Community Care 2020 Prior Authorization

Prior Authorization Group	Drugs	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
abaloparatide (Tymlos)	TYMLOS	All FDA-approved indications not otherwise excluded from Part D.					2 years	
aliskiren (Tekturna)	Tekturna	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Ambrisentan (Letairis)	*ambrisentan*	All FDA-approved indications not otherwise excluded from Part D.	Pregnancy				12 months	
apomorphine (Apokyn)	APOKYN	All FDA-approved indications not otherwise excluded from Part D.					12 months	

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Prior Authorization Group	Drugs	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
Apremilast (Otezla)	OTEZLA, OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Aprepitant (Emend)	*aprepitant*	All FDA-approved indications not otherwise excluded from Part D.					3 months	None
Baricitinib (Olumiant)	OLUMIANT	All FDA-approved indications not otherwise excluded from Part D.					12 months	

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Prior Authorization Group	Drugs	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
Dacomitinib (Vizimpro)	VIZIMPRO	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Dalfampridine (Ampyra)	*dalfampridine*	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Darbepoetin (Aranesp)	ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML, ARANESP (IN POLYSORBATE) INJECTION SYRINGE	All FDA-approved indications not otherwise excluded from Part D.					6 months	

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Prior Authorization Group	Drugs	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
Dextromethorphan /Quinidine (Nuedexta)	NUEDEXTA	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Diclofenac (Solaraze)	*diclofenac sodium topical gel 3 %*	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Diclofenac Epolamine (Flector)	*diclofenac epolamine*	All FDA-approved indications not otherwise excluded from Part D.					2 weeks	
Dornase Alfa (Pulmozyme)	PULMOZYME	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Droxidopa (Northera)	NORTHERA	All FDA-approved indications not otherwise excluded from Part D.					12 months	

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Prior Authorization Group	Drugs	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
Duloxetine (Drizalma Sprinkle)	Drizalma Sprinkle	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Duvelisib (Copiktra)	COPIKTRA	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Elbasvir and Grazoprevir (Zepatier)	ZEPATIER	All FDA-approved indications not otherwise excluded from Part D.					12-16 weeks	Criteria will be applied consistent with current AASLD/IDSA guidance.
eltrombopag (Promacta)	PROMACTA	All FDA-approved indications not otherwise excluded from Part D.					12 months	

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Prior Authorization Group	Drugs	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
epoetin (Epogen)	EPOGEN, RETACRIT	All FDA-approved indications not otherwise excluded from Part D.					6 months	
Everolimus (Zortress)	ZORTRESS	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Evolocumab (Repatha)	REPATHA PUSHTRONEX, REPATHA SURECLICK, REPATHA SYRINGE	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Fentanyl Lozenge	*fentanyl citrate buccal lozenge on a handle*	All FDA-approved indications not otherwise excluded from Part D.					12 months	Opiod tolerant
Fentanyl Transdermal Patch	*fentanyl*	All FDA-approved indications not otherwise excluded from Part D.					12 months	Refractory or intolerant to oral pain management

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Prior Authorization Group	Drugs	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
Fidaxomicin (Dificid)	DIFICID	All FDA-approved indications not otherwise excluded from Part D.					10 days	
Filgrastim (Neupogen)	NIVESTYM, ZARXIO	All FDA-approved indications not otherwise excluded from Part D.	not for afebrile neutropenia				6 months	None
glecaprevir/pibrentasvir (Mavyret)	MAVYRET	All FDA-approved indications not otherwise excluded from Part D.					12 weeks	Criteria will be applied consistent with current AASLD/IDSA guidance
Golimumab (Simponi)	SIMPONI	All FDA-approved indications not otherwise excluded from Part D.					12 months	

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Prior Authorization Group	Drugs	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
guselkumab (Tremfya)	TREMFYA	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Ivacaftor (Kalydeco)	KALYDECO	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Ledipasvir/Sofosbuvir (Harvoni)	*ledipasvir-sofosbuvir*	All FDA-approved indications not otherwise excluded from Part D.					12 weeks in patients without cirrhosis, 24 weeks in patients with cirrhosis	

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Prior Authorization Group	Drugs	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
Levomilnacipran (Fetzima)	FETZIMA	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Lomitapide Mesylate (Juxtapid)	JUXTAPID	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Lorlatinib (Lorbrena)	LORBRENA	All FDA-approved indications not otherwise excluded from Part D.					12 months	

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Prior Authorization Group	Drugs	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
Lumacaftor/Ivacaftor (Orkambi)	ORKAMBI	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Macitentan (Opsumit)	OPSUMIT	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Megestrol	*megestrol oral suspension 400 mg/10 ml (40 mg/ml)*	All FDA-approved indications not otherwise excluded from Part D.		Assess for weight gain after initial coverage duration			6 months	
Methylnaltrexone (Relistor)	RELISTOR	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Modafanil (Provigil)	Provigil	All FDA-approved indications not otherwise excluded from Part D.					12 months	

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Prior Authorization Group	Drugs	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
Nintedanib Esylate (Ofev)	OFEV	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Omalizumab (Xolair)	Xolair	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Parathyroid Hormone (Natpara)	NATPARA	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Pimavanserin tartrate (Nuplazid)	NUPLAZID	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Pirfenidone (Esbriet)	ESBRIET	All FDA-approved indications not otherwise excluded from Part D.					12 months	

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Prior Authorization Group	Drugs	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
Rifaximin (Xifaxan)	XIFAXAN ORAL TABLET 200 MG	All FDA-approved indications not otherwise excluded from Part D.					3 days	
Riociguat (Adempas)	ADEMPAS	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Roflumilast (Daliresp)	DALIRESP	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Sacubitril/Valsartan (Entresto)	ENTRESTO	All FDA-approved indications not otherwise excluded from Part D.					12 months	

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sargramostim (Leukine)	LEUKINE	All FDA-approved indications not otherwise excluded from Part D.					2 months	
Selegilene transdermal	EMSAM	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Selexipag (Uptravi)	UPTRAVI	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Sildenafil Citrate (Revatio)	*sildenafil (antihypertensive) oral tablet*	All FDA-approved indications not otherwise excluded from Part D.					12 months	

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Prior Authorization Group	Drugs	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
Sofosbuvir (Solvaldi)	SOVALDI ORAL TABLET 400 MG	All FDA-approved indications not otherwise excluded from Part D.					12, 16, 24 or 48 weeks	Consider genotype, cirrhosis status, previous failure of PEG-IFN/RBV/protease inhibitors/sofosbuvir, HCV in an allograft, decompensated cirrhosis, if awaiting transplant and concurrent treatment
Sofosbuvir and Velpatasvir (Epclusa)	*sofosbuvir-velpatasvir*	All FDA-approved indications not otherwise excluded from Part D.					12 weeks	Criteria will be applied consistent with current AASLD/IDSA guidance

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Prior Authorization Group	Drugs	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
sofosbuvir/velpatasvir/voxilaprevