A Public Entity

Inland Empire Health Plan

IEHP Medi-Cal Prior Authorization Criteria

(Updated June 2019)

Brand	Generic	Criteria
Tymlos	abaloparatide	**Covered Uses:** Osteoporosis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documentation of a T-score less than -2.5 at the lumbar spine, hip (total hip or femoral neck), or radius (one-third radius site). b. Documented inadequate response (e.g. greater than 3 percent decrease in bone mineral density from baseline, fracture from minimal trauma)while receiving the following, or clinically significant adverse effects to all of the following: i. An oral bisphosphonate (e.g. alendronate) ii. An intravenous bisphosphonate (e.g. zoledronic acid) iii. Prolia c. Patient is concurrently receiving calcium and vitamin D supplement. d. The combined duration of treatment with any parathyroid hormone analogs has not exceeded a lifetime maximum of 24 months (i.e. abaloparatide and teriparatide) **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Orencia	abatacept	Please refer to Rheumatic and Inflammatory Diseases Drug Class Prior Authorization Criteria
Verzenio	abemaciclib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	abiraterone	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Dysport	abobotulinum toxin A	Please refer to Botulinum Toxin Drug Class Prior Authorization Criteria
	acyclovir 5% topical cream	**Covered Uses:** Herpes labialis or herpes febrilis (cold sore) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement:

Brand	Generic	Criteria
		a. Failure or clinically significant adverse effects to the alternative: Abreva **Age Restrictions:** Must be age 12 or older **Prescriber Restrictions:** N/A
	acyclovir topical ointment	**Covered Uses:** Must meet "1" of the following a. Genital herpes simplex virus infection (HSV) b. Non-life threatening mucocutaneous herpes simplex virus infection, patient immunocompromised **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "1" of the alternatives: acyclovir tablet, famciclovir tablet or valacyclovir tablet **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Humira	adalimumab	Please refer to Rheumatic and Inflammatory Diseases Drug Class Prior Authorization Criteria
	adapalene topical	**Covered Uses:** Acne vulgaris (acne) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "1" of the following: tretinoin cream OR tretinoin gel b. Failure or clinically significant adverse effects to "2" of the following: benzoyl peroxide topical, clindamycin topical or erythromycin topical **Age Restrictions:** N/A **Prescriber Restrictions:** Dermatologist
Epiduo, Epiduo Forte	adapalene, benzoyl peroxide	**Covered Uses:** Acne vulgaris (acne) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to ALL of the following: benzoyl peroxide topical AND tretinoin topical b. Failure or clinically significant adverse effects to "1" of the following: clindamycin topical or erythromycin topical **Age Restrictions:** N/A **Prescriber Restrictions:** Dermatologist
Kadcyla	ado-trastuzumab emtansine	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Gilotrif	afatinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria

Brand	Generic	Criteria
Eylea	aflibercept	**Covered Uses:** Neovascular (Wet) Age related macular degeneration, Macular edema with retinal vein occlusion, Diabetic macular edema OR Diabetic retinopathy **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** Ophthalmologist
	albendazole	**Covered Uses:** Must meet "1" of the following: a. Neurocysticercosis caused by pork tapeworm, Taenia solium b. Cystic hydatid disease of the liver, lung, and peritoneum, cased by the the dog tapeworm, Echinococcus granulosus **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Enterobius vermicularis (pinworm) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. a. Failure or clinically significant adverse effects to the following alternative: pyrantel pamoate **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Proair HFA, Proair Respiclick	albuterol	**Covered Uses:** Bronchospasm or Prevention of exercise-induced bronchospasm **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to albuterol sulfate HFA **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Proventil HFA	albuterol	**Covered Uses:** Bronchospasm or Prevention of exercise-induced bronchospasm **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to albuterol sulfate HFA **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	albuterol tablet	**Covered Uses:** Bronchospasm **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement:

Brand	Generic	Criteria
		a. Failure or clinically significant adverse effects to "1" of the following: albuterol ER tablet or albuterol syrup **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Lastacaft	alcaftadine ophthalmic solution	**Covered Uses:** Allergic conjunctivitis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Failure or clinically significant adverse effects to "2" of the following: azelastine, cromolyn, olopatadine, or Zaditor b. Prescribed by an Ophthalmologist or Optometrist **Prescriber Restrictions:** See Required Medical Information
Alecensa	alectinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Lemtrada	alemtuzumab	**Covered Uses:** Relapsing form of multiple sclerosis **Exclusion Criteria:** Member with HIV infection **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to all of the following: i. One glatiramer product (glatiramer or Glatopa) ii. One interferon alternative: Avonex Betaseron, Extavia, Rebif, Rebif Rebidose or Plegridy; iii. One oral disease modifying therapy: Aubagio, Gilenya or Tecfidera; b. Ineffectiveness of above therapy is evidenced by "1" of the following: i. Member continues to have clinical relapses (at least one relapse within the past 12 months); ii. Member continues to have CNS lesion progression as shown in MRI; iii. Member continues to have worsening disability (e.g. decreased mobility, decreased ability to perform daily activities, increase in EDSS score, etc.); c. Documentation of premedication with corticosteroids d. Documentation of herpes prophylaxis. **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
	alfuzosin	**Covered Uses:** Benign prostatic hyperplasia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the alternatives: doxazosin, finasteride, prazosin OR tamsulosin **Age Restrictions:** N/A **Prescriber Restrictions:** Urologist
Praluent	alirocumab injection	Please refer to Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitor Drug Class Prior Authorization Criteria
	almotriptan	**Covered Uses:** Migraine headache **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements:

Brand	Generic	Criteria
		a. Failure or clinically significant adverse effects to "1" of the following: rizatriptan or rizatriptan ODT b. Failure or clinically significant adverse effects to the following: sumatriptan **Age Restrictions:** Must be age of 12 years or older **Prescriber Restrictions:** N/A
Letairis	ambrisentan	**Covered Uses:** Pulmonary Arterial Hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documented WHO Functional Class II or above b. Failure or clinically significant adverse effect to sildenafil **Age Restrictions:** N/A **Prescriber Restrictions:** Cardiologist, Pulmonologist
Adzenys ER	amphetamine	**Covered Uses:** ADHD **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Administration via feeding tube or documented difficulty swallowing (i.e. dysphagia) i. Failure or clinically significant adverse effects to one of the preferred sprinkling capsules: methylphenidate CD or methylphenidate LA b. Failure or clinically significant adverse effects to at least two formulary long-acting stimulants: dextroamp-amphetamine ER, dextroamphetamine ER, methylphenidate ER, methylphenidate CD, methylphenidate LA, dexmethylphenidate ER **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Adzenys XR ODT	amphetamine ER dispersible tablet	**Covered Uses:** ADHD **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Administration via feeding tube or documented difficulty swallowing (i.e. dysphagia) i. Failure or clinically significant adverse effects to one of the preferred sprinkling capsules: methylphenidate CD or methylphenidate LA b. Failure or clinically significant adverse effects to at least two formulary long-acting stimulants: dextroamp-amphetamine ER, dextroamphetamine ER, methylphenidate ER, methylphenidate CD, methylphenidate LA, dexmethylphenidate ER **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Dyanavel XR	amphetamine ER suspension	**Covered Uses:** ADHD **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Administration via feeding tube or documented difficulty swallowing (i.e. dysphagia) i. Failure or clinically significant adverse effects to one of the preferred sprinkling capsules: methylphenidate CD or methylphenidate LA

Brand	Generic	Criteria
		b. Failure or clinically significant adverse effects to at least two formulary long-acting stimulants: dextroamp-amphetamine ER, dextroamphetamine ER, methylphenidate ER, methylphenidate CD, methylphenidate LA, dexmethylphenidate ER **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	amphetamine sulfate	**Covered Uses:** Must meet "1" of the following: a. ADHD b. Narcolepsy **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically adverse effects to at least two formulary stimulants: dexmethylphenidate, dexmethylphenidate ER, dextroamphetamine, dextroamphetamine ER, dextroamp-amphet, dextroamp-amphet ER, methylphenidate, methylphenidate CD, methylphenidate ER, methylphenidate LA, Zenzedi **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Obesity **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following: a. Must meet BMI Required Medical Information (please see the anti-obesity drug class prior authorization protocol); AND b. Failure or clinically adverse effects to orlistat, phentermine and diethylpropion **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	ampicillin, sulbactam	Please refer to the Intravenous Antibiotics Drug Class Prior Authorization Criteria
Kineret	anakinra	Please refer to Rheumatic and Inflammatory Diseases Drug Class Prior Authorization Criteria
Erleada	apalutamide	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Iopidine 1%	apraclonidine	**Covered Uses:** Open-angle glaucoma or ocular hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure clinically significant adverse effects to the following: brimonidine 0.2% **Age Restrictions:** N/A **Prescriber Restrictions:** N/A

Brand	Generic	Criteria
Otezla	apremilast	Please refer to Rheumatic and Inflammatory Diseases Drug Class Prior Authorization Criteria
	armodafinil	**Covered Uses:** Must meet "1" of the following: a. Narcolepsy b. Obstructive Sleep Apnea c. Shift work disorder **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the alternative: modafinil **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist, Psychiatrist, Sleep Medicine specialist
	arsenic trioxide	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Erwinaze	asparaginase erwinia chrysanthemi	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Inlyta	axitinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Dymista	azelastine, fluticasone	**Covered Uses:** Allergic rhinitis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to all of the following: azelastine nasal, fluticasone propionate spray and Nasacort spray **Age Restrictions:** Must be age of 6 years or older **Prescriber Restrictions:** N/A
AzaSite	azithromycin ophthalmic drops	**Covered Uses:** Bacterial conjunctivitis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Failure or clinically significant adverse effects to "2" of the following: Ciloxan 0.3% ointment, ciprofloxacin 0.3 % drops, erythromycin ointment, Gentak ointment, gentamicin drops, levofloxacin 0.5 % drops, neomycin-polymyxin-gramicidin drops, neomycin-polymyxin B-dexameth oint, neomycin-polymyxin-hydrocort drop, neomycin-bacitracin-polymyxin oint, neomycin-polymyxin-dexameth drops, ofloxacin 0.3 % drops, polymyxin B sulfate-trimethoprim drops, sulfacetamide 10 % drops, sulfacetamide 10 % ointment, sulfacetamide-prednisolone drops, TobraDex ointment, tobramycin 0.3 % drops, tobramycin-dexamethasone drops, Tobrex 0.3 % ointment or Vigamox 0.5 % drops b. Prescribed by a specialist (e.g. Infectious Disease specialist, Ophthalmologist, Optometrist) **Age Restrictions:** N/A **Prescriber Restrictions:** See Required Medical Information

Brand	Generic	Criteria
Regranex	becaplermin	**Covered Uses:** Diabetic ulcers (lower extremity) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documentation that the ulcer extends into the subcutaneous tissue or beyond with adequate blood supply b. Failure or clinically significant adverse effects to at least 4 weeks of conventional therapies: debridement, pressure relief, infection control-including antibiotic therapy, adequate nutrition OR diabetes control **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Beconase AQ	beclomethasone intranasal	**Covered Uses:** Allergic rhinitis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to all of the following: fluticasone propionate spray and Nasacort spray b. Failure or clinically significant adverse effects to "1" of the following: cetirizine or loratadine **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Nasal polyp **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** Must be age of 6 years or older **Prescriber Restrictions:** N/A
Qnasl	beclomethasone intranasal	**Covered Uses:** Allergic rhinitis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to all of the following: fluticasone propionate spray and Nasacort spray b. Failure of clinically significant adverse effects to "1" of the following: cetirizine or loratadine **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Benlysta	belimumab	**Covered Uses:** Systemic Lupus Erythematosus **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet all of the following requirements: a. Documented positive SLE autoantibody as evidenced by "1" of the following: i. Antinuclear antibody (ANA) positive; ii. Anti-double stranded DNA (anti-dsDNA) positive b. Documentation of functional impairment that limits daily living activities; c. Failure or clinically significant adverse effects to daily oral corticosteroids (e.g. prednisone); d. Failure or clinically significant adverse effects to "2" of the following: chloroquine, hydroxychloroquine, methotrexate,

Brand	Generic	Criteria
		azathioprine, cyclophosphamide OR mycophenolate; **Age Restrictions:** N/A **Prescriber Restrictions:** Rheumatologist, Immunologist
Beleodaq	belinostat	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	bendamustine	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	bendamustine	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Bepreve	bepotastine	**Covered Uses:** Allergic conjunctivitis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Failure or clinically significant adverse effects to "2" of the following: azelastine, cromolyn, olopatadine, or Zaditor b. Prescribed by an Ophthalmologist or Optometrist **Prescriber Restrictions:** See Required Medical Information
Besivance	besifloxacin ophthalmic suspension	**Covered Uses:** Bacterial conjunctivitis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following: a. Failure or clinically significant adverse effects to "2" of the following: Ciloxan 0.3% ointment, ciprofloxacin 0.3 % drops, erythromycin ointment, Gentak ointment, gentamicin drops, levofloxacin 0.5 % drops, neomycin-polymyxin-gramicidin drops, neomycin-polymyxin B-dexameth oint, neomycin-polymyxin-hydrocort drop, neomycin-bacitracin-polymyxin oint, neomycin-polymyxin-dexameth drops, ofloxacin 0.3 % drops, polymyxin B sulfate-trimethoprim drops, sulfacetamide 10 % drops, sulfacetamide 10 % ointment, sulfacetamide-prednisolone drops, TobraDex ointment, tobramycin 0.3 % drops, tobramycin-dexamethasone drops, Tobrex 0.3 % ointment or Vigamox 0.5 % drops b. Prescribed by a specialist (e.g. Infectious Disease specialist, Ophthalmologist, Optometrist) **Age Restrictions:** N/A **Prescriber Restrictions:** See Required Medical Information
Betoptic-S	betaxolol 0.25%	**Covered Uses:** Open-angle glaucoma or ocular hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to “2” of the following: levobunolol, metipranolol or timolol **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	betaxolol 0.5%	**Covered Uses:** Open-angle glaucoma or ocular hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement:

Brand	Generic	Criteria
		a. Failure or clinically significant adverse effects to "2" of the following: levobunolol, metipranolol or timolol **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Avastin (Ocular)	bevacizumab	**Covered Uses:** Age related macular degeneration, Macular edema with retinal vein occlusion, Choroidal retinal neovascularization, Diabetic macular edema OR Diabetic retinopathy **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** Ophthalmologist
Avastin (Oncology)	bevacizumab vial	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Lumigan	bimatoprost	**Covered Uses:** Open-angle glaucoma or ocular hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the following: latanoprost **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	bortezomib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Tracleer	bosentan	**Covered Uses:** Pulmonary Arterial Hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documented WHO Functional Class II or above b. Failure or clinically significant adverse effect to sildenafil **Age Restrictions:** N/A **Prescriber Restrictions:** Cardiologist, Pulmonologist
Bosulif	bosutinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Adcetris	brentuximab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Alphagan P	brimonidine 0.1%	**Covered Uses:** Open-angle glaucoma or ocular hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the following: brimonidine 0.2%

Brand	Generic	Criteria
		Age Restrictions: N/A **Prescriber Restrictions:** N/A
	brimonidine 0.15%	**Covered Uses:** Open-angle glaucoma or ocular hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the following: brimonidine 0.2% **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Combigan	brimonidine tartrate, timolol maleate	**Covered Uses:** Open-angle glaucoma or ocular hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to all of the following: brimonidine 0.2% and timolol **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Azopt	brinzolamide	**Covered Uses:** Open-angle glaucoma or ocular hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the following: dorzolamide **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Simbrinza	brinzolamide, brimonidine	**Covered Uses:** Open-angle glaucoma or ocular hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to all of the following: brimonidine 0.2% and dorzolamide **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Briviact	brivaracetam	**Covered Uses:** Seizure (i.e. partial-onset seizure) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the alternatives: carbamazepine, divalproex, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, primidone, topiramate or zonisamide. **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist (new start)
	budesonide ER 3mg capsule	**Covered Uses:** Crohn's disease **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement:

Brand	Generic	Criteria
		a. Failure or clinically significant adverse effects to "1" of the alternatives: dexamethasone, hydrocortisone, methylprednisolone, prednisone OR prednisolone **Age Restrictions:** N/A **Prescriber Restrictions:** Gastroenterologist
	budesonide ER 9mg tablet	**Covered Uses:** Ulcerative Colitis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "1" of the alternatives: balsalazide OR sulfasalazine b. Failure or clinically significant adverse effects to "1" of the alternatives: dexamethasone, hydrocortisone, methylprednisolone, prednisone OR prednisolone **Age Restrictions:** N/A **Prescriber Restrictions:** Gastroenterologist
	budesonide intranasal	**Covered Uses:** Allergic rhinitis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to all of the following: fluticasone propionate spray and Nasacort spray b. Failure of clinically significant adverse effects to "1" of the following: cetirizine or loratadine **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Nasal polyp **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** Must be age 6 years or older **Prescriber Restrictions:** N/A
Symbicort	budesonide, formoterol	**Covered Uses:** Asthma **Exclusion Criteria:** N/A **Required Medical Information:** Must meet “1” of the “3” requirements: a. Ages 5-11 i. Failure or clinically significant adverse effects to two formulary inhaled corticosteroids: Asmanex, Flovent, Pulmicort or Qvar b. Ages 12-17 i. Failure or clinically significant adverse effects to formulary fluticasone/salmeterol inhaler c. Ages 18 and older i. Must meet "1" of the following requirements: • Failure or clinically significant adverse effects to two formulary inhaled corticosteroids: Asmanex, Flovent, Pulmicort or Qvar • At least one asthma exacerbation in the last year (12 months)

Brand	Generic	Criteria
		Age Restriction: Must be age of 5 years and older **Prescriber Restrictions**: N/A **Covered Uses:** COPD **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to one formulary long acting bronchodilator: Incruse Ellipta, Stiolto Respimat, Anoro Ellipta, Tudorza, Serevent or Brovana. **Age Restriction:** N/A **Prescriber Restrictions**: N/A
Aplenzin	bupropion	**Covered Uses:** Major depressive disorder **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following: a. Failure or clinically significant adverse effects to at least a 6-week treatment course of formulary bupropion b. Failure or clinically significant adverse effects to at least a 6-week treatment course of one additional formulary antidepressant alternative: citalopram, escitalopram, fluoxetine, paroxetine, sertraline, duloxetine DR, venlafaxine, venlafaxine ER OR mirtazapine **Age Restrictions:** N/A **Prescriber Restrictions:** Psychiatrist
	bupropion 450mg ER	**Covered Uses:** Major depressive disorder **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to at least a 6-week treatment course of formulary bupropion b. Failure or clinically significant adverse effects to at least a 6-week treatment course of "1" additional formulary antidepressant alternatives: citalopram, escitalopram, fluoxetine, paroxetine, sertraline, duloxetine DR, venlafaxine, venlafaxine ER OR mirtazapine **Age Restrictions:** N/A **Prescriber Restrictions:** Psychiatrist
	butalbital, acetaminophen, caffeine 50-300-40 capsule	**Covered Uses:** Tension or muscle contraction headache **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the alternative: butalbital-acetaminophen-caffeine (50/325/40mg) **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Berinert	C1 esterase inhibitor	Please refer to Hereditary Angioedema (HAE) Drug Class Prior Authorization Criteria
Cinryze	C1 esterase inhibitor	Please refer to Hereditary Angioedema (HAE) Drug Class Prior Authorization Criteria

