or trial of Remicade is required prior to the initiation of Humira Crohns.
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 pruritis, a trial of at least 1 formulary drug that is not HRM in elderly (e.g., doxepin cream, prudoxin cream, Zonalon 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) Faslodex (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

Updated: 10/2017
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., Gleevec, Sprycel, Tasigna, Bosulif, 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

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
N/A
ILARIS

Affected Drugs
ILARIS®

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

Exclusion Criteria
N/A

Required Medical Information
Absence of active infection (e.g., upper respiratory tract infections, tuberculosis, etc.). Absence of concurrent administration with any live vaccines. Ilaris is not administered concurrently with any of the tumor necrosis factor (TNF) inhibitors (e.g., Humira, Enbrel, Remicade, etc.) or IL-1 inhibitors (e.g., Kineret).

Age Restrictions
N/A

Prescriber Restrictions
N/A

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
Ilaris is subject to Part B vs. Part D determination.
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
The prescription must be initially written or recommended by the 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

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., Velcade, Revlimid, 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 one or more lines of systemic therapy (e.g. corticosteroids) 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, Lyrica, 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., Sutent, Torisel, Votrient, interleukin-2 (IL-2), Nexavar, Afinitor, 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 x 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, or creatinine clearance less than 40 mL/min.

Required Medical Information
Baseline serum ferritin and liver function tests (ALT, AST, bilirubin). Absence of severe (Child-Pugh C) hepatic impairment.

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 X 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. Inadequate response to a lipid-lowering therapy containing a high potency 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**

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

**Other Criteria**

N/A
KALYDECO

Affected Drugs
KALYDECO®

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) 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, or E193K (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). Patient is not homozygous for the F508del mutation in the CFTR gene. Kalydeco will not be used concomitantly with strong CYP3A inducers (e.g., rifampin, St. John's Wort, etc.). 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

Updated: 10/2017
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.
KEYTRUDA

Affected Drugs
KEYTRUDA®

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 positive PD-L1 tumor expression (Tumor Proportion Score greater than or equal to 1%) as determined by an FDA-approved test (e.g., PD-L1 IHC 22C3 pharmDx Test, etc.) and with documented disease progression on or after platinum-containing chemotherapy OR with documented disease progression on FDA-approved therapy prior to receiving Keytruda for patients with EGFR or ALK genomic tumor aberrations OR with high PD-L1 expression (Tumor Proportion Score greater than or equal to 50%) as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations, and no prior systemic chemotherapy treatment for metastatic NSCLC or 2) unresectable or metastatic melanoma or 3) recurrent or metastatic head and neck squamous cell carcinoma (HNSCC) with documented disease progression on or after platinum-containing chemotherapy or 4) Classical Hodgkin Lymphoma that is refractory or has relapsed after 3 or more prior lines of therapy or 5) metastatic nonsquamous non-small cell lung cancer. In metastatic nonsquamous non-small cell lung cancer, Keytruda is used in combination with pemetrexed and carboplatin or 6) locally advanced or metastatic urothelial carcinoma in patients who a) are not eligible for cisplatin-containing chemotherapy or b) have disease progression during or following platinum-containing chemotherapy or within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy or 7) unresectable or metastatic, microsatellite instability-high (MSI-H) or mismatch repair deficient a) solid tumors that have progressed following prior treatment and who have no satisfactory alternative treatment options, or b) colorectal cancer that has progressed following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan.

Age Restrictions
N/A
Prescriber Restrictions
Oncologist

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
Keytruda is subject to Part B vs. Part D determination.
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.

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). Absence of active infections (e.g., upper respiratory tract infections, tuberculosis, etc.). Absence of concurrent use with any live vaccines. Baseline neutrophil count. Kineret is not used in combination with any tumor necrosis factor (TNF) blocking agents (e.g., Humira, Enbrel, Remicade, etc.). 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, Enbrel, Humira, Remicade, etc.) is required prior to the initiation of Kineret.

Updated: 10/2017
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 an aromatase inhibitor (e.g., letrozole, etc.) in postmenopausal women. 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. Korlym will not be used in patients with type 2 diabetes mellitus unrelated to endogenous Cushing’s syndrome.

