



A Public Entity

Inland Empire Health Plan

IEHP Medi-Cal Prior Authorization Criteria

February 2020

Generic	Brand	Criteria
abaloparatide	Tymlos	<p>Covered Uses: Osteoporosis Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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) <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
abobotulinum toxin A	Dysport	Please refer to Botulinum Toxin Drug Class Prior Authorization Criteria
acyclovir 5% topical cream		<p>Covered Uses: Herpes labialis or herpes febrilis (cold sore) Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Failure or clinically significant adverse effects to the alternative: Abreva <p>Age Restrictions: Must be age 12 or older Prescriber Restrictions: N/A</p>

Detailed Prior Authorization criteria can be found at: <https://www.iehp.org/en/providers/pharmacy-services/rx-pa-drug-treatment-criteria>

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acyclovir topical ointment		<p>Covered Uses: Must meet "1" of the following:</p> <ul style="list-style-type: none"> a. Genital herpes simplex virus infection (HSV) b. Non-life threatening mucocutaneous herpes simplex virus infection, patient immunocompromised <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Failure or clinically significant adverse effects to "1" of the alternatives: acyclovir tablet, famciclovir tablet or valacyclovir tablet <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
adalimumab	Humira	Please refer to Rheumatic and Inflammatory Diseases Drug Class Prior Authorization Criteria
adapalene, benzoyl peroxide	Epiduo, Epiduo Forte	<p>Covered Uses: Acne vulgaris (acne)</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> 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 <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Dermatologist</p>
ado-trastuzumab emtansine	Kadcyla	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
afibercept	Eylea	<p>Covered Uses: Neovascular (Wet) Age related macular degeneration, Macular edema with retinal vein occlusion, Diabetic macular edema OR Diabetic retinopathy</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Confirmed diagnosis <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Ophthalmologist</p>
albendazole		<p>Covered Uses: Must meet "1" of the following:</p> <ul style="list-style-type: none"> a. Neurocysticercosis caused by pork tapeworm, Taenia solium b. Cystic hydatid disease of the liver, lung, and peritoneum, caused by the dog tapeworm, Echinococcus granulosus <p>Exclusion Criteria: N/A</p>

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		<p>Required Medical Information: Must meet the following requirement:</p> <p>a. Confirmed diagnosis</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p> <p>Covered Uses: Enterobius vermicularis (pinworm)</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <p>a. Failure or clinically significant adverse effects to the following alternative: pyrantel pamoate</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
albuterol	Proair HFA, Proair Respiclick	<p>Covered Uses: Bronchospasm or Prevention of exercise-induced bronchospasm</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <p>a. Failure or clinically significant adverse effects to the following: albuterol sulfate HFA or Ventolin</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
albuterol	Proventil HFA	<p>Covered Uses: Bronchospasm or Prevention of exercise-induced bronchospasm</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <p>a. Failure or clinically significant adverse effects to the following: albuterol sulfate HFA or Ventolin</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
albuterol tablet		<p>Covered Uses: Bronchospasm</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <p>a. Failure or clinically significant adverse effects to "1" of the following: albuterol ER tablet or albuterol syrup</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
alfuzosin		<p>Covered Uses: Benign prostatic hyperplasia</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <p>a. Failure or clinically significant adverse effects to "2" of the alternatives: doxazosin, finasteride, prazosin OR tamsulosin</p>

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		Age Restrictions: N/A Prescriber Restrictions: Urologist
alirocumab injection	Praluent	Please refer to Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitor Drug Class Prior Authorization Criteria
ambrisentan		Covered Uses: Pulmonary Arterial Hypertension (PAH) 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
apremilast	Otezla	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
becaplermin	Regranex	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
belimumab	Benlysta	Covered Uses: Systemic Lupus Erythematosus (SLE) Exclusion Criteria: CCS eligible

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		<p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> a. Documented positive SLE autoantibody as evidenced by "1" of the following: <ul style="list-style-type: none"> 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, azathioprine, cyclophosphamide OR mycophenolate; <p>Age Restrictions: N/A Prescriber Restrictions: Rheumatologist, Immunologist</p>
betaxolol 0.5%		<p>Covered Uses: Open-angle glaucoma or ocular hypertension Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Failure or clinically significant adverse effects to "2" of the following: levobunolol, metipranolol or timolol <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
bevacizumab	Avastin (Ocular)	<p>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:</p> <ul style="list-style-type: none"> a. Confirmed diagnosis <p>Age Restrictions: N/A Prescriber Restrictions: Ophthalmologist</p>
bevacizumab vial	Avastin (Oncology)	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
bosentan		<p>Covered Uses: Pulmonary Arterial Hypertension (PAH) Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> a. Documented WHO Functional Class II or above b. Failure or clinically significant adverse effect to sildenafil <p>Age Restrictions: N/A Prescriber Restrictions: Cardiologist, Pulmonologist</p>

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brimonidine 0.1%, 0.15%	Alphagan P	<p>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</p>
brinzolamide	Azopt	<p>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</p>
brivaracetam	Briviact	<p>Covered Uses: Partial 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)</p>
budesonide ER 3mg capsule		<p>Covered Uses: Crohn'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 alternatives: dexamethasone, hydrocortisone, methylprednisolone, prednisone OR prednisolone Age Restrictions: N/A Prescriber Restrictions: Gastroenterologist</p>
budesonide ER 9mg tablet		<p>Covered Uses: Ulcerative Colitis (UC) 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</p>

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		<p>Age Restrictions: N/A Prescriber Restrictions: Gastroenterologist</p>
budesonide intranasal		<p>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</p> <p>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</p>
bupropion	Aplenzin	<p>Covered Uses: Major Depressive Disorder (MDD) 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</p>
bupropion 450mg ER		<p>Covered Uses: Major Depressive Disorder (MDD) 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</p>

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butalbital, acetaminophen, caffeine 50-300-40 capsule		<p>Covered Uses: Tension or muscle contraction headache</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <p>a. Failure or clinically significant adverse effects to the alternative: butalbital-acetaminophen-caffeine (50/325/40mg)</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
C1 esterase inhibitor	Haegarda	Please refer to Hereditary Angioedema (HAE) Drug Class Prior Authorization Criteria
calcipotriene topical		<p>Covered Uses: Plaque psoriasis</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <p>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, fluocinonide 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)</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Dermatologist</p>
capecitabine		Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
carisoprodol		<p>Covered Uses: Treatment of acute, painful musculoskeletal condition (e.g. neck pain, low back pain)</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <p>a. Failure or clinically significant adverse effects to "2" of the following: cyclobenzaprine, methocarbamol or tizanidine</p> <p>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</p> <p>c. Limit to short-term use only (i.e. no more than 1 month)</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
cevimeline		<p>Covered Uses: Xerostomia (dry mouth) associated with Sjogren's syndrome</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p>

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		<p>a. Failure or clinically significant adverse effects to the following: pilocarpine tablet Age Restrictions: N/A Prescriber Restrictions: N/A</p>
ciclopirox topical		<p>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</p> <p>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</p>
clindamycin phosphate, benzoyl peroxide topical gel		<p>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</p>
clobazam		<p>Covered Uses: Lennox-Gastaut syndrome- 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)</p>

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clomipramine		<p>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</p>
clorazepate		<p>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</p> <p>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</p>
cobimetinib	Cotellic	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
corticotropin	H.P. Acthar Gel	Please refer to H.P. Acthar Gel Drug Prior Authorization Criteria
crisaborole	Eucrisa	<p>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</p>

