



A Public Entity

Inland Empire Health Plan

IEHP Medi-Cal Prior Authorization Criteria

October 2020

Brand	Generic	Criteria
Tymlos	abaloparatide	<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>
	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>

	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>
Humira	adalimumab	Please refer to Rheumatic and Inflammatory Diseases Drug Class Prior Authorization Criteria
Epiduo, Epiduo Forte	adapalene, benzoyl peroxide	<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>
Kadcyla	ado-trastuzumab emtansine	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	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> <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: Enterobius vermicularis (pinworm)</p> <p>Exclusion Criteria: N/A</p>

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		<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>
Proair HFA, Proair Respiclick	albuterol	<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>
Proventil HFA	albuterol	<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>
	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> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Urologist</p>
	ambrisentan	<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> <p>a. Documented WHO Functional Class II or above</p> <p>b. Failure or clinically significant adverse effect to sildenafil</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Cardiologist, Pulmonologist</p>

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Otezla	apremilast	Please refer to Rheumatic and Inflammatory Diseases Drug Class Prior Authorization Criteria
	aprepitant	<p>Covered Uses: Chemotherapy-induced nausea and vomiting, Prophylaxis Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement a. Used in combination with other antiemetic agents Age Restrictions: N/A Prescriber Restrictions: Hematologist, Oncologist</p> <p>Covered Uses: Postoperative nausea and vomiting; Prophylaxis Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement a. Confirmed diagnosis Age Restrictions: N/A Prescriber Restrictions: N/A</p>
	armodafinil	<p>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</p>
Regranex	becaplermin	<p>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</p>
Benlysta	belimumab	<p>*Covered Uses: Systemic Lupus Erythematosus (SLE) Exclusion Criteria: CCS eligible</p>

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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>
Avastin (Oncology)	bevacizumab vial	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>
Alphagan P	brimonidine 0.1%, 0.15%	<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 the following: brimonidine 0.2% <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
Azopt	brinzolamide	<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 the following: dorzolamide <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
Briviact	brivaracetam	<p>Covered Uses: Partial seizure Exclusion Criteria: N/A</p>

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		<p>Required Medical Information: Must meet the following requirement:</p> <p>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> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Neurologist (new start)</p>
	budesonide ER 3mg capsule	<p>Covered Uses: Crohn's disease</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: dexamethasone, hydrocortisone, methylprednisolone, prednisone OR prednisolone</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Gastroenterologist</p>
	budesonide ER 9mg tablet	<p>Covered Uses: Ulcerative Colitis (UC)</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 alternatives: balsalazide OR sulfasalazine</p> <p>b. Failure or clinically significant adverse effects to "1" of the alternatives: dexamethasone, hydrocortisone, methylprednisolone, prednisone OR prednisolone</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Gastroenterologist</p>
	budesonide intranasal	<p>Covered Uses: Allergic rhinitis</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 all of the following: fluticasone propionate spray and Nasacort spray</p> <p>b. Failure of clinically significant adverse effects to "1" of the following: cetirizine or loratadine</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p> <p>Covered Uses: Nasal polyp</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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		Age Restrictions: Must be age 6 years or older Prescriber Restrictions: N/A
Aplenzin	bupropion	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
	bupropion 450mg ER	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
	butalbital, acetaminophen, caffeine 50-300-40 capsule	Covered Uses: Tension or muscle contraction headache Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Failure or clinically significant adverse effects to the alternative: butalbital-acetaminophen-caffeine (50/325/40mg) Age Restrictions: N/A Prescriber Restrictions: N/A
Haegarda	C1 esterase inhibitor	Please refer to Hereditary Angioedema (HAE) Drug Class Prior Authorization Criteria
	calcipotriene topical	Covered Uses: Plaque psoriasis Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement:

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		<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, 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)</p> <p>Age Restrictions: N/A Prescriber Restrictions: Dermatologist</p>
Invokana	canagliflozin	<p>Covered Uses: Diabetes Mellitus Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Try and fail metformin and Steglatro Age Restrictions: N/A Prescriber Restrictions: N/A</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) Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "2" of the following: cyclobenzaprine, methocarbamol or tizanidine b. Must not have history of taking concurrently with an opioid (e.g. hydrocodone/APAP, oxycodone) AND a benzodiazepine (e.g. alprazolam) (i.e. Three drug combination) within the past month c. Limit to short-term use only (i.e. no more than 1 month) Age Restrictions: N/A Prescriber Restrictions: N/A</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</p>

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		<p>b. Failure or clinically significant adverse effects to "1" of the following: terbinafine cream or tolnaftate topical</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p> <p>Covered Uses: Seborrheic dermatitis of the scalp (i.e. dandruff)</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: ketoconazole shampoo</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
	clindamycin phosphate, benzoyl peroxide topical gel	<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> <p>a. Failure or clinically significant adverse effects to ALL of the following: benzoyl peroxide topical AND clindamycin topical</p> <p>b. Failure or clinically significant adverse effects to "1" of the following: erythromycin topical or tretinoin topical</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Dermatologist</p>
	clobazam	<p>Covered Uses: Lennox-Gastaut syndrome- Seizure</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <p>a. Must use concurrently with at least "1" other anticonvulsant medication</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Neurologist (new start)</p>
	clomipramine	<p>Covered Uses: Obsessive-compulsive disorder</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: fluoxetine, paroxetine OR sertraline</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Mental Health specialist, Psychiatrist</p>

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

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		<p>a. Failure or clinically significant adverse effects to the alternative: tacrolimus ointment</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
Restasis	cyclosporine	<p>Covered Uses: Keratoconjunctivitis sicca</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: 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</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Ophthalmologist, Optometrist</p>
Daklinza	daclatasvir	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)</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: baclofen or tizanidine</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
Darzalex	daratumumab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Aranesp	darbepoetin	Please refer to Erythropoiesis-Stimulating Agents (ESAs) Drug Class Prior Authorization Criteria
Viekira XR	dasabuvir, ombitasvir, paritaprevir, ritonavir	Please refer to the Hepatitis C Drug Class Criteria
Sprycel	dasatinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Exjade	deferasirox	<p>Covered Uses: Chronic iron overload due to blood transfusions</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. Documented baseline serum ferritin greater than 1000 mcg/L</p>

