



Scott & White
HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

SENIORCARE (COST)

2016 Prior Authorization Criteria

Last Updated: 10/1/2016

ACTEMRA SYRINGE

Products Affected

- Actemra INJ

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Restricted to rheumatology
Coverage Duration	Duration of the contract year
Other Criteria	Requires failure of methotrexate AND at least one tumor necrosis factor antagonist

ADCIRCA

Products Affected

- Adcirca

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	N/A

AMPYRA

Products Affected

- Ampyra

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	Diagnosis of remitting-relapsing MS with difficulty ambulating with 25 feet timed gait test
Age Restrictions	N/A
Prescriber Restrictions	Restricted to Neurology
Coverage Duration	Initial authorization for 3 months. Reauthorization approved for duration of the contract year.
Other Criteria	Concomitant therapy on interferon beta-1b, glatiramer, or interferon beta-1a. Reauthorization will require documentation of at least a 10% improvement in timed 25 feet gait test as compared to base line.

AUBAGIO

Products Affected

- Aubagio

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	Coverage is excluded if any one of the following criteria is met: 1) Pregnancy 2) Severe hepatic impairment
Required Medical Information	Diagnosis of relapsing multiple sclerosis
Age Restrictions	Must be 18 years or older
Prescriber Restrictions	Restricted to Neurology
Coverage Duration	Duration of the contract year
Other Criteria	Patient to discontinue other immunomodulatory agents for multiple sclerosis prior to starting Aubagio (such as Avonex, Betaseron, Copaxone, Rebif, Extavia, Tysabri, Tecfidera, Gilenya)

CARBAGLU

Products Affected

- Carbaglu

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	N/A

CAYSTON

Products Affected

- Cayston

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	N/A

CIMZIA

Products Affected

- Cimzia

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Restricted to rheumatology and gastroenterology
Coverage Duration	Duration of the contract year
Other Criteria	If diagnosis is rheumatoid arthritis, must have failure or intolerance to methotrexate.

CINRYZE

Products Affected

- Cinryze

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Allergist, Immunologist, Hematologist or Dermatologist
Coverage Duration	Duration of the contract year
Other Criteria	N/A

CORLANOR

Products Affected

- Corlanor

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Restricted to Cardiology
Coverage Duration	Duration of the contract year
Other Criteria	Requires failure of or intolerance to maximized beta-blocker therapy.

COSENTYX

Products Affected

- Cosentyx

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	If diagnosis is plaque psoriasis, must have moderate to severe plaque psoriasis affecting greater than 5% of the body surface area (BSA) or affecting crucial body areas such as the hands, feet, face or genitals.
Age Restrictions	N/A
Prescriber Restrictions	Restricted to Dermatology and Rheumatology
Coverage Duration	Duration of the contract year
Other Criteria	If diagnosis is plaque psoriasis, must have failure of at least two of the following: potent topical corticosteroids, calcipotriene, tazarotene, phototherapy, acitretin, methotrexate, or cyclosporine.

ENBREL

Products Affected

- Enbrel

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	If diagnosis is plaque psoriasis, must have moderate to severe plaque psoriasis affecting greater than 5% of the body surface area (BSA) or affecting crucial body areas such as the hands, feet, face or genitals.
Age Restrictions	N/A
Prescriber Restrictions	Restricted to rheumatology and dermatology
Coverage Duration	Duration of the contract year
Other Criteria	If diagnosis is rheumatoid arthritis, must have failure or intolerance to methotrexate. If diagnosis is plaque psoriasis, must have failure of at least two of the following: potent topical corticosteroids, calcipotriene, tazarotene, phototherapy, acitretin, methotrexate, or cyclosporine.

ENTRESTO

Products Affected

- Entresto

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	Excluded if patient has a history of angioedema associated with use of the following: Angiotensin converting enzyme (ACE) Inhibitor therapy or Angiotensin receptor blocker (ARB) therapy. Excluded if patient is on any concomitant ACE Inhibitor, ARB or aliskiren therapy.
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Restricted to Cardiology
Coverage Duration	Duration of the contract year
Other Criteria	N/A

ESBRIET

Products Affected

- Esbriet

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Restricted to Pulmonary
Coverage Duration	Duration of the contract year
Other Criteria	N/A

EXJADE

Products Affected

- Exjade

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	Patient must be over 2 years of age
Prescriber Restrictions	Restricted to hematology and oncology
Coverage Duration	Duration of the contract year
Other Criteria	N/A

FENTANYL TIRF

Products Affected

- Lazanda
- Fentanyl Citrate Oral Transmucosal

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	Documentation of use to manage breakthrough pain in a patient with cancer who is already receiving opioid therapy and is opioid tolerant
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	Patients are considered opioid tolerant when taking morphine 60 mg/day or more, transdermal fentanyl 25 mcg/hr, oxycodone 30 mg/day, oral hydromorphone 8 mg/day, or an equianalgesic dose of another opioid for 1 week or longer.