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		<p>Age Restrictions: N/A Prescriber Restrictions: N/A</p> <p>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</p>
cyclosporine	Restasis	<p>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</p>
daclatasvir	Daklinza	Please refer to the Hepatitis C Drug Class Criteria
dantrolene		<p>Covered Uses: Chronic spasticity (i.e. usually associated with neurologic conditions such as spinal cord injury, stroke, cerebral palsy, 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: baclofen or tizanidine Age Restrictions: N/A Prescriber Restrictions: N/A</p>
daratumumab	Darzalex	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
darbepoetin	Aranesp	Please refer to Erythropoiesis-Stimulating Agents (ESAs) Drug Class Prior Authorization Criteria
dasabuvir, ombitasvir, paritaprevir, ritonavir	Viekira XR	Please refer to the Hepatitis C Drug Class Criteria

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dasatinib	Sprycel	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
deferasirox	Exjade	<p>Covered Uses: Chronic iron overload due to blood transfusions Exclusion Criteria: CCS eligible Required Medical Information: Must meet all of the following requirements:</p> <ol style="list-style-type: none"> a. Must meet "1" of the following: <ol style="list-style-type: none"> i. Documented baseline serum ferritin greater than 1000 mcg/L ii. Documentation of Liver Iron Concentration (LIC) greater than 7 mg Fe/g dry weight b. Documentation of blood transfusions <p>Age Restriction: N/A Prescriber Restrictions: Hematologist</p> <p>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:</p> <ol style="list-style-type: none"> a. Documented baseline serum ferritin greater than 300 mcg/L b. Documentation of Liver Iron Concentration (LIC) greater than 5 mg/g dw <p>Age Restriction: N/A Prescriber Restrictions: Hematologist</p>
degarelix	Firmagon	<p>Covered Uses: Prostate Cancer Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement:</p> <ol style="list-style-type: none"> a. Failure or clinically significant adverse effects to Eligard and Zoladex. <p>Age Restrictions: N/A Prescriber Restrictions: Oncologist, Urologist</p>
denosumab	Prolia	<p>Covered Uses: Osteoporosis Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement:</p> <ol style="list-style-type: none"> a. Documentation of all of the following: <ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> • 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).

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		<p>Age Restrictions: N/A Prescriber Restrictions: N/A</p> <p>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:</p> <ul style="list-style-type: none"> a. Inadequate response or clinically significant adverse effects to a bisphosphonate. b. Documentation of "1" of the following: <ul style="list-style-type: none"> 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. <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
desvenlafaxine succinate ER		<p>Covered Uses: Major Depressive Disorder (MDD) Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> 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 <p>Age Restrictions: N/A Prescriber Restrictions: Psychiatrist (new start)</p>
deutetrabenazine	Austedo	<p>Covered Uses: Chorea-Huntington's disease Exclusion Criteria: Check CCS eligibility Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> a. Documentation of functional disability b. Failure or clinically significant adverse effects to tetrabenazine c. Care coordination: Please consult IEHP pharmacist for behavioral health care coordination if depression is present but untreated or uncontrolled <p>Age Restrictions: N/A Prescriber Restrictions: Neurologist</p> <p>Covered Uses: Tardive Dyskinesia Exclusion Criteria: N/A Required Medical Information: Must meet all the following requirements:</p> <ul style="list-style-type: none"> a. Documentation of functional impairment b. Documentation of "1" of the following:

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		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
dexlansoprazole	Dexilant	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
dextromethorphan, quinidine	Nuedexta	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
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

Detailed Prior Authorization criteria can be found at: <https://www.iehp.org/en/providers/pharmacy-services/rx-pa-drug-treatment-criteria>

Generic	Brand	Criteria
diclofenac patch	Flector	<p>Covered Uses: Treatment of acute pain associated with musculoskeletal condition (e.g. strains, sprains, osteoarthritis)</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <p>a. Failure or clinically significant adverse effects to all of the following:</p> <ul style="list-style-type: none"> i. Formulary diclofenac; ii. One additional formulary oral NSAID alternatives: etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam or sulindac; iii. Voltaren gel <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
dimethyl fumarate	Tecfidera	<p>Covered Uses: Multiple sclerosis, relapsing forms</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <p>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:</p> <ul style="list-style-type: none"> 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.). <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Neurologist</p>
dornase alfa	Pulmozyme	<p>Covered Uses: Cystic fibrosis</p> <p>Exclusion Criteria: CCS eligible</p> <p>Required Medical Information: Must meet the following requirement:</p> <p>a. Confirmed diagnosis</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Pulmonologist</p>
doxepin	Silenor	<p>Covered Uses: Insomnia</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> 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

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Generic	Brand	Criteria
		Age Restrictions: N/A Prescriber Restrictions: N/A
doxorubicin		Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
doxylamine, pyridoxine HCl	Diclegis	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 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
dulaglutide	Trulicity	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

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Generic	Brand	Criteria
		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		<p> Covered Uses: Major Depressive Disorder (MDD) 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 </p> <p> 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 </p> <p> Covered Uses: Diabetic peripheral neuropathy Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Failure or clinically significant adverse effects to formulary duloxetine AND gabapentin ($\geq 1200\text{mg/day}$) Age Restrictions: N/A Prescriber Restrictions: N/A </p> <p> Covered Uses: Fibromyalgia 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 </p>

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Generic	Brand	Criteria
elbasivir, grazoprevir	Zepatier	Please refer to the Hepatitis C Drug Class Criteria
eletriptan		<p>Covered Uses: Migraine headache</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> 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 <p>Age Restrictions: Must be age of 18 years or older</p> <p>Prescriber Restrictions: N/A</p>
elotuzumab	Empliciti	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
eltrombopag	Promacta	<p>Covered Uses: Chronic immune thrombocytopenia</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> a. Must meet "1" of the following requirements: <ul style="list-style-type: none"> i. Failure or clinically significant adverse effects to corticosteroid therapy 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: <ul style="list-style-type: none"> i. Documentation platelet count is less than $30 \times 10^9/L$ ii. Must meet all of the following requirements: <ul style="list-style-type: none"> 1. Documentation platelet count is less than $50 \times 10^9/L$ 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 <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Hematologist</p>
eluxadoline	Viberzi	<p>Covered Uses: Irritable bowel syndrome with diarrhea (IBS-D)</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Failure or clinically significant adverse effects to ALL the alternatives: loperamide and dicyclomine <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Gastroenterologist</p>

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Generic	Brand	Criteria
empagliflozin	Jardiance	<p>Covered Uses: Diabetes Mellitus type II</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> a. Failure or clinically significant adverse effects to the following: metformin b. Must meet "1" of the following requirements: <ul style="list-style-type: none"> i. Documentation of established atherosclerotic cardiovascular disease, chronic kidney disease or heart failure ii. Documentation of compelling need to minimize weight gain or promote weight loss iii. Must meet all of the following requirements: <ul style="list-style-type: none"> 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 <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
epoprostenol		<p>Covered Uses: Pulmonary Arterial Hypertension (PAH)</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet "1" of the following requirements:</p> <ul style="list-style-type: none"> a. Documented WHO Functional Class IV b. Documented WHO Functional Class III and "1" of the following: <ul style="list-style-type: none"> i. Evidence of rapid disease progression ii. Markers for poor clinical prognosis <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Cardiologist, Pulmonologist</p>
eribulin	Halaven	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
eslicarbazepine	Aptiom	<p>Covered Uses: Partial Seizure</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Failure or clinically significant adverse effects to "2" of the alternatives: carbamazepine, divalproex, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, primidone, topiramate or zonisamide. <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Neurologist (new start)</p>