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		<p>ii. Documentation of Liver Iron Concentration (LIC) greater than 7 mg Fe/g dry weight</p> <p>b. Documentation of blood transfusions</p> <p>Age Restriction: N/A</p> <p>Prescriber Restrictions: Hematologist</p> <p>Covered Uses: Chronic iron overload due to non-transfusion dependent thalassemia</p> <p>Exclusion Criteria: CCS eligible</p> <p>Required Medical Information: Must meet "1" of the following requirements:</p> <p>a. Documented baseline serum ferritin greater than 300 mcg/L</p> <p>b. Documentation of Liver Iron Concentration (LIC) greater than 5 mg/g dw</p> <p>Age Restriction: N/A</p> <p>Prescriber Restrictions: Hematologist</p>
Prolia	denosumab	<p>Covered Uses: Osteoporosis</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <p>a. Documentation of all of the following:</p> <p>i. Documentation of a T-score less than -2.5 at the spine or hip.</p> <p>ii. Concurrently receiving calcium and vitamin D supplement.</p> <p>iii. Documentation of "1" of the following:</p> <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). <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p> <p>Covered Uses: Treatment and prevention of surgical or drug-induced Osteoporosis</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <p>a. Inadequate response or clinically significant adverse effects to a bisphosphonate.</p> <p>b. Documentation of "1" of the following:</p> <p>i. Patient is receiving androgen deprivation therapy for prostate cancer (e.g. GnRH analog).</p> <p>ii. Orchiectomy</p> <p>iii. Patient is receiving an aromatase inhibitor for breast cancer.</p>

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		Age Restrictions: N/A Prescriber Restrictions: N/A
	desvenlafaxine succinate ER	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 or venlafaxine b. Failure or clinically significant adverse effects to at least a 6-week treatment course of "1" additional formulary antidepressant alternative: citalopram, escitalopram, fluoxetine, sertraline OR mirtazapine Age Restrictions: N/A Prescriber Restrictions: Psychiatrist (new start)
Austedo	deutetrabenazine	*Covered Uses: Chorea-Huntington's disease Exclusion Criteria: Check CCS eligibility Required Medical Information: Must meet all of the following requirements: a. Documentation of functional disability b. Failure or clinically significant adverse effects to tetrabenazine c. Care coordination: Please consult IEHP pharmacist for behavioral health care coordination if depression is present but untreated or uncontrolled Age Restrictions: N/A Prescriber Restrictions: Neurologist *Covered Uses: Tardive Dyskinesia Exclusion Criteria: N/A Required Medical Information: Must meet all the following requirements: a. Documentation of functional impairment b. Documentation of "1" of the following: i. Switching from a first-generation neuroleptic to a second-generation neuroleptic ii. Discontinuation or dose modification of the offending medication Age Restrictions: Must be age 18 years or older Prescriber Restrictions: Neurologist, Psychiatrist
Dexilant	dexlansoprazole	Covered Uses: Must meet "1" of the following: a. Barrett's esophagus b. Erosive esophagitis c. Duodenal ulcer disease

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		<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>
Nuedexta	dextromethorphan, quinidine	<p>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</p>
	diclofenac 3% gel	<p>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</p>
Flector	diclofenac patch	<p>Covered Uses: Treatment of acute pain associated with musculoskeletal condition (e.g. strains, sprains, osteoarthritis) Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Failure or clinically significant adverse effects to all of the following: i. Formulary diclofenac; ii. One additional formulary oral NSAID alternatives: etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam or sulindac; iii. Voltaren gel</p>

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		Age Restrictions: N/A Prescriber Restrictions: N/A
Tecfidera	dimethyl fumarate	*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" 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: 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
Silenor	doxepin	Covered Uses: Insomnia Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements: a. Failure or clinically significant adverse effects to the following: zolpidem b. Failure or clinically significant adverse effects to "1" of the following: eszopiclone or zaleplon Age Restrictions: N/A Prescriber Restrictions: N/A
	doxorubicin	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Diclegis	doxylamine, pyridoxine HCl	Covered Uses: Pregnancy-induced nausea and vomiting Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Failure or clinically significant adverse effects to the following: pyridoxine (vitamin B6) Age Restrictions: N/A Prescriber Restrictions: OB-GYN specialist
	dronabinol	Covered Uses: Chemotherapy-induced nausea and vomiting Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements:

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		<p>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</p> <p>Age Restrictions: N/A Prescriber Restrictions: Hematologist, Oncologist</p> <p>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</p> <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
Trulicity	dulaglutide	<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 requirements: i. Metformin ii. Ozempic or Victoza iii. "1" of the following formulary alternatives: glimepiride, glipizide, glipizide/metformin, glyburide, glyburide/metformin, pioglitazone, acarbose, repaglinide b. Documented HbA1c greater than 7 percent after 3 months (90 consecutive days) with the tried alternatives.</p> <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
	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</p> <p>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</p>

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		<p>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 1200mg/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>
Dupixent	dupilumab	<p>Covered Uses: Atopic Dermatitis Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements: a. Try and fail on two of the formulary steroids b. Try and fail on Protopic and Elidel Age Restrictions: N/A Prescriber Restrictions: N/A</p>
Zepatier	elbasivir, grazoprevir	Please refer to the Hepatitis C Drug Class Criteria
	eletriptan	<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 "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>
Empliciti	elotuzumab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Promacta	eltrombopag	<p>*Covered Uses: Chronic immune thrombocytopenia Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements:</p>

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		<p>a. Must meet "1" of the following requirements:</p> <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 <p>b. Must meet "1" of the following requirements:</p> <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 Prescriber Restrictions: Hematologist</p>
Viberzi	eluxadoline	<p>Covered Uses: Irritable bowel syndrome with diarrhea (IBS-D) 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 ALL the alternatives: loperamide and dicyclomine <p>Age Restrictions: N/A Prescriber Restrictions: Gastroenterologist</p>
Jardiance	empagliflozin	<p>Covered Uses: Diabetes Mellitus type II 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 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, repaglinide, glimepiride, glipizide, glipizide-metformin, glyburide, glyburide-

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		metformin, alogliptin, alogliptin-metformin or pioglitazone c. Must have a HbA1c greater than 7 percent after 90 days of treatment with the tried alternatives Age Restrictions: N/A Prescriber Restrictions: N/A
-	epoprostenol	*Covered Uses: Pulmonary Arterial Hypertension (PAH) Exclusion Criteria: N/A Required Medical Information: Must meet "1" of the following requirements: a. Documented WHO Functional Class IV b. Documented WHO Functional Class III and "1" of the following: i. Evidence of rapid disease progression ii. Markers for poor clinical prognosis Age Restrictions: N/A Prescriber Restrictions: Cardiologist, Pulmonologist
Halaven	eribulin	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Aptiom	eslicarbazepine	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)
Delestrogen	estradiol valerate injectable	Covered Uses: Vasomotor symptoms associated with menopause or Vulvar and vaginal atrophy associated with menopause Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the following: Estrace vaginal cream, estradiol transdermal patch, estradiol tablet, Jinteli tablet, Menest tablet, Premarin tablet, Premarin vaginal cream, Premphase tablet or Prempro tablet Age Restrictions: N/A Prescriber Restrictions: N/A Covered Uses: Hypoestrogenism due to hypogonadism, castration or primary ovarian