**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

Age Restrictions
N/A

Prescriber Restrictions
Oncologist, Pain Specialist

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
N/A
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 (e.g., Afinitor, etc.) 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.

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

Other Criteria
Leukine is subject to Part B vs. Part D determination.
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.
LUMIZYME

Affected Drugs
LUMIZYME®

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

Exclusion Criteria
N/A

Required Medical Information
Documented diagnosis of Pompe disease (acid alpha-glucosidase (GAA) deficiency).

Age Restrictions
N/A

Prescriber Restrictions
N/A

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
Lumizyme is subject to Part B vs. Part D determination.
LYNPARZA

Affected Drugs
LYNPARZA®

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
N/A

Required Medical Information
A documented diagnosis of (1) unresectable or metastatic melanoma with BRAF V600E or V600K mutations as detected by an FDA-approved test (e.g., the THxID BRAF kit, etc.), or (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.). In patients with melanoma, absence of prior BRAF inhibitor therapy if Mekinist is used as a single agent. In patients with NSCLC, Mekinist will be used in combination with dabrafenib (Tafinlar). Baseline left ventricular ejection fraction obtained via ECHO or MUGA. Baseline ophthalmologic evaluation. Absence of interstitial lung disease and pneumonitis.

Age Restrictions
N/A

Prescriber Restrictions
Oncologist

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
N/A
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.
MITOXANTRONE

Affected Drugs
  MITOXANTRONE HCL

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

Exclusion Criteria
  N/A

Required Medical Information
  Baseline neutrophil count is greater than 1,500 cells/mm3. Baseline LVEF is greater than 50% confirmed by appropriate methodology (e.g., Echocardiogram, MUGA, MRI, etc.). CBC, Platelets. In patients with Multiple Sclerosis, bilirubin is less than 3.4 mg/dL. Absence of diagnosis or indication for the treatment of patients with primary progressive Multiple Sclerosis (MS).

Age Restrictions
  N/A

Prescriber Restrictions
  Oncologist, Neurologist

Coverage Duration
  The PA will be approved for lifetime.

Other Criteria
  Mitoxantrone is subject to Part B vs. Part D determination.
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.
MOZOBIL

Affected Drugs
MOZOBIL®

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

Exclusion Criteria
N/A

Required Medical Information
Documented diagnosis of non-Hodgkin’s lymphoma or multiple myeloma. Mozobil will be used in combination with granulocyte-colony stimulating factor (e.g., Neupogen, etc.). Absence of leukemia. Baseline complete blood count (CBC).

Age Restrictions
N/A

Prescriber Restrictions
N/A

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
Mozobil is subject to Part B vs. D determination.
NAGLAZYME

Affected Drugs
NAGLAZYME®

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
N/A

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
Naglazyme is subject to Part B vs. Part D determination.
NATPARA

Affected Drugs

NATPARA®

Covered Uses

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

Exclusion Criteria

N/A

Required Medical Information

A documented diagnosis of hypocalcemia in patients with hypoparathyroidism as an adjunct to calcium and vitamin D supplementation. Absence of hypoparathyroidism caused by calcium sensing receptor mutations. Absence of acute post-surgical hypoparathyroidism. Absence of 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.). 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, or 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, Ranexa, 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 Revlimid (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., Velcade, Thalomid, 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
The PA will be approved through the remainder of the contract year.

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 (Rapamune), Orap, 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
The prescription is recommended or initially written by Infectious Disease Specialist or 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 (Rapamune), Orap, 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

The prescription is recommended or initially written by Infectious Disease Specialist or Oncologist.

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A
NULOJIX

Affected Drugs

NULOJIX®

Covered Uses

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

Exclusion Criteria

Patients who are Epstein-Barr virus (EBV) seronegative or with unknown EBV serostatus.

Required Medical Information

A documented diagnosis of organ rejection prophylaxis in adult patients receiving a kidney transplant.

Age Restrictions

N/A

Prescriber Restrictions

Kidney transplant specialist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

Nulojix is subject to Part B vs. Part D determination.
**NUPLAZID**

**Affected Drugs**

NUPLAZID™

**Covered Uses**

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

**Exclusion Criteria**

N/A

**Required Medical Information**

Documented diagnosis of hallucinations and delusions associated with Parkinson's disease psychosis. Absence of hepatic impairment. 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 Esbriet. 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
OLYSIO

Affected Drugs
OLYSIO®

Covered Uses
All medically accepted indications not otherwise excluded from Part D.

Exclusion Criteria
N/A

Required Medical Information
Diagnosis of chronic hepatitis C confirmed by detectable serum hepatitis C virus RNA via quantitative assay (HCV genotype 1a: absence of Q80K polymorphism confirmed at baseline). Olysio will be used in combination with Sovaldi OR Olysio will be used in combination with Sovaldi plus ribavirin. 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 through the remainder of the contract year.

Other Criteria
HCV genotype 1a or 1b: The use of Harvoni is required prior to the use of Olysio. Criteria will be applied consistent with current AASLD IDSA guidance.
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
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, St. John's Wort, etc.).
Concomitant use with Kalydeco.

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 6 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
N/A

Required Medical Information
A diagnosis of active psoriatic arthritis or a diagnosis of moderate to severe plaque psoriasis. Otezla is not co-administered with strong cytochrome P450 enzyme inducers, such as rifampin, phenobarbital, carbamazepine, phenytoin, etc.

Age Restrictions
Approve if 18 years or older.

Prescriber Restrictions
Rheumatologist, Dermatologist.

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
A documented use of at least two DMARDs (e.g., methotrexate, leflunomide, Enbrel, Humira, etc.) for the current condition is required prior to the initiation of Otezla in patients with active psoriatic arthritis.
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.
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 (Revlimid) and bortezomib (Velcade) 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 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 microunits/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.

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 microunits/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 microunits/mL. For all uses: 1) pretreatment serum ferritin is greater than or equal
to 100mcg/L and 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.

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 (Fosamax), Atelvia, Ibandronate (Boniva). 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 not used in patients on Xgeva. 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
PHENERGAN RECTAL
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
The PA will be approved through the remainder of the contract year.

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, Viracept, Norvir, Crixivan or Invirase. Co-administration of Ranexa with CYP3A inducers rifampin, phenobarbital, phenytoin, carbamazepine, or St. John’s Wort. In patients with liver cirrhosis.

Required Medical Information
Absence of concurrent use of drugs that prolong QTc interval. Absence of family history of (or congenital) long QT syndrome and absence of known acquired QT interval prolongation.

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**

N/A

**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: 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
REMICADE

Affected Drugs
REMICADE®

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

Exclusion Criteria
N/A

Required Medical Information
In patients with moderately to severely active Rheumatoid Arthritis, the concurrent use of methotrexate with Remicade.

Age Restrictions
N/A

Prescriber Restrictions
Rheumatologist, Gastroenterologist, Dermatologist

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 1 DMARD is required for the current condition prior to the initiation of Remicade. In patients with Psoriatic Arthritis, the documented use of methotrexate is required for the current condition prior to the initiation of Remicade. In patients with Ankylosing Spondylitis, the documented use of at least one NSAID is required for the current condition prior to the initiation of Remicade. In patients with Plaque Psoriasis, the documented use of at least one medication that belongs to any of the following pharmacologic classes: aminosalicylates or corticosteroids or immunomodulators (e.g., 6-mercaptopurine or azathioprine) is required prior to the initiation of Remicade. In patients with moderately to severely active Crohn's disease or Ulcerative Colitis (UC), the documented use of one of the following is required prior to the use of Remicade: 1) Humira for all FDA-approved indications or 2) Enbrel for all FDA-approved indications,
except for the treatment of Crohn’s disease and UC. Remicade is subject to Part B versus Part D determination.
**REMODULIN**

**Affected Drugs**
- REMODULIN®

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

**Exclusion Criteria**
- N/A

**Required Medical Information**
- Diagnosis of pulmonary arterial hypertension (PAH) (WHO Group 1) in patients with NYHA Functional Class II-IV symptoms.