Brand	Generic	Criteria
Haegarda	C1 esterase inhibitor	Please refer to Hereditary Angioedema (HAE) Drug Class Prior Authorization Criteria
Ruconest	C1 esterase inhibitor, recombinant	Please refer to Hereditary Angioedema (HAE) Drug Class Prior Authorization Criteria
Jevtana	cabazitaxel	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	cabergoline	**Covered Uses:** Prolactinoma or Hyperprolactinemia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Cabometyx	cabozantinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Cometriq	cabozantinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	calcipotriene topical	**Covered Uses:** Plaque psoriasis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the alternatives: betamethasone dipropionate 0.05% (lotion, ointment, cream), betamethasone valerate 0.1% (ointment, cream), clobetasol 0.05% (ointment, cream, foam, gel, solution), clobetasol-emollient 0.05 % topical cream, fluocinolone 0.025% (cream, ointment), fluocinonide 0.05% (cream, gel, ointment, solution), Fluocinonide-E 0.05 % topical cream, mometasone 0.1% (ointment, cream, solution), triamcinolone 0.1% (cream, ointment, lotion), OR triamcinolone 0.5% (ointment, cream) **Age Restrictions:** N/A **Prescriber Restrictions:** Dermatologist
Phoslyra	calcium acetate solution	**Covered Uses:** Chronic Kidney Disease (CKD): stage 3 to 5 **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documented high phosphate levels (greater than 4.5mg/dL) b. Must meet "1" of the following requirements: i. Documentation of difficulty swallowing ii. Documentation of administration via feeding tube iii. Patient has difficulty with adherence due to pill burden after trial of calcium acetate, Renagel tablet or Renvela tablet

Brand	Generic	Criteria
		Age Restrictions: N/A **Prescriber Restrictions:** N/A
	capecitabine	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Rytary	carbidopa, levodopa ER capsule	**Covered Uses:** Parkinson's disease **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documented motor complications (e.g. wearing off phenomenon, freezing of gait, lack of the "on" response, etc.) associated with advanced Parkinson OR mean off time greater than or equal to 2.5 hours/day b. Failure or clinically significant adverse effects to formulary carbidopa-levodopa or carbidopa-levodopa ER c. Failure or clinically significant adverse effects to formulary entacapone **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
Kyprolis	carfilzomib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	carisoprodol	**Covered Uses:** Treatment of acute, painful musculoskeletal condition (e.g. neck pain, low back pain) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "2" of the following: cyclobenzaprine, methocarbamol or tizanidine b. Must not have history of taking concurrently with an opioid (e.g. hydrocodone/APAP, oxycodone) AND a benzodiazepine (e.g. alprazolam) (i.e. Three drug combination) within the past month c. Limit to short-term use only (i.e. no more than 1 month) **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	carteolol	**Covered Uses:** Open-angle glaucoma or ocular hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following: levobunolol, metipranolol or timolol **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	cefepime	Please refer to the Intravenous Antibiotics Drug Class Prior Authorization Criteria
	cefotaxime	Please refer to the Intravenous Antibiotics Drug Class Prior Authorization Criteria

Brand	Generic	Criteria
Teflaro	ceftaroline fosamil (IV)	Please refer to the Intravenous Antibiotics Drug Class Prior Authorization Criteria
	ceftazidime	Please refer to the Intravenous Antibiotics Drug Class Prior Authorization Criteria
	ceftriaxone	Please refer to the Intravenous Antibiotics Drug Class Prior Authorization Criteria
	celecoxib	**Covered Uses:** Must meet "1" of the following: a. Ankylosing spondylitis b. Osteoarthritis (OA) c. Primary dysmenorrhea (i.e. menstrual pain) d. Rheumatoid arthritis (RA) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Step therapy: Trial of two formulary NSAIDs b. Request may be granted if there is medical justification why member cannot use NSAIDs (e.g. GI history, concurrent oral anticoagulant, concurrent systemic corticosteroids, high risk for bleed, etc.) **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Acute pain **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Step therapy: Trial of two formulary NSAIDs b. Request may be granted if there is medical justification why member cannot use NSAIDs (e.g. GI history, concurrent oral anticoagulant, concurrent systemic corticosteroids, high risk for bleed, etc.) **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Zykadia	ceritinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Cimzia	certolizumab	Please refer to Rheumatic and Inflammatory Diseases Drug Class Prior Authorization Criteria
Erbitux	cetuximab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	cevimeline	**Covered Uses:** Xerostomia associated with Sjogren's syndrome **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the following: pilocarpine tablet

Brand	Generic	Criteria
		Age Restrictions: N/A **Prescriber Restrictions:** N/A
	chlordiazepoxide	**Covered Uses:** Anxiety **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following: alprazolam, clonazepam, diazepam OR lorazepam **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Alcohol withdrawal syndrome **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	chlorzoxazone	**Covered Uses:** Treatment of acute, painful musculoskeletal condition (e.g. neck pain, low back pain) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following: cyclobenzaprine, methocarbamol OR tizanidine **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Omnaris	ciclesonide	**Covered Uses:** Allergic rhinitis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to all of the following: fluticasone propionate spray and Nasacort spray b. Failure of clinically significant adverse effects to "1" of the following: cetirizine or loratadine **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Zetonna	ciclesonide	**Covered Uses:** Allergic rhinitis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to all of the following: fluticasone propionate spray and triamcinolone spray b. Failure of clinically significant adverse effects to "1" of the following: cetirizine or loratadine **Age Restrictions:** N/A **Prescriber Restrictions:** N/A

Brand	Generic	Criteria
	ciclopirox topical	**Covered Uses:** Tinea, superficial (e.g. Tinea pedis, Tinea corporis, Tinea cruris, Tinea versicolor) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "1" of the following: clotrimazole cream, clotrimazole solution, clotrimazole-betamethasone cream, clotrimazole-betamethasone lotion, econazole nitrate cream or ketoconazole cream b. Failure or clinically significant adverse effects to "1" of the following: terbinafine cream or tolnaftate topical **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Seborrheic dermatitis of the scalp (i.e. dandruff) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the alternative: ketoconazole shampoo **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	clindamycin phosphate, benzoyl peroxide topical gel	**Covered Uses:** Acne vulgaris (acne) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to ALL of the following: benzoyl peroxide topical AND clindamycin topical b. Failure or clinically significant adverse effects to "1" of the following: erythromycin topical or tretinoin topical **Age Restrictions:** N/A **Prescriber Restrictions:** Dermatologist
	clobazam	**Covered Uses:** Seizure **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Must use concurrently with at least "1" other anticonvulsant medication **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist (new start)
	clomipramine	**Covered Uses:** Obsessive-compulsive disorder **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the alternatives: fluoxetine, paroxetine OR sertraline **Age Restrictions:** N/A **Prescriber Restrictions:** Mental Health specialist, Psychiatrist

Brand	Generic	Criteria
	clorazepate	**Covered Uses:** Anxiety **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the alternatives: alprazolam, buspirone, clonazepam, diazepam, hydroxyzine OR lorazepam **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Must meet "1" of the following: a. Ethanol withdrawal b. Seizures **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Cotellic	cobimetinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Santyl	collagenase	**Covered Uses:** Must meet "1" of the following: a. Burn, debridement of severe burn b. Chronic skin ulcer **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Requested quantity is within quantity limit b. For quantity greater than quantity limit i. Documentation of the size of the wound and the duration of therapy ii. Use Santyl calculator to calculate the approximate quantity for approval iii. http://www.santyl.com/hcp/dosing-calculator **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
H.P. Acthar Gel	corticotropin	Please refer to H.P. Acthar Gel Drug Prior Authorization Criteria
Eucrisa	crisaborole	**Covered Uses:** Atopic dermatitis (i.e. eczema) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "2" of the alternatives: betamethasone dipropionate 0.05% (lotion, ointment, cream), betamethasone valerate 0.1% (ointment, cream), clobetasol 0.05% (ointment, cream, foam, gel, solution), clobetasol-emollient 0.05 % topical cream, fluocinolone 0.025% (cream, ointment), fluocinonide 0.05% (cream, gel, ointment, solution), Fluocinonide-E 0.05 % topical cream, mometasone 0.1% (ointment, cream, solution), triamcinolone 0.1% (cream, ointment, lotion), OR triamcinolone 0.5% (ointment, cream)

Brand	Generic	Criteria
		b. Failure or clinically significant adverse effects to the alternative: tacrolimus ointment **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Atopic dermatitis affecting the eyelids or genital areas **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the alternative: tacrolimus ointment **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Xalkori	crizotinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Amrix ER	cyclobenzaprine ER	**Covered Uses:** Treatment of acute, painful musculoskeletal condition (e.g. neck pain, low back pain) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following: cyclobenzaprine, methocarbamol or tizanidine **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Restasis	cyclosporine	**Covered Uses:** Keratoconjunctivitis sicca **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "1" of the following: Artificial tears, For Sty Relief, GenTeal, Isopto tear, lubricant eye drops/ointment, polyvinyl alcohol, Pure & Gentle eye drops, Refresh, Systane nighttime eye ointment, Retaine PM eye ointment or Tears Naturale Forte eye drops **Age Restrictions:** N/A **Prescriber Restrictions:** Ophthalmologist, Optometrist
Tafinlar	dabrafenib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Daklinza	daclatasvir	Please refer to the Hepatitis C Drug Class Criteria
	dalfampridine or 4-aminopyridine	**Covered Uses:** Multiple sclerosis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documentation that member has the ability to ambulate at least 25 feet within 8 to 45 seconds; b. Documented significant limitation of daily activities (e.g. meal preparation, household chores, etc.). **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist

Brand	Generic	Criteria
	dantrolene	**Covered Uses:** Chronic spasticity **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "1" of the following: baclofen or tizanidine **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Malignant hyperthermia: treatment or prevention **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	daptomycin	Please refer to the Intravenous Antibiotics Drug Class Prior Authorization Criteria
Darzalex	daratumumab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Aranesp	darbepoetin	Please refer to Erythropoiesis-Stimulating Agents (ESAs) Drug Class Prior Authorization Criteria
Viekira XR	dasabuvir, ombitasvir, paritaprevir, ritonavir	Please refer to the Hepatitis C Drug Class Criteria
Sprycel	dasatinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Exjade	deferasirox	**Covered Uses:** Chronic iron overload due to blood transfusions **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet all of the following requirements: a. Must meet "1" of the following: i. Documented baseline serum ferritin greater than 1000 mcg/L ii. Documentation of Liver Iron Concentration (LIC) greater than 7 mg/g dw b. Documentation of blood transfusions **Age Restriction:** N/A **Prescriber Restrictions:** Hematologist **Covered Uses:** Chronic iron overload due to non-transfusion dependent thalassemia **Exclusion Criteria:** CCS eligible

Brand	Generic	Criteria
		Required Medical Information: Must meet "1" of the following requirements: a. Documented baseline serum ferritin greater than 300 mcg/L b. Documentation of Liver Iron Concentration (LIC) greater than 5 mg/g dw **Age Restriction:** N/A **Prescriber Restrictions:** Hematologist
Jadenu	deferasirox	**Covered Uses:** Chronic iron overload due to blood transfusions **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet all of the following requirements: a. Must meet "1" of the following: i. Documented baseline serum ferritin greater than 1000 mcg/L ii. Documentation of Liver Iron Concentration (LIC) greater than 7 mg/g dw b. Documentation of blood transfusions **Age Restriction:** N/A **Prescriber Restrictions:** Hematologist **Covered Uses:** Chronic iron overload due to non-transfusion dependent thalassemia **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet "1" of the following requirements: a. Documented baseline serum ferritin greater than 300 mcg/L b. Documentation of Liver Iron Concentration (LIC) greater than 5 mg/g dw **Age Restriction:** N/A **Prescriber Restrictions:** Hematologist
Ferriprox	deferiprone	**Covered Uses:** Chronic iron overload due to transfusion, thalassemia syndromes **Exclusion Criteria**: CCS eligible **Required Medical Information:** Must meet all of the following requirements: a. Must meet "1" of the following: i. Documented baseline serum ferritin greater than 1000 mcg/L ii. Documentation of Liver Iron Concentration (LIC) greater than 7 mg/g dw b. Documentation of blood transfusions c. Failure or clinically significant adverse effects to "1" of the following: deferoxamine, Exjade OR Jadenu **Age Restriction:** N/A **Prescriber Restrictions:** Hematologist
	deferoxamine	**Covered Uses:** Chronic iron overload due to blood transfusions **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet all of the following requirements: a. Must meet "1" of the following requirements: i. Documented baseline serum ferritin greater than 1000 mcg/L ii. Documentation of Liver Iron Concentration (LIC) greater than 7 mg/g dw b. Documentation of blood transfusions

Brand	Generic	Criteria
		Age Restriction: N/A **Prescriber Restrictions**: Hematologist **Covered Uses:** Acute iron toxicity **Exclusion Criteria**: N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis (considered medical emergency that requires hospitalization/ED) **Age Restriction**: N/A **Prescriber Restrictions:** N/A
Firmagon	degarelix	**Covered Uses:** Prostate Cancer **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to Eligard and Zoladex. **Age Restrictions:** N/A **Prescriber Restrictions:** Oncologist, Urologist
Prolia	denosumab	**Covered Uses:** Osteoporosis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Documentation of all of the following: i. Documentation of a T-score less than -2.5 at the spine or hip. ii. Concurrently receiving calcium and vitamin D supplement. iii. Documentation of "1" of the following: • Documented inadequate response to oral bisphosphonate within the past 6 months (180 days) (e.g. greater than 3 percent decrease in bone mineral density from baseline, or osteoporotic fracture while taking an oral bisphosphonate, etc.). • Patient is not a candidate for oral bisphosphonate (e.g. co-morbid GI condition, intolerance to an oral bisphosphonate, etc). **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Treatment and prevention of surgical or drug-induced Osteoporosis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Inadequate response or clinically significant adverse effects to a bisphosphonate. b. Documentation of "1" of the following: i. Patient is receiving androgen deprivation therapy for prostate cancer (e.g. GnRH analog). ii. Orchiectomy iii. Patient is receiving an aromatase inhibitor for breast cancer.

Brand	Generic	Criteria
		Age Restrictions: N/A **Prescriber Restrictions:** N/A
	desvenlafaxine succinate ER, desvenlafaxine fumarate ER	**Covered Uses:** Major Depressive Disorder **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to at least a 6-week treatment course of formulary duloxetine or venlafaxine b. Failure or clinically significant adverse effects to at least a 6-week treatment course of "1" additional formulary antidepressant alternative: citalopram, escitalopram, fluoxetine, sertraline OR mirtazapine **Age Restrictions:** N/A **Prescriber Restrictions:** Psychiatrist (new start)
Austedo	deutetrabenazine	**Covered Uses:** Treatment of chorea associated with Huntington's disease **Exclusion Criteria:** Check CCS eligibility **Required Medical Information:** Must meet all of the following requirements: a. Documentation of functional disability b. Failure or clinically significant adverse effects to tetrabenazine **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist **Covered Uses:** Tardive Dyskinesia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all the following requirements: a. Documentation of functional impairment b. Documentation of "1" of the following: i. Switching from a first-generation neuroleptic to a second-generation neuroleptic ii. Discontinuation or dose modification of the offending medication **Age Restrictions:** Must be age 18 years or older **Prescriber Restrictions:** Neurologist, Psychiatrist
Dexilant	dexlansoprazole	**Covered Uses:** Must meet "1" of the following: a. Barrett's esophagus b. Erosive esophagitis c. Duodenal ulcer disease d. Gastric ulcer e. H. pylori infection f. Gastric hypersecretion (Zollinger Ellison syndrome, Retained Gastric Antrum syndrome) g. NSAID associated gastric ulcer h. Symptomatic GERD **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements:

Brand	Generic	Criteria
		a. Failure or clinically significant adverse effects to ALL of the alternatives: lansoprazole, esomeprazole DR, omeprazole, pantoprazole AND rabeprazole b. Requested dose and duration must be consistent with FDA package labeled recommendation or DrugDex compendia. **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	dextroamphetamine solution	**Covered Uses:** ADHD **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Administration via feeding tube or documented difficulty swallowing (i.e. dysphagia); b. Failure or clinically significant adverse effects to one of the preferred sprinkling capsule: methylphenidate CD or methylphenidate LA ; c. Failure or clinically significant adverse effects to two formulary stimulants: dexmethylphenidate, dexmethylphenidate ER, dextroamp-amphet, dextroamp-amphet ER, dextroamphetamine, dextroamphetamine ER, methylphenidate, methylphenidate CD, methylphenidate ER, methylphenidate LA, Zenzedi **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Narcolepsy **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Administration via feeding tube or documented difficulty swallowing (i.e. dysphagia); b. Failure or clinically significant adverse effects to two formulary stimulants: dexmethylphenidate, dexmethylphenidate ER, dextroamp-amphet, dextroamp-amphet ER, dextroamphetamine, dextroamphetamine ER, methylphenidate, methylphenidate CD, methylphenidate ER, methylphenidate LA, Zenzedi **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Nuedexta	dextromethorphan, quinidine	**Covered Uses:** Pseudobulbar affect **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
Zipsor	diclofenac	**Covered Uses:** Treatment of acute pain associated with musculoskeletal condition (e.g. strains, sprains, osteoarthritis) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to all of the following: i. Formulary diclofenac AND ii. Two additional formulary NSAID alternatives: etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam, sulindac OR Voltaren gel

Brand	Generic	Criteria
		Age Restrictions: N/A **Prescriber Restrictions:** N/A
Zorvolex	diclofenac	**Covered Uses:** Treatment of acute pain associated with musculoskeletal condition (e.g. strains, sprains, osteoarthritis) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to all of the following: i. Formulary diclofenac AND ii. Two additional formulary NSAID alternatives: etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam, sulindac OR Voltaren gel **Age Restrictions**: N/A **Prescriber Restrictions:** N/A
	diclofenac 3% gel	**Covered Uses:** Actinic keratosis (i.e. solar keratosis) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to ALL of the alternatives: fluorouracil cream AND imiquimod cream **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Flector	diclofenac patch	**Covered Uses:** Treatment of acute pain associated with musculoskeletal condition (e.g. strains, sprains, osteoarthritis) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to all of the following: i. Formulary diclofenac; ii. One additional formulary oral NSAID alternatives: etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam or sulindac; iii. Voltaren gel **Age Restrictions:** N/A **Prescriber Restrictions**: N/A
Cambia	diclofenac potassium oral solution	**Covered Uses:** Acute treatment of migraine **Exclusion Criteria:** N/A **Required Medical Information:** a. Failure or clinically significant adverse effects to: i. Formulary diclofenac and one additional formulary NSAID: etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam OR sulindac AND ii. One formulary triptan: rizatriptan OR sumatriptan **Age Restrictions:** N/A **Prescriber Restrictions:** N/A