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Generic	Brand	Criteria
esomeprazole	Nexium Granules	<p>Covered Uses: Must meet "1" of the following:</p> <ul style="list-style-type: none"> 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 <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> a. ONE of the following: <ul style="list-style-type: none"> 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. <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
estradiol	Vagifem	<p>Covered Uses: Vulvar and vaginal atrophy associated with menopause</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> 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 <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
estradiol valerate injectable	Delestrogen	<p>Covered Uses: Vasomotor symptoms associated with menopause or Vulvar and vaginal atrophy associated with menopause</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> 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,

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Generic	Brand	Criteria
		<p>Premphase tablet or Prempro tablet Age Restrictions: N/A Prescriber Restrictions: N/A</p> <p>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</p> <p>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 Age Restrictions: N/A Prescriber Restrictions: Oncologist</p>
eszopiclone		<p>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</p>
etanercept	Enbrel	Please refer to Rheumatic and Inflammatory Diseases Drug Class Prior Authorization Criteria
everolimus	Afinitor	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
evolocumab injection	Repatha	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

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Generic	Brand	Criteria
exenatide	Bydureon, Bydureon Bcise	<p>Covered Uses: Diabetes Mellitus Type II</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> a. Failure or clinically significant adverse effects to all of the following requirements: <ul style="list-style-type: none"> 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. <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
febuxostat	Uloric	<p>Covered Uses: Gout</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> a. Documentation of Chronic Kidney Disease (CKD) b. Failure or clinically significant adverse effects to the following: allopurinol <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
fentanyl patch 12mcg/hr, 25mcg/hr, 50mcg/hr		Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
ferric carboxymaltose	Injectafer	<p>Covered Uses: Iron-deficiency anemia, hemodialysis-dependent patients</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Failure or clinically significant adverse effects to all of the following: ferric gluconate IV and Venofer</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p> <p>Covered Uses: Iron-deficiency anemia, non-dialysis-dependent patient</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> a. Must meet "1" of the following requirements: <ul style="list-style-type: none"> 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

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Generic	Brand	Criteria
		<p>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</p> <p>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</p>
ferric citrate	Auryxia	<p>Covered Uses: Hyperphosphatemia in Chronic Kidney Disease (CKD) patients on dialysis 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 the following: calcium acetate c. Failure or clinically significant adverse effects to "1" of the following: Renagel or Renvela Age Restrictions: N/A Prescriber Restrictions: N/A</p> <p>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</p>
fesoterodine	Toviaz	<p>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</p>

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Generic	Brand	Criteria
		<p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
fidaxomicin	Difucid	<p>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</p>
filgrastim	Neupogen	<p>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</p>
fingolimod	Gilenya	<p>Covered Uses: Multiple sclerosis, relapsing forms 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;</p>

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Generic	Brand	Criteria
		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. Age Restrictions: N/A Prescriber Restrictions: Neurologist
flibanserin	Addyi	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
fluticasone, salmeterol	Advair HFA	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 or budesonide/formoterol inhaler Age Restrictions: Must be age of 12 and older Prescriber Restrictions: N/A
fluticasone, vilanterol	Breo Ellipta	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 salmeterol or budesonide/formoterol 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
gabapentin	Horizant	Covered Uses: Postherpetic neuralgia Exclusion Criteria: N/A

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Generic	Brand	Criteria
		<p>Required Medical Information: Must meet the following requirement:</p> <p>a. Failure or clinically significant adverse effects to "2" of the following: gabapentin at dose greater than or equal to 1200mg/day and Lyrica</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p> <p>Covered Uses: Restless legs syndrome</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <p>a. Failure or clinically significant adverse effects to "2" of the following: pramipexole and ropinirole</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
gefitinib	Iressa	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
glatiramer	Glatopa	<p>Covered Uses: Multiple sclerosis, relapsing forms</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <p>a. Confirmed diagnosis</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Neurologist</p>
glatiramer		<p>Covered Uses: Multiple sclerosis, relapsing forms</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <p>a. Confirmed diagnosis</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Neurologist</p>
glecaprevir, pibrentasvir	Mavyret	Please refer to the Hepatitis C Drug Class Criteria
goserelin	Zoladex	<p>Covered Uses: Endometriosis</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <p>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).</p> <p>Age Restrictions: Must be age of 18 years or older</p>

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Generic	Brand	Criteria
		<p>Prescriber Restrictions: OB-GYN specialist</p> <p>Covered Uses: Must meet "1" of the following:</p> <ul style="list-style-type: none"> a. Prostate Cancer b. Breast Cancer <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Confirmed diagnosis of FDA labeled indication or NCCN recommended regimen of category 2B or above <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Oncologist, Urologist</p>
hyaluronate acid	Gel-one	Please refer to Viscosupplementation Product Drug Class Prior Authorization Criteria
hyaluronate acid	Orthovisc	Please refer to Viscosupplementation Product Drug Class Prior Authorization Criteria
hyaluronate acid	Synvisc-One or Synvisc	Please refer to Viscosupplementation Product Drug Class Prior Authorization Criteria
hydromorphone		Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
hydroxyprogesterone caproate PF vial		<p>Covered Uses: Prevention of spontaneous preterm delivery</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> 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 <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: OB-GYN specialist</p>
hyoscyamine tablet, tablet dispersible, tablet sublingual, tablet ER		<p>Covered Uses: Gastrointestinal disorders: abdominal cramp, peptic ulcer, irritable bowel syndrome, diverticulitis, acute enterocolitis</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Confirmed diagnosis

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Generic	Brand	Criteria
		Age Restrictions: N/A Prescriber Restrictions: N/A
icatibant	Firazyr	Please refer to Hereditary Angioedema (HAE) Drug Class Prior Authorization Criteria
ifosfamide		Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
iloprost	Ventavis	Covered Uses: Pulmonary Arterial Hypertension (PAH) 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: <ul style="list-style-type: none"> • Evidence of rapid disease progression • Markers for poor clinical prognosis Age Restrictions: N/A Prescriber Restrictions: Cardiologist, Pulmonologist
incobotulinum toxin A	Xeomin	Please refer to Botulinum Toxin Drug Class Prior Authorization Criteria
insulin degludec	Tresiba	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
insulin detemir pen	Levemir Flextouch	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

Detailed Prior Authorization criteria can be found at: <https://www.iehp.org/en/providers/pharmacy-services/rx-pa-drug-treatment-criteria>

Generic	Brand	Criteria
		<p>Prescriber Restrictions: N/A</p> <p>Covered Uses: Gestational Diabetes</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet “1” of the following requirements:</p> <ul style="list-style-type: none"> a. Failure or significant adverse effects to Levemir vial. b. Documented dexterity or vision issues. <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
insulin detemir vial	Levemir	<p>Covered Uses: Diabetes Mellitus I or II</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> 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. <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p> <p>Covered Uses: Gestational Diabetes</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Confirmed diagnosis <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
insulin glargine	Toujeo SoloStar	<p>Covered Uses: Diabetes Mellitus Type I or II</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> 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 <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Endocrinologist</p>
interferon beta-1A	Avonex	<p>Covered Uses: Multiple sclerosis, relapsing forms</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Failure or clinically significant adverse effects to “1” of the following: glatiramer or Glatopa; as evidenced by