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		<p>failure</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: OB-GYN specialist</p> <p>Covered Uses: Advanced androgen-dependent carcinoma of the prostate</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet "1" of the following requirements:</p> <p>a. Confirmed diagnosis</p> <p>b. NCCN guideline approved regimen</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Oncologist</p>
	eszopiclone	<p>Covered Uses: Insomnia</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: zolpidem</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
Enbrel	etanercept	Please refer to Rheumatic and Inflammatory Diseases Drug Class Prior Authorization Criteria
Afinitor	everolimus	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Repatha	evolocumab injection	Please refer to Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitor Drug Class Prior Authorization Criteria
	exemestane	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Bydureon, Bydureon Bcise	exenatide	<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> <p>a. Failure or clinically significant adverse effects to all of the following requirements:</p> <p>i. Metformin</p> <p>ii. Ozempic or Victoza after at least 6 months of continued use</p>

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		<p>b. Documented HbA1c greater than 7 percent after 3 months (90 consecutive days) with the tried alternatives.</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
Uloric	febuxostat	<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>
	<p>fentanyl patch 12mcg/hr, 25mcg/hr, 50mcg/hr</p>	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
Injectafer	ferric carboxymaltose	<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 iv. Documentation that oral iron cannot compensate the severe anemia b. Failure or clinically significant adverse effects to the following: Venofer <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>

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		<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>
Auryxia	ferric citrate	<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>
Toviaz	fesoterodine	<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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		<p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
Neupogen	filgrastim	<p>Covered Uses: Must meet "1" of the following:</p> <ul style="list-style-type: none"> 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 <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: Granix or Zarxio <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Hematologist, Oncologist or HIV/Infectious Disease specialist</p>
Gilenya	fingolimod	<p>*Covered Uses: Multiple sclerosis, relapsing forms</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" 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: <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.). 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: <ul style="list-style-type: none"> i. Heart attack ("myocardial infarction"), chest pain while resting ("unstable angina"), stroke, mini-stroke ("transient ischemic attack (TIA)"), decompensated heart failure requiring hospitalization or Class III/IV heart failure within the last 6 months; ii. History or presence of second-degree or third-degree heart block ("Mobitz Type II atrioventricular (AV) block") or sick sinus syndrome, unless patient has a functioning

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		<p>pacemaker;</p> <p>iii. Baseline QTc interval greater than or equal to 500 ms;</p> <p>iv. Concurrent use of Class Ia or Class III anti-arrhythmic drug.</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Neurologist</p>
Advair HFA	fluticasone, salmeterol	<p>Covered Uses: Asthma</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: formulary fluticasone propionate/salmeterol or budesonide/formoterol inhaler</p> <p>Age Restrictions: Must be age of 12 and older</p> <p>Prescriber Restrictions: N/A</p>
Breo Ellipta	fluticasone, vilanterol	<p>Covered Uses: Asthma</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: formulary fluticasone propionate/salmeterol or budesonide/formoterol inhaler</p> <p>Age Restriction: Must be age of 18 and older</p> <p>Prescriber Restrictions: N/A</p> <p>Covered Uses: COPD</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 one formulary long acting bronchodilator: Incruse Ellipta, Stiolto Respimat, Anoro Ellipta, Tudorza, Serevent or Brovana</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
Horizant	gabapentin	<p>Covered Uses: Postherpetic neuralgia</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: 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>

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		<p>Covered Uses: Restless legs syndrome</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: pramipexole and ropinirole <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
Iressa	gefitinib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Glatopa	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> <ul style="list-style-type: none"> a. Confirmed diagnosis <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> <ul style="list-style-type: none"> a. Confirmed diagnosis <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Neurologist</p>
Mavyret	glecaprevir, pibrentasvir	Please refer to the Hepatitis C Drug Class Criteria
Zoladex	goserelin	<p>Covered Uses: Endometriosis</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> 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>Age Restrictions: Must be age of 18 years or older</p> <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

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		<p>b. Breast Cancer</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <p>a. Confirmed diagnosis of FDA labeled indication or NCCN recommended regimen of category 2B or above</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Oncologist, Urologist</p>
	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> <p>a. Documented history of a singleton spontaneous preterm birth or preterm birth (prior to 37 weeks gestation)</p> <p>b. Documented pregnancy with a single fetus</p> <p>c. Documentation of treatment initiation as early as 16 weeks 0 days, and end before 37 weeks (through week 36, 6 days) gestation</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: OB-GYN specialist</p>
Firazyr	icatibant	Please refer to Hereditary Angioedema (HAE) Drug Class Prior Authorization Criteria
-	ifosfamide	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Ventavis	iloprost	<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> <p>a. Member is not a candidate for parenteral prostanoid therapy</p> <p>b. Must meet "1" of the following:</p> <p>i. Documented WHO Functional Class IV</p> <p>ii. Documented WHO Functional Class III and "1" of the following:</p> <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>
Tresiba	insulin degludec	<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>

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		<p>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> <p>Age Restrictions: N/A Prescriber Restrictions: Endocrinologist</p>
Levemir Flextouch	insulin detemir pen	<p>Covered Uses: Diabetes Mellitus I or II Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements:</p> <p>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.</p> <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p> <p>Covered Uses: Gestational Diabetes Exclusion Criteria: N/A Required Medical Information: Must meet "1" of the following requirements:</p> <p>a. Failure or significant adverse effects to Levemir vial. b. Documented dexterity or vision issues.</p> <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
Levemir	insulin detemir vial	<p>Covered Uses: Diabetes Mellitus I or II Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements:</p> <p>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> <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p> <p>Covered Uses: Gestational Diabetes Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement:</p>

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		<p>a. Confirmed diagnosis Age Restrictions: N/A Prescriber Restrictions: N/A</p>
Lantus, Lantus Solostar	insulin glargine	<p>Covered Uses: Diabetes Mellitus Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Try and fail basaglar Age Restrictions: N/A Prescriber Restrictions: N/A</p>
Toujeo SoloStar	insulin glargine	<p>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</p>
Avonex	interferon beta-1A	<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>
Rebif	interferon beta-1A	<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</p>