Brand	Generic	Criteria
	diclofenac sodium topical solution 1.5%	**Covered Uses:** Treatment of acute pain associated with musculoskeletal condition (e.g. strains, sprains, osteoarthritis) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to all of the following: i. Formulary diclofenac; ii. One additional formulary oral NSAID alternatives: etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam or sulindac; iii. Voltaren gel **Age Restrictions:** N/A **Prescriber Restrictions**: N/A
Durezol	difluprednate	**Covered Uses:** Anterior uveitis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following: dexamethasone 0.1%, fluorometholone, FML Forte 0.25%, Maxidex or prednisolone 1% **Age Restrictions:** N/A **Prescriber Restrictions:** Ophthalmologist, Optometrist **Covered Uses:** Ocular pain **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following: dexamethasone 0.1%, fluorometholone, FML Forte 0.25%, Maxidex or prednisolone 1% **Age Restrictions:** N/A **Prescriber Restrictions:** Ophthalmologist, Optometrist
	dihydroergotamine	**Covered Uses:** Migraine headache **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "1" of the following: rizatriptan or rizatriptan ODT b. Failure or clinically significant adverse effects to the alternative: sumatriptan c. Failure or clinically significant adverse effects to "1" of the alternatives: Cafergot OR Migergot d. Must use concurrently with ONE of the following: amitriptyline, atenolol, divalproex, metoprolol, propranolol, topiramate, valproate or venlafaxine **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Tecfidera	dimethyl fumarate	**Covered Uses:** Relapsing form of multiple sclerosis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to “1” glatiramer product (glatiramer or Glatopa) and “1” of the following: Aubagio, Avonex, Betaseron, Extavia, Rebif or Plegridy; as evidenced by at least one of the following:

Brand	Generic	Criteria
		i. Member continues to have clinical relapses (at least one relapse within the past 12 months); ii. Member continues to have CNS lesion progression as shown in MRI; iii. Member continues to have worsening disability (e.g. decreased mobility, decreased ability to perform daily activities, increase in EDSS score, etc.). **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
Unituxin	dinutuximab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	docetaxel	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Pulmozyme	dornase alfa	**Covered Uses:** Cystic fibrosis **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions**: Pulmonologist
Silenor	doxepin	**Covered Uses:** Insomnia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to the following: zolpidem b. Failure or clinically significant adverse effects to "1" of the following: eszopiclone or zaleplon **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Diclegis	doxylamine, pyridoxine HCl	**Covered Uses:** Pregnancy-induced nausea and vomiting **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the following: pyridoxine (vitamin B6) **Age Restrictions:** N/A **Prescriber Restrictions:** OB-GYN specialist
	dronabinol	**Covered Uses:** Chemotherapy-induced nausea and vomiting **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documented concurrent chemotherapy b. Failure or clinically significant adverse effects to the alternative: ondansetron c. Failure or clinically significant adverse effects to "2" of the alternatives: dexamethasone, metoclopramide, prochlorperazine OR promethazine **Age Restrictions:** N/A

Brand	Generic	Criteria
		Prescriber Restrictions: Hematologist, Oncologist **Covered Uses:** Appetite stimulation in AIDS patients **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the alternative: megestrol **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Trulicity	dulaglutide	**Covered Uses:** Diabetes Mellitus Type II **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to all of the following requirements: i. Metformin ii. "1" of the following: Basaglar, Humalog Mix, Humulin Mix, Humulin N NPH, Novolin Mix, Novolin N NPH, glimepiride, glipizide, glipizide/metformin, glyburide, glyburide/metformin, Steglatro, Segluromet, or pioglitazone iii. Ozempic or Victoza b. Documented HbA1c greater than 7 percent after 3 months (90 consecutive days) with the tried alternatives. **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	duloxetine DR 40 mg	**Covered Uses:** Major depressive disorder **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to at least a 6-week treatment course of formulary duloxetine b. Failure or clinically significant adverse effects to at least a 6-week treatment course of "1" additional formulary antidepressant alternatives citalopram, escitalopram, fluoxetine, paroxetine, sertraline, bupropion, OR mirtazapine **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Generalized anxiety disorder **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to at least a 4-week treatment course of formulary duloxetine b. Failure or clinically significant adverse effects to "1" additional formulary alternative: buspirone, escitalopram, paroxetine or duloxetine DR **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Diabetic peripheral neuropathy

Brand	Generic	Criteria
		Exclusion Criteria: N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to formulary duloxetine AND gabapentin (≥ 1200mg/day) **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Chronic musculoskeletal pain **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to formulary duloxetine **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Kalbitor	ecallantide, Dx-88	Please refer to Hereditary Angioedema (HAE) Drug Class Prior Authorization Criteria
Soliris	eculizumab	**Covered Uses:** Paroxysmal nocturnal hemoglobinuria (PNH) **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet all of the following requirements: a. Documentation of meningococcal vaccination at least 2 weeks prior to therapy initiation b. Flow cytometry confirmation of "1" of the following: i. At least 10% PNH type III red cells ii. Glycosylphosphatidylinositol-anchored proteins (GPI-AP)-deficient polymorphonuclear cells (PMNs) c. Documentation of "1" of the following: i. History of at least one transfusion in the prior 24 months due to documented hemoglobin of less than 7 g per dL in patients without anemia symptoms or less than 9 g per dL with anemia symptoms ii. History of major adverse vascular events from thromboembolism d. Requested dosage and administration are consistent with the FDA recommendations **Age Restrictions:** N/A **Prescriber Restrictions:** Hematologist, Immunologist, Transplant specialist **Covered Uses:** Atypical hemolytic uremic syndrome (aHUS) **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet all of the following requirement: a. Documentation of meningococcal vaccination at least 2 weeks prior to therapy initiation b. Requested dosage and administration are consistent with the FDA recommendations **Age Restrictions:** N/A **Prescriber Restrictions:** Hematologist, Immunologist, Transplant specialist
Radicava	edaravone	**Covered Uses:** Amyotrophic Lateral Sclerosis (ALS) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documented disease duration of two years or less b. Documentation of normal respiratory function (FVC percentage equal to or greater than 80 percent) c. Documentation that member has functionality for most activities of daily living [scores of 2 points or better on each item of the ALS Functional Rating Scale-Revised (ALSFRS-R)]

Brand	Generic	Criteria
		d. Concurrent use with riluzole or clinically significant adverse effects to riluzole **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
Zepatier	elbasivir, grazoprevir	Please refer to the Hepatitis C Drug Class Criteria
	eletriptan	**Covered Uses:** Migraine headache **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "1" of the following: rizatriptan or rizatriptan ODT b. Failure or clinically significant adverse effects to the following: sumatriptan **Age Restrictions:** Must be age of 18 years or older **Prescriber Restrictions:** N/A
Empliciti	elotuzumab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Promacta	eltrombopag	**Covered Uses:** Chronic immune thrombocytopenia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Must meet "1" of the following requirements: i. Failure or clinically significant adverse effects to "1" of the following: dexamethasone, hydrocortisone, methylprednisolone, prednisone or prednisolone ii. Failure or clinically significant adverse effects to "1" of the following: intravenous immune globulins (IVIG) or WinRho iii. Documented relapse after splenectomy iv. Documented contraindication to splenectomy b. Must meet "1" of the following requirements: i. Documentation platelet count is less than 30 x 10^9/L ii. Must meet all of the following requirements: 1. Documentation platelet count is less than 50 x10^9/L 2. Documentation of "1" clinical condition increasing the risk for bleeding: active bleeding, hypertension, peptic ulcer disease, recent surgery, trauma or being on anticoagulation therapy **Age Restrictions:** N/A **Prescriber Restrictions:** Hematologist **Covered Uses:** Aplastic anemia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "1" of the following: Atgam or cyclosporine **Age Restrictions:** N/A **Prescriber Restrictions:** Hematologist

Brand	Generic	Criteria
		Covered Uses: Treatment of thrombocytopenia in adult patients with Hepatitis C to allow initiation and maintenance of interferon-based therapy **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Documented concurrent use with interferon-based therapy **Age Restrictions:** N/A **Prescriber Restrictions:** Hematologist, COE Hepatologist
Viberzi	eluxadoline	**Covered Uses:** Irritable bowel syndrome with diarrhea **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to ALL the alternatives: loperamide and dicyclomine **Age Restrictions:** N/A **Prescriber Restrictions:** Gastroenterologist
Jardiance	empagliflozin	**Covered Uses:** Diabetes Mellitus type II **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to the following: metformin b. Must meet "1" of the following requirements: i. Documentation of established atherosclerotic cardiovascular disease, chronic kidney disease or heart failure i. Documentation of compelling need to minimize weight gain or promote weight loss ii. Must meet all of the following requirements: 1. Failure or clinically significant adverse effects to "1" of the following: Steglatro or Segluromet 2. Failure or clinically significant adverse effects to "1" of the following: acarbose, glimepiride, glipizide, glipizide-metformin, glyburide, glyburide-metformin, alogliptin, alogliptin-metformin or pioglitazone c. Must have a HbA1c greater than 7 percent after 90 days of treatment with the tried alternatives **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Idhifa	enasidenib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Braftovi	encorafenib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Xtandi	enzalutamide	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	epinastine 0.05%	**Covered Uses:** Allergic conjunctivitis **Exclusion Criteria:** N/A

Brand	Generic	Criteria
		Required Medical Information: Must meet "1" of the following requirements: a. Failure or clinically significant adverse effects to "2" of the following: azelastine, cromolyn, olopatadine, or Zaditor b. Prescribed by an Ophthalmologist or Optometrist **Prescriber Restrictions:** See Required Medical Information
Procrit	epoetin	Please refer to Erythropoiesis-Stimulating Agents (ESAs) Drug Class Prior Authorization Criteria
-	epoprostenol	**Covered Uses:** Pulmonary Arterial Hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Documented WHO Functional Class IV b. Documented WHO Functional Class III and "1" of the following: i. Evidence of rapid disease progression ii. Markers for poor clinical prognosis **Age Restrictions:** N/A **Prescriber Restrictions:** Cardiologist, Pulmonologist
Halaven	eribulin	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Tarceva	erlotinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Aptiom	eslicarbazepine	**Covered Uses:** Seizure (i.e. partial-onset seizure) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the alternatives: carbamazepine, divalproex, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, primidone, topiramate or zonisamide. **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist (new start)
Nexium Granules	esomeprazole	**Covered Uses:** Must meet "1" of the following: a. Barrett's esophagus b. Erosive esophagitis c. Duodenal ulcer disease d. Gastric ulcer e. H. pylori infection f. Gastric hypersecretion (Zollinger Ellison syndrome, Retained Gastric Antrum syndrome) g. NSAID associated gastric ulcer h. Symptomatic GERD **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. ONE of the following:

Brand	Generic	Criteria
		i. Failure or clinically significant adverse effects to ALL of the alternatives: lansoprazole, omeprazole, esomeprazole DR, pantoprazole AND rabeprazole ii. Documented difficulty swallowing AND Failure or clinically significant adverse effects to ALL of the alternatives: omeprazole capsule AND lansoprazole capsule sprinkled on apple sauce or juice as directed per package insert iii. Documented tube feeding b. Requested dose and duration must be consistent with FDA package labeled recommendation or DrugDex compendia. **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Vagifem	estradiol	**Covered Uses:** Vulvar and vaginal atrophy associated with menopause **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following: Estrace vaginal cream, estradiol transdermal patch, estradiol tablet, Jinteli tablet, Menest tablet, Premarin tablet, Premarin vaginal cream, Premphase tablet or Prempro tablet **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Delestrogen	estradiol valerate injectable	**Covered Uses:** Vasomotor symptoms associated with menopause or Vulvar and vaginal atrophy associated with menopause **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following: Estrace vaginal cream, estradiol transdermal patch, estradiol tablet, Jinteli tablet, Menest tablet, Premarin tablet, Premarin vaginal cream, Premphase tablet or Prempro tablet **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Hypoestrogenism due to hypogonadism, castration or primary ovarian failure **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** OB-GYN specialist **Covered Uses:** Advanced androgen-dependent carcinoma of the prostate **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Confirmed diagnosis b. NCCN guideline approved regimen

Brand	Generic	Criteria
		Age Restrictions: N/A **Prescriber Restrictions:** Oncologist
	eszopiclone	**Covered Uses:** Insomnia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the alternative: zolpidem **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Enbrel	etanercept	Please refer to Rheumatic and Inflammatory Diseases Drug Class Prior Authorization Criteria
Afinitor	everolimus	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Zortress	everolimus	**Covered Uses:** Prophylaxis of organ rejection in transplant (e.g. Graft-Versus-Host Disease or GVHD) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restriction:** N/A **Prescriber Restrictions:** Geneticist, Pulmonologist OR Transplant specialist
Afinitor Disperz	everolimus tablet for suspension	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Repatha	evolocumab injection	Please refer to Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitor Drug Class Prior Authorization Criteria
	exemestane	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Bydureon, Bydureon Bcise	exenatide	**Covered Uses:** Diabetes Mellitus Type II **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to all of the following requirements: i. Metformin ii. Ozempic or Victoza after at least 6 months of continued use b. Documented HbA1c greater than 7 percent after 3 months (90 consecutive days) with the tried alternatives.

Brand	Generic	Criteria
		Age Restrictions: N/A **Prescriber Restrictions:** N/A
Uloric	febuxostat	**Covered Uses:** Gout **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the following: allopurinol **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Abstral	fentanyl (sublingual)	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
Fentora	fentanyl buccal	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
	fentanyl lozenge	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
Lazanda	fentanyl nasal spray	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
	fentanyl patch 12mcg/hr, 25mcg/hr, 50mcg/hr	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
Subsys	fentanyl SL spray	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
Injectafer	ferric carboxymaltose	**Covered Uses:** Iron-deficiency anemia, hemodialysis-dependent patients **Exclusion Criteria:** N/A **Required Medical Information:** Failure or clinically significant adverse effects to all of the following: ferric gluconate IV and Venofer **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Iron-deficiency anemia, non-dialysis-dependent patient **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Must meet "1" of the following requirements: i. Failure or clinically significant adverse effects to the following: ferrous sulfate tablet ii. Documentation that disorder of the GI (e.g. inflammatory bowel disease) may be aggravated by oral iron iii. Documentation of decreased absorption of oral iron due to gastric bypass surgery and/or subtotal gastric resection

Brand	Generic	Criteria
		iv. Documentation that oral iron cannot compensate the severe anemia b. Failure or clinically significant adverse effects to the following: Venofer **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Chemotherapy-induced anemia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** Hematologist, Oncologist
Auryxia	ferric citrate	**Covered Uses:** Chronic Kidney Disease (CKD): stage 3 to 5 **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documented high phosphate levels (greater than 4.5mg/dL) b. Failure or clinically significant adverse effects to "1" of the following: Renagel or Renvela c. Must meet "1" of the following requirements: i. Failure or clinically significant adverse effects to the following: calcium acetate ii. Elevated corrected calcium level greater than 9.5 mg/dL iii. Low iPTH level (below laboratory reference range) with normal or elevated serum calcium associated with adynamic bone disease iv. Documentation of vascular calcification **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Iron Deficiency Anemia in CKD (stage 1 to 4) patients not on dialysis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to “2” of the following: ferrous gluconate, ferrous sulfate or ferrous fumarate b. Documentation of low iron store (serum ferritin less than or equal to 500 ng per mL and serum transferrin saturation (TSAT) less than or equal to 30 percent) within the past 3 months **Age Restrictions:** N/A **Prescriber Restrictions:** Nephrologist
Toviaz	fesoterodine	**Covered Uses:** Overactive bladder (OAB) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "2" of the alternatives: oxybutynin, oxybutynin ER, tolterodine, OR tolterodine ER

Brand	Generic	Criteria
		b. Failure or clinically significant adverse effects to "1" of the alternatives: trospium OR trospium ER **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Dificid	fidaxomicin	**Covered Uses:** Clostridium difficile diarrhea (C. Diff) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to oral vancomycin **Age Restrictions:** N/A **Prescriber Restrictions:** Gastroenterologist, Infectious Disease specialist
Neupogen	filgrastim	**Covered Uses:** Must meet "1" of the following: a. Myelosuppressive chemotherapy recipients with nonmyeloid malignancies b. Acute Myeloid Leukemia (AML) following induction or consolidation chemotherapy c. Bone marrow transplantation d. Hematopoietic acute radiation injury syndrome e. Peripheral blood progenitor cell collection and therapy f. Severe chronic neutropenia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "1" of the following: Granix or Zarxio **Age Restrictions:** N/A **Prescriber Restrictions:** Hematologist, Oncologist or HIV/Infectious Disease specialist
Gilenya	fingolimod	**Covered Uses:** Relapsing form of multiple sclerosis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to “1” glatiramer product (glatiramer or Glatopa) and “1” of the following: Aubagio, Avonex, Betaseron, Extavia, Rebif or Plegridy, as evidenced by at least "1" of the following: i. Member continues to have clinical relapses (at least one relapse within the past 12 months); ii. Member continues to have CNS lesion progression as shown in MRI; iii. Member continues to have worsening disability (e.g. decreased mobility, decreased ability to perform daily activities, increase in EDSS score, etc.). b. No history or recent (within the last 6 months) of any of the following cardiac conditions. Must have plan for cardiac monitoring at initiation by provider per label: i. Heart attack (“myocardial infarction”), chest pain while resting (“unstable angina”), stroke, mini-stroke (“transient ischemic attack (TIA)”), decompensated heart failure requiring hospitalization or Class III/IV heart failure within the last 6 months; ii. History or presence of second-degree or third-degree heart block (“Mobitz Type II atrioventricular (AV) block”) or sick sinus syndrome, unless patient has a functioning pacemaker; iii. Baseline QTc interval greater than or equal to 500 ms; iv. Concurrent use of Class Ia or Class III anti-arrhythmic drug.