FERRIPROX

Products Affected

- Ferriprox

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Restricted to Hematology/Oncology
Coverage Duration	Duration of the contract year
Other Criteria	Therapeutic failure on, intolerance to, or contraindication to Exjade. Documentation of ANC greater than 1.5×10^9 (10 to the 9th power) / L.

FIRAZYR

Products Affected

- Firazyr

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	Must be 18 years or older
Prescriber Restrictions	Allergist, Immunologist, Hematologist or Dermatologist
Coverage Duration	Duration of the contract year
Other Criteria	N/A

FORTEO

Products Affected

- Forteo

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	For use as first-line therapy: Documentation of osteoporotic fractures AND a T-score of less than -3.0 in the spine, femoral neck, or total hip. For use as second-line therapy: Documentation of fractures while on oral bisphosphonate therapy OR intolerance to oral bisphosphonate therapy.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	N/A

GATTEX

Products Affected

- Gattex

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Restricted to Gastroenterology
Coverage Duration	Duration of the contract year
Other Criteria	Documentation that member requires parenteral nutrition at least 3 times a week for the last 12 consecutive months.

GILOTRIF (PA FOR NEW STARTS ONLY)

Products Affected

- Gilotrif

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	For diagnosis of non-small cell lung cancer (NSCLC), documented epidermal growth factor (EGFR) exon 19 deletion or exon 21 (L858R) substitution mutation.
Age Restrictions	N/A
Prescriber Restrictions	Restricted to oncology
Coverage Duration	Duration of the contract year
Other Criteria	N/A

GLEEVEC (PA FOR NEW STARTS ONLY)

Products Affected

- Gleevec

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Restricted to oncology
Coverage Duration	Duration of the contract year
Other Criteria	N/A

HARVONI

Products Affected

- Harvoni

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	1) Diagnosis of chronic hepatitis C (CHC) genotypes 1, 4, 5 or 6 2) Baseline HCV viral load (VL) 3) Treatment status of patient (treatment naïve or treatment-experienced). If treatment-experienced, provide previous therapies 4) Documentation that patient does or does not have cirrhosis
Age Restrictions	Must be 18 years or older
Prescriber Restrictions	Restricted to a Gastroenterologist, Hepatologist or Infectious Disease physician
Coverage Duration	12 to 24 weeks
Other Criteria	N/A

HETLIOZ

Products Affected

- HetlioZ

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Must be prescribed by or in consultation with a sleep specialist
Coverage Duration	Duration of the contract year
Other Criteria	N/A

HUMIRA

Products Affected

- Humira

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	If diagnosis is plaque psoriasis, must have moderate to severe plaque psoriasis affecting greater than 5% of the body surface area (BSA) or affecting crucial body areas such as the hands, feet, face or genitals.
Age Restrictions	N/A
Prescriber Restrictions	Restricted to rheumatology, dermatology, gastroenterology and ophthalmology
Coverage Duration	Duration of the contract year
Other Criteria	If diagnosis is rheumatoid arthritis, must have failure or intolerance to methotrexate. If diagnosis is plaque psoriasis, must have failure of at least two of the following: potent topical corticosteroids, calcipotriene, tazarotene, phototherapy, acitretin, methotrexate, or cyclosporine.

ILARIS

Products Affected

- Ilaris

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Rheumatologist or Immunologist
Coverage Duration	Duration of the contract year
Other Criteria	N/A

IMBRUVICA (PA FOR NEW STARTS ONLY)

Products Affected

- Imbruvica

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Restricted to oncology
Coverage Duration	Duration of the contract year
Other Criteria	N/A

JUXTAPID

Products Affected

- Juxtapid

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications not otherwise excluded from Part D
Exclusion Criteria	Pregnancy
Required Medical Information	Diagnosis of homozygous familial hypercholesterolemia (HoFH)
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	Adequate trial (30 days of therapy), failure, contraindication or intolerance to the use of high dose statin therapy (simvastatin 80 mg, pravastatin 80 mg, atorvastatin 80 mg daily, or rosuvastatin 40mg).