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		<p>12 months);</p> <p>ii. Member continues to have CNS lesion progression as shown in MRI;</p> <p>iii. Member continues to have worsening disability (e.g. decreased mobility, decreased ability to perform daily activities, increase in EDSS score, etc.).</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Neurologist</p>
Betaseron	interferon beta-1B	<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” of the following: glatiramer or Glatopa; as evidenced by at least “1” of the following:</p> <p>i. Member continues to have clinical relapses (at least one relapse within the past 12 months);</p> <p>ii. Member continues to have CNS lesion progression as shown in MRI;</p> <p>iii. Member continues to have worsening disability (e.g. decreased mobility, decreased ability to perform daily activities, increase in EDSS score, etc.).</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Neurologist</p>
Extavia	interferon beta-1B	<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” of the following: glatiramer or Glatopa; as evidenced by at least “1” of the following:</p> <p>i. Member continues to have clinical relapses (at least one relapse within the past 12 months);</p> <p>ii. Member continues to have CNS lesion progression as shown in MRI;</p> <p>iii. Member continues to have worsening disability (e.g. decreased mobility, decreased ability to perform daily activities, increase in EDSS score, etc.).</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Neurologist</p>
Yervoy	ipilimumab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
-	Irinotecan	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
INFeD	iron dextran	<p>Covered Uses: Iron-deficiency anemia, hemodialysis-dependent patients</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p>

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		<p>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:</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>
Venofer	iron sucrose	<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

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		<p>c. Documentation of decreased absorption of oral iron due to gastric bypass surgery and/or subtotal gastric resection</p> <p>d. Documentation that oral iron cannot compensate the severe anemia</p> <p>Age Restrictions: N/A</p> <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> <p>a. Confirmed diagnosis</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Hematologist, Oncologist</p>
Claravis, Myorisan	isotretinoin	<p>Covered Uses: Nodulocystic Severe Acne</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirements:</p> <p>a. Try and fail 2 of the following topical therapies: benzoyl peroxide, clindamycin, tretinoin or erythromycin topical</p> <p>b. Try and fail 1 of the following oral therapies: doxycycline, minocycline or tetracycline</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
	itraconazole capsule	<p>Covered Uses: Must meet "1" of the following:</p> <p>a. Aspergillosis</p> <p>b. Blastomycosis</p> <p>c. Coccidioidomycosis</p> <p>d. Cryptococcosis</p> <p>e. Histoplasmosis</p> <p>f. Prophylaxis for fungal infection in HIV patients</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: N/A</p> <p>Covered Uses: Onychomycosis</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 formulary alternative: terbinafine</p> <p>Age Restrictions: N/A</p>

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		<p>Prescriber Restrictions: N/A</p> <p>Covered Uses: Must meet "1" of the following: a. Oropharyngeal candidiasis b. Candidiasis of the esophagus</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement: a. Failure or clinically significant adverse effects to ALL of the formulary alternatives: nystatin AND fluconazole</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: HIV specialist, Infectious Disease specialist</p>
Corlanor	ivabradine	<p>*Covered Uses: Heart Failure (HF)</p> <p>Exclusion Criteria: N/A</p> <p>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</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Cardiologist</p>
Soolantra	ivermectin cream	<p>Covered Uses: Rosacea</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement: a. Failure or clinically significant adverse effects to "1" of the alternatives: metronidazole cream, metronidazole gel OR metronidazole lotion</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
Sklice	ivermectin lotion	<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: a. Failure or significant adverse effects to "1" OTC formulary alternatives: permethrin 1% topical liquid or RID (pyrethrin plus piperonyl butoxide) b. Failure or significant adverse effects to "1" prescription formulary alternatives: spinosad 0.9% topical suspension or malathion 0.5% lotion</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>

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Immuno-Globulin (Gammagard, Privigen, etc.)	IVIG	Please refer to Immunoglobulin (IVIG) Drug Class Prior Authorization Criteria
Vimpat	lacosamide	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)
	lamotrigine ER	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
	lanthanum carbonate	Covered Uses: Hyperphosphatemia in patients with End Stage Renal Disease (ESRD) 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
	ledipasvir, sofosbuvir	Please refer to the Hepatitis C Drug Class Criteria
Revlimid	lenalidomide	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Lupron Depot Ped	leuprolide	Covered Uses: Central Precocious Puberty Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Onset of secondary sexual characteristics in "1" of the following: i. Females less than 8 years of age ii. Males less than 9 years of age

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

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		<p>Required Medical Information: Must meet the 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: Pulmonologist or Allergist</p>
Xiidra	lifitegrast	<p>Covered Uses: Dry Eye Syndrome</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirements:</p> <p>a. Try and fail Restasis</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
Linzess	linaclotide	<p>Covered Uses: Must meet "1" of the following:</p> <p>a. Irritable Bowel Syndrome-related constipation (IBS-C)</p> <p>b. Idiopathic chronic constipation</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" drug from any "2" of the groups:</p> <p>i. fiber or psyllium</p> <p>ii. polyethylene glycol powder or lactulose</p> <p>iii. bisacodyl or senna</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
Tradjenta	linagliptin	<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> <p>a. Failure or clinically significant adverse effects to all of the following:</p> <p>i. Metformin.</p> <p>ii. "1" of the formulary DPP-4 inhibitor products: alogliptin, alogliptin-metformin</p> <p>iii. "1" additional oral formulary alternatives: acarbose, repaglinide, 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</p> <p>Prescriber Restrictions: N/A</p>

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	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>
Saxenda	liraglutide recombinant	<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 Age Restrictions: N/A Prescriber Restrictions: N/A</p>
Amitiza	lubiprostone	<p>Covered Uses: Irritable Bowel Syndrome-related constipation (IBS-C) Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements:</p>

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		<p>a. Failure or clinically significant adverse effects to "1" drug from any "2" of the groups:</p> <ul style="list-style-type: none"> i. fiber or psyllium ii. polyethylene glycol powder or lactulose iii. bisacodyl or senna <p>b. Females only</p> <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p> <p>Covered Uses: Must meet "1" of the following:</p> <ul style="list-style-type: none"> a. Idiopathic chronic constipation b. Opioid-induced constipation <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" drug from any "2" of the groups: <ul style="list-style-type: none"> i. fiber or psyllium ii. polyethylene glycol powder or lactulose iii. bisacodyl or senna <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
Opsumit	macitentan	<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 Prescriber Restrictions: Cardiologist, Pulmonologist</p>
Emverm	mebendazole chewtab	<p>Covered Uses: Must meet "1" of the following:</p> <ul style="list-style-type: none"> 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) b. Trichuriasis or infection caused by <i>Trichuris trichiura</i> (whipworm) <p>Exclusion Criteria: N/A</p>