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Generic	Brand	Criteria
		<p>at least "1" of the following:</p> <ul style="list-style-type: none"> 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.). <p>Age Restrictions: N/A Prescriber Restrictions: Neurologist</p>
interferon beta-1A	Rebif	<p>Covered Uses: Multiple sclerosis, relapsing forms Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement:</p> <p>a. Failure or clinically significant adverse effects to "1" of the following: glatiramer or Glatopa; as evidenced by at least "1" of the following:</p> <ul style="list-style-type: none"> 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.). <p>Age Restrictions: N/A Prescriber Restrictions: Neurologist</p>
interferon beta-1B	Betaseron	<p>Covered Uses: Multiple sclerosis, relapsing forms Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement:</p> <p>a. Failure or clinically significant adverse effects to "1" of the following: glatiramer or Glatopa; as evidenced by at least "1" of the following:</p> <ul style="list-style-type: none"> 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.). <p>Age Restrictions: N/A Prescriber Restrictions: Neurologist</p>
interferon beta-1B	Extavia	<p>Covered Uses: Multiple sclerosis, relapsing forms Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement:</p> <p>a. Failure or clinically significant adverse effects to "1" of the following: glatiramer or Glatopa; as evidenced by at least "1" of the following:</p> <ul style="list-style-type: none"> 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;

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Generic	Brand	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
ipilimumab	Yervoy	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
irinotecan		Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
iron dextran	INFeD	<p>Covered Uses: Iron-deficiency anemia, hemodialysis-dependent patients Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Confirmed diagnosis <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p> <p>Covered Uses: Iron-deficiency anemia, non-dialysis-dependent patient Exclusion Criteria: N/A Required Medical Information: Must meet "1" of the following requirements:</p> <ul style="list-style-type: none"> 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 <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p> <p>Covered Uses: Chemotherapy-induced anemia Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Confirmed diagnosis <p>Age Restrictions: N/A Prescriber Restrictions: Hematologist, Oncologist</p>
iron sucrose	Venofer	<p>Covered Uses: Iron-deficiency anemia, hemodialysis-dependent patients Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Confirmed diagnosis

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Generic	Brand	Criteria
		<p>Age Restrictions: N/A Prescriber Restrictions: N/A</p> <p>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</p> <p>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</p>
isotretinoin		<p>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</p>
itraconazole capsule		<p>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</p>

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Generic	Brand	Criteria
		<p>Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Confirmed diagnosis Age Restrictions: N/A Prescriber Restrictions: N/A</p> <p>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</p> <p>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</p>
ivabradine	Corlanor	<p>Covered Uses: Heart Failure (HF) 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</p>
ivacaftor	Kalydeco	<p>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 Age Restrictions: N/A Prescriber Restrictions: Pulmonologist</p>

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Generic	Brand	Criteria
ivacaftor, lumacaftor	Orkambi	<p>Covered Uses: Cystic fibrosis</p> <p>Exclusion Criteria: CCS eligible</p> <p>Required Medical Information: Must meet the following requirement:</p> <p>a. Documentation confirming that the member is homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene</p> <p>Age Restrictions: Must be age of 2 years and older</p> <p>Prescriber Restrictions: Pulmonologist</p>
ivacaftor/tezacaftor	Symdeko	<p>Covered Uses: Cystic fibrosis</p> <p>Exclusion Criteria: CCS eligible</p> <p>Required Medical Information: Must meet one of the following requirements:</p> <p>a. Documentation confirming that the member is homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regular (CFTR) gene</p> <p>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</p> <p>Age Restrictions: Must be age of 6 years or older</p> <p>Prescriber Restrictions: Pulmonologist</p>
ivermectin cream	Soolantra	<p>Covered Uses: Rosacea</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <p>a. Failure or clinically significant adverse effects to "1" of the alternatives: metronidazole cream, metronidazole gel OR metronidazole lotion</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
ivermectin lotion	Sklice	<p>Covered Uses: Pediculosis capitis (Head lice)</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <p>a. Failure or significant adverse effects to "1" OTC formulary alternatives: permethrin 1% topical liquid or RID (pyrethrin plus piperonyl butoxide)</p> <p>b. Failure or significant adverse effects to "1" prescription formulary alternatives: spinosad 0.9% topical suspension or malathion 0.5% lotion</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>

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Generic	Brand	Criteria
IVIG	Immuno-Globulin (Gammagard, Privigen, etc.)	Please refer to Immunoglobulin (IVIG) Drug Class Prior Authorization Criteria
lacosamide	Vimpat	<p>Covered Uses: Partial 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)</p>
lamotrigine ER		<p>Covered Uses: Seizure (e.g. partial seizure, tonic-clonic 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</p>
lanreotide	Somatuline Depot	<p>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 Prescriber Restrictions: Endocrinologist</p> <p>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</p> <p>Covered Uses: Gastroenteropancreatic neuroendocrine tumors (GEP-NETs) Exclusion Criteria: N/A Required Medical Information: Must meet "1" of the following requirements: a. Confirmed diagnosis</p>

Detailed Prior Authorization criteria can be found at: <https://www.iehp.org/en/providers/pharmacy-services/rx-pa-drug-treatment-criteria>

Generic	Brand	Criteria
		<p>b. NCCN guideline approved regimen Age Restrictions: N/A Prescriber Restrictions: Oncologist</p>
lansoprazole disintegrating DR		<p>Covered Uses: Must meet "1" of the following:</p> <ul style="list-style-type: none"> 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 <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> a. ONE of the following: <ul style="list-style-type: none"> 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. <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
lanthanum carbonate		<p>Covered Uses: Hyperphosphatemia in patients with End Stage Renal Disease (ESRD)</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> a. Documented high phosphate levels (greater than 4.5mg/dL) b. Failure or clinically significant adverse effects to the following: calcium acetate c. Failure or clinically significant adverse effects to "1" of the following: Renagel or Renvela <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>

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Generic	Brand	Criteria
ledipasvir, sofosbuvir		Please refer to the Hepatitis C Drug Class Criteria
lenalidomide	Revlimid	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
leuprolide	Lupron Depot Ped	<p>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 Prescriber Restrictions: Pediatrician, Endocrinologist</p>
leuprolide	Lupron / Lupron Depot	<p>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</p> <p>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</p> <p>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</p> <p>Covered Uses: Uterine Leiomyomata (i.e. fibroids)</p>

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Generic	Brand	Criteria
		<p>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</p>
leuprolide	Eligard	<p>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</p>
levalbuterol		<p>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 the following: albuterol sulfate HFA or Ventolin Age Restrictions: N/A Prescriber Restrictions: Pulmonologist or Allergist</p>
linaclotide	Linzess	<p>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 iii. bisacodyl or senna Age Restrictions: N/A Prescriber Restrictions: N/A</p>
linagliptin	Tradjenta	<p>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</p>