KALYDECO

Products Affected

- Kalydeco

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	Coverage excluded if homozygous for the F508 del mutation in the CFTR gene
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Restricted to Pulmonary
Coverage Duration	Duration of the contract year
Other Criteria	N/A

KINERET

Products Affected

- Kineret

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Restricted to rheumatology
Coverage Duration	Duration of the contract year
Other Criteria	Diagnosis of rheumatoid arthritis and must have failure or intolerance to methotrexate

KORLYM

Products Affected

- Korlym

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	Pregnancy
Required Medical Information	Documentation of a negative pregnancy test within 14 days of initiating therapy in women of reproductive potential
Age Restrictions	N/A
Prescriber Restrictions	Restricted to Endocrinology
Coverage Duration	Duration of the contract year
Other Criteria	N/A

KYNAMRO

Products Affected

- Kynamro

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	Diagnosis of homozygous familial hypercholesterolemia (HoFH)
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	Adequate trial (30 days of therapy), failure, contraindication or intolerance to the use of high dose statin therapy (simvastatin 80 mg, pravastatin 80 mg, atorvastatin 80 mg daily, or rosuvastatin 40mg).

LIDOCAINE PATCH

Products Affected

- Lidocaine PTCH

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	N/A

LUMIZYME

Products Affected

- Lumizyme

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	N/A

MEGESTROL ACETATE (PA FOR NEW STARTS ONLY)

Products Affected

- Megestrol Acetate ORAL SUSP

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	N/A

MEKINIST (PA FOR NEW STARTS ONLY)

Products Affected

- Mekinist

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	A documented BRAF V600E or V600K mutation
Age Restrictions	N/A
Prescriber Restrictions	Restricted to oncology
Coverage Duration	Duration of the contract year
Other Criteria	Mekinist, as a single agent, is not indicated for the treatment of patients who have received prior BRAF-inhibitor therapy (i.e. Zelboraf, Tafinlar).

MODAFINIL

Products Affected

- Modafinil

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	N/A

MOZOBIL

Products Affected

- Mozobil

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	Requires diagnosis of non-Hodgin's lymphoma or multiple myeloma. Requires failure of standard stem cell mobilization using a colony stimulating factor (either G-CSF or GM-CSF) alone or in combination with chemotherapy.
Age Restrictions	N/A
Prescriber Restrictions	Restricted to hematology and oncology
Coverage Duration	Duration of the contract year
Other Criteria	Requires use in combination with one of the following colony stimulating factors: Granulocyte Colony Stimulating Factor (G-CSF) or Granulocyte Macrophage Colony Stimulating Factor (GM-CSF)

MUSCLE RELAXANTS

Products Affected

- Carisoprodol TABS 350MG
- Chlorzoxazone
- Methocarbamol ORAL TABS
- Orphenadrine Citrate Er

PA Criteria	Criteria Details
Covered Uses	A FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	Applies to members 65 years of age and older
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	N/A

MYOZYME

Products Affected

- Myozyme

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	N/A

NATPARA

Products Affected

- Natpara

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	Hypocalcemia is not corrected by calcium supplements and active forms of vitamin D alone

NORDITROPIN

Products Affected

- Norditropin

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Restricted to endocrinology
Coverage Duration	Duration of the contract year
Other Criteria	N/A

NORTHERA

Products Affected

- Northera

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Restricted to Neurology and Cardiology
Coverage Duration	Duration of the contract year
Other Criteria	N/A

NOXAFIL

Products Affected

- Noxafil

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	N/A

NUVIGIL (ARMODAFINIL)

Products Affected

- Nuvigil

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	N/A

OFEV

Products Affected

- Ofev

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Restricted to Pulmonary
Coverage Duration	Duration of the contract year
Other Criteria	N/A

ORENCIA SYRINGE

Products Affected

- Orenzia INJ 125MG/ML

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Restricted to rheumatology
Coverage Duration	Duration of the contract year
Other Criteria	Requires failure of methotrexate AND at least one tumor necrosis factor antagonist such as Enbrel, Humira, Cimzia, Simponi or Remicade.