**Age Restrictions**
- N/A

**Prescriber Restrictions**
- Pulmonologist. Cardiologist.

**Coverage Duration**
- The PA will be approved for lifetime.

**Other Criteria**
- Remodulin is subject to Part B vs. Part D determination.
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
Repatha is being used as an adjunct to the LDL-lowering therapy containing a high potency statin in patients with one of the following diagnoses: 1) 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 HeFH in both parents) or 2) heterozygous familial hypercholesterolemia (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) 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 HeFH or ASCVD: 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 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
ASCVD/HeFH: 18 years old or older, HoFH: 13 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 artificial tears or topical anti-inflammatory ophthalmics (e.g., fluoromethalone) or punctal plugs are 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 (Velcade) is required prior to the initiation of Revlimid.

Updated: 10/2017
RITUXAN

Affected Drugs
RITUXAN®

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

Exclusion Criteria
Patients who have or have had progressive multifocal leukoencephalopathy (PML).

Required Medical Information
The diagnosis of CD20 positive follicular B-cell non-Hodgkin’s lymphoma must be confirmed by histologic testing.

Age Restrictions
N/A

Prescriber Restrictions
Hematologist, Oncologist, Rheumatologist, Nephrologist, Pulmonologist

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
Rheumatoid Arthritis (RA): Rituxan will be administered in combination with methotrexate in members who have had an inadequate response to at least one TNF antagonist (e.g., Humira, Enbrel, etc.). Granulomatosis with Polyangiitis (GPA) (Wegeners Granulomatosis)/Microscopic Polyangiitis (MPA): Rituxan will be used concurrently with a glucocorticoid. Rituxan is subject to Part B vs. Part D determination.
RITUXAN HYCELA

Affected Drugs
RITUXAN HYCELA™

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

Exclusion Criteria
Patients who have or have had progressive multifocal leukoencephalopathy (PML).

Required Medical Information
Documented diagnosis of follicular lymphoma, diffuse large B-cell lymphoma, and chronic lymphocytic leukemia.

Age Restrictions
N/A

Prescriber Restrictions
Hematologist, Oncologist

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
One full dose of a rituxumab product by intravenous infusion must be completed prior to initiation of Rituxan Hycela. Rituxan Hycela is subject to Part B vs. Part D determination.
RUBRACA

Affected Drugs
RUBRACA™

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

Exclusion Criteria
N/A

Required Medical Information
Documented presence of deleterious BRCA mutation (germline and/or somatic) associated advanced ovarian cancer as detected by an FDA approved test (e.g., FoundationFocus CDxBRCA Assay, etc). Baseline CBC.

Age Restrictions
N/A

Prescriber Restrictions
Oncologist

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
The documented use of at least two lines of chemotherapies (e.g., carboplatin, paclitaxel, liposomal doxorubicin, gemcitabine, cisplatin, etc.) is required prior to the initiation of Rubraca.
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**
N/A

**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. Absence of hypokalemia and hypomagnesemia. Baseline fasting plasma glucose levels, HgA1C, liver function tests, gallbladder ultrasound, electrocardiogram. Absence of severe hepatic impairment (Child Pugh C).

**Age Restrictions**
N/A

**Prescriber Restrictions**
Endocrinologist

**Coverage Duration**
The PA will be approved for lifetime.

**Other Criteria**
N/A
SILDENAFIL CITRATE

Affected Drugs
SILDENAFIL

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., Adempas, 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., Cialis, Viagra, 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
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) or 2) acromegaly. 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
SOMAVER T

Affected Drugs
SOMAVER T®

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
SOVALDI

Affected Drugs
SOVALDI®

Covered Uses
All medically accepted indications not otherwise excluded from Part D.

Exclusion Criteria
N/A

Required Medical Information
Diagnosis of chronic hepatitis C (CHC) confirmed via detectable serum hepatitis C virus RNA by quantitative assay. Estimated Glomerular Filtration Rate (eGFR) is equal or greater than 30 mL/min/1.73m². Absence of ESRD. 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 through the remainder of the contract year.