Brand	Generic	Criteria
		Age Restrictions: N/A **Prescriber Restrictions:** Neurologist
Addyi	flibanserin	**Covered Uses:** Hypoactive sexual desire disorder **Exclusion Criteria:** Not a covered benefit **Required Medical Information:** N/A **Prescriber Restrictions:** N/A **Other Criteria:** N/A
Advair HFA	fluticasone, salmeterol	**Covered Uses:** Asthma **Exclusion Criteria**: N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to formulary fluticasone propionate/salmeterol inhaler **Age Restrictions:** Must be age of 12 and older **Prescriber Restrictions:** N/A
Breo Ellipta	fluticasone, vilanterol	**Covered Uses:** Asthma **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to formulary fluticasone propionate/salmeterol inhaler **Age Restriction:** Must be age of 18 and older **Prescriber Restrictions**: N/A **Covered Uses:** COPD **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to one formulary long acting bronchodilator: Incruse Ellipta, Stiolto Respimat, Anoro Ellipta, Tudorza, Serevent or Brovana. **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	frovatriptan	**Covered Uses:** Migraine headache **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "1" of the following: rizatriptan or rizatriptan ODT b. Failure or clinically significant adverse effects to the following: sumatriptan **Age Restrictions:** Must be age of 18 years or older **Prescriber Restrictions:** N/A
Faslodex	fulvestrant	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria

Brand	Generic	Criteria
Horizant	gabapentin	**Covered Uses:** Postherpetic neuralgia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following: gabapentin at dose greater than or equal to 1200mg/day and Lyrica **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Restless legs syndrome **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following: pramipexole and ropinirole **Age Restrictions**: N/A **Prescriber Restrictions:** N/A
Gralise	gabapentin ER	**Covered Uses:** Postherpetic neuralgia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following: gabapentin at dose greater than or equal to 1200mg/day and Lyrica **Age Restrictions:** N/A **Prescriber Restrictions**: N/A
	galantamine capsule	**Covered Uses:** Alzheimer dementia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following: donepezil, donepezil ODT, rivastigmine capsule, galantamine tablet **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	galantamine oral solution	**Covered Uses:** Alzheimer dementia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Failure or clinically significant adverse effects to "2" of the following: donepezil, donepezil ODT, rivastigmine, galantamine b. Must meet ALL of the following requirements: i. Documented difficulty swallowing (i.e. dysphagia) ii. Failure or clinically significant adverse effects to formulary donepezil ODT **Age Restrictions:** N/A **Prescriber Restrictions:** N/A

Brand	Generic	Criteria
Zirgan	ganciclovir	**Covered Uses:** Herpetic keratitis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Failure or clinically significant adverse effects to the following: trifluridine b. Prescribed by an Ophthalmologist or Optometrist **Age Restrictions:** N/A **Prescriber Restrictions:** See Required Medical Information
Iressa	gefitinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Glatopa	glatiramer	**Covered Uses:** Relapsing form of multiple sclerosis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
	glatiramer	**Covered Uses:** Relapsing form of multiple sclerosis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
Mavyret	glecaprevir, pibrentasvir	Please refer to the Hepatitis C Drug Class Criteria
Ravicti	glycerol phenylbutyrate	**Covered Uses:** Hyperammonemia for the chronic management of urea cycle disorder **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet all of the following requirements: a. Documentation of concurrent dietary protein restriction with or without amino acid supplementation (e.g. Cyclinex, EAA OR UCD I&II) b. Failure or clinically significant adverse effects to the following: sodium phenylbutyrate **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Cuvposa	glycopyrrolate oral solution	**Covered Uses:** Chronic severe drooling with neurological conditions (e.g. cerebral palsy) **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the alternative: scopolamine patch

Brand	Generic	Criteria
		Age Restrictions: N/A **Prescriber Restrictions:** Neurologist (new start)
	glycopyrrolate tablet	**Covered Uses:** Peptic ulcer **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "2" of the alternatives: cimetidine, famotidine OR ranitidine b. Failure or clinically significant adverse effects to "2" of the alternatives: lansoprazole, omeprazole, pantoprazole OR rabeprazole c. Must use concurrently with at least "1" other GERD medication **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Simponi, Simponi Aria	golimumab	Please refer to Rheumatic and Inflammatory Diseases Drug Class Prior Authorization Criteria
Zoladex	goserelin	**Covered Uses:** Endometriosis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Inadequate response or clinically significant adverse effects to a continuous or extended-cycle oral contraceptive (e.g. Camrese 3 month dose pack, Quasense 3 month dose pack). **Age Restrictions:** Must be age of 18 years or older **Prescriber Restrictions:** OB-GYN specialist **Covered Uses:** Must meet "1" of the following: a. Prostate Cancer b. Breast Cancer **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis of FDA labeled indication or NCCN recommended regimen of category 2B or above **Age Restrictions:** N/A **Prescriber Restrictions:** Oncologist, Urologist
Tremfya	guselkumab	Please refer to Rheumatic and Inflammatory Diseases Drug Class Prior Authorization Criteria
Gel-one	hyaluronate acid	Please refer to Viscosupplementation Product Drug Class Prior Authorization Criteria

Brand	Generic	Criteria
Orthovisc	hyaluronate acid	Please refer to Viscosupplementation Product Drug Class Prior Authorization Criteria
Synvisc-One or Synvisc	hyaluronate acid	Please refer to Viscosupplementation Product Drug Class Prior Authorization Criteria
Zohydro ER	hydrocodone	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
Hysingla ER	hydrocodone bitartrate	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
	hydromorphone	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
Exalgo ER	hydromorphone ER	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
	hydroxyprogesterone caproate PF vial	**Covered Uses:** Prevention of spontaneous preterm delivery **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documented history of a singleton spontaneous preterm birth or preterm birth (prior to 37 weeks gestation) b. Documented pregnancy with a single fetus c. Documentation of treatment initiation as early as 16 weeks 0 days, and end before 37 weeks (through week 36, 6 days) gestation **Age Restrictions:** N/A **Prescriber Restrictions:** OB-GYN specialist
	hyoscyamine tablet, tablet dispersible, tablet sublingual, tablet ER	**Covered Uses:** Gastrointestinal disorders: abdominal cramp, peptic ulcer, irritable bowel syndrome, diverticulitis, acute enterocolitis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Imbruvica	ibrutinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Duexis	ibuprofen, famotidine	**Covered Uses:** Treatment of osteoarthritis or rheumatoid arthritis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to all of the following:

Brand	Generic	Criteria
		i. Formulary ibuprofen and famotidine concurrently ii. One additional formulary NSAID alternative: etodolac, indomethacin, meloxicam, nabumetone, naproxen, piroxicam, sulindac iii. One additional formulary PPI alternative: esomeprazole, lansoprazole, omeprazole, pantoprazole OR rabeprazole **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Firazyr	icatibant	Please refer to Hereditary Angioedema (HAE) Drug Class Prior Authorization Criteria
Zydelig	idelalisib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Ventavis	iloprost	**Covered Uses:** Pulmonary Arterial Hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Member is not a candidate for parenteral prostanoid therapy b. Must meet "1" of the following: i. Documented WHO Functional Class IV ii. Documented WHO Functional Class III and "1" of the following: • Evidence of rapid disease progression • Markers for poor clinical prognosis **Age Restrictions:** N/A **Prescriber Restrictions:** Cardiologist, Pulmonologist
	imatinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	imipenem, cilastatin	Please refer to the Intravenous Antibiotics Drug Class Prior Authorization Criteria
	imipramine pamoate	**Covered Uses:** Depression **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to the alternative: imipramine HCL b. Failure or clinically significant adverse effects to "1" of the alternatives: citalopram, escitalopram, fluoxetine, paroxetine, sertraline, duloxetine DR, venlafaxine, bupropion OR mirtazapine **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Xeomin	incobotulinum toxin A	Please refer to Botulinum Toxin Drug Class Prior Authorization Criteria

Brand	Generic	Criteria
Renflexis	infliximab-abda	Please refer to Rheumatic and Inflammatory Diseases Drug Class Prior Authorization Criteria
Tresiba	insulin degludec	**Covered Uses:** Diabetes Mellitus Type I or II **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to the following: Basaglar b. Must have a HbA1c greater than 7 percent after 90 days of treatment with the tried alternative **Age Restrictions:** N/A **Prescriber Restrictions:** Endocrinologist
Levemir Flextouch	insulin detemir pen	**Covered Uses:** Diabetes Mellitus I or II **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to Basaglar. b. Failure or clinically significant adverse effects to Levemir vial. c. Must have an HbA1c greater than 7 percent after 3 months (90 consecutive days) of treatment with alternatives. **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Gestational Diabetes **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Failure or significant adverse effects to Levemir vial. b. Documented dexterity or vision issues. **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Levemir	insulin detemir vial	**Covered Uses:** Diabetes Mellitus I or II **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to Basaglar. b. Must have an HbA1c greater than 7 percent after 3 months (90 consecutive days) of treatment with Basaglar. **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Gestational Diabetes **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis

Brand	Generic	Criteria
		Age Restrictions: N/A **Prescriber Restrictions:** N/A
Toujeo SoloStar	insulin glargine	**Covered Uses:** Diabetes Mellitus Type I or II **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to the following: Basaglar b. Must have a HbA1c greater than 7 percent after 90 days of treatment with the tried alternative **Age Restrictions:** N/A **Prescriber Restrictions:** Endocrinologist
Avonex	interferon beta-1A	**Covered Uses:** Relapsing form of multiple sclerosis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "1" of the following: glatiramer or Glatopa; as evidenced by at least "1" of the following: i. Member continues to have clinical relapses (at least one relapse within the past 12 months); ii. Member continues to have CNS lesion progression as shown in MRI; iii. Member continues to have worsening disability (e.g. decreased mobility, decreased ability to perform daily activities, increase in EDSS score, etc.). **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
Rebif	interferon beta-1A	**Covered Uses:** Relapsing form of multiple sclerosis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "1" of the following: glatiramer or Glatopa; as evidenced by at least "1" of the following: i. Member continues to have clinical relapses (at least one relapse within the past 12 months); ii. Member continues to have CNS lesion progression as shown in MRI; iii. Member continues to have worsening disability (e.g. decreased mobility, decreased ability to perform daily activities, increase in EDSS score, etc.). **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
Betaseron	interferon beta-1B	**Covered Uses:** Relapsing form of multiple sclerosis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "1" of the following: glatiramer or Glatopa; as evidenced by at least "1" of the following: i. Member continues to have clinical relapses (at least one relapse within the past 12 months); ii. Member continues to have CNS lesion progression as shown in MRI;

Brand	Generic	Criteria
		iii. Member continues to have worsening disability (e.g. decreased mobility, decreased ability to perform daily activities, increase in EDSS score, etc.). **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
Extavia	interferon beta-1B	**Covered Uses:** Relapsing form of multiple sclerosis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "1" of the following: glatiramer or Glatopa; as evidenced by at least "1" of the following: i. Member continues to have clinical relapses (at least one relapse within the past 12 months); ii. Member continues to have CNS lesion progression as shown in MRI; iii. Member continues to have worsening disability (e.g. decreased mobility, decreased ability to perform daily activities, increase in EDSS score, etc.). **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
Yervoy	ipilimumab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Onivyde	irinotecan liposome inj	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
INFeD	iron dextran	**Covered Uses:** Iron-deficiency anemia, hemodialysis-dependent patients **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Iron-deficiency anemia, non-dialysis-dependent patient **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Failure or clinically significant adverse effects to the following: ferrous sulfate tablet b. Documentation that disorder of the GI (e.g. inflammatory bowel disease) may be aggravated by oral iron c. Documentation of decreased absorption of oral iron due to gastric bypass surgery and/or subtotal gastric resection d. Documentation that oral iron cannot compensate the severe anemia **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Chemotherapy-induced anemia

Brand	Generic	Criteria
		Exclusion Criteria: N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** Hematologist, Oncologist
Venofer	iron sucrose	**Covered Uses:** Iron-deficiency anemia, hemodialysis-dependent patients **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Iron-deficiency anemia, non-dialysis-dependent patient **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Failure or clinically significant adverse effects to the following: ferrous sulfate tablet b. Documentation that disorder of the GI (e.g. inflammatory bowel disease) may be aggravated by oral iron c. Documentation of decreased absorption of oral iron due to gastric bypass surgery and/or subtotal gastric resection d. Documentation that oral iron cannot compensate the severe anemia **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Chemotherapy-induced anemia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** Hematologist, Oncologist
	isotretinoin	**Covered Uses:** Acne, severe recalcitrant nodulocystic **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "2" of the following: benzoyl peroxide topical, clindamycin topical, erythromycin topical or tretinoin topical b. Failure or clinically significant adverse effects to "1" of the following: doxycycline, minocycline or tetracycline **Age Restrictions:** N/A **Prescriber Restrictions:** Dermatologist

Brand	Generic	Criteria
	itraconazole capsule	**Covered Uses:** Must meet "1" of the following: a. Aspergillosis b. Blastomycosis c. Coccidioidomycosis d. Cryptococcosis e. Histoplasmosis f. Prophylaxis for fungal infection in HIV patients **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Onychomycosis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the formulary alternative: terbinafine **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Must meet "1" of the following: a. Oropharyngeal candidiasis b. Candidiasis of the esophagus **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to ALL of the formulary alternatives: nystatin AND fluconazole **Age Restrictions:** N/A **Prescriber Restrictions:** HIV specialist, Infectious Disease specialist
Corlanor	ivabradine	**Covered Uses:** Heart Failure **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documented ejection fraction less than 35 percent b. Documented concurrent use with "1" of the following: carvedilol or metoprolol succinate ER **Age Restrictions:** N/A **Prescriber Restrictions:** Cardiologist
Kalydeco	ivacaftor	**Covered Uses:** Cystic fibrosis **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet the following requirement: a. Documentation of "1" mutation in the CFTR gene that is responsive to ivacaftor based on clinical and/or in vitro assay data

Brand	Generic	Criteria
		Age Restrictions: Must be age of 1 year or older **Prescriber Restrictions:** Pulmonologist
Orkambi	ivacaftor, lumacaftor	**Covered Uses:** Cystic fibrosis **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet the following requirement: a. Documentation confirming that the member is homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene **Age Restrictions:** Must be age of 2 years and older **Prescriber Restrictions:** Pulmonologist
Symdeko	ivacaftor/tezacaftor	**Covered Uses:** Cystic fibrosis **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet one of the following requirements: a. Documentation confirming that the member is homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regular (CFTR) gene b. Documentation of at least "1" mutation in the CFTR gene that is responsive to tezacaftor/ivacaftor based on clinical and/or in vitro assay data **Age Restrictions:** Must be age of 12 years or older **Prescriber Restrictions:** Pulmonologist
Soolantra	ivermectin cream	**Covered Uses:** Rosacea **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "1" of the alternatives: metronidazole cream, metronidazole gel OR metronidazole lotion **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Sklice	ivermectin lotion	**Covered Uses:** Pediculosis capitis (Head lice) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or significant adverse effects to "1" OTC formulary alternatives: permethrin 1% topical liquid or RID (pyrethrin plus piperonyl butoxide) b. Failure or significant adverse effects to "1" prescription formulary alternatives: spinosad 0.9% topical suspension or malathion 0.5% lotion **Age Restrictions:** N/A **Prescriber Restrictions:** N/A

Brand	Generic	Criteria
	ivermectin tablet	**Covered Uses:** Must meet "1" of the following: a. Onchocerciasis or infection caused by Onchocerca volvulus (river blindness) b. Strongyloidiasis or infection caused by Strongyloides specicies (roundworm) c. Ascariasis or infection caused by Ascaris lumbricoides (roundworm) d. Scabies caused by Sarcoptes scabiei (itch mite) e. Infestation by Phthirus pubis (pubic or crab louse) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Immuno-Globulin (Gammagard, Privigen, etc.)	IVIG	Please refer to Immunoglobulin (IVIG) Drug Class Prior Authorization Criteria
Ninlaro	ixazomib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Taltz	ixekizumab	Please refer to Rheumatic and Inflammatory Diseases Drug Class Prior Authorization Criteria
Vimpat	lacosamide	**Covered Uses:** Seizure (i.e. partial onset seizure) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following: carbamazepine, divalproex, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, primidone, topiramate or zonisamide. **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist (new start)
	lamotrigine ER	**Covered Uses:** Seizure **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the alternative: lamotrigine **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
Somatuline Depot	lanreotide	**Covered Uses**: Acromegaly **Exclusion Criteria**: N/A **Required Medical Information**: Must meet the following requirement: a. Failure or clinically significant adverse effects to Sandostatin LAR depot and Signifor LAR **Age Restrictions**: N/A

Brand	Generic	Criteria
		Prescriber Restrictions: Endocrinologist **Covered Uses**: Carcinoid **Exclusion Criteria**: N/A **Required Medical Information**: Must meet the following requirement: a. Failure or clinically significant adverse effects to Sandostatin LAR depot **Age Restrictions**: N/A **Prescriber Restrictions**: Endocrinologist **Covered Uses**: Gastroenteropancreatic neuroendocrine tumors (GEP-NETs) **Exclusion Criteria**: N/A **Required Medical Information**: Must meet "1" of the following requirements: a. Confirmed diagnosis b. NCCN guideline approved regimen **Age Restrictions**: N/A **Prescriber Restrictions**: Oncologist
	lansoprazole disintegrating DR	**Covered Uses:** Must meet "1" of the following: a. Barrett's esophagus b. Erosive esophagitis c. Duodenal ulcer disease d. Gastric ulcer e. H. pylori infection f. Gastric hypersecretion (Zollinger Ellison syndrome, Retained Gastric Antrum syndrome) g. NSAID associated gastric ulcer h. Symptomatic GERD **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. ONE of the following: i. Failure or clinically significant adverse effects to ALL of the alternatives: lansoprazole, omeprazole, esomeprazole DR, pantoprazole AND rabeprazole ii. Documented difficulty swallowing AND Failure or clinically significant adverse effects to ALL of the alternatives: omeprazole capsule AND lansoprazole capsule sprinkled on apple sauce or juice as directed per package insert iii. Documented tube feeding b. Requested dose and duration must be consistent with FDA package labeled recommendation or DrugDex compendia. **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	lanthanum carbonate	**Covered Uses:** Chronic Kidney Disease (CKD): stage 3 to 5 **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documented high phosphate levels (greater than 4.5mg/dL)

Brand	Generic	Criteria
		b. Failure or clinically significant adverse effects to "1" of the following: Renagel or Renvela c. Must meet "1" of the following requirements: i. Failure or clinically significant adverse effects to the following: calcium acetate ii. Elevated corrected calcium level greater than 9.5 mg/dL iii. Low iPTH level (below laboratory reference range) with normal or elevated serum calcium associated with adynamic bone disease iv. Documentation of vascular calcification **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Tykerb	lapatinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	ledipasvir, sofosbuvir	Please refer to the Hepatitis C Drug Class Criteria
Revlimid	lenalidomide	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Lenvima	lenvatinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Zurampic	lesinurad	**Covered Uses:** Gout **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documented uric acid level of 6.5mg/dL or greater b. Inadequate response or clinically significant adverse effects to all of the following: allopurinol and Uloric c. Documentation of concurrent therapy with "1" of the following: allopurinol or Uloric **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Kisqali Femara Co-Pack	letrozole, ribociclib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Lupron Depot Ped	leuprolide	**Covered Uses:** Central Precocious Puberty **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Onset of secondary sexual characteristics in “1” of the following: i. Females less than 8 years of age ii. Males less than 9 years of age **Age Restrictions:** N/A

Brand	Generic	Criteria
		Prescriber Restrictions: Pediatrician, Endocrinologist
Lupron / Lupron Depot	leuprolide	**Covered Uses:** Endometriosis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Inadequate response or clinically significant adverse effects to a continuous or extended-cycle oral contraceptive (e.g. Camrese 3 month dose pack, Quasense 3 month dose pack). b. Inadequate response or clinically significant adverse effects to Zoladex. **Age Restrictions:** Must be age of 18 years or older **Prescriber Restrictions:** OB-GYN specialist **Covered Uses:** Prostate Cancer **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis of FDA labeled indication or NCCN recommended regimen of category 2B or above **Age Restrictions:** N/A **Prescriber Restrictions:** Oncologist, Urologist **Covered Uses:** Breast Cancer **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis of FDA labeled indication or NCCN recommended regimen of category 2B or above **Age Restrictions:** N/A **Prescriber Restrictions:** Oncologist **Covered Uses:** Uterine Leiomyomata (i.e. fibroids) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** Must be age of 18 years or older **Prescriber Restrictions:** OB-GYN specialist
Eligard	leuprolide	**Covered Uses:** Prostate Cancer **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** Oncologist, Urologist
	levalbuterol	**Covered Uses:** Bronchospasm: asthma **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the the following requirement: a. Failure or clinically significant adverse effects to albuterol sulfate HFA

Brand	Generic	Criteria
		Age Restrictions: N/A **Prescriber Restrictions:** Pulmonologist or Allergist
Spritam	levetiracetam	**Covered Uses:** Must meet "1" of the following: a. Partial onset seizures b. Myoclonic seizures c. Primary generalized tonic-clonic seizures **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to the alternative: levetiracetam b. Documented concurrent treatment with at least one other anticonvulsant drug **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
Fetzima	levomilnacipran	**Covered Uses:** Major Depressive Disorder **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to at least a 6-week treatment course of formulary duloxetine or venlafaxine b. Failure or clinically significant adverse effects to at least a 6-week treatment course of "1" additional formulary antidepressant alternative: citalopram, escitalopram, fluoxetine, paroxetine, sertraline, duloxetine DR, venlafaxine, venlafaxine ER OR mirtazapine **Age Restrictions:** N/A **Prescriber Restrictions:** Psychiatrist (new start)
Endari	l-glutamine	**Covered Uses:** Sickle-cell disease **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documentation of concurrent use of hydroxyurea b. Documentation of two or more painful crisis within the past 12 months **Age Restrictions:** N/A **Prescriber Restrictions:** Hematologist
Linzess	linaclotide	**Covered Uses:** Must meet "1" of the following: a. Irritable Bowel Syndrome-related constipation (IBS-C) b. Idiopathic chronic constipation **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "1" drug from any "2" of the groups: i. fiber or psyllium ii. polyethylene glycol powder or lactulose