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		<p>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>
Nucala	mepolizumab	Please refer to Nucala Drug Prior Authorization Criteria
	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>

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	metaxalone	<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 the following requirement:</p> <ul style="list-style-type: none"> a. Failure or clinically significant adverse effects to "2" of the following: cyclobenzaprine, methocarbamol or tizanidine <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
	methadone	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
Relistor (oral)	methylnaltrexone	<p>Covered Uses: Opioid-induced constipation (non-cancer)</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 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</p> <p>Prescriber Restrictions: N/A</p>
Relistor (injectable)	methylnaltrexone	<p>Covered Uses: Opioid-induced constipation (non-cancer)</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 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</p> <p>Prescriber Restrictions: N/A</p> <p>Covered Uses: Opioid-induced constipation (advanced illness or cancer)</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 advanced illness receiving palliative or hospice care

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		<p>b. Must meet "1" of the following:</p> <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>
	<p>methylphenidate 5mg/5ml, 10mg/5ml solution</p>	<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 ; c. Failure or clinically significant adverse effects to two formulary stimulants: dexmethylphenidate, dexmethylphenidate ER, dextroamp-amphet, dextroamp-amphet ER, dextroamphetamine, dextroamphetamine ER, methylphenidate, methylphenidate CD, methylphenidate ER, methylphenidate LA, Zenzedi <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: dexmethylphenidate, dexmethylphenidate 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>methylphenidate chewable</p>	<p>Covered Uses: ADHD Exclusion Criteria: N/A</p>

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		<p>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: dexmethylphenidate, dexmethylphenidate 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</p> <p>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: dexmethylphenidate, dexmethylphenidate 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>
Daytrana	methylphenidate transdermal	<p>Covered Uses: ADHD 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 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 <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
	metolazone	<p>Covered Uses: Must meet "1" of the following:</p> <ul style="list-style-type: none"> a. Edema

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		<p>b. Hypertension (HTN) Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Failure or clinically significant adverse effects to the following: furosemide Age Restrictions: N/A Prescriber Restrictions: N/A</p>
Myrbetriq	mirabegron	<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 Age Restrictions: N/A Prescriber Restrictions: N/A</p>
	modafinil	<p>Covered Uses: Must meet "1" of the following: a. Narcolepsy b. Obstructive Sleep Apnea (OSA) c. Shift work disorder Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Confirmed diagnosis Age Restrictions: N/A Prescriber Restrictions: Neurologist, Psychiatrist, Sleep Medicine specialist</p>
Dulera	mometasone, formoterol	<p>Covered Uses: Asthma Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Failure or clinically significant adverse effects to "1" of the following: formulary fluticasone propionate/salmeterol or budesonide/formoterol inhaler Age Restriction: Must be age of 5 and older Prescriber Restrictions: N/A</p>
Movantik 12.5mg	naloxegol 12.5mg	<p>Covered Uses: Opioid-induced constipation Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements: a. Documentation of chronic opioid use in the past 90 days</p>

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		<p>b. Failure or clinically significant adverse effects to "1" of the alternatives: docusate, fiber or psyllium</p> <p>c. Failure or clinically significant adverse effects to "1" of the alternatives: bisacodyl or senna</p> <p>d. Failure or clinically significant adverse effects to "1" of the alternatives: lactulose or polyethylene glycol powder</p> <p>Age Restrictions: N/A</p> <p>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> <p>a. Failure or clinically significant adverse effects to "1" of the following: rizatriptan or rizatriptan ODT</p> <p>b. Failure or clinically significant adverse effects to the following: sumatriptan</p> <p>Age Restrictions: Must be age of 18 years or older</p> <p>Prescriber Restrictions: N/A</p>
Tysabri	natalizumab	<p>*Covered Uses: Crohn's Disease</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <p>a. Must meet "1" of the following requirements:</p> <ul style="list-style-type: none"> 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; <p>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;</p> <p>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;</p> <ul style="list-style-type: none"> i. Humira ii. Cimzia iii. Renflexis <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Gastroenterologist</p> <p>*Covered Uses: Relapsing form of multiple sclerosis</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet "1" of the following requirements:</p> <p>a. Failure or clinically significant adverse effects to all of the following:</p> <ul style="list-style-type: none"> 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: <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

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		<p>daily activities, increase in EDSS score, etc.).</p> <p>b. Documented aggressive initial disease course as evidenced by one of the following (please consult IEHP pharmacist):</p> <ul style="list-style-type: none"> 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>Age Restrictions: N/A Prescriber Restrictions: Neurologist</p>
Rhopressa	netarsudil	<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 Prescriber Restrictions: N/A</p>
Ofev	nintedanib esylate	<p>*Covered Uses: Idiopathic Pulmonary Fibrosis</p> <p>Exclusion Criteria: CCS eligible</p> <p>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) 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 <p>Age Restriction: N/A Prescriber Restrictions: Pulmonologist</p> <p>*Covered Uses: Lung disease with systemic sclerosis</p> <p>Exclusion Criteria: CCS eligible</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <ul style="list-style-type: none"> 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 <p>Age Restriction: N/A Prescriber Restrictions: Pulmonologist</p>

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Opdivo	nivolumab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Spinraza	nusinersen	Please refer to Spinraza (nusinersen) Drug Prior Authorization Criteria
Adult Nutrition Supplement (e.g. Ensure, Jevity, Glucerna, Osmolite, Boost, etc.)	nutritional supplement	Please refer to Adult Enteral Nutritional Supplement Drug Class Prior Authorization Criteria
Infant Formula Nutrition Supplement (Nutramigen, Similac Alimentum, Nutramigen Enflora, Elecare Infant, Neocate Infant etc.)	nutritional supplement	Please refer to Nutritional Supplement Infant Formula Prior Authorization Criteria
Pediatric Nutritional Supplement (PediaSure, Boost, Nutren Jr, Peptamen Jr, etc.)	nutritional supplement	Please refer to Nutritional Supplement Pediatric Nutritional Supplements Prior Authorization Criteria
Ocrevus	ocrelizumab	<p>*Covered Uses: Must meet "1" of the following:</p> <ol 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> <ol style="list-style-type: none"> a. Primary progressive multiple sclerosis: <ol style="list-style-type: none"> i. Confirmed diagnosis b. Relapsing form of multiple sclerosis: <ol style="list-style-type: none"> i. Failure or clinically significant adverse effects to all of the following: <ol 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: <ol 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.);