Other Criteria
Criteria will be applied consistent with current AASLD IDSA guidance.
SPRYCEL

Affected Drugs
SPRYCEL®

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

Exclusion Criteria
N/A

Required Medical Information
Diagnosis of chronic, accelerated, or myeloid or lymphoid blast phase Philadelphia chromosome positive chronic myeloid leukemia (Ph+ CML) or diagnosis of Philadelphia chromosome positive acute lymphoblastic leukemia or newly diagnosed Philadelphia chromosome positive chronic myeloid leukemia in chronic phase.

Age Restrictions
N/A

Prescriber Restrictions
N/A

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
The documented use of imatinib is required prior to the initiation of Sprycel in patients who are not intolerant to imatinib for all FDA-approved indications, except for the following: in the treatment of newly-diagnosed patients with Ph+ CML in chronic phase.
STIVARGA

Affected Drugs
STIVARGA®

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

Exclusion Criteria
N/A

Required Medical Information
Baseline liver function test (ALT, AST and bilirubin) prior to initiation of Stivarga. Absence of severe hepatic impairment (Child-Pugh Class C). 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-inotecan-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.
STRATTERA

Affected Drugs
STRATTERA®

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
N/A

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 Strattera. (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)
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 Gleevec 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 0.5x10^9/L. Platelet count is equal to or greater than 50x10^9/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
N/A

Required Medical Information
The patient is currently using insulin. The patient does not have a poor compliance with the current oral hypoglycemic agents or insulin regimen and with self-blood glucose monitoring. The patient's current hemoglobin A1C is less than 9. The patient does not have a history of a recurrent severe hypoglycemia requiring assistance in the last 6 months. The patient does not have a diagnosis of gastroparesis. The patient is not currently taking metoclopramide.

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
N/A

Required Medical Information
A documented diagnosis of chronic or accelerated phase chronic myeloid leukemia (CML). ANC is greater than or equal to 1.0 x 10^9/L. Platelet Count is greater than or equal to 50 x 10^9/L. Absence of poorly controlled diabetes mellitus.

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., Gleevec, Sprycel, Tasigna or Bosulif, 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 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. A documented diagnosis of 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.). In patients with NSCLC, 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 metastatic epidermal growth factor receptor (EGFR) T790M mutation-positive non-small cell lung cancer (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., Gilotrif, Tarceva, etc.) is required prior to the initiation of Tagrisso.
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 through the remainder of the contract year.

Other Criteria
The patient was prescribed at least one systemic or topical therapy 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). Documented history of resistance to Gleevec that is defined as one of the following: failure to achieve a complete hematologic response by 3 months, failure to achieve a cytogenic response by 6 months or major cytogenic response by 12 months, progression of disease after a previous cytogenic or hematologic response (the documented history of resistance to Gleevec 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

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

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

A trial of Gleevec is not required if patient is intolerant to Gleevec or in newly-diagnosed patients with Ph+ CML in chronic phase.
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 primary hypogonadism (congenital or acquired testicular failure due to conditions such as cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, orchectomy, 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 males. Initiation of therapy: low average serum testosterone level (total or free) as defined by normal laboratory reference values.

Age Restrictions
  N/A

Prescriber Restrictions
  N/A

Coverage Duration
  The PA will be approved for lifetime.

Other Criteria
  N/A
TETRABENAZINE

Affected Drugs
  TETRABENAZINE

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. Concurrent use of reserpine.

Required Medical Information
  Initiation of therapy: Diagnosis of chorea in patients with Huntington's disease. In patients restarting tetrabenazine: documented clinical response and benefit from the previous tetrabenazine use.

Age Restrictions
  N/A

Prescriber Restrictions
  Neurologist

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 or Dermatologist.

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
   The prescription must be initially written or recommended by the 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.
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 members initiating Tracleer.
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 Femara (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 Herceptin is required prior to the initiation of Tykerb with advanced or metastatic breast cancer who will receive Tykerb in combination with Xeloda (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 Femara (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
TYSABRI

Affected Drugs
TYSABRI®

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

Exclusion Criteria
Patients who have or have had progressive multifocal leukoencephalopathy (PML).