Brand	Generic	Criteria
		iii. bisacodyl or senna **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Tradjenta	linagliptin	**Covered Uses:** Diabetes Mellitus Type II **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to all of the following: i. Metformin. ii. "1" of the formulary DPP-4 inhibitor products: alogliptin, alogliptin-metformin iii. "1" additional oral formulary alternatives: acarbose, glimepiride, glipizide, glipizide/metformin, glyburide, glyburide/metformin, Steglatro, Segluromet or pioglitazone b. Documented HbA1c greater than 7 percent after 90 consecutive days of optimal therapy with the tried alternatives. **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	linezolid (IV)	Please refer to the Intravenous Antibiotics Drug Class Prior Authorization Criteria
	linezolid (oral)	**Covered Uses:** MRSA (Methicillin-Resistant Staphylococcus aureus) infection **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "1" of the alternatives: clindamycin, doxycycline, minocycline OR sulfamethoxazole-trimethoprim **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Must meet "1" of the following: a. VRSA (Vancomycin-Resistant Staphylococcus aureus) infection b. VRE (Vancomycin-Resistant Enterococcus) infection **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Saxenda	liraglutide recombinant	**Covered Uses:** Obesity **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to all of the following: i. Alli ii. Phentermine

Brand	Generic	Criteria
		b. Must meet "1" of the following requirements: i. BMI greater than or equal to 30 kilograms per meter squared. ii. BMI greater than or equal to 27 kilograms per meter squared with comorbidity. A comorbidity is defined as but not limited to one of the following: • Diabetes Mellitus Type II • Coronary Heart Disease • Hyperlipidemia • Hypertension • Sleep Apnea **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Vyvanse	lisdexamfetamine	**Covered Uses:** ADHD **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. History of substance abuse; b. Failure or clinically significant adverse effects to "2" of the following: dextroamp-amphetamine ER, dextroamphetamine ER, methylphenidate ER, methylphenidate CD, methylphenidate LA, dexmethylphenidate ER **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Binge Eating Disorder **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** Must be age of 18 years and older **Prescriber Restrictions:** N/A
Alrex	loteprednol 0.2%	**Covered Uses:** Allergic conjunctivitis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following: a. Failure or clinically significant adverse effects to "2" of the following: cromolyn, olopatadine, or Zaditor b. Prescribed by an Ophthalmologist or Optometrist **Age Restrictions:** N/A **Prescriber Restrictions:** See Required Medical Information
Lotemax gel/ointment	loteprednol 0.5%	**Covered Uses:** Pain, inflammation associated with ocular surgery **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following: dexamethasone 0.1%, diclofenac 0.1%, fluorometholone, FML Forte 0.25%, ketorolac 0.4%, ketorolac 0.5%, Maxidex or prednisolone 1%

Brand	Generic	Criteria
		Age Restrictions: N/A **Prescriber Restrictions:** Ophthalmologist, Optometrist
Lotemax suspension	loteprednol 0.5%	**Covered Uses:** Pain, inflammation associated with ocular surgery **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following: dexamethasone 0.1%, diclofenac 0.1%, fluorometholone, FML Forte 0.25%, ketorolac 0.4%, ketorolac 0.5%, Maxidex or prednisolone 1% **Age Restrictions:** N/A **Prescriber Restrictions:** Ophthalmologist, Optometrist **Covered Uses:** Steroid-responsive inflammatory condition (conjunctivitis) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Failure or clinically significant a adverse effects to "2" of the following: dexamethasone 0.1%, fluorometholone, FML Forte 0.25%, Maxidex or prednisolone 1% b. Prescribed by an Ophthalmologist or Optometrist **Age Restrictions:** N/A **Prescriber Restrictions:** See Required Medical Information
Amitiza	lubiprostone	**Covered Uses:** Irritable Bowel Syndrome-related constipation (IBS-C) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "1" drug from any "2" of the groups: i. fiber or psyllium ii. polyethylene glycol powder or lactulose iii. bisacodyl or senna b. Females only **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Must meet "1" of the following: a. Idiopathic chronic constipation b. Opioid-induced constipation **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "1" drug from any "2" of the groups: i. fiber or psyllium ii. polyethylene glycol powder or lactulose iii. bisacodyl or senna **Age Restrictions:** N/A **Prescriber Restrictions:** N/A

Brand	Generic	Criteria
Opsumit	macitentan	**Covered Uses:** Pulmonary Arterial Hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documented WHO Functional Class II or above. b. Failure or clinically significant adverse effect to sildenafil **Age Restrictions:** N/A **Prescriber Restrictions:** Cardiologist, Pulmonologist
	maprotiline	**Covered Uses:** Depression with anxiety **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the alternatives: citalopram, escitalopram, fluoxetine, paroxetine, sertraline, duloxetine DR, venlafaxine, venlafaxine ER OR mirtazapine **Age Restrictions:** N/A **Prescriber Restrictions:** Psychiatrist
Emverm	mebendazole chewtab	**Covered Uses:** Must meet "1" of the following: a. Ascariasis or infection caused by Ascaris lumbricoides (roundworm) b. Ancylostomiasis or infection caused by Ancylostoma duodenale (hookworm) c. Necatoriasis or infection caused by Necator americanus (hookworm) b. Trichuriasis or infection caused by Trichuris trichiura (whipworm) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Enterobiasis or infection caused by Enterobius vermicularis (pinworm) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the following alternative: pyrantel pamoate **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Valchlor	mechlorethamine gel	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	mefloquine	**Covered Uses:** Prevention of malaria **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements:

Brand	Generic	Criteria
		a. Failure or clinically significant adverse effects to "1" of the alternatives: chloroquine, doxycycline, hydroxychloroquine OR primaquine b. CDC guideline **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Treatment of malaria **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	melphalan	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	memantine ER	**Covered Uses:** Alzheimer dementia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to formulary memantine **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Namzaric	memantine ER, donepezil	**Covered Uses:** Alzheimer dementia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Medical justification why formulary donepezil and Namenda ER cannot be used concurrently **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	meperidine	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
Nucala	mepolizumab	Please refer to Nucala Drug Prior Authorization Criteria
	meropenem	Please refer to the Intravenous Antibiotics Drug Class Prior Authorization Criteria
Delzicol	mesalamine	**Covered Uses:** Ulcerative Colitis (UC) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "1" of the following: balsalazide OR sulfasalazine

Brand	Generic	Criteria
		Age Restrictions: N/A **Prescriber Restrictions:** Gastroenterologist **Covered Uses:** Crohn's disease **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** Gastroenterologist
	mesalamine DR 1.2g tablet	**Covered Uses:** Ulcerative Colitis (UC) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "1" of the following: balsalazide OR sulfasalazine **Age Restrictions:** N/A **Prescriber Restrictions:** Gastroenterologist **Covered Uses:** Crohn's disease **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** Gastroenterologist
	mesalamine enema	**Covered Uses:** Must meet "1" of the following: a. Ulcerative colitis b. Ulcerative proctitis c. Ulcerative proctosigmoiditis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** Gastroenterologist
	mesalamine suppository	**Covered Uses:** Ulcerative proctitis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A

Brand	Generic	Criteria
		Prescriber Restrictions: Gastroenterologist
	metaxalone	**Covered Uses:** Treatment of acute, painful musculoskeletal condition (e.g. neck pain, low back pain) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following: cyclobenzaprine, methocarbamol or tizanidine **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	methadone	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
	methamphetamine	**Covered Uses:** ADHD **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically adverse effects to at least "1" long acting formulary stimulant (e.g. dextroamp-amphetamine ER, dextroamphetamine ER, methylphenidate ER, methylphenidate CD, methylphenidate LA, dexmethylphenidate ER) and "2" additional formulary stimulants **Age Restrictions:** Must be children age of 6 years and older but younger than 18 years old **Prescriber Restrictions:** Psychiatrist **Covered Uses:** Obesity **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following: a. Must meet BMI Required Medical Information (please see the anti-obesity drug class prior authorization protocol); b. Failure or clinically adverse effects to orlistat, phentermine and diethylpropion **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Otrexup	methotrexate	**Covered Uses:** Juvenile idiopathic arthritis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to ONE of the alternatives: celecoxib, diclofenac, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam OR sulindac b. Failure or clinically significant adverse effects to ALL of the alternatives: methotrexate tablet AND generic methotrexate injection solution **Age Restrictions:** Must be age of 2 years or older **Prescriber Restrictions:** Dermatologist, Rheumatologist

Brand	Generic	Criteria
		Covered Uses: Psoriasis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to ONE of the alternatives: cyclosporine OR phototherapy b. Failure or clinically significant adverse effects to ALL of the alternatives: methotrexate tablet AND generic methotrexate injection solution **Age Restrictions:** N/A **Prescriber Restrictions:** Dermatologist, Rheumatologist **Covered Uses:** Rheumatoid arthritis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to ONE of the alternatives: azathioprine, cyclosporine, hydroxychloroquine, leflunomide OR sulfasalazine b. Failure or clinically significant adverse effects to ALL of the alternatives: methotrexate tablet AND generic methotrexate injection solution **Prescriber Restrictions:** Dermatologist, Rheumatologist
Xatmep	methotrexate oral solution	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Mircera	methoxy peg-epoetin beta	Please refer to Erythropoiesis-Stimulating Agents (ESAs) Drug Class Prior Authorization Criteria
Relistor (oral)	methylnaltrexone	**Covered Uses:** Opioid-induced constipation (non-cancer) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to all of the alternatives: Amitiza and Movantik b. Failure or clinically significant adverse effects to "1" of the alternatives: fiber, polyethylene glycol powder or psyllium c. Failure or clinically significant adverse effects to "1" of the alternatives: bisacodyl, lactulose or senna **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Relistor (injectable)	methylnaltrexone	**Covered Uses:** Opioid-induced constipation (non-cancer) **Exclusion Criteria:** N/A **Required Medical Information**: Must meet all of the following requirements: a. Failure or clinically significant adverse effects to all of the alternatives: Amitiza and Movantik b. Failure or clinically significant adverse effects to "1" of the alternatives: fiber, polyethylene glycol powder or psyllium c. Failure or clinically significant adverse effects to "1" of the alternatives: bisacodyl, lactulose or senna **Age Restrictions**: N/A

Brand	Generic	Criteria
		Prescriber Restrictions: N/A **Covered Uses**: Opioid-induced constipation (advanced illness or cancer) **Exclusion Criteria**: N/A **Required Medical Information**: Must meet all of the following requirements: a. Documentation of advanced illness receiving palliative or hospice care b. Must meet "1" of the following: i. Documentation of difficulty swallowing ii. Failure or clinically significant adverse effects to "1" drug from any "2" of the groups: 1. docusate at dosage greater than or equal to 200mg/day 2. polyethylene glycol powder or lactulose 3. bisacodyl or senna **Age Restrictions**: N/A **Prescriber Restrictions**: N/A
	methylphenidate 5mg/5ml, 10mg/5ml solution	**Covered Uses:** ADHD **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Administration via feeding tube or documented difficulty swallowing (i.e. dysphagia); b. Failure or clinically significant adverse effects to one of the preferred sprinkling capsule: methylphenidate CD or methylphenidate LA ; c. Failure or clinically significant adverse effects to two formulary stimulants: dexmethylphenidate, dexmethylphenidate ER, dextroamp-amphet, dextroamp-amphet ER, dextroamphetamine, dextroamphetamine ER, methylphenidate, methylphenidate CD, methylphenidate ER, methylphenidate LA, Zenzedi **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Narcolepsy **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Administration via feeding tube or documented difficulty swallowing (i.e. dysphagia); b. Failure or clinically significant adverse effects to two formulary stimulants: dexmethylphenidate, dexmethylphenidate ER, dextroamp-amphet, dextroamp-amphet ER, dextroamphetamine, dextroamphetamine ER, methylphenidate, methylphenidate CD, methylphenidate ER, methylphenidate LA, Zenzedi **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Quillivant XR	methylphenidate 5mg/ml ER solution	**Covered Uses:** ADHD **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Documented difficulty swallowing (i.e. dysphagia): i. Failure or clinically significant adverse effects to one of the preferred sprinkling capsules: methylphenidate CD or methylphenidate LA

Brand	Generic	Criteria
		b. Failure or clinically significant adverse effects to "2" of the following: dextroamp-amphetamine ER, dextroamphetamine ER, methylphenidate ER, methylphenidate CD, methylphenidate LA, dexmethylphenidate ER **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	methylphenidate chewable	**Covered Uses:** ADHD **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Administration via feeding tube or documented difficulty swallowing (i.e. dysphagia); b. Failure or clinically significant adverse effects to one of the preferred sprinkling capsule: methylphenidate CD or methylphenidate LA ; OR c. Failure or clinically significant adverse effects to two formulary stimulants: dexmethylphenidate, dexmethylphenidate ER, dextroamp-amphet, dextroamp-amphet ER, dextroamphetamine, dextroamphetamine ER, methylphenidate, methylphenidate CD, methylphenidate ER, methylphenidate LA, Zenzedi **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Narcolepsy **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Administration via feeding tube or documented difficulty swallowing (i.e. dysphagia); b. Failure or clinically significant adverse effects to two formulary stimulants: dexmethylphenidate, dexmethylphenidate ER, dextroamp-amphet, dextroamp-amphet ER, dextroamphetamine, dextroamphetamine ER, methylphenidate, methylphenidate CD, methylphenidate ER, methylphenidate LA, Zenzedi **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Quillichew ER	methylphenidate chewable tablet	**Covered Uses:** ADHD **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Documented difficulty swallowing (i.e. dysphagia): i. Failure or clinically significant adverse effects to one of the preferred sprinkling capsules: methylphenidate CD or methylphenidate LA b. Failure or clinically significant adverse effects to "2" of the following: dextroamp-amphetamine ER, dextroamphetamine ER, methylphenidate ER, methylphenidate CD, methylphenidate LA, dexmethylphenidate ER **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Aptensio XR	methylphenidate ER	**Covered Uses:** ADHD **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to at least two formulary long-acting stimulants: dextroamp-amphetamine ER, dextroamphetamine ER, methylphenidate ER, methylphenidate CD, methylphenidate LA, dexmethylphenidate ER

Brand	Generic	Criteria
		Age Restrictions: N/A **Prescriber Restrictions:** N/A
Cotempla XR-ODT	methylphenidate ER-ODT	**Covered Uses:** ADHD **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Administration via feeding tube or documented difficulty swallowing (i.e. dysphagia) i. Failure or clinically significant adverse effects to one of the preferred sprinkling capsules: methylphenidate CD or methylphenidate LA b. Failure or clinically significant adverse effects to at least two formulary long-acting stimulants: dextroamp-amphetamine ER, dextroamphetamine ER, methylphenidate ER, methylphenidate CD, methylphenidate LA, dexmethylphenidate ER **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Daytrana	methylphenidate transdermal	**Covered Uses:** ADHD **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Documented difficulty swallowing (i.e. dysphagia): i. Failure or clinically significant adverse effects to one of the preferred sprinkling capsules: methylphenidate CD or methylphenidate LA b. Failure or clinically significant adverse effects to "2" of the following: dextroamp-amphetamine ER, dextroamphetamine ER, methylphenidate ER, methylphenidate CD, methylphenidate LA, dexmethylphenidate ER **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	metolazone	**Covered Uses:** Must meet "1" of the following: a. Edema b. Hypertension (HTN) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the following: furosemide **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Mycamine	micafungin	**Covered Uses:** Must meet “1” of the following: a. Candidemia b. Esophageal candidiasis c. Prophylaxis of Candida infection in blood stem cell transplantation **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A

Brand	Generic	Criteria
		Prescriber Restrictions: N/A
Korlym	mifepristone	**Covered Uses:** Cushing syndrome with type 2 diabetes **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "2" of the following: acarbose, glimepiride, glipizide, glipizide/metformin, glyburide, glyburide/metformin, Steglatro, Segluromet, alogliptin, alogliptin/metformin, metformin or pioglitazone b. Documented type 2 diabetes or documented glucose intolerance (defined as 2-hr glucose tolerance test glucose value of 140-199mg/dL or fasting glucose value of 100-125 mg/dL) c. Documentation that patient has failed pituitary surgery or is not a candidate for pituitary surgery **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Myrbetriq	mirabegron	**Covered Uses:** Overactive bladder (OAB) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "2" of the alternatives: oxybutynin, oxybutynin ER, tolterodine, OR tolterodine ER b. Failure or clinically significant adverse effects to "1" of the alternatives: trospium OR trospium ER **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Mydayis	mixed salts of a single-entity amphetamine	**Covered Uses:** ADHD **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to TWO formulary stimulants: dexmethylphenidate, dexmethylphenidate ER, dextroamp-amphet, dextroamp-amphet ER, dextroamphetamine, dextroamphetamine ER, methylphenidate, methylphenidate CD, methylphenidate ER, methylphenidate LA, Zenzedi **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	modafinil	**Covered Uses:** Must meet "1" of the following: a. Narcolepsy b. Obstructive Sleep Apnea c. Shift work disorder **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A

Brand	Generic	Criteria
		Prescriber Restrictions: Neurologist, Psychiatrist, Sleep Medicine specialist
	mometasone intranasal	**Covered Uses:** Allergic rhinitis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to all of the following: fluticasone propionate spray and Nasacort spray b. Failure of clinically significant adverse effects to "1" of the following: cetirizine or loratadine **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Nasal polyp **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Dulera	mometasone, formoterol	**Covered Uses:** Asthma **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to formulary fluticasone propionate/salmeterol inhaler **Age Restriction:** Must be age of 12 and older **Prescriber Restrictions:** N/A
Embeda	morphine sulfate, naltrexone	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
Moxeza	moxifloxacin 0.5%	**Covered Uses:** Bacterial conjunctivitis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Failure or clinically significant adverse effects to "2" of the following: Ciloxan 0.3% ointment, ciprofloxacin 0.3 % drops, erythromycin ointment, Gentak ointment, gentamicin drops, levofloxacin 0.5 % drops, neomycin-polymyxin-gramicidin drops, neomycin-polymyxin B-dexameth oint, neomycin-polymyxin-hydrocort drop, neomycin-bacitracin-polymyxin oint, neomycin-polymyxin-dexameth drops, ofloxacin 0.3 % drops, polymyxin B sulfate-trimethoprim drops, sulfacetamide 10 % drops, sulfacetamide 10 % ointment, sulfacetamide-prednisolone drops, TobraDex ointment, tobramycin 0.3 % drops, tobramycin-dexamethasone drops, Tobrex 0.3 % ointment or Vigamox 0.5 % drops b. Prescribed by a specialist (e.g. Infectious Disease specialist, Ophthalmologist, Optometrist) **Age Restrictions:** N/A **Prescriber Restrictions:** See Required Medical Information