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		Age Restrictions: N/A Prescriber Restrictions: Neurologist
Sandostatin	octreotide	Covered Uses: Acromegaly or Carcinoid or VIPoma Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Confirmed diagnosis Age Restrictions: N/A Prescriber Restrictions: N/A
Sandostatin LAR Depot	octreotide	Covered Uses: Acromegaly or Carcinoid or VIPoma Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Confirmed diagnosis Age Restrictions: N/A Prescriber Restrictions: N/A
Lartruvo	olaratumab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Xolair	omalizumab	Please refer to Xolair Drug Prior Authorization Criteria
	omega-3-acid ethyl esters	Covered Uses: Hyperlipidemia, Hypercholesterolemia, Hypertriglyceridemia or Dyslipidemia (e.g. high blood cholesterol) Exclusion Criteria: N/A Required Medical Information: Must meet all of the following requirements: a. Failure or clinically significant adverse effects to "1" of the following: fenofibrate tablet, fenofibrate micronized capsule, fenofibrate nanocrystallized tablet, fenofibric acid capsule or gemfibrozil b. Documented triglyceride level of 500mg/dL or greater Age Restrictions: N/A Prescriber Restrictions: N/A
Alli	orlistat	Covered Uses: Obesity Exclusion Criteria: N/A Required Medical Information: Must meet "1" of the following requirements: a. BMI greater than or equal to 30 kilograms per meter squared. b. BMI great than or equal to 27 kilograms per meter squared with a comorbidity. A comorbidity is defined as but not limited to "1" of the following: i. Diabetes Mellitus Type II

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		<ul style="list-style-type: none"> ii. Coronary Heart Disease iii. Hyperlipidemia iv. Hypertension v. Sleep Apnea <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
Oxtellar XR	oxcarbazepine ER	<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
Ibrance	palbociclib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Synagis	palivizumab	Please refer to Synagis (Palivizumab) Drug Prior Authorization Criteria
Farydak	panobinostat lactate	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Veltassa	patiomer	<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>
Neulasta	pegfilgrastim	<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</p>

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		Prescriber Restrictions: Hematologist, Oncologist or HIV/Infectious Disease specialist
Sylatron	peginterferon alfa-2b	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Plegridy	peginterferon beta-1A	<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” 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</p> <p>Prescriber Restrictions: Neurologist</p>
FYCOMPA	perampanel	<p>Covered Uses: Partial seizure or Tonic-clonic seizure</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: carbamazepine, divalproex, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, primidone, topiramate or zonisamide.</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Neurologist (new start)</p>
	phentermine	<p>Covered Uses: Obesity</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. 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: <ul style="list-style-type: none"> i. Diabetes Mellitus Type II ii. Coronary Heart Disease iii. Hyperlipidemia iv. Hypertension v. Sleep Apnea <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>

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	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: a. Failure or clinically significant adverse effects to "2" of the alternatives: betamethasone dipropionate 0.05% (lotion, ointment, cream), betamethasone valerate 0.1% (ointment, cream), clobetasol 0.05% (ointment, cream, foam, gel, solution), clobetasol-emollient 0.05 % topical cream, fluocinolone 0.025% (cream, ointment), fluocinonide 0.05% (cream, gel, ointment, solution), Fluocinonide-E 0.05 % topical cream, mometasone 0.1% (ointment, cream, solution), triamcinolone 0.1% (cream, ointment, lotion), OR triamcinolone 0.5% (ointment, cream) b. Failure or clinically significant adverse effects to the alternative: tacrolimus ointment Age Restrictions: N/A Prescriber Restrictions: N/A</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>
Esbriet	pirfenidone	<p>*Covered Uses: Idiopathic Pulmonary Fibrosis Exclusion Criteria: CCS eligible Required Medical Information: Must meet all of the following requirements: a. The indicated diagnosis (including any applicable labs and/or tests) and medication usage must be supported by documentation from the patient's medical record) b. Clinically diagnosed with idiopathic pulmonary fibrosis c. Baseline percent predicted forced vital capacity (FVC) greater than or equal to 50% of predicted d. Baseline percent predicted diffusing capacity of the lung for carbon monoxide (DLCO) is between 30 to 90% e. Confirmation that the patient is a non-smoker or has abstained from smoking for at least 6 weeks Age Restriction: N/A</p>

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		Prescriber Restrictions: Pulmonologist
Symlin	pramlintide acetate	<p>Covered Uses: Diabetes Mellitus</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 all of the following: <ul style="list-style-type: none"> i. Metformin ii. "2" of the following: Basaglar, insulin aspart, insulin lispro, Novolog, Humalog, Humalog Mix, Humulin Mix, Humulin N NPH, Novolin Mix, Novolin N NPH, Admelog, glimepiride, glipizide, glipizide/metformin, glyburide, glyburide/metformin, pioglitazone, acarbose, repaglinide 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>
	ramelteon	<p>Covered Uses: Insomnia</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. Documentation of history of substance abuse b. Must meet all of the following requirements: <ul style="list-style-type: none"> 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 <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
Cyramza	ramucirumab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Lucentis	ranibizumab	<p>Covered Uses: Neovascular (Wet) Age related macular degeneration, Macular edema with retinal vein occlusion, Choroidal retinal neovascularization, 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>

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Ranexa	ranolazine	<p>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)</p>
RhoGAM	Rh0 [D] immune globulin	<p>*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</p>
Xifaxan	rifaximin	<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</p>

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		<p>Prescriber Restrictions: Gastroenterologist, Hepatologist</p> <p>Covered Uses: Traveler's diarrhea</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 ciprofloxacin <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
Adempas	riociguat	<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 <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Cardiologist, Pulmonologist</p>
Rituxan	rituximab	<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> <ul style="list-style-type: none"> a. FDA labeled indication or NCCN recommended regimen of 2B or above <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> <ul style="list-style-type: none"> a. Must meet "1" of the following: <ul style="list-style-type: none"> i. Platelet count is less than 20,000 per cubic meter ii. Platelet count is less than 30,000 per cubic meter with symptoms of bleeding b. Failure or clinically significant adverse effects to corticosteroid therapy <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>