RAVICTI

Products Affected

- Ravicti

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	N/A

RETIN-A MICRO

Products Affected

- Retin-a Micro
- Retin-a Micro Pump GEL 0.08%

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D
Exclusion Criteria	Excluded if prescribed for cosmetic use
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	N/A

SEDATIVES

Products Affected

- Eszopiclone
- Zolpidem Tartrate
- Zaleplon
- Zolpidem Tartrate Er

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	Only applies to members 65 years of age and older
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	<p>Prior authorization and quantity limit applies only to members 65 years of age and older who will be evaluated for appropriate use of high risk medication.</p> <p>Zolpidem and Zaleplon: For requests for greater than 90 days cumulative use within the past 365 days, will require failure of, contraindication to, or intolerance to Rozerem and Silenor.</p> <p>Eszopiclone: Requires failure of, contraindication to, or intolerance to Rozerem and Silenor.</p>

SIGNIFOR

Products Affected

- Signifor

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Restricted to Endocrinology
Coverage Duration	Duration of the contract year
Other Criteria	N/A

SIGNIFOR LAR

Products Affected

- Signifor Lar

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Restricted to Endocrinology
Coverage Duration	Duration of the contract year
Other Criteria	N/A

SILDENAFIL

Products Affected

- Revatio SUSR
- Sildenafil TABS

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	N/A

SIMPONI

Products Affected

- Simponi

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Restricted to rheumatology, dermatology and gastroenterology
Coverage Duration	Duration of the contract year
Other Criteria	If diagnosis is rheumatoid arthritis, must have failure or intolerance to methotrexate.

SOVALDI

Products Affected

- Sovaldi

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	Documented diagnosis of chronic hepatitis C (CHC) with one of the following genotypes (GT): 1,2, 3, 4, 5 or 6
Age Restrictions	Must be 18 years or older
Prescriber Restrictions	Restricted to a Hepatologist, Gastroenterologist or Infectious Disease physician
Coverage Duration	12 to 24 weeks. HCC with CHC: Up to 48 weeks or until liver transplantation.
Other Criteria	N/A

SPRYCEL (PA FOR NEW STARTS ONLY)

Products Affected

- Sprycel

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Restricted to oncology
Coverage Duration	Duration of the contract year
Other Criteria	N/A

STELARA

Products Affected

- Stelara

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	If diagnosis is plaque psoriasis, must have moderate to severe plaque psoriasis affecting greater than 5% of the body surface area (BSA) or affecting crucial body areas such as the hands, feet, face or genitals.
Age Restrictions	N/A
Prescriber Restrictions	Restricted to dermatology and rheumatology
Coverage Duration	Duration of the contract year
Other Criteria	If diagnosis is plaque psoriasis, must have failure of at least two of the following: potent topical corticosteroids, calcipotriene, tazarotene, phototherapy, acitretin, methotrexate, or cyclosporine. If diagnosis is psoriatic arthritis, must have failure or intolerance to methotrexate.

SYNAGIS

Products Affected

- Synagis INJ 50MG/0.5ML

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	Must be less than 2 years of age
Prescriber Restrictions	N/A
Coverage Duration	6 months
Other Criteria	N/A

TAFINLAR (PA FOR NEW STARTS ONLY)

Products Affected

- Tafinlar

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	A documented positive BRAF V600E or V600K mutation
Age Restrictions	N/A
Prescriber Restrictions	Restricted to oncology
Coverage Duration	Duration of the contract year
Other Criteria	Tafinlar should not be used in patients with wild-type BRAF melanoma due to the potential risk of tumor promotion in these patients.

TARCEVA (PA FOR NEW STARTS ONLY)

Products Affected

- Tarceva

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Restricted to oncology
Coverage Duration	Duration of the contract year
Other Criteria	N/A

TAZORAC

Products Affected

- Tazorac

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D
Exclusion Criteria	Excluded if prescribed for cosmetic use
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	N/A

TRETINOIN

Products Affected

- Tretinoin (topical)

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D
Exclusion Criteria	Excluded if prescribed for cosmetic use
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	N/A

TRICYCLIC ANTIDEPRESSANTS (PA FOR NEW STARTS ONLY)

Products Affected

- Amitriptyline Hcl ORAL TABS
- Clomipramine Hcl ORAL CAPS
- Doxepin Hcl CONC
- Doxepin Hcl ORAL CAPS
- Imipramine Hcl ORAL TABS
- Surmontil
- Trimipramine Maleate ORAL CAPS

PA Criteria	Criteria Details
Covered Uses	A FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	Applies to members 65 years of age and older
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	Prior authorization applies to members 65 years of age and older who will be evaluated for appropriate use of high risk medication. Requires trial on two formulary alternatives including nortriptyline and desipramine.