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Generic	Brand	Criteria
		<p>iii. "1" additional oral formulary alternatives: acarbose, glimepiride, glipizide, glipizide/metformin, glyburide, glyburide/metformin, Steglatro, Segluromet or pioglitazone</p> <p>b. Documented HbA1c greater than 7 percent after 90 consecutive days of optimal therapy with the tried alternatives.</p> <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
linezolid (oral)		<p>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</p> <p>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</p>
liraglutide recombinant	Saxenda	<p>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 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: <ul style="list-style-type: none"> • Diabetes Mellitus Type II • Coronary Heart Disease • Hyperlipidemia • Hypertension • Sleep Apnea </p>

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Generic	Brand	Criteria
		<p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
lubiprostone	Amitiza	<p>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</p> <p>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</p>
macitentan	Opsumit	<p>Covered Uses: Pulmonary Arterial Hypertension (PAH) 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 ambrisentan or bosentan Age Restrictions: N/A Prescriber Restrictions: Cardiologist, Pulmonologist</p>
mebendazole chewtab	Emverm	<p>Covered Uses: Must meet "1" of the following: a. Ascariasis or infection caused by <i>Ascaris lumbricoides</i> (roundworm) b. Ancylostomiasis or infection caused by <i>Ancylostoma duodenale</i> (hookworm) c. Necatoriasis or infection caused by <i>Necator americanus</i> (hookworm)</p>

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Generic	Brand	Criteria
		<p>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</p> <p>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</p>
mefloquine		<p>Covered Uses: Prevention of malaria Exclusion Criteria: N/A Required Medical Information: Must meet "1" of the following requirements: 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</p> <p>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</p>
mepolizumab	Nucala	Please refer to Nucala Drug Prior Authorization Criteria
mesalamine	Delzicol	<p>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</p>

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Generic	Brand	Criteria
		<p>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</p>
mesalamine DR 1.2g tablet		<p>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</p> <p>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</p>
mesalamine suppository		<p>Covered Uses: Ulcerative proctitis Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Confirmed diagnosis Age Restrictions: N/A Prescriber Restrictions: Gastroenterologist</p>
metaxalone		<p>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</p>
methadone		Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria

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Generic	Brand	Criteria
methylnaltrexone	Relistor (oral)	<p>Covered Uses: Opioid-induced constipation (non-cancer) Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> 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 <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
methylnaltrexone	Relistor (injectable)	<p>Covered Uses: Opioid-induced constipation (non-cancer) Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> 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 <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p> <p>Covered Uses: Opioid-induced constipation (advanced illness or cancer) Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> a. Documentation of advanced illness receiving palliative or hospice care b. Must meet "1" of the following: <ul style="list-style-type: none"> i. Documentation of difficulty swallowing ii. Failure or clinically significant adverse effects to "1" drug from any "2" of the groups: <ul style="list-style-type: none"> 1. docusate at dosage greater than or equal to 200mg/day 2. polyethylene glycol powder or lactulose 3. bisacodyl or senna <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
methylphenidate 5mg/5ml, 10mg/5ml solution		<p>Covered Uses: ADHD Exclusion Criteria: N/A Required Medical Information: Must meet "1" of the following requirements:</p> <ul style="list-style-type: none"> 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 ;

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Generic	Brand	Criteria
		<p>c. Failure or clinically significant adverse effects to two formulary stimulants: dexamethylphenidate, dexamethylphenidate ER, dextroamp-amphet, dextroamp-amphet ER, dextroamphetamine, dextroamphetamine ER, methylphenidate, methylphenidate CD, methylphenidate ER, methylphenidate LA, Zenzedi</p> <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p> <p>Covered Uses: Narcolepsy Exclusion Criteria: N/A Required Medical Information: Must meet "1" of the following requirements:</p> <ul style="list-style-type: none"> a. Administration via feeding tube or documented difficulty swallowing (i.e. dysphagia); b. Failure or clinically significant adverse effects to two formulary stimulants: dexamethylphenidate, dexamethylphenidate ER, dextroamp-amphet, dextroamp-amphet ER, dextroamphetamine, dextroamphetamine ER, methylphenidate, methylphenidate CD, methylphenidate ER, methylphenidate LA, Zenzedi <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
methylphenidate chewable		<p>Covered Uses: ADHD Exclusion Criteria: N/A Required Medical Information: Must meet "1" of the following requirements:</p> <ul style="list-style-type: none"> a. Administration via feeding tube or documented difficulty swallowing (i.e. dysphagia); OR 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: dexamethylphenidate, dexamethylphenidate ER, dextroamp-amphet, dextroamp-amphet ER, dextroamphetamine, dextroamphetamine ER, methylphenidate, methylphenidate CD, methylphenidate ER, methylphenidate LA, Zenzedi <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p> <p>Covered Uses: Narcolepsy Exclusion Criteria: N/A Required Medical Information: Must meet "1" of the following requirements:</p> <ul style="list-style-type: none"> a. Administration via feeding tube or documented difficulty swallowing (i.e. dysphagia); b. Failure or clinically significant adverse effects to two formulary stimulants: dexamethylphenidate, dexamethylphenidate ER, dextroamp-amphet, dextroamp-amphet ER, dextroamphetamine, dextroamphetamine ER, methylphenidate, methylphenidate CD, methylphenidate ER, methylphenidate LA, Zenzedi

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Generic	Brand	Criteria
		Age Restrictions: N/A Prescriber Restrictions: N/A
methylphenidate transdermal	Daytrana	Covered Uses: ADHD Exclusion Criteria: N/A Required Medical Information: Must meet "1" of the following requirements: <ul style="list-style-type: none"> a. Documented difficulty swallowing (i.e. dysphagia): <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> a. Edema b. Hypertension (HTN) Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: <ul style="list-style-type: none"> a. Failure or clinically significant adverse effects to the following: furosemide Age Restrictions: N/A Prescriber Restrictions: N/A
mifepristone	Korlym	Covered Uses: Cushing syndrome with type 2 diabetes Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements: <ul style="list-style-type: none"> 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
mirabegron	Myrbetriq	Covered Uses: Overactive bladder (OAB) Exclusion Criteria: N/A

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Generic	Brand	Criteria
		<p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> 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 <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
modafinil		<p>Covered Uses: Must meet "1" of the following:</p> <ul style="list-style-type: none"> a. Narcolepsy b. Obstructive Sleep Apnea (OSA) c. Shift work disorder <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Confirmed diagnosis <p>Age Restrictions: N/A Prescriber Restrictions: Neurologist, Psychiatrist, Sleep Medicine specialist</p>
mometasone, formoterol	Dulera	<p>Covered Uses: Asthma</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Failure or clinically significant adverse effects to formulary fluticasone propionate/salmeterol salmeterol or budesonide/formoterol inhaler <p>Age Restriction: Must be age of 5 and older Prescriber Restrictions: N/A</p>
naloxegol	Movantik	<p>Covered Uses: Opioid-induced constipation</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> 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 <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
naratriptan		<p>Covered Uses: Migraine headache</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p>

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Generic	Brand	Criteria
		<p>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</p>
natalizumab	Tysabri	<p>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</p> <p>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</p>

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Generic	Brand	Criteria
		Age Restrictions: N/A Prescriber Restrictions: Neurologist
nimodipine		Covered Uses: Subarachnoid hemorrhage (i.e. subarachnoid bleed) Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Confirmed diagnosis Age Restrictions: N/A Prescriber Restrictions: N/A
nintedanib esylate	Ofev	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 capacity 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 Covered Uses: Lung disease with systemic sclerosis Exclusion Criteria: CCS eligible Required Medical Information: Must meet all of the following requirements: a. Onset of disease of less than 7 years b. Greater than or equal to 10% fibrosis on a chest high resolution CT scan within the previous 12 months c. FVC greater than or equal to 40% of predicted and a DLCO 30-89% of predicted Age Restriction: N/A Prescriber Restrictions: Pulmonologist
nivolumab	Opdivo	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria

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Generic	Brand	Criteria
norethindrone, ethinyl estradiol, ferrous fumarate	Lo Loestrin Fe	<p>Covered Uses: Contraception</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <p>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</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
nusinersen	Spinraza	Please refer to Spinraza (nusinersen) Drug Prior Authorization Criteria
nutritional supplement	Adult Nutrition Supplement (e.g. Ensure, Jevity, Glucerna, Osmolite, Boost, etc.)	Please refer to Adult Enteral Nutritional Supplement Drug Class Prior Authorization Criteria
nutritional supplement	Infant Formula Nutrition Supplement (Nutramigen, Similac Alimentum, Nutramigen Enflora, Elecare Infant, Neocate Infant etc.)	Please refer to Nutritional Supplement Infant Formula Prior Authorization Criteria
nutritional supplement	Pediatric Nutritional Supplement (PediaSure, Boost, Nutren Jr, Peptamen Jr, etc.)	Please refer to Nutritional Supplement Pediatric Nutritional Supplements Prior Authorization Criteria

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Generic	Brand	Criteria
ocrelizumab	Ocrevus	<p>Covered Uses: Must meet "1" of the following:</p> <ul style="list-style-type: none"> a. Primary progressive multiple sclerosis; b. Relapsing form of multiple sclerosis <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> a. Primary progressive multiple sclerosis: <ul style="list-style-type: none"> i. Confirmed diagnosis b. Relapsing form of multiple sclerosis: <ul style="list-style-type: none"> i. Failure or clinically significant adverse effects to all of the following: <ul style="list-style-type: none"> 1. One glatiramer product (glatiramer or Glatopa) 2. One interferon alternative (e.g. Avonex Betaseron, Extavia, Rebif); 3. One oral disease modifying therapy: Aubagio, Gilenya or Tecfidera; ii. Ineffectiveness of above therapy is evidenced by "1" of the following: <ul style="list-style-type: none"> 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.); <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Neurologist</p>
octreotide	Sandostatin	<p>Covered Uses: Acromegaly or Carcinoid or VIPoma</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Confirmed diagnosis <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
octreotide	Sandostatin LAR Depot	<p>Covered Uses: Acromegaly or Carcinoid or VIPoma</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Confirmed diagnosis <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
olaratumab	Lartruvo	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria

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Generic	Brand	Criteria
omalizumab	Xolair	Please refer to Xolair Drug Prior Authorization Criteria
omega-3-acid ethyl esters		<p>Covered Uses: Hyperlipidemia, Hypercholesterolemia, Hypertriglyceridemia or Dyslipidemia (e.g. high blood cholesterol)</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> 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 <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
omeprazole suspension	Prilosec Granule	<p>Covered Uses: Must meet "1" of the following:</p> <ul style="list-style-type: none"> 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 <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> a. ONE of the following: <ul style="list-style-type: none"> 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. <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
omeprazole, sodium bicarbonate		<p>Covered Uses: Must meet "1" of the following:</p> <ul style="list-style-type: none"> a. Barrett's esophagus b. Erosive esophagitis c. Duodenal ulcer disease

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Generic	Brand	Criteria
		<p>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</p>
onabotulinum toxin A	Botox Cosmetic	<p>Covered Uses: N/A Exclusion Criteria: Cosmetic use- Not a covered benefit Required Medical Information: N/A Age Restrictions: N/A Prescriber Restrictions: N/A</p>
onabotulinum toxin A	Botox	Please refer to Botulinum Toxin Drug Class Prior Authorization Criteria
orlistat	Alli	<p>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</p>

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Generic	Brand	Criteria
oxazepam		<p>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</p> <p>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</p>
oxcarbazepine ER	Oxtellar XR	<p>Covered Uses: Partial seizure Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Failure or clinically significant adverse effects to the alternative: oxcarbazepine Age Restrictions: N/A Prescriber Restrictions: Neurologist</p>
oxycodone ER		Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
oxycodone IR		Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
oxymorphone		Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
palbociclib	Ibrance	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
palivizumab	Synagis	Please refer to Synagis (Palivizumab) Drug Prior Authorization Criteria
pancrelipase	Zenpep	<p>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</p>

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Generic	Brand	Criteria
		Age Restrictions: N/A Prescriber Restrictions: N/A
panobinostat lactate	Farydak	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
pantoprazole DR granules for suspension	Protonix Granules	Covered Uses: Must meet "1" of the following: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> a. ONE of the following: <ul style="list-style-type: none"> 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
pasireotide diaspertate	Signifor	Covered Uses: Cushing syndrome Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: <ul style="list-style-type: none"> a. Confirmed diagnosis Age Restrictions: N/A Prescriber Restrictions: Endocrinologist

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Generic	Brand	Criteria
pasireotide pamoate	Signifor LAR	<p>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</p> <p>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</p>
patiromer	Veltassa	<p>Covered Uses: Hyperkalemia Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements: a. Documentation of Chronic Kidney Disease (CKD) b. Failure or significant adverse effects to "1" of the following: Kionex or SPS Age Restrictions: N/A Prescriber Restrictions: Endocrinologist, Nephrologist</p>
pegaptanib	Macugen	<p>Covered Uses: Neovascular (Wet) Age related macular degeneration Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Confirmed diagnosis Age Restrictions: N/A Prescriber Restrictions: Ophthalmologist</p>
pegfilgrastim	Neulasta	<p>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</p>

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Generic	Brand	Criteria
peginterferon alfa-2b	Sylatron	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
peginterferon beta-1A	Plegridy	<p>Covered Uses: Multiple sclerosis, relapsing forms 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</p>
perampanel	FYCOMPA	<p>Covered Uses: Partial seizure or 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)</p>
phentermine		<p>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</p>

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Generic	Brand	Criteria
pimecrolimus topical cream		<p>Covered Uses: Atopic dermatitis (i.e. eczema) Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> 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 <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p> <p>Covered Uses: Atopic dermatitis affecting the eyelids or genital areas Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Failure or clinically significant adverse effects to the alternative: tacrolimus ointment <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
pirfenidone	Esbriet	<p>Covered Uses: Idiopathic Pulmonary Fibrosis Exclusion Criteria: CCS eligible Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> 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 <p>Age Restriction: N/A Prescriber Restrictions: Pulmonologist</p>
ramelteon		<p>Covered Uses: Insomnia Exclusion Criteria: N/A Required Medical Information: Must meet "1" of the following requirements:</p> <ul style="list-style-type: none"> a. Documentation of history of substance abuse b. Must meet all of the following requirements:

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Generic	Brand	Criteria
		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
ramucirumab	Cyramza	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
ranibizumab	Lucentis	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
ranolazine	Ranexa	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)
Rh0 [D] immune globulin	RhoGAM	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

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Generic	Brand	Criteria
rifaximin	Xifaxan	<p>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</p> <p>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</p> <p>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 Age Restrictions: N/A Prescriber Restrictions: N/A</p>
rimabotulinum toxin B	Myobloc	Please refer to Botulinum Toxin Drug Class Prior Authorization Criteria
riociguat	Adempas	<p>Covered Uses: Pulmonary Arterial Hypertension (PAH) 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</p>
risedronate	-	<p>Covered Uses: Must meet "1" of the following: a. Osteoporosis b. Paget’s Disease Exclusion Criteria: N/A</p>