Required Medical Information
In patients with Crohn's Disease (CD), Tysabri will not be used in combination with immunosuppressants (e.g., 6-mercaptopurine, azathioprine, cyclosporine, methotrexate, etc.) or TNF-alpha inhibitors. Initial Therapy for CD: a diagnosis of moderate-to-severe CD with evidence of inflammation. Reauthorization for CD: demonstrated remission or significant clinical response to Tysabri.

Age Restrictions
N/A

Prescriber Restrictions
Neurologist, Gastroenterologist

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

Other Criteria
Relapsing forms of Multiple Sclerosis (MS): a documented use of (inadequate response to, or are unable to tolerate) at least one MS therapy: Gilenya, or Tecfidera, or Avonex, or Betaseron, or glatiramer acetate, or Rebif, or Plegridy is required prior to the initiation of Tysabri. Crohn's Disease (Initial): a documented use of (inadequate response to, or are unable to tolerate) at least one conventional CD therapy and at least one TNF-alpha blocker. Crohn's Disease (Reauthorization): a member is not on concomitant corticosteroid treatment after 6 months on Tysabri, or has not received more than 3 months of the corticosteroid in a calendar year. Tysabri is subject to Part B vs. Part D determination.
UPTRAVID

Affected Drugs
UPTRAVID®

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, Adcirca, etc.), an endothelin receptor antagonist (e.g., Tracleer, Letairis, Opsumit, etc.), or a guanylate cyclase stimulator (e.g., Adempas, 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., Targretin, 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 through the remainder of the contract year.

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.
VELCADE

Affected Drugs
VELCADE®

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

Exclusion Criteria
N/A

Required Medical Information
In patients with Multiple Myeloma, prior to initiating each cycle of therapy with Velcade in combination with melphalan and prednisone, platelet count is 70 X 10(9)/L or more and ANC is 1 X 10(9)/L or more. Nonhematological toxicities have been resolved to grade 1 or baseline.

Age Restrictions
N/A

Prescriber Restrictions
Oncologist

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
In patients with Mantle Cell Lymphoma, the documented history of at least one prior therapy use for the current condition is required. Velcade is subject to Part B vs. Part D determination.
VELTASSA

Affected Drugs
VELTASSA™

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

Exclusion Criteria
N/A

Required Medical Information
Absence of severe constipation. Absence of bowel obstruction or impaction, including abnormal post-operative bowel motility disorders. 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.
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.

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). Absence of acute pancreatitis.

Age Restrictions
N/A

Prescriber Restrictions
N/A

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).

Required Medical Information
Baseline serum liver tests: AST, ALT, bilirubin, EKG, electrolytes (e.g., calcium, magnesium, potassium), thyroid function tests, urinalysis. Patients have not experienced and were not hospitalized for cerebral hemorrhage or clinically significant GI hemorrhage in the past 6 months. Patients have not experienced Arterial Thrombotic Events: Myocardial Infarction, ischemic stroke, or Transient Ischemic Attack in the previous 6 months.

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
N/A
VPRIV

Affected Drugs
   VPRIV®

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

Exclusion Criteria
   N/A

Required Medical Information
   A documented diagnosis of type 1 Gaucher disease.

Age Restrictions
   N/A

Prescriber Restrictions
   N/A

Coverage Duration
   The PA will be approved for lifetime.

Other Criteria
   Vpriv is subject to Part B vs. Part D determination.
XALKORI

Affected Drugs
XALKORI®

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

Exclusion Criteria
N/A

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. Absence of congenital long QT syndrome. Baseline CBC with differential and liver function tests including ALT and total bilirubin. In a patient restarting Xalkori, the patient hasn't 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.