VPRIV

Products Affected

- Vpriv

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	N/A

XALKORI (PA FOR NEW STARTS ONLY)

Products Affected

- Xalkori

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Restricted to oncology
Coverage Duration	Duration of the contract year
Other Criteria	N/A

XIFAXAN

Products Affected

- Xifaxan

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	If diagnosis is hepatic encephalopathy, requires ONE of the following criteria be met: 1) Encephalopathy with admission to the hospital while on lactulose, 2) Encephalopathy with uncontrolled diarrhea, 3) Encephalopathy with intolerance to lactulose, or 4) Encephalopathy not improving on lactulose alone.

XOLAIR

Products Affected

- Xolair

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	If diagnosis is asthma, requires the following: 1) Serum IgE level prior to initiation 2) Expected dose of Xolair 3) Poor control of asthma as demonstrated by at least one of the following: one hospital admission in the prior 6 months, or 2 emergency room visits in the prior 6 months, or 2 months of daily oral corticosteroids use without significant tapering or other events which are felt to indicate poor control.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	If diagnosis is asthma, requires patient be on combined inhaled corticosteroid and long-acting bronchodilator therapy.

ZELBORAF (PA FOR NEW STARTS ONLY)

Products Affected

- Zelboraf

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Duration of the contract year
Other Criteria	N/A

ZYKADIA (PA FOR NEW STARTS ONLY)

Products Affected

- Zykadia

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications not otherwise excluded from Part D
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Restricted to oncology
Coverage Duration	Duration of the contract year
Other Criteria	N/A

PART B VERSUS PART D

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

Products Affected

- Acetylcysteine INHALATION SOLN
- Albuterol Sulfate INHALATION NEBU
- Alimta INJ 500MG
- Ambisome
- Amifostine
- Aminosyn 7%/electrolytes
- Aminosyn 8.5%/electrolytes
- Aminosyn II
- Aminosyn II 8.5%/electrolytes
- Aminosyn M
- Aminosyn-hbc
- Aminosyn-pf
- Aminosyn-pf 7%
- Aminosyn-rf
- Aranesp Albumin Free INJ
- Atgam
- Avastin
- Azacitidine
- Azathioprine TABS
- Beleodaq
- Benlysta INJ
- Bleomycin Sulfate INJ
- Carimune Nanofiltered INJ
- Cellcept
- Cromolyn Sodium NEBU
- Cyclophosphamide ORAL CAPS
- Cyclosporine ORAL CAPS
- Cyclosporine Modified
- Emend ORAL CAPS
- Engerix-b
- Etoposide INJ
- Faslodex
- Freamine Hbc 6.9%
- Gammagard Liquid INJ
- Gamunex-c INJ
- Gengraf
- Granisetron Hcl TABS
- Hepatamine
- Herceptin
- Intralipid
- Ipratropium Bromide INHALATION SOLN
- Kadcylla INJ
- Keytruda
- Leucovorin Calcium INJ
- Leukine INJ
- Lupron Depot
- Lupron Depot-ped INJ
- Mitoxantrone Hcl
- Mycophenolate Mofetil
- Mycophenolic Acid Dr
- Myfortic
- Nebupent
- Neoral
- Neulasta
- Neupogen
- Nulojix
- Ondansetron Hcl ORAL SOLN
- Ondansetron Hcl ORAL TABS
- Ondansetron ODT
- Orenicia INJ
- Paclitaxel INJ
- Pamidronate Disodium INJ
- Privigen INJ
- Procrit
- Prograf
- Proleukin
- Prolia
- Pulmozyme
- Rapamune

- Recombivax Hb
- Remicade
- Rituxan INJ
- Sirolimus ORAL TABS
- Somatuline Depot
- Synribo
- Tacrolimus ORAL CAPS
- Tobi
- Tobi Podhaler
- Topotecan Hcl INJ
- Trisenox
- Tysabri
- Velcade
- Ventavis
- Virazole
- Xgeva
- Yervoy INJ
- Zoledronic Acid INJ
- Zometa INJ
- Zortress

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