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Generic	Brand	Criteria
		<p>Required Medical Information: Must meet the following requirement:</p> <p>a. Failure or clinically significant adverse effects to alendronate.</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
rituximab	Rituxan	<p>Covered Uses: Cancer indications (e.g. chronic lymphoid leukemia, non-Hodgkin lymphoma)</p> <p>Exclusion Criteria: CCS eligible</p> <p>Required Medical Information: Must meet the following requirement:</p> <p>a. FDA labeled indication or NCCN recommended regimen of 2B or above</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Hematologist, Oncologist</p> <p>Covered Uses: Idiopathic Thrombocytopenic Purpura (ITP)</p> <p>Exclusion Criteria: CCS eligible</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <p>a. Must meet "1" of the following:</p> <p>i. Platelet count is less than 20,000 per cubic meter</p> <p>ii. Platelet count is less than 30,000 per cubic meter with symptoms of bleeding</p> <p>b. Failure or clinically significant adverse effects to corticosteroid therapy</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Hematologist</p> <p>Covered Uses: Rheumatoid Arthritis (RA)</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <p>a. Failure or clinically significant adverse effects to "1" of the following: azathioprine, cyclosporine, hydroxychloroquine, leflunomide, methotrexate, OR sulfasalazine</p> <p>b. Failure or clinically significant adverse effects to ALL of the following: Enbrel AND Humira</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Immunologist, Oncologist, Rheumatologist</p> <p>Covered Uses: Must meet "1" of the following:</p> <p>a. Granulomatosis with Polyangiitis (GPA)</p> <p>b. Microscopic polyarteritis nodosa (MPA)</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <p>a. Confirmed diagnosis</p>

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Generic	Brand	Criteria
		<p>Age Restrictions: N/A Prescriber Restrictions: Immunologist, Rheumatologist</p>
rivaroxaban	Xarelto 2.5mg	<p>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</p>
roflumilast	Daliresp	<p>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</p>
sacubitril, valsartan	Entresto	<p>Covered Uses: Chronic Heart Failure (HF) 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: N/A Prescriber Restrictions: Cardiologist</p>

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Generic	Brand	Criteria
saxagliptin	Onglyza	<p>Covered Uses: Diabetes Mellitus Type II</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> a. Failure or clinically significant adverse effects to all of the following: <ul style="list-style-type: none"> 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. <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
SCIG	Hizentra (SCIG)	Please refer to Immunoglobulin (IVIG) Drug Class Prior Authorization Criteria
selexipag	Upravi	<p>Covered Uses: Pulmonary Arterial Hypertension (PAH)</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> 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 ambrisentan or bosentan <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Cardiologist, Pulmonologist</p>
sevelamer powder packet		<p>Covered Uses: Chronic Kidney Disease (CKD): stage 3 to 5</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> a. Documented high phosphate levels (greater than 4.5mg/dL) b. Must meet "1" of the following requirements: <ul style="list-style-type: none"> 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 <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>

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Generic	Brand	Criteria
sildenafil 20mg tablet		<p>Covered Uses: Pulmonary Arterial Hypertension (PAH) 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</p> <p>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</p>
sirolimus		<p>Covered Uses: Must meet "1" of the following: a. Prophylaxis of organ rejection in transplant (e.g. Graft-Versus-Host Disease or GVHD) b. Pulmonary lymphangioleiomyomatosis Exclusion Criteria: CCS eligible Required Medical Information: Must meet the following requirement: a. Confirmed diagnosis Age Restriction: N/A Prescriber Restrictions: Transplant specialist</p>
sodium ferric gluconate complex	-	<p>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</p> <p>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</p>

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Generic	Brand	Criteria
		<p>Prescriber Restrictions: N/A</p> <p>Covered Uses: Chemotherapy-induced anemia</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Confirmed diagnosis <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Hematologist, Oncologist</p>
sodium hyaluronate	Euflexxa	Please refer to Viscosupplementation Product Drug Class Prior Authorization Criteria
sodium hyaluronate	Hyalgan	Please refer to Viscosupplementation Product Drug Class Prior Authorization Criteria
sodium hyaluronate	Supartz	Please refer to Viscosupplementation Product Drug Class Prior Authorization Criteria
sodium sulfate, potassium sulfate, magnesium sulfate	Suprep Bowel Prep Kit	<p>Covered Uses: Bowel cleansing before colonoscopy</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Failure or clinically significant adverse effects to "2" of the alternatives: GaviLyte-G, peg 3350-electrolytes OR TriLyte <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
sofosbuvir, velpatasvir, voxilaprevir	Vosevi	Please refer to the Hepatitis C Drug Class Criteria
solifenacin	Vesicare	<p>Covered Uses: Overactive bladder (OAB)</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> 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 <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>

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somatropin	Genotropin	Please refer to Growth Hormone Drug Class Prior Authorization Criteria
somatropin	Humatrope	Please refer to Growth Hormone Drug Class Prior Authorization Criteria
somatropin	Norditropin	Please refer to Growth Hormone Drug Class Prior Authorization Criteria
somatropin	Nutropin	Please refer to Growth Hormone Drug Class Prior Authorization Criteria
somatropin	Saizen	Please refer to Growth Hormone Drug Class Prior Authorization Criteria
somatropin	Serostim	Please refer to Growth Hormone Drug Class Prior Authorization Criteria
somatropin	Zorbtive	Please refer to Growth Hormone Drug Class Prior Authorization Criteria
somatropin vial	Omnitrope vial	Please refer to Growth Hormone Drug Class Prior Authorization Criteria
sonidegib	Odomzo	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
sucroferric oxyhydroxide	Velphoro	<p>Covered Uses: Hyperphosphatemia in Chronic Kidney Disease (CKD) patients on dialysis</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ol style="list-style-type: none"> Documented high phosphate levels (greater than 4.5mg/dL) Failure or clinically significant adverse effects to the following: calcium acetate Failure or clinically significant adverse effects to "1" of the following: Renagel or Renvela <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
sumatriptan injectable		<p>Covered Uses: Migraine headache</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ol style="list-style-type: none"> Failure or clinically significant adverse effects to the alternative: sumatriptan tablet Failure or clinically significant adverse effects to "1" of the alternative: rizatriptan or rizatriptan ODT Must use concurrently with "1" of the following for migraine prophylaxis: amitriptyline, atenolol, divalproex, metoprolol, propranolol, topiramate, valproate or venlafaxine <p>Age Restrictions: Must be age of 18 years or older</p> <p>Prescriber Restrictions: N/A</p>

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Generic	Brand	Criteria
		<p>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</p>
sumatriptan intranasal spray 20mg, 5mg		<p>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</p>
suvorexant	Belsomra	<p>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</p>
tacrolimus topical ointment		<p>Covered Uses: Atopic dermatitis (i.e. eczema) or vitiligo 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</p> <p>Covered Uses: Atopic dermatitis or vitiligo affecting sensitive body areas (e.g. eyelids or genital areas) Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement:</p>