Brand	Generic	Criteria
AquADEKs	multivitamin	**Covered Uses:** Cystic Fibrosis or Malabsorption disorder **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Movantik	naloxegol	**Covered Uses:** Opioid-induced constipation **Required Medical Information:** Must meet all of the following requirements: a. Documentation of chronic opioid use in the past 90 days b. Failure or clinically significant adverse effects to "1" of the alternatives: docusate, fiber or psyllium c. Failure or clinically significant adverse effects to "1" of the alternatives: bisacodyl or senna d. Failure or clinically significant adverse effects to "1" of the alternatives: lactulose or polyethylene glycol powder **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	nano particle albumin-bound paclitaxel	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Vimovo	naproxen, esomeprazole	**Covered Uses:** Must meet "1" of the following a. Osteoarthritis b. Rheumatoid arthritis **Exclusion Criteria**: N/A **Required Medical Information:** Must meet all of the following: a. Failure or clinically significant adverse effects to ALL of the alternatives: esomeprazole AND naproxen concurrently b. Failure or clinically significant adverse effects to ONE of the alternatives: etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, piroxicam, sulindac c. Failure or clinically significant adverse effects to ONE of the alternatives: lansoprazole, omeprazole, pantoprazole OR rabeprazole **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	naratriptan	**Covered Uses:** Migraine headache **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "1" of the following: rizatriptan or rizatriptan ODT b. Failure or clinically significant adverse effects to the following: sumatriptan **Age Restrictions:** Must be age of 18 years or older **Prescriber Restrictions:** N/A

Brand	Generic	Criteria
Tysabri	natalizumab	**Covered Uses:** Crohn's Disease **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Must meet "1" of the following requirements: i. Failure or clinically significant adverse effects to an adequate course of corticosteroids (e.g. oral budesonide 9mg/day, prednisone 40-60mg daily); ii. Documentation that patient has been unable to taper corticosteroid therapy without experiencing worsening of disease; b. Treatment with at least a two-month course of DMARD: azathioprine, mercaptopurine or methotrexate, was not effective or not tolerated, unless all are contraindicated; c. Failure or inadequate response to at least a 3-month treatment course of the preferred biologic therapies (see below), unless each were not tolerated or were contraindicated; i. Humira ii. Cimzia iii. Renflexis **Age Restrictions:** N/A **Prescriber Restrictions:** Gastroenterologist **Covered Uses:** Relapsing form of multiple sclerosis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Failure or clinically significant adverse effects to all of the following: i. One glatiramer product and "1" interferon alternative (e.g. Avonex Betaseron, Extavia, Rebif); ii. One oral disease modifying therapy: Aubagio Gilenya or Tecfidera; iii. Ineffectiveness of above therapy is evidenced by one of the following: 1. Member continues to have clinical relapses (at least one relapse within the past 12 months); 2. Member continues to have CNS lesion progression as shown in MRI; 3. Member continues to have worsening disability (e.g. decreased mobility, decreased ability to perform daily activities, increase in EDSS score, etc.). b. Documented aggressive initial disease course as evidenced by one of the following (please consult IEHP pharmacist): i. Multiple (at least two) relapses with incomplete resolution in the past year; ii. At least two MRI showing new or enlarging T2 lesions despite treatment over 6 months; iii. The presence of spinal or brainstem lesions on MRI **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
Portrazza	necitumumab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Nevanac	nepafenac 0.1%	**Covered Uses:** Pain, inflammation associated with cataract surgery **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "1" of the following: ketorolac 0.4% or ketorolac 0.5% b. Failure or clinically significant adverse effects to the following: diclofenac 0.1% **Age Restrictions:** N/A **Prescriber Restrictions:** Ophthalmologist, Optometrist

Brand	Generic	Criteria
Ilevro	nepafenac 0.3%	**Covered Uses:** Pain, inflammation associated with cataract surgery **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "1" of the following: ketorolac 0.4% or ketorolac 0.5% b. Failure or clinically significant adverse effects to the following: diclofenac 0.1% **Age Restrictions:** N/A **Prescriber Restrictions:** Ophthalmologist, Optometrist
Nerlynx	neratinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Tasigna	nilotinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	nimodipine	**Covered Uses:** Subarachnoid hemorrhage **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Ofev	nintedanib esylate	**Covered Uses:** Idiopathic Pulmonary Fibrosis **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet all of the following requirements: a. The indicated diagnosis (including any applicable labs and/or tests) must be confirmed by the presence of unspecified interstitial pneumonia (UIP) via high-resolution computer tomography (HRCT) and/or surgical lung biopsy b. Clinically diagnosed with idiopathic pulmonary fibrosis c. Baseline percent predicted forced vital capacity (FVC) greater than or equal to 50% of predicted d. Baseline percent predicted diffusing capaccity of the lung for carbonmonoxide (DLCO) is between 30 to 79% e. Confirmation that the patient is a non-smoker or has abstained from smoking for at least 6 weeks **Age Restriction:** N/A **Prescriber Restrictions:** Pulmonologist
Opdivo	nivolumab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Lo Loestrin Fe	norethindrone, ethinyl estradiol, ferrous fumarate	**Covered Uses:** Contraception **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Tried or clinically significant adverse effects to "2" of the following: Azurette, Balziva, Camrese, Caziant, desogestrel-ethinyl estradiol, Gianvi, Junel FE, levonorgestrel- ethinyl estradiol, Leena, Levora, Low-Ogestrel, Microgestin, Mononessa, Necon, norethindrone, NuvaRing, Ocella, Ogestrel, Quasense, Sronyx, Tilia Fe, TriNessa, Trivora, Xulane, Zenchent Fe or Zovia

Brand	Generic	Criteria
		Age Restrictions: N/A **Prescriber Restrictions:** N/A
Spinraza	nusinersen	Please refer to the Spinraza (nusinersen) Drug Prior Authorization Criteria
Adult Nutrition Supplement (e.g. Ensure, Jevity, Glucerna, Osmolite, Boost, etc.)	nutritional supplement	Please refer to Adult Enteral Nutritional Supplement Drug Class Prior Authorization Criteria
Infant Formula Nutrition Supplement (Nutramigen, Similac Alimentum, Nutramigen Enflora, Elecare Infant, Neocate Infant etc.)	nutritional supplement	Please refer to Nutritional Supplement Infant Formula Prior Authorization Criteria
Pediatric Nutritional Supplement (PediaSure, Boost, Nutren Jr, Peptamen Jr, etc.)	nutritional supplement	Please refer to Nutritional Supplement Pediatric Nutritional Supplements Prior Authorization Criteria
Ocrevus	ocrelizumab	**Covered Uses:** Must meet "1" of the following: a. Primary progressive multiple sclerosis; b. Relapsing form of multiple sclerosis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Primary progressive multiple sclerosis: i. Confirmed diagnosis b. Relapsing form of multiple sclerosis: i. Failure or clinically significant adverse effects to all of the following: 1. One glatiramer product (glatiramer or Glatopa) 2. One interferon alternative (e.g. Avonex Betaseron, Extavia, Rebif);

Brand	Generic	Criteria
		3. One oral disease modifying therapy: Aubagio, Gilenya or Tecfidera; ii. Ineffectiveness of above therapy is evidenced by "1" of the following: 1. Member continues to have clinical relapses (at least one relapse within the past 12 months); 2. Member continues to have CNS lesion progression as shown in MRI; 3. Member continues to have worsening disability (e.g. decreased mobility, decreased ability to perform daily activities, increase in EDSS score, etc.); **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
Sandostatin	octreotide	**Covered Uses:** Acromegaly or Carcinoid or VIPoma **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Sandostatin LAR Depot	octreotide	**Covered Uses:** Acromegaly or Carcinoid or VIPoma **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Arzerra	ofatumumab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Lynparza	olaparib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Lartruvo	olaratumab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	olopatadine 0.2%	**Covered Uses:** Allergic conjunctivitis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Failure or clinically significant adverse effects to "2" of the following: cromolyn, olopatadine, or Zaditor **Age Restrictions:** N/A **Prescriber Restrictions:** See Required Medical Information
	olopatadine 0.6% intranasal	**Covered Uses:** Allergic rhinitis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to the following: azelastine nasal 0.1%

Brand	Generic	Criteria
		b. Failure or clinically significant adverse effects to all of the following: fluticasone propionate spray and Nasacort spray **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Pazeo	olopatadine 0.7%	**Covered Uses:** Allergic conjunctivitis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Failure or clinically significant adverse effects to "2" of the following: azelastine, cromolyn, olopatadine, or Zaditor b. Prescribed by an Ophthalmologist or Optometrist **Age Restrictions:** N/A **Prescriber Restrictions:** See Required Medical Information
Synribo	omacetaxine mepesuccinate	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Xolair	omalizumab	Please refer to Xolair Drug Prior Authorization Criteria
	omega-3-acid ethyl esters	**Covered Uses:** Hyperlipidemia, Hypercholesterolemia, Hypertriglyceridemia or Dyslipidemia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "1" of the following: fenofibrate tablet, fenofibrate micronized capsule, fenofibrate nanocrystallized tablet, fenofibric acid capsule or gemfibrozil b. Documented triglyceride level of 500mg/dL or greater **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Prilosec Granule	omeprazole suspension	**Covered Uses:** Must meet "1" of the following: a. Barrett's esophagus b. Erosive esophagitis c. Duodenal ulcer disease d. Gastric ulcer e. H. pylori infection f. Gastric hypersecretion (Zollinger Ellison syndrome, Retained Gastric Antrum syndrome) g. NSAID associated gastric ulcer h. Symptomatic GERD **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. ONE of the following: i. Failure or clinically significant adverse effects to ALL of the alternatives: lansoprazole, omeprazole, esomeprazole DR, pantoprazole AND rabeprazole ii. Documented difficulty swallowing AND Failure or clinically significant adverse effects to ALL of the alternatives:

Brand	Generic	Criteria
		omeprazole capsule AND lansoprazole capsule sprinkled on apple sauce or juice as directed per package insert iii. Documented tube feeding b. Requested dose and duration must be consistent with FDA package labeled recommendation or DrugDex compendia. **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	omeprazole, sodium bicarbonate	**Covered Uses:** Must meet "1" of the following: a. Barrett's esophagus b. Erosive esophagitis c. Duodenal ulcer disease d. Gastric ulcer e. H. pylori infection f. Gastric hypersecretion (Zollinger Ellison syndrome, Retained Gastric Antrum syndrome) g. NSAID associated gastric ulcer h. Symptomatic GERD **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to ALL of the alternatives: lansoprazole, esomeprazole DR, omeprazole, pantoprazole AND rabeprazole b. Requested dose and duration must be consistent with FDA package labeled recommendation or DrugDex compendia. **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Botox Cosmetic	onabotulinum toxin A	**Covered Uses:** N/A **Exclusion Criteria:** Not a covered benefit **Required Medical Information**: N/A **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Botox	onabotulinum toxin A	Please refer to Botulinum Toxin Drug Class Prior Authorization Criteria
Alli	orlistat	**Covered Uses:** Obesity **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. BMI greater than or equal to 30 kilograms per meter squared. b. BMI great than or equal to 27 kilograms per meter squared with a comorbidity. A comorbidity is defined as but not limited to "1" of the following: i. Diabetes Mellitus Type II ii. Coronary Heart Disease iii. Hyperlipidemia iv. Hypertension

Brand	Generic	Criteria
		v. Sleep Apnea **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	orphenadrine	**Covered Uses:** Treatment of acute, painful musculoskeletal condition (e.g. neck pain, low back pain) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following: cyclobenzaprine, methocarbamol or tizanidine **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Tagrisso	osimertinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	oxazepam	**Covered Uses:** Anxiety **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the alternatives: alprazolam, clonazepam, diazepam OR lorazepam **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Alcohol withdrawal syndrome **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Oxtellar XR	oxcarbazepine ER	**Covered Uses:** Seizure **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Must use concurrently with at least ONE other anticonvulsant medication b. Failure or clinically significant adverse effects to the alternative: oxcarbazepine **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
	oxycodone ER	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
	oxycodone IR	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria

Brand	Generic	Criteria
Xtampza ER	oxycodone myristate	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
	oxymorphone	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
Ibrance	palbociclib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Synagis	palivizumab	Please refer to Synagis (Palivizumab) Drug Prior Authorization Criteria
Zenpep	pancrelipase	**Covered Uses:** Pancreatic insufficiency **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the alternative: Creon **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Vectibix	panitumumab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Farydak	panobinostat lactate	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Protonix Granules	pantoprazole DR granules for suspension	**Covered Uses:** Must meet "1" of the following: a. Barrett's esophagus b. Erosive esophagitis c. Duodenal ulcer disease d. Gastric ulcer e. H. pylori infection f. Gastric hypersecretion (Zollinger Ellison syndrome, Retained Gastric Antrum syndrome) g. NSAID associated gastric ulcer h. Symptomatic GERD **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. ONE of the following: i. Failure or clinically significant adverse effects to ALL of the alternatives: lansoprazole, omeprazole, esomeprazole DR, pantoprazole AND rabeprazole ii. Documented difficulty swallowing AND Failure or clinically significant adverse effects to ALL of the alternatives: omeprazole capsule AND lansoprazole capsule sprinkled on apple sauce or juice as directed per package insert iii. Documented tube feeding b. Requested dose and duration must be consistent with FDA package labeled recommendation or DrugDex compendia.

Brand	Generic	Criteria
		Age Restrictions: N/A **Prescriber Restrictions:** N/A
	paroxetine ER	**Covered Uses:** Must meet "1" of the following: a. Major Depressive Disorder b. Panic Disorder c. Social Anxiety Disorder **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to at least a 6-week treatment course of formulary paroxetine b. Failure or clinically significant adverse effects to at least a 6-week treatment course of "1" additional formulary antidepressant alternative citalopram, escitalopram, fluoxetine, sertraline, duloxetine DR, venlafaxine, venlafaxine ER OR mirtazapine **Age Restrictions:** N/A **Prescriber Restrictions:** Psychiatrist **Covered Uses:** Premenstrual Dysphoric Disorder **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to formulary paroxetine and "1" additional formulary antidepressant alternative fluoxetine, paroxetine, OR sertraline **Age Restrictions:** N/A **Prescriber Restrictions:** Psychiatrist
Pexeva	paroxetine mesylate	**Covered Uses:** Must meet "1" of the following: a. Major depressive disorder; b. Obsessive compulsive disorder; c. Panic disorder **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to at least a 6-week treatment course of formulary paroxetine b. Failure or clinically significant adverse effects to at least a 6-week treatment course of "1" additional formulary antidepressant alternative citalopram, escitalopram, fluoxetine, sertraline, duloxetine DR, venlafaxine, venlafaxine ER OR mirtazapine **Age Restrictions:** N/A **Prescriber Restrictions:** Psychiatrist **Covered Uses:** Generalized anxiety disorder **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: **Prescriber Restrictions:** Psychiatrist

Brand	Generic	Criteria
		Required Medical Information: a. Failure or clinically significant adverse effects to at least a 6-week treatment course of formulary paroxetine b. Failure or clinically significant adverse effects to at least "1" additional formulary alternative buspirone, escitalopram, OR duloxetine DR **Age Restrictions:** N/A **Prescriber Restrictions:** Psychiatrist
Signifor	pasireotide diaspartate	**Covered Uses:** Cushing syndrome **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** Endocrinologist
Signifor LAR	pasireotide pamoate	**Covered Uses:** Acromegaly **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to Sandostatin LAR depot **Age Restrictions:** N/A **Prescriber Restrictions:** Endocrinologist **Covered Uses:** Cushing syndrome **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** Endocrinologist
Veltassa	patiromer	**Covered Uses:** Hyperkalemia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Documentation of Chronic Kidney Disease (CKD) **Age Restrictions:** N/A **Prescriber Restrictions:** Endocrinologist, Nephrologist
Votrient	pazopanib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Macugen	pegaptanib	**Covered Uses:** Neovascular (Wet) Age related macular degeneration **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement:

Brand	Generic	Criteria
		a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** Ophthalmologist
Oncaspar	pegaspargase	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Neulasta	pegfilgrastim	**Covered Uses:** Must meet "1" of the following: a. Prevention of chemotherapy-induced neutropenia b. Hematopoietic radiation injury syndrome (acute) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "1" of the following: Granix or Zarxio **Age Restrictions:** N/A **Prescriber Restrictions:** Hematologist, Oncologist or HIV/Infectious Disease specialist
Sylatron	peginterferon alfa-2b	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Plegridy	peginterferon beta-1A	**Covered Uses:** Relapsing form of multiple sclerosis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to “1” of the following: glatiramer or Glatopa; as evidenced by at least “1” of the following: i. Member continues to have clinical relapses (at least one relapse within the past 12 months); ii. Member continues to have CNS lesion progression as shown in MRI; iii. Member continues to have worsening disability (e.g. decreased mobility, decreased ability to perform daily activities, increase in EDSS score, etc.). **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
Krystexxa	pegloticase IV	**Covered Uses:** Gout **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documentation of "1" of the following requirements: i. 3 or more gout flares in the previous 18 months ii. 1 or more tophus iii. History of chronic gouty arthropathy OR established joint damage due to gout b. Documented uric acid level of 6mg/dL or greater c. Failure or clinically significant adverse effects to all of the following: allopurinol and Uloric **Age Restrictions:** Must be age of 18 years or older

Brand	Generic	Criteria
		Prescriber Restrictions: N/A
Keytruda	pembrolizumab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
FYCOMPA	perampanel	**Covered Uses:** Seizure (i.e. partial-onset seizure, primary generalized tonic-clonic seizure) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the alternatives: carbamazepine, divalproex, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, primidone, topiramate or zonisamide. **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist (new start)
Perjeta	pertuzumab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	phentermine	**Covered Uses:** Obesity **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. BMI greater than or equal to 30 kilograms per meter squared. b. BMI great than or equal to 27 kilograms per meter squared with a comorbidity. A comorbidity is defined as but not limited to "1" of the following: i. Diabetes Mellitus Type II ii. Coronary Heart Disease iii. Hyperlipidemia iv. Hypertension v. Sleep Apnea **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	pimecrolimus topical cream	**Covered Uses:** Atopic dermatitis (i.e. eczema) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "2" of the alternatives: betamethasone dipropionate 0.05% (lotion, ointment, cream), betamethasone valerate 0.1% (ointment, cream), clobetasol 0.05% (ointment, cream, foam, gel, solution), clobetasol-emollient 0.05 % topical cream, fluocinolone 0.025% (cream, ointment), fluocinonide 0.05% (cream, gel, ointment, solution), Fluocinonide-E 0.05 % topical cream, mometasone 0.1% (ointment, cream, solution), triamcinolone 0.1% (cream, ointment, lotion), OR triamcinolone 0.5% (ointment, cream) b. Failure or clinically significant adverse effects to the alternative: tacrolimus ointment **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Atopic dermatitis affecting the eyelids or genital areas

Brand	Generic	Criteria
		Exclusion Criteria: N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the alternative: tacrolimus ointment **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	piperacillin, tazobactam	Please refer to the Intravenous Antibiotics Drug Class Prior Authorization Criteria
Esbriet	pirfenidone	**Covered Uses:** Idiopathic Pulmonary Fibrosis **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet all of the following requirements: a. The indicated diagnosis (including any applicable labs and/or tests) and medication usage must be supported by documentation from the patient's medical record) b. Clinically diagnosed with idiopathic pulmonary fibrosis c. Baseline percent predicted forced vital capacity (FVC) greater than or equal to 50% of predicted d. Baseline percent predicted diffusing capacity of the lung for carbon monoxide (DLCO) is between 30 to 90% e. Confirmation that the patient is a non-smoker or has abstained from smoking for at least 6 weeks **Age Restriction:** N/A **Prescriber Restrictions:** Pulmonologist
Pomalyst	pomalidomide	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Iclusig	ponatinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	potassium citrate	**Covered Uses:** Nephrolithiasis (kidney calculus, hypocitraturia) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Folotyn	pralatrexate	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	pramipexole ER	**Covered Uses:** Parkinson's disease **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "1" of the following: pramipexole or ropinirole