Age Restrictions
N/A

Prescriber Restrictions
Oncologist

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
N/A
**XELJANZ**

**Affected Drugs**

XELJANZ®

**Covered Uses**

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

**Exclusion Criteria**

N/A

**Required Medical Information**

Adult patients with moderately to severely active rheumatoid arthritis. Lymphocyte count is greater than or equal to 500 cells/mm(3), absolute neutrophil count (ANC) is greater than or equal to 1000 cells/mm(3), hemoglobin level is greater than or equal to 9 g/dL. Negative TB test prior to initiation of Xeljanz. Absence of severe hepatic impairment. Absence of active infection (e.g., pneumonia, cellulitis, herpes zoster and urinary tract infection cryptococcus, esophageal candidiasis, pneumocystosis, multidermatomal, herpes zoster, cytomegalovirus, etc.). Absence of concurrent administration of live vaccines, biologic disease modifying antirheumatic drugs or potent immunosuppressants, e.g., azathioprine or cyclosporine.

**Age Restrictions**

N/A

**Prescriber Restrictions**

Rheumatologist

**Coverage Duration**

The PA will be approved for lifetime.

**Other Criteria**

A documented inadequate response or intolerance to methotrexate is required prior to initiation of Xeljanz.
XGEVA

Affected Drugs
XGEVA®

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

Exclusion Criteria
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 bone metastases from solid tumors: diagnosis of solid tumors and evidence of one or more metastatic bone lesions, or 3) hypercalcemia of malignancy: persistent hypercalcemia refractory to bisphosphonate therapy. Xgeva will not be prescribed for the prevention of skeletal-related events in patients with multiple myeloma.

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.
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.

Required Medical Information

Absence of 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.).

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

The PA will be approved for lifetime.

Other Criteria

N/A
YERVOY

Affected Drugs
YERVOY®

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

Exclusion Criteria
N/A

Required Medical Information
Yervoy will be used 1) in patients with unresectable or metastatic melanoma or 2) for the adjuvant treatment of patients with cutaneous melanoma with pathologic involvement of regional lymph nodes of more than 1 mm who have undergone complete resection, including total lymphadenectomy.

Age Restrictions
N/A

Prescriber Restrictions
Oncologist

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
Yervoy is subject to Part B vs. Part D determination.
ZAVESCA

Affected Drugs
ZAVESCA®

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
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 unresectable or metastatic melanoma with BRAFV600E mutation confirmed by an FDA-approved test (e.g., cobas 4800 BRAF V600 Mutation Test, etc.). 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

Coverage Duration
  The PA will be approved for lifetime.

Other Criteria
  N/A
ZOLEDRONIC ACID 0.05MG/ML

Affected Drugs
  ZOLEDRONIC ACID

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

Exclusion Criteria
  Hypocalcemia. Patients with creatinine clearance less than 35 mL/min and evidence of acute renal impairment.

Required Medical Information
  Prevention/treatment of osteoporosis in postmenopausal women/Osteoporosis in men/Glucocorticoid-induced Osteoporosis - 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 (Fosamax), Atelvia, Ibandronate (Boniva). 3. The patient is not a candidate for bisphosphonates or intolerant to them.
  Paget's Disease of Bone - one of the following: serum alkaline phosphatase of two times or higher than the upper limit of the age-specific normal reference range, or those who are symptomatic, or at risk for complications.

Age Restrictions
  N/A

Prescriber Restrictions
  N/A

Coverage Duration
  The PA will be approved for lifetime.

Other Criteria
  Zoledronic Acid 0.05mg/ml is subject to Part B vs. Part D determination.
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: Targretin oral or CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) or Intron-A 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: Rozerem, Silenor, trazodone, temazepam, lorazepam, triazolam, etc. or other type of clinical justification will be required in members 65 years of age and older.
ZYDELIK

Affected Drugs
ZYDELIK®

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.

Required Medical Information
CBC and liver function tests: ALT, AST, bilirubin. Absence of any of the following: life-threatening diarrhea, intestinal perforation, or symptomatic pneumonitis.

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 Rituxan (for whom Rituxan 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 Zyka, 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 Zyka treatment.

Age Restrictions
N/A

Prescriber Restrictions
Oncologist.

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
Documented disease progression on Xalkori or intolerance to Xalkori (crizotinib) is required prior to initiation of Zyka.
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

Coverage Duration
The PA will be approved for lifetime.

Other Criteria
N/A