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Generic	Brand	Criteria
		<p>a. Confirmed diagnosis Age Restrictions: N/A Prescriber Restrictions: N/A</p>
tadalafil		<p>Covered Uses: Erectile dysfunction (ED) Exclusion Criteria: Not a covered benefit Required Medical Information: N/A Age Restrictions: N/A Prescriber Restrictions: N/A</p> <p>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</p>
tadalafil 20mg tablet	-	<p>Covered Uses: Pulmonary Arterial Hypertension (PAH) 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</p>
tapentadol	Nucynta ER	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
tapentadol	Nucynta IR	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
tazarotene cream	-	<p>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</p>

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Generic	Brand	Criteria
		<p>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</p>
teduglutide	Gattex	<p>Covered Uses: Short Bowel Syndrome Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements: a. Confirmed diagnosis b. Documented dependence on parenteral nutrition/intravenous (PN/I.V.) support for at least 12 months Age Restrictions: N/A Prescriber Restrictions: Gastroenterologist</p>
temozolomide		Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
teriflunomide	Aubagio	<p>Covered Uses: Multiple sclerosis, relapsing forms 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: 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</p>

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Generic	Brand	Criteria
teriparatide	Forteo	<p>Covered Uses: Osteoporosis Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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) <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
tesamorelin	Egrifta	<p>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:</p> <ul style="list-style-type: none"> 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 <p>Age Restrictions: Must be age of 18 years or older Prescriber Restrictions: N/A</p>
testosterone topical gel/pump 1%		Please refer to Testosterone Drug Class Prior Authorization Criteria
tetrabenazine		<p>Covered Uses: Chorea -Huntington’s disease Exclusion Criteria: Check CCS eligibility Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> a. Confirmed diagnosis b. Care Coordination: Please consult IEHP pharmacist for behavioral health care coordination if depression is

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		<p>present but untreated or uncontrolled Age Restrictions: N/A Prescriber Restrictions: Neurologist</p>
ticagrelor	Brilinta 60mg	<p>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</p>
ticagrelor	Brilinta 90mg	<p>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</p>
tiotropium 1.25 mcg	Spiriva Respimat 1.25 mcg	<p>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</p>
tiotropium 18 mcg	Spiriva HandiHaler	<p>Covered Uses: Chronic Obstructive Pulmonary Disease (COPD) Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement:</p>

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Generic	Brand	Criteria
		<p>a. Failure or clinically significant adverse effects to "1" formulary long acting bronchodilator: Incruse Ellipta, Stiolto Respimat, Anoro Ellipta, Tudorza, Serevent or Brovana.</p> <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
tiotropium 2.5 mcg	Spiriva Respimat 2.5 mcg	<p>Covered Uses: Chronic Obstructive Pulmonary Disease (COPD) Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement:</p> <p>a. Failure or clinically significant adverse effects to "1" formulary long acting bronchodilator: Incruse Ellipta, Stiolto Respimat, Anoro Ellipta, Tudorza, Serevent or Brovana.</p> <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
tobramycin solution ampoule for nebulization		<p>Covered Uses: Cystic Fibrosis Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement:</p> <p>a. Confirmed diagnosis</p> <p>Age Restrictions: N/A Prescriber Restrictions: Infectious Disease specialist, Pulmonologist</p>
topiramate	Trokendi XR	<p>Covered Uses: Must meet "1" of the following:</p> <p>a. Lennox-Gastaut syndrome b. Partial seizure c. Tonic-clonid seizure d. Migraine prophylaxis</p> <p>Exclusion Criteria: Check CCS eligibility Required Medical Information: Must meet the following requirement:</p> <p>a. Medical justification why formulary topiramate cannot be used</p> <p>Age Restrictions: N/A Prescriber Restrictions: Neurologist</p>
tramadol ER		Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
trastuzumab	Herceptin Hylecta	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria

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Generic	Brand	Criteria
travoprost bimatoprost	Travatan Z Lumigan	<p>Covered Uses: Open-angle glaucoma or ocular hypertension</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Failure or clinically significant adverse effects to the following: latanoprost <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
treprostinil nebulizing solution	Tyvaso	<p>Covered Uses: Pulmonary Arterial Hypertension (PAH)</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> a. Member is not a candidate for parenteral prostanoid therapy b. Must meet "1" of the following: <ul style="list-style-type: none"> i. Documented WHO Functional Class IV ii. Documented WHO Functional Class III and "1" of the following: <ul style="list-style-type: none"> • Evidence of rapid disease progression • Markers for poor clinical prognosis <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Cardiologist, Pulmonologist</p>
treprostinil vial	Remodulin	<p>Covered Uses: Pulmonary Arterial Hypertension (PAH)</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet "1" of the following requirements:</p> <ul style="list-style-type: none"> a. Documented WHO Functional Class IV b. Documented WHO Functional Class III and "1" of the following: <ul style="list-style-type: none"> i. Evidence of rapid disease progression ii. Markers for poor clinical prognosis <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Cardiologist, Pulmonologist</p>
triptorelin pamoate inj	Trelstar	<p>Covered Uses: Prostate Cancer</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Failure or clinically significant adverse effects to Eligard and Zoladex. <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Oncologist, Urologist</p>
trospium or trospium ER		<p>Covered Uses: Overactive bladder (OAB)</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p>

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Generic	Brand	Criteria
		<p>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</p>
valbenazine	Ingrezza	<p>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</p>
valganciclovir		<p>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</p>
velpatasvir, sofosbuvir		Please refer to the Hepatitis C Drug Class Criteria
venetoclax	Venclexta	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
vilazodone	Viibryd	<p>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)</p>

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Generic	Brand	Criteria
vinblastine	-	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
voriconazole oral		<p>Covered Uses: Must meet "1" of the following:</p> <ul style="list-style-type: none"> a. Invasive aspergillosis: treatment or prophylaxis b. Pulmonary aspergillosis, chronic c. Fungal infection caused by <i>Scedosporium apiospermum</i>, <i>Scedosporium prolificans</i> or <i>Fusarium</i> species d. Infection prophylaxis in graft-versus-host disease e. Infection prophylaxis in allogeneic hematopoietic stem cell transplant (HSCT) or certain autologous HSCT <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Confirmed diagnosis <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p> <p>Covered Uses: Must meet "1" of the following:</p> <ul style="list-style-type: none"> 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 <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet "1" of the following requirements:</p> <ul style="list-style-type: none"> a. Failure or clinically significant adverse effects to the alternative: fluconazole b. Documentation that culture report identifying fluconazole-resistant <i>Candida</i> species <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
vortioxetine	Trintellix	<p>Covered Uses: Major depressive disorder</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> 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 <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Psychiatrist (new start)</p>
zaleplon		<p>Covered Uses: Insomnia</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Failure or clinically significant adverse effects to the alternative: zolpidem

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Generic	Brand	Criteria
		Age Restrictions: N/A Prescriber Restrictions: N/A
ziv-aflibercept	Zaltrap	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: <ul style="list-style-type: none"> a. Documentation of all of the following: <ul style="list-style-type: none"> i. Documentation of a T-score less than -2.5 at the spine or hip. ii. Documentation of "1" of the following: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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
zoledronic acid IV 4mg		Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
zolmitriptan tablet, zolmitriptan orally- disintegrating		Covered Uses: Migraine headache Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements: <ul style="list-style-type: none"> 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
zolpidem ER		Covered Uses: Insomnia Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements: <ul style="list-style-type: none"> 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

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Generic	Brand	Criteria
		Age Restrictions: N/A Prescriber Restrictions: N/A

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