Brand	Generic	Criteria
		Age Restrictions: N/A **Prescriber Restrictions:** Neurologist
Lyrica	pregabalin	**Covered Uses:** Seizure **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet the following requirement: a. Documented concurrent use with at least one other anticonvulsant medication **Age Restrictions:** N/A **Prescriber Restrictions:**: Neurologist **Covered Uses:** Neuropathic pain associated with spinal cord injury **Exclusion Criteria**: CCS eligible **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:**: Neurologist **Covered Uses**: Fibromyalgia or neuropathic pain **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to amitriptyline within the past 6 months b. Failure or clinically significant adverse effects to gabapentin greater than or equal to 1200mg/day within the past 6 months b. Must meet "1" of the following: 1. Failure or clinically significant adverse effects to venlafaxine within the past 6 months 2. Failure or clinically significant adverse effects to duloxetine within the past 6 months **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Postherpetic neuralgia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to ALL of the alternatives: amitriptyline and gabapentin greater than or equal to 1200mg/day **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	protriptyline	**Covered Uses:** Depression **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "1" of the alternatives: amitriptyline, desipramine, doxepin,

Brand	Generic	Criteria
		imipramine OR nortriptyline b. Failure or clinically significant adverse effects to "1" of the alternatives: citalopram, escitalopram, fluoxetine, paroxetine, sertraline, duloxetine DR, venlafaxine, bupropion OR mirtazapine **Age Restrictions:** N/A **Prescriber Restrictions:** Psychiatrist
Xofigo	radium-223 dichloride	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Rozerem	ramelteon	**Covered Uses:** Insomnia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Documentation of history of substance abuse b. Must meet all of the following requirements: i. Failure or clinically significant adverse effects to the following: zolpidem ii. Failure or clinically significant adverse effects to "1" of the following: eszopiclone or zaleplon **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Cyramza	ramucirumab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Lucentis	ranibizumab	**Covered Uses:** Neovascular (Wet) Age related macular degeneration, Macular edema with retinal vein occlusion, Choroidal retinal neovascularization, Diabetic macular edema OR Diabetic retinopathy **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** Ophthalmologist
Ranexa	ranolazine	**Covered Uses:** Chronic angina pectoris **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "1" drug from any "2" of the groups: i. Atenolol, carvedilol, labetalol, metoprolol succinate, metoprolol tartrate, propranolol or sotalol ii. Amlodipine, diltiazem, diltiazem CD, diltiazem ER, felodipine ER, nifedipine, nifedipine ER, Taztia XT, verapamil, or verapamil ER iii. Isordil, isosorbide dinitrate, isosorbide ER or Nitro-bid **Age Restrictions:** N/A **Prescriber Restrictions:** Cardiologist (new start)

Brand	Generic	Criteria
	rasagiline	**Covered Uses:** Parkinson's disease **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to selegiline and "1" of the following: carbidopa/levodopa, carbidopa/levodopa ER, pramipexole, ropinirole **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
Stivarga	regorafenib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
RhoGAM	Rh0 [D] immune globulin	**Covered Uses:** Must meet "1" of the following: a. Rho(D) suppression: antepartum prophylaxis b. Rho(D) suppression: following potentially sensitizing event (e.g. trauma, invasive procedures or obstetric complications) c. Transfusion of Rh-incompatible blood or blood products d. Rho(D) suppression: postpartum prophylaxis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Xifaxan	rifaximin	**Covered Uses:** Irritable bowel syndrome with diarrhea (IBS-D) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to ALL of the following alternatives: loperamide AND dicyclomine **Age Restrictions:** N/A **Prescriber Restrictions:** Gastroenterologist **Covered Uses:** Hepatic encephalopathy; Prophylaxis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to lactulose **Age Restrictions:** N/A **Prescriber Restrictions:** Gastroenterologist, Hepatologist **Covered Uses:** Traveler's diarrhea **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to ciprofloxacin

Brand	Generic	Criteria
		Age Restrictions: N/A **Prescriber Restrictions:** N/A
Myobloc	rimabotulinum toxin B	Please refer to Botulinum Toxin Drug Class Prior Authorization Criteria
Adempas	riociguat	**Covered Uses:** Pulmonary Arterial Hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documented WHO Functional Class II or above b. Failure or clinically significant adverse effect to sildenafil **Age Restrictions:** N/A **Prescriber Restrictions:** Cardiologist, Pulmonologist
-	risedronate	**Covered Uses:** Must meet "1" of the following: a. Osteoporosis b. Paget's Disease **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to alendronate. **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Rituxan	rituximab	**Covered Uses:** Cancer indications (e.g. chronic lymphocytic leukemia, non-Hodgkin lymphoma) **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet the following requirement: a. FDA labeled indication or NCCN recommended regimen of 2B or above **Age Restrictions:** N/A **Prescriber Restrictions:** Hematologist, Oncologist **Covered Uses:** Idiopathic Thrombocytopenic Purpura (ITP) **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet all of the following requirements: a. Must meet "1" of the following: i. Platelet count is less than 20,000 per cubic meter ii. Platelet count is less than 30,000 per cubic meter with symptoms of bleeding b. Failure or clinically significant adverse effects to corticosteroid therapy **Age Restrictions:** N/A **Prescriber Restrictions:** Hematologist **Covered Uses:** Rheumatoid Arthritis (RA) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "1" of the following: azathioprine, cyclosporine, hydroxychloroquine, leflunomide, methotrexate, OR sulfasalazine

Brand	Generic	Criteria
		b. Failure or clinically significant adverse effects to ALL of the following: Enbrel AND Humira **Age Restrictions:** N/A **Prescriber Restrictions:** Immunologist, Oncologist, Rheumatologist **Covered Uses:** Must meet "1" of the following: a. Granulomatosis with Polyangiitis (GPA): Wegener's Granulomatosis b. Microscopic polyangiitis/polyarteritis (MPA) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** Immunologist, Rheumatologist
Xarelto 2.5mg	rivaroxaban	**Covered Uses:** Coronary Artery Disease (CAD) or peripheral artery disease (PAD) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documentation of concurrent use with aspirin b. Documentation of "1" of the following: i. Atherosclerosis involving at least two vascular beds ii. Atherosclerosis with at least "2" additional cardiovascular risks: current smoking, diabetes mellitus, impaired renal function of GFR less than 60 mL per minute, heart failure or history of ischemic stroke iii. Peripheral arterial disease with "1" of the following: 1. Symptomatic with ankle brachial index (ABI) less than 0.90 2. Asymptomatic carotid artery stenosis greater than or equal to 50% 3. History of carotid revascularization procedure 4. Ischemic disease of one or both lower extremities **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	rivastigmine patch	**Covered Uses:** Alzheimer dementia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following: a. Failure or clinically significant adverse effects to "2" of the following: donepezil, donepezil ODT, rivastigmine capsule, galantamine tablet b. Must meet ALL of the following requirements: i. Documented difficulty swallowing (i.e. dysphagia) ii. Failure or clinically significant adverse effects to formulary donepezil ODT **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Parkinson's disease dementia **Exclusion Criteria:** N/A

Brand	Generic	Criteria
		Required Medical Information: Must meet "1" of the following: a. Failure or clinically significant adverse effects to rivastigmine capsule b. Documented difficulty swallowing (i.e. dysphagia) **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Daliresp	roflumilast	**Covered Uses**: Chronic obstructive pulmonary disease (COPD) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. FEV1 less than 50% b. Failure or clinically significant adverse effects to "1" of the following: Incruse Ellipta or Tudorza c. Failure or clinically significant adverse effects to "1" of the following: Advair Diskus, Breo Ellipta or Symbicort **Age Restrictions:** N/A **Prescriber Restrictions:** Allergist, Immunologist, Pulmonologist
	romidepsin	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Nplate	romiplostim	**Covered Uses:** Chronic immune thrombocytopenia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Must meet "1" of the following requirements: i. Failure or clinically significant adverse effects to "1" of the following: dexamethasone, hydrocortisone, methylprednisolone, prednisone or prednisolone ii. Failure or clinically significant adverse effects to "1" of the following: intravenous immune globulins (IVIG) or WinRho iii. Documented relapse after splenectomy iv. Documented contraindication to splenectomy b. Must meet "1" of the following requirements: i. Documentation platelet count is less than 30 x 10^9/L ii. Must meet all of the following requirements: 1. Documentation platelet count is less than 50 x10^9/L 2. Documentation of "1" clinical condition increasing the risk for bleeding: active bleeding, hypertension, peptic ulcer disease, recent surgery, trauma or being on anticoagulation therapy **Age Restrictions:** N/A **Prescriber Restrictions:** Hematologist
	ropinirole XL	**Covered Uses:** Parkinson's disease **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "1" of the following: pramipexole or ropinirole

Brand	Generic	Criteria
		Age Restrictions: N/A **Prescriber Restrictions:** Neurologist
Neupro	rotigotine transdermal patch	**Covered Uses:** Parkinson's disease **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following: pramipexole and ropinirole **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist **Covered Uses:** Restless legs syndrome **Exclusion Criteria**: N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following: pramipexole and ropinirole **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Banzel	rufinamide	**Covered Uses:** Seizure (i.e. Lennox-Gastaut syndrome) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Must use concurrently with at least "1" other anticonvulsant medication **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist (new start)
Jakafi	ruxolitinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Entresto	sacubitril, valsartan	**Covered Uses:** Chronic Heart Failure **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documentation of New York Heart Association (NYHA) class II, III or IV heart failure symptoms b. Documented left ventricular ejection fraction less than 40 percent **Age Restrictions:** Must be age of 18 or older **Prescriber Restrictions:** Cardiologist
Kuvan	sapropterin	**Covered Uses:** Phenylketonuria (PKU) **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** Geneticist, Metabolic Disorder specialist

Brand	Generic	Criteria
Kevzara	sarilumab	Please refer to Rheumatic and Inflammatory Diseases Drug Class Prior Authorization Criteria
Onglyza	saxagliptin	**Covered Uses:** Diabetes Mellitus Type II **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to all of the following: i. Metformin. ii. "1" of the formulary DPP-4 inhibitor products: alogliptin, alogliptin-metformin iii. "1" additional oral formulary alternatives: acarbose, glimepiride, glipizide, glipizide/metformin, glyburide, glyburide/metformin, Steglatro, Segluromet or pioglitazone b. Documented HbA1c greater than 7 percent after 90 consecutive days of optimal therapy with the tried alternatives. **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Hizentra (SCIG)	SCIG	Please refer to Immunoglobulin (IVIG) Drug Class Prior Authorization Criteria
Cosentyx	secukinumab	Please refer to Rheumatic and Inflammatory Diseases Drug Class Prior Authorization Criteria
Uptravi	selexipag	**Covered Uses:** Pulmonary Arterial Hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documented WHO Functional Class II or above b. Failure or clinically significant adverse effect to sildenafil c. Failure or clinically significant adverse effect to Letairis, Opsumit or Tracleer **Age Restrictions:** N/A **Prescriber Restrictions:** Cardiologist, Pulmonologist
	sevelamer powder packet	**Covered Uses:** Chronic Kidney Disease (CKD): stage 3 to 5 **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documented high phosphate levels (greater than 4.5mg/dL) b. Must meet "1" of the following requirements: i. Documentation of difficulty swallowing ii. Documentation of administration via feeding tube iii. Patient has difficulty with adherence due to pill burden after trial of calcium acetate, Renagel tablet or Renvela tablet **Age Restrictions:** N/A **Prescriber Restrictions:** N/A

Brand	Generic	Criteria
	sildenafil 20mg tablet	**Covered Uses:** Pulmonary Arterial Hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Documented WHO Functional Class II or above **Age Restrictions:** N/A **Prescriber Restrictions:** Cardiologist, Pulmonologist **Covered Uses**: N/A **Exclusion Criteria**: Erectile dysfunction (ED): Not a covered benefit **Required Medical Information**: N/A **Age Restrictions**: N/A **Prescriber Restrictions**: N/A
Sylvant	siltuximab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	sirolimus	**Covered Uses:** Must meet "1" of the following: a. Prophylaxis of organ rejection in transplant (e.g. Graft-Versus-Host Disease or GVHD) b. Treatment of lymphangioleiomyomatosis **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restriction:** N/A **Prescriber Restrictions:** Transplant specialist
	sodium ferric gluconate complex	**Covered Uses:** Iron-deficiency anemia, hemodialysis-dependent patients **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Iron-deficiency anemia, non-dialysis-dependent patient **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Failure or clinically significant adverse effects to the following: ferrous sulfate tablet b. Documentation that disorder of the GI (e.g. inflammatory bowel disease) may be aggravated by oral iron c. Documentation of decreased absorption of oral iron due to gastric bypass surgery and/or subtotal gastric resection d. Documentation that oral iron cannot compensate the severe anemia **Age Restrictions:** N/A **Prescriber Restrictions:** N/A

Brand	Generic	Criteria
		Covered Uses: Chemotherapy-induced anemia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** Hematologist, Oncologist
Euflexxa	sodium hyaluronate	Please refer to Viscosupplementation Product Drug Class Prior Authorization Criteria
Hyalgan	sodium hyaluronate	Please refer to Viscosupplementation Product Drug Class Prior Authorization Criteria
Supartz	sodium hyaluronate	Please refer to Viscosupplementation Product Drug Class Prior Authorization Criteria
Xyrem	sodium oxybate	**Covered Uses:** Narcolepsy **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet all of the following requirements: a. Documented daily periods of irrepressible need to sleep or daytime lapses into sleep occurring for at least 3 months b. Documentation of sleep study (e.g. MSLT) confirming the diagnosis of narcolepsy and excluding other causes of chronic daytime sleepiness c. Documentation of functional impairment due to narcolepsy which may include but not limited to limitation of daily living activities d. Failure or clinically significant adverse effects to modafinil AND at least "1" other alternative : amphetamine-dextroamphetamine (Adderall) OR methylphenidate **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist, Psychiatrist **Covered Uses:** Cataplexy in narcolepsy **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet all of the following requirements: a. Documented daily periods of irrepressible need to sleep or daytime lapses into sleep occurring for at least 3 months b. Documentation of cataplexy associated symptoms: sudden loss of muscle tone and deep tendon reflexes, and associated with significant functional impairment c. Documentation of functional impairment which may include but not limited to limitation of daily living activities **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist, Psychiatrist

Brand	Generic	Criteria
	sodium phenylbutyrate	**Covered Uses:** Hyperammonemia for the chronic management of urea cycle disorder **Exclusion Criteria:** CCS eligible **Required Medical Information:** Must meet the following requirement: a. Documentation of concurrent dietary protein restriction with or without amino acid supplementation (e.g. Cyclinex, EAA OR UCD I&II) **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Suprep Bowel Prep Kit	sodium sulfate, potassium sulfate, magnesium sulfate	**Covered Uses:** Bowel cleansing before colonoscopy **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the alternatives: GaviLyte-G, peg 3350-eletrolytes OR TriLyte **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Vosevi	sofosbuvir, velpatasvir, voxilaprevir	Please refer to the Hepatitis C Drug Class Criteria
Vesicare	solifenacin	**Covered Uses:** Overactive bladder (OAB) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "2" of the alternatives: oxybutynin, oxybutynin ER, tolterodine, OR tolterodine ER b. Failure or clinically significant adverse effects to "1" of the alternatives: trospium OR trospium ER **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Genotropin	somatropin	Please refer to Growth Hormone Drug Class Prior Authorization Criteria
Humatrope	somatropin	Please refer to Growth Hormone Drug Class Prior Authorization Criteria
Norditropin	somatropin	Please refer to Growth Hormone Drug Class Prior Authorization Criteria
Nutropin	somatropin	Please refer to Growth Hormone Drug Class Prior Authorization Criteria
Saizen	somatropin	Please refer to Growth Hormone Drug Class Prior Authorization Criteria

Brand	Generic	Criteria
Serostim	somatropin	Please refer to Growth Hormone Drug Class Prior Authorization Criteria
Zorbtive	somatropin	Please refer to Growth Hormone Drug Class Prior Authorization Criteria
Omnitrope vial	somatropin vial	Please refer to Growth Hormone Drug Class Prior Authorization Criteria
Odomzo	sonidegib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Nexavar	sorafenib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Velphoro	sucroferric oxyhydroxide	**Covered Uses:** Chronic Kidney Disease (CKD): stage 3 to 5 **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documented high phosphate levels (greater than 4.5mg/dL) b. Failure or clinically significant adverse effects to "1" of the following: Renagel or Renvela c. Must meet "1" of the following requirements: i. Failure or clinically significant adverse effects to the following: calcium acetate ii. Elevated corrected calcium level greater than 9.5 mg/dL iii. Low iPTH level (below laboratory reference range) with normal or elevated serum calcium associated with adynamic bone disease iv. Documentation of vascular calcification **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	sumatriptan injectable	**Covered Uses:** Migraine headache **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to the alternative: sumatriptan tablet b. Failure or clinically significant adverse effects to "1" of the alternative: rizatriptan or rizatriptan ODT c. Must use concurrently with "1" of the following for migraine prophylaxis: amitriptyline, atenolol, divalproex, metoprolol, propranolol, topiramate, valproate or venlafaxine **Age Restrictions:** Must be age of 18 years or older **Prescriber Restrictions:** N/A **Covered Uses:** Cluster headache **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** Must be age of 18 years or older **Prescriber Restrictions:** N/A

Brand	Generic	Criteria
	sumatriptan intranasal spray 20mg, 5mg	**Covered Uses:** Migraine headache **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to the alternative: sumatriptan b. Must use concurrently with "1" of the following for migraine prophylaxis: amitriptyline, atenolol, divalproex, metoprolol, propranolol, topiramate, valproate or venlafaxine **Age Restrictions:** Must be age of 18 years or older **Prescriber Restrictions:** N/A
	sumatriptan, naproxen	**Covered Uses:** Migraine headache **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to ALL of the alternatives: naproxen AND sumatriptan b. Failure or clinically significant adverse effects to "1" of the following: rizatriptan or rizatriptan ODT **Age Restrictions:** Must be age of 18 years or older **Prescriber Restrictions:** N/A **Covered Uses:** Migraine headache **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to the alternative: naproxen b. Failure or clinically significant adverse effects to "1" of the following: rizatriptan or rizatriptan ODT **Age Restrictions:** Must be age of 12 to 17 years **Prescriber Restrictions:** N/A
Sutent	sunitinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Belsomra	suvorexant	**Covered Uses:** Insomnia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to the following: zolpidem b. Failure or clinically significant adverse effects to "1" of the following: eszopiclone or zaleplon **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Astagraf XL	tacrolimus ER capsule	**Covered Uses:** Prophylaxis of organ rejection in transplant (e.g. Graft-Versus-Host Disease or GVHD) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restriction:** N/A