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		<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> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Immunologist, Rheumatologist</p>
Xarelto 2.5mg	rivaroxaban	<p>Covered Uses: Coronary Artery Disease (CAD) or peripheral artery disease (PAD)</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <p>a. Documentation of concurrent use with aspirin</p> <p>b. Documentation of "1" of the following:</p> <p>i. Atherosclerosis involving at least two vascular beds</p> <p>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</p> <p>iii. Peripheral arterial disease with "1" of the following:</p> <ol style="list-style-type: none"> 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 <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
Daliresp	roflumilast	<p>Covered Uses: Chronic obstructive pulmonary disease (COPD)</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <p>a. FEV1 less than 50%</p>

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		<p>b. Failure or clinically significant adverse effects to "1" of the following: Incruse Ellipta or Tudorza</p> <p>c. Failure or clinically significant adverse effects to "1" of the following: Advair Diskus, Breo Ellipta or Symbicort</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Allergist, Immunologist, Pulmonologist</p>
Entresto	sacubitril, valsartan	<p>Covered Uses: Chronic Heart Failure (HF)</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p> <p>a. Documentation of New York Heart Association (NYHA) class II, III or IV heart failure symptoms</p> <p>b. Documented left ventricular ejection fraction less than 40 percent</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Cardiologist</p>
Onglyza	saxagliptin	<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> <p>a. Failure or clinically significant adverse effects to all of the following:</p> <p>i. Metformin.</p> <p>ii. "1" of the formulary DPP-4 inhibitor products: alogliptin, alogliptin-metformin</p> <p>iii. "1" additional oral formulary alternatives: acarbose, repaglinide, 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</p> <p>Prescriber Restrictions: N/A</p>
Hizentra (SCIG)	SCIG	Please refer to Immunoglobulin (IVIG) Drug Class Prior Authorization Criteria
Uptravi	selexipag	<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> <p>a. Documented WHO Functional Class II or above</p> <p>b. Failure or clinically significant adverse effect to sildenafil</p> <p>c. Failure or clinically significant adverse effect to ambrisentan or bosentan</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Cardiologist, Pulmonologist</p>

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	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> <ol style="list-style-type: none"> a. Documented high phosphate levels (greater than 4.5mg/dL) b. Must meet "1" of the following requirements: <ol 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>
	sildenafil 20mg tablet	<p>*Covered Uses: Pulmonary Arterial Hypertension (PAH)</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ol style="list-style-type: none"> a. Documented WHO Functional Class II or above <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Cardiologist, Pulmonologist</p> <p>Covered Uses: N/A</p> <p>Exclusion Criteria: Erectile dysfunction (ED): Not a covered benefit</p> <p>Required Medical Information: N/A</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
	sirolimus	<p>Covered Uses: Must meet "1" of the following:</p> <ol style="list-style-type: none"> a. Prophylaxis of organ rejection in transplant (e.g. Graft-Versus-Host Disease or GVHD) b. Pulmonary lymphangiomyomatosis <p>Exclusion Criteria: CCS eligible</p> <p>Required Medical Information: Must meet the following requirement:</p> <ol style="list-style-type: none"> a. Confirmed diagnosis <p>Age Restriction: N/A</p> <p>Prescriber Restrictions: Transplant specialist</p>
Januvia	sitagliptin	<p>Covered Uses: Diabetes Mellitus</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ol style="list-style-type: none"> a. Try and fail metformin AND alogliptin

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		<p>Age Restrictions: N/A Prescriber Restrictions: N/A</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 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>
Suprep Bowel Prep Kit	sodium sulfate, potassium sulfate, magnesium sulfate	<p>Covered Uses: Bowel cleansing before colonoscopy Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the alternatives: GaviLyte-G, peg 3350-electrolytes OR TriLyte Age Restrictions: N/A Prescriber Restrictions: N/A</p>

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Vosevi	sofosbuvir, velpatasvir, voxilaprevir	Please refer to the Hepatitis C Drug Class Criteria
Vesicare	solifenacin	<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>
Genotropin	somatropin	Please refer to Growth Hormone Drug Class Prior Authorization Criteria
Humatrope	somatropin	Please refer to Growth Hormone Drug Class Prior Authorization Criteria
Norditropin	somatropin	Please refer to Growth Hormone Drug Class Prior Authorization Criteria
Nutropin	somatropin	Please refer to Growth Hormone Drug Class Prior Authorization Criteria
Saizen	somatropin	Please refer to Growth Hormone Drug Class Prior Authorization Criteria
Serostim	somatropin	Please refer to Growth Hormone Drug Class Prior Authorization Criteria
Zorbtive	somatropin	Please refer to Growth Hormone Drug Class Prior Authorization Criteria
Omnitrope vial	somatropin vial	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Odomzo	sonidegib	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Velphoro	sucroferric oxyhydroxide	<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> <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</p> <p>Prescriber Restrictions: N/A</p>

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	sumatriptan injectable	<p>Covered Uses: Migraine headache 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 the alternative: sumatriptan tablet b. Failure or clinically significant adverse effects to "1" of the alternative: rizatriptan or rizatriptan ODT c. Must use concurrently with "1" of the following for migraine prophylaxis: amitriptyline, atenolol, divalproex, metoprolol, propranolol, topiramate, valproate or venlafaxine <p>Age Restrictions: Must be age of 18 years or older Prescriber Restrictions: N/A</p> <p>Covered Uses: Cluster headache 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: 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:</p> <ul style="list-style-type: none"> 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 <p>Age Restrictions: Must be age of 18 years or older Prescriber Restrictions: N/A</p>
Belsomra	suvorexant	<p>Covered Uses: Insomnia 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 the following: zolpidem b. Failure or clinically significant adverse effects to "1" of the following: eszopiclone or zaleplon <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>

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	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: 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:</p>

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		<p>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>
Nucynta ER	tapentadol	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
Nucynta IR	tapentadol	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
	tazarotene cream	<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> <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>
Gattex	teduglutide	<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>

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	temozolomide	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Aubagio	teriflunomide	<p>*Covered Uses: Multiple sclerosis, relapsing forms</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 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: <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>
Forteo	teriparatide	<p>*Covered Uses: Osteoporosis</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 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</p> <p>Prescriber Restrictions: N/A</p>
Egrifta	tesamorelin	<p>Covered Uses: Reduction of excess abdominal fat in HIV-infected patients with lipodystrophy</p> <p>Exclusion Criteria: N/A</p>