Brand	Generic	Criteria
		Prescriber Restrictions: Transplant specialist
Envarsus XR	tacrolimus ER tablet	**Covered Uses:** Prophylaxis of organ rejection in transplant (e.g. Graft-Versus-Host Disease or GVHD) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restriction:** N/A **Prescriber Restrictions:** Transplant specialist
	tacrolimus topical ointment	**Covered Uses:** Atopic dermatitis (i.e. eczema) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the alternatives: betamethasone dipropionate 0.05% (lotion, ointment, cream), betamethasone valerate 0.1% (ointment, cream), clobetasol 0.05% (ointment, cream, foam, gel, solution), clobetasol-emollient 0.05 % topical cream, fluocinolone 0.025% (cream, ointment), fluocinonide 0.05% (cream, gel, ointment, solution), Fluocinonide-E 0.05 % topical cream, mometasone 0.1% (ointment, cream, solution), triamcinolone 0.1% (cream, ointment, lotion), OR triamcinolone 0.5% (ointment, cream) **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Atopic dermatitis affecting the eyelids or genital areas **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	tadalafil	**Covered Uses:** Erectile dysfunction (ED) **Exclusion Criteria:** Not a covered benefit **Required Medical Information:** N/A **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Benign prostatic hyperplasia (BPH) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following: doxazosin, finasteride, tamsulosin or terazosin **Age Restrictions:** N/A **Prescriber Restrictions:** N/A

Brand	Generic	Criteria
-	tadalafil 20mg tablet	**Covered Uses:** Pulmonary Arterial Hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documented WHO Functional Class II or above. b. Failure or clinically significant adverse effect to sildenafil. **Age Restrictions:** N/A **Prescriber Restrictions:** Cardiologist, Pulmonologist
Zioptan	tafluprost	**Covered Uses:** Open-angle glaucoma or ocular hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the following: latanoprost **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Nucynta ER	tapentadol	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
Nucynta IR	tapentadol	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
-	tazarotene cream	**Covered Uses:** Acne vulgaris (acne) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "1" of the following: tretinoin cream OR tretinoin gel b. Failure or clinically significant adverse effects to "2" of the following: benzoyl peroxide topical, clindamycin topical or erythromycin topical **Age Restrictions:** N/A **Prescriber Restrictions:** Dermatologist **Covered Uses:** Plaque psoriasis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following: betamethasone dipropionate 0.05% (lotion, ointment, cream), betamethasone valerate 0.1% (ointment, cream), clobetasol 0.05% (ointment, cream, foam, gel, solution), clobetasol-emollient 0.05 % topical cream, fluocinolone 0.025% (cream, ointment), fluocinonide 0.05% (cream, gel, ointment, solution), Fluocinonide-E 0.05 % topical cream, mometasone 0.1% (ointment, cream, solution), triamcinolone 0.1% (cream, ointment, lotion), OR triamcinolone 0.5% (ointment, cream) **Age Restrictions:** N/A **Prescriber Restrictions:** Dermatologist
	temozolomide	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria

Brand	Generic	Criteria
Aubagio	teriflunomide	**Covered Uses:** Relapsing form of multiple sclerosis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documentation of liver transaminase and bilirubin levels; b. If female, confirmation of negative pregnancy test at initiation of therapy and use of contraceptive throughout treatment duration; c. Failure or clinically significant adverse effects to "1" of the following: glatiramer or Glatopa; as evidenced by at least "1" of the following: 1. Member continues to have clinical relapses (at least one relapse within the past 12 months); 2. Member continues to have CNS lesion progression as shown in MRI; 3. Member continues to have worsening disability (e.g. decreased mobility, decreased ability to perform daily activities, increase in EDSS score, etc.). **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
Forteo	teriparatide	**Covered Uses:** Osteoporosis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documentation of a T-score less than -2.5 at the lumbar spine, hip (total hip or femoral neck), or radius (one-third radius site). b. Documented inadequate response (e.g. greater than 3 percent decrease in bone mineral density from baseline, fracture from minimal trauma)while receiving the following, or clinically significant adverse effects to all of the following: i. An oral bisphosphonate (e.g. alendronate) ii. An intravenous bisphosphonate (e.g. zoledronic acid) iii. Prolia iv. Tymlos c. Patient is concurrently receiving calcium and vitamin D supplement. d. The combined duration of treatment with any parathyroid hormone analogs has not exceeded a lifetime maximum of 24 months (i.e. abaloparatide and teriparatide) **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Egrifta	tesamorelin	**Covered Uses:** Reduction of excess abdominal fat in HIV-infected patients with lipodystrophy **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. BMI greater than 20 kg/m2 b. Waist circumference greater than or equal to 95 cm in men and greater than or equal to 94 cm in women c. Waist-to-hip ratio greater than or equal to 0.94 for males and greater than or equal to 0.88 for females d. Fasting blood glucose less than 150mg/dL e. No history of type 1 diabetes or type 2 diabetes f. Documentation of concurrent antiretroviral therapy **Age Restrictions:** Must be age of 18 years or older

Brand	Generic	Criteria
		Prescriber Restrictions: N/A
	testosterone topical gel/pump 1%	Please refer to Testosterone Drug Class Prior Authorization Criteria
	tetrabenazine	**Covered Uses:** Treatment of chorea associated with Huntington's disease **Exclusion Criteria:** Check CCS eligibility **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
	tiagabine	**Covered Uses:** Seizure **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to TWO of the alternatives: carbamazepine, divalproex, ethosuximide, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, primidone, topiramate OR zonisamide b. Must use concurrently with at least ONE other anticonvulsant medication **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
Brilinta 90mg	ticagrelor	**Covered Uses:** Must meet "1" of the following: a. Acute Coronary Syndrome (ACS): unstable angina, Non-ST Elevation Myocardial Infarction (NSTEMI), ST-segment Elevation Myocardial Infarction (STEMI) b. History of myocardial infarction c. Percutaneous coronary intervention **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Maintenance dose of aspirin should not exceed 100 mg per day **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Brilinta 60mg	ticagrelor	**Covered Uses:** Must meet "1" of the following: a. Acute Coronary Syndrome (ACS): unstable angina, Non-ST Elevation Myocardial Infarction (NSTEMI), ST-segment Elevation Myocardial Infarction (STEMI) b. History of myocardial infarction c. Percutaneous coronary intervention **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Maintenance dose of aspirin should not exceed 100 mg per day

Brand	Generic	Criteria
		Age Restrictions: N/A **Prescriber Restrictions:** N/A
Betimol	timolol	**Covered Uses:** Open-angle glaucoma or ocular hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to “2” of the following: levobunolol, metipranolol or timolol **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Spiriva Respimat 1.25 mcg	tiotropium 1.25 mcg	**Covered Uses**: Asthma **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following for "2" consecutive months each: Asmanex Twisthaler, Flovent, Pulmicort or QVAR **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Spiriva HandiHaler	tiotropium 18 mcg	**Covered Uses:** Chronic Obstructive Pulmonary Disease (COPD) **Exclusion Criteria**: N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to “1” formulary long acting bronchodilator: Incruse Ellipta, Stiolto Respimat, Anoro Ellipta, Tudorza, Serevent or Brovana. **Age Restrictions**: N/A **Prescriber Restrictions:** N/A
Spiriva Respimat 2.5 mcg	tiotropium 2.5 mcg	**Covered Uses:** Chronic Obstructive Pulmonary Disease (COPD) **Exclusion Criteria**: N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to “1” formulary long acting bronchodilator: Incruse Ellipta, Stiolto Respimat, Anoro Ellipta, Tudorza, Serevent or Brovana. **Age Restrictions**: N/A **Prescriber Restrictions:** N/A
Zylet	tobramycin 0.3%, loteprednol	**Covered Uses:** Bacterial conjunctivitis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Failure or clinically significant adverse effects to "2" of the following: ciprofloxacin 0.3% drops, ciprofloxacin 0.3% ointment, erythromycin ointment, gentamicin drops, gentamicin ointment, levofloxacin 0.5% drops, neomycin/polymyxin b/dexamethasone drops, neomycin/polymyxin b/dexamethasone ointment, neomycin/polymyxin b/hydrocortisone eye drops, ofloxacin 0.3% drops, sulfacetamide 10% drops, sulfacetamide 10% ointment, sulfacetamide/prednisolone drops,

Brand	Generic	Criteria
		tobramycin drops, tobramycin ointment, tobramycin/dexamethasone drops, tobramycin/dexamethasone ointment or Vigamox 0.5% drops b. Prescribed by a specialist (e.g. Infectious Disease specialist, Ophthalmologist, Optometrist) **Age Restrictions:** N/A **Prescriber Restrictions:** See Required Medical Information
	tobramycin solution ampoule for nebulization	**Covered Uses:** Cystic Fibrosis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** Infectious Disease specialist, Pulmonologist
Actemra	tocilizumab	Please refer to Rheumatic and Inflammatory Diseases Drug Class Prior Authorization Criteria
Xeljanz	tofacitinib	Please refer to Rheumatic and Inflammatory Diseases Drug Class Prior Authorization Criteria
	tolcapone	**Covered Uses:** Parkinson's disease **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Must use concurrently with carbidopa and levodopa; AND b. Failure or clinically significant adverse effects to formulary entacapone **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
Trokendi XR	topiramate	**Covered Uses:** Seizures or migraine prophylaxis **Exclusion Criteria:** Check CCS eligibility **Required Medical Information:** Must meet the following requirement: a. Medical justification why formulary topiramate cannot be used **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist
Yondelis	trabectedin	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
ConZip	tramadol biphasic IR/ER capsule	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
	tramadol ER	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria

Brand	Generic	Criteria
Mekinist	trametinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	tranexamic acid tablet	**Covered Uses:** Cyclic heavy menstrual bleeding **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** OB-GYN specialist
Herceptin	trastuzumab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Travatan Z	travoprost	**Covered Uses:** Open-angle glaucoma or ocular hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the following: latanoprost **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Orenitram	treprostinil ER	**Covered Uses:** Pulmonary Arterial Hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documented WHO Functional Class II or above b. Failure or clinically significant adverse effect to sildenafil c. Failure or clinically significant adverse effect to Letairis, Opsumit or Tracleer **Age Restrictions:** N/A **Prescriber Restrictions:** Cardiologist, Pulmonologist
Tyvaso	treprostinil nebulizing solution	**Covered Uses:** Pulmonary Arterial Hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Member is not a candidate for parenteral prostanoid therapy b. Must meet "1" of the following: i. Documented WHO Functional Class IV ii. Documented WHO Functional Class III and "1" of the following: • Evidence of rapid disease progression • Markers for poor clinical prognosis **Age Restrictions:** N/A **Prescriber Restrictions:** Cardiologist, Pulmonologist
Remodulin	treprostinil vial	**Covered Uses:** Pulmonary Arterial Hypertension **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements:

Brand	Generic	Criteria
		a. Documented WHO Functional Class IV b. Documented WHO Functional Class III and "1" of the following: i. Evidence of rapid disease progression ii. Markers for poor clinical prognosis **Age Restrictions:** N/A **Prescriber Restrictions:** Cardiologist, Pulmonologist
	trientine	**Covered Uses:** Wilson's disease **Exclusion Criteria**: CCS eligible **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the following: penicillamine **Age Restriction:** N/A **Prescriber Restrictions:** Gastroenterologist, Hepatologist
Lonsurf	trifluridine, tipiracil	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	trimipramine	**Covered Uses:** Depression **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "1" of the alternatives: amitriptyline, desipramine, doxepin, imipramine OR nortriptyline b. Failure or clinically significant adverse effects to "1" of the alternatives: citalopram, escitalopram, fluoxetine, paroxetine, sertraline, duloxetine DR, venlafaxine, bupropion OR mirtazapine **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Trelstar	triptorelin pamoate inj	**Covered Uses:** Prostate Cancer **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to Eligard and Zoladex. **Age Restrictions:** N/A **Prescriber Restrictions:** Oncologist, Urologist
	trospium or trospium ER	**Covered Uses:** Overactive bladder (OAB) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the alternatives: oxybutynin, oxybutynin ER, tolterodine OR tolterodine ER **Age Restrictions:** N/A **Prescriber Restrictions:** N/A

Brand	Generic	Criteria
	unfractionated heparin	**Covered Uses:** Must meet "1" of the following: a. Prophylaxis of Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE) b. Maintenance of line patency (line flushing) **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Stelara	ustekinumab	Please refer to Rheumatic and Inflammatory Diseases Drug Class Prior Authorization Criteria
Ingrezza	valbenazine	**Covered Uses:** Tardive Dyskinesia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Documentation of functional impairment b. Documentation of "1" of the following requirements: i. Switching from a first-generation neuroleptic to a second-generation neuroleptic ii. Discontinuation or dose modification of the offending medication **Age Restrictions:** Age of 18 years or older **Prescriber Restrictions:** Neurologist, Psychiatrist
	valganciclovir	**Covered Uses:** Must meet "1" of the following: a. CMV retinitis b. CMV infection prophylaxis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** HIV specialist, Infectious Disease specialist, Transplant specialist
	vancomycin IV	Please refer to the Intravenous Antibiotics Drug Class Prior Authorization Criteria
Caprelsa	vandetanib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Varizig	varicella-zoster immune globulin	**Covered Uses:** Post-exposure prophylaxis of varicella in high risk individuals **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Documentation of one of the following: immunocompromised children and adults, newborns of mothers with varicella shortly before or after delivery, premature infants, neonates and infants less than one year of age, adults without evidence of immunity OR pregnant women

Brand	Generic	Criteria
		Age Restrictions: N/A **Prescriber Restrictions:** N/A
Entyvio	vedolizumab	Please refer to Rheumatic and Inflammatory Diseases Drug Class Prior Authorization Criteria
	velpatasvir, sofosbuvir	Please refer to the Hepatitis C Drug Class Criteria
Zelboraf	vemurafenib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Venclexta	venetoclax	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	vigabatrin	**Covered Uses:** Infantile spasms **Exclusion Criteria:** Check CCS eligibility **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist (new start) **Covered Uses:** Refractory complex partial seizure **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "2" of the following: carbamazepine, divalproex, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, primidone, topiramate OR zonisamide. b. Must use concurrently with at least "1" other seizure medication **Age Restrictions:** N/A **Prescriber Restrictions:** Neurologist (new start)
Viibryd	vilazodone	**Covered Uses:** Major Depressive Disorder **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to at least a 6-week treatment course of "2" of the following: citalopram, escitalopram, fluoxetine, paroxetine, sertraline, duloxetine DR, venlafaxine, venlafaxine ER, bupropion OR mirtazapine **Age Restrictions:** N/A **Prescriber Restrictions:** Psychiatrist (new start)
Marqibo	vincristine liposomal	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria

Brand	Generic	Criteria
Erivedge	vismodegib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	voriconazole oral	**Covered Uses:** Must meet "1" of the following: a. Invasive aspergillosis: treatment or prophylaxis b. Pulmonary aspergillosis, chronic c. Fungal infection caused by Scedosporium apiospermum, Scedosporium prolificans or Fusarium species d. Infection prophylaxis in graft-versus-host disease e. Infection prophylaxis in allogeneic hematopoietic stem cell transplant (HSCT) or certain autologous HSCT **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Confirmed diagnosis **Age Restrictions:** N/A **Prescriber Restrictions:** N/A **Covered Uses:** Must meet "1" of the following: a. Candidemia (fungal infection in the blood) b. Candidiasis of the esophagus c. Invasive candidiasis: of the skin, in abdomen, kidney, bladder wall, and wounds d. Oropharyngeal candidiasis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Failure or clinically significant adverse effects to the alternative: fluconazole b. Documentation that culture report identifying fluconazole-resistant Candida species **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Trintellix	vortioxetine	**Covered Uses:** Major Depressive Disorder **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to at least a 6-week treatment course of "2" of the following: citalopram, escitalopram, fluoxetine, paroxetine, sertraline, duloxetine DR, venlafaxine, venlafaxine ER, bupropion OR mirtazapine **Age Restrictions:** N/A **Prescriber Restrictions:** Psychiatrist (new start)
	zaleplon	**Covered Uses:** Insomnia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to the alternative: zolpidem **Age Restrictions:** N/A

Brand	Generic	Criteria
		Prescriber Restrictions: N/A **Coverage Duration:**
Zaltrap	ziv-aflibercept	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	zoledronic acid IV	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	zoledronic acid IV	**Covered Uses:** Osteoporosis **Exclusion Criteria:** N/A **Required Medical Information:** Must meet "1" of the following requirements: a. Documentation of all of the following: i. Documentation of a T-score less than -2.5 at the spine or hip. ii. Documentation of "1" of the following: 1. Documented inadequate response to oral bisphosphonate within the past 6 months (180 days) (e.g. greater than 3 percent decrease in bone mineral density from baseline, or osteoporotic fracture while taking an oral bisphosphonate, etc.). 2. Patient is not a candidate for oral bisphosphonate (e.g. co-morbid GI condition, intolerance to an oral bisphosphonate, etc). b. Severe osteoporosis documented with "1" of the followings: i. T-score less than -3.5 at the spine or hip ii. Documentation or history of osteoporotic fractures. **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Zomig Nasal Spray	zolmitriptan solution	**Covered Uses:** Migraine headache **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to the alternative: zolmitriptan orally-disintegrating b. Failure or clinically significant adverse effects to the alternative: sumatriptan c. Failure or clinically significant adverse effects to "1" of the following: rizatriptan or rizatriptan ODT **Age Restrictions:** Must be age of 18 years or older **Prescriber Restrictions:** N/A **Covered Uses:** Migraine headache **Exclusion Criteria:** N/A **Required Medical Information:** Must meet the following requirement: a. Failure or clinically significant adverse effects to "1" of the following: rizatriptan or rizatriptan ODT **Age Restrictions:** Must be age of 12 to 17 years **Prescriber Restrictions:** N/A

Brand	Generic	Criteria
	zolmitriptan tablet, zolmitriptan orally-disintegrating	**Covered Uses:** Migraine headache **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "1" of the following: rizatriptan or rizatriptan ODT b. Failure or clinically significant adverse effects to the following: sumatriptan **Age Restrictions:** Must be age of 18 years or older **Prescriber Restrictions:** N/A
ZolpiMist	zolpidem	**Covered Uses:** Insomnia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to the alternative: zolpidem b. Failure or clinically significant adverse effects to "1" of the alternatives: eszopiclone or zaleplon **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	zolpidem 1.75mg and 3.5mg sublingual tablets	**Covered Uses:** Insomnia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to the alternative: zolpidem b. Failure or clinically significant adverse effects to "1" of the alternatives: eszopiclone or zaleplon **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
Edluar	zolpidem 5mg and 10mg sublingual tablets	**Covered Uses:** Insomnia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to the alternative: zolpidem b. Failure or clinically significant adverse effects to "1" of the alternatives: eszopiclone OR zaleplon c. Females only: Failure or clinically significant adverse effects to the alternative: zolpidem 5mg for initiation only **Age Restrictions:** N/A **Prescriber Restrictions:** N/A
	zolpidem ER	**Covered Uses:** Insomnia **Exclusion Criteria:** N/A **Required Medical Information:** Must meet all of the following requirements: a. Failure or clinically significant adverse effects to the following: zolpidem immediate release b. Failure or clinically significant adverse effects to "1" of the following: eszopiclone or zaleplon **Age Restrictions:** N/A **Prescriber Restrictions:** N/A

Brand	Generic	Criteria
Nebulizer		Please refer to Pharmacy Policy Nebulizer

Detailed Prior Authorization criteria can be found at: https://www.iehp.org/en/providers/pharmacy-services/prior-authorization-drug-treatment-criteria