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		<p>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</p> <p>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</p> <p>Exclusion Criteria: Check CCS eligibility</p> <p>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 present but untreated or uncontrolled <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Neurologist</p>
Brilinta 60mg	ticagrelor	<p>Covered Uses: Must meet "1" of the following:</p> <ul style="list-style-type: none"> 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 <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement:</p> <ul style="list-style-type: none"> a. Maintenance dose of aspirin should not exceed 100 mg per day <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>
Spiriva Respimat 1.25 mcg	tiotropium 1.25 mcg	<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 "2" of the following for "2" consecutive months each: Asmanex Twisthaler, Flovent, Pulmicort or QVAR

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		Age Restrictions: N/A Prescriber Restrictions: N/A
Spiriva HandiHaler	tiotropium 18 mcg	Covered Uses: Chronic Obstructive Pulmonary Disease (COPD) Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Failure or clinically significant adverse effects to “1” formulary long acting bronchodilator: Incruse Ellipta, Stiolto Respimat, Anoro Ellipta, Tudorza, Serevent or Brovana. Age Restrictions: N/A Prescriber Restrictions: N/A
Spiriva Respimat 2.5 mcg	tiotropium 2.5 mcg	Covered Uses: Chronic Obstructive Pulmonary Disease (COPD) Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Failure or clinically significant adverse effects to “1” formulary long acting bronchodilator: Incruse Ellipta, Stiolto Respimat, Anoro Ellipta, Tudorza, Serevent or Brovana. Age Restrictions: N/A Prescriber Restrictions: N/A
Trokendi XR	topiramate	Covered Uses: Must meet "1" of the following: a. Lennox-Gastaut syndrome b. Partial seizure c. Tonic-clonid seizure d. Migraine prophylaxis Exclusion Criteria: Check CCS eligibility Required Medical Information: Must meet the following requirement: a. Medical justification why formulary topiramate cannot be used Age Restrictions: N/A Prescriber Restrictions: Neurologist
	tramadol ER	Please refer to Opioid Analgesic Drug Class Prior Authorization Criteria
Herceptin Hylecta	trastuzumab	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Travatan Z Lumigan	travoprost bimatoprost	Covered Uses: Open-angle glaucoma or ocular hypertension Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Failure or clinically significant adverse effects to the following: latanoprost

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		<p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
Tyvaso	treprostinil nebulizing solution	<p>*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 </p> <p>Age Restrictions: N/A Prescriber Restrictions: Cardiologist, Pulmonologist</p>
Remodulin	treprostinil vial	<p>*Covered Uses: Pulmonary Arterial Hypertension (PAH) Exclusion Criteria: N/A Required Medical Information: Must meet "1" of the following requirements: a. Documented WHO Functional Class IV b. Documented WHO Functional Class III and "1" of the following: i. Evidence of rapid disease progression ii. Markers for poor clinical prognosis</p> <p>Age Restrictions: N/A Prescriber Restrictions: Cardiologist, Pulmonologist</p>
	tropium or tropium ER	<p>Covered Uses: Overactive bladder (OAB) Exclusion Criteria: N/A Required Medical Information: Must meet the following requirement: a. Failure or clinically significant adverse effects to "2" of the alternatives: oxybutynin, oxybutynin ER, tolterodine OR tolterodine ER</p> <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
Ingrezza	valbenazine	<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</p>

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		<p>ii. Discontinuation or dose modification of the offending medication</p> <p>Age Restrictions: Age of 18 years or older</p> <p>Prescriber Restrictions: Neurologist, Psychiatrist</p>
	valganciclovir	<p>Covered Uses: Must meet "1" of the following:</p> <p>a. CMV retinitis</p> <p>b. CMV infection prophylaxis</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: HIV specialist, Infectious Disease specialist, Transplant specialist</p>
	velpatasvir, sofosbuvir	Please refer to the Hepatitis C Drug Class Criteria
Venclexta	venetoclax	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
Viibryd	vilazodone	<p>Covered Uses: Major depressive disorder</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 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> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: Psychiatrist (new start)</p>
-	vinblastine	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	voriconazole oral	<p>Covered Uses: Must meet "1" of the following:</p> <p>a. Invasive aspergillosis: treatment or prophylaxis</p> <p>b. Pulmonary aspergillosis, chronic</p> <p>c. Fungal infection caused by <i>Scedosporium apiospermum</i>, <i>Scedosporium prolificans</i> or <i>Fusarium</i> species</p> <p>d. Infection prophylaxis in graft-versus-host disease</p> <p>e. Infection prophylaxis in allogeneic hematopoietic stem cell transplant (HSCT) or certain autologous HSCT</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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		<p>Age Restrictions: N/A Prescriber Restrictions: N/A</p> <p>Covered Uses: Must meet "1" of the following: a. Candidemia (fungal infection in the blood) b. Candidiasis of the esophagus c. Invasive candidiasis: of the skin, in abdomen, kidney, bladder wall, and wounds d. Oropharyngeal candidiasis</p> <p>Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet "1" of the following requirements: a. Failure or clinically significant adverse effects to the alternative: fluconazole b. Documentation that culture report identifying fluconazole-resistant Candida species</p> <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
Trintellix	vortioxetine	<p>Covered Uses: Major depressive disorder Exclusion Criteria: N/A</p> <p>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</p> <p>Age Restrictions: N/A Prescriber Restrictions: Psychiatrist (new start)</p>
	zaleplon	<p>Covered Uses: Insomnia Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet the following requirement: a. Failure or clinically significant adverse effects to the alternative: zolpidem</p> <p>Age Restrictions: N/A Prescriber Restrictions: N/A</p>
Zaltrap	ziv-aflibercept	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	zoledronic acid IV 4mg	Please refer to Antineoplastic Agents Drug Class Prior Authorization Criteria
	zolmitriptan tablet, zolmitriptan orally-disintegrating	<p>Covered Uses: Migraine headache Exclusion Criteria: N/A</p> <p>Required Medical Information: Must meet all of the following requirements:</p>

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		<p>a. Failure or clinically significant adverse effects to "1" of the following: rizatriptan or rizatriptan ODT</p> <p>b. Failure or clinically significant adverse effects to the following: sumatriptan</p> <p>Age Restrictions: Must be age of 18 years or older</p> <p>Prescriber Restrictions: N/A</p>
	zolpidem ER	<p>Covered Uses: Insomnia</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 the following: zolpidem immediate release</p> <p>b. Failure or clinically significant adverse effects to "1" of the following: eszopiclone or zaleplon</p> <p>Age Restrictions: N/A</p> <p>Prescriber Restrictions: N/A</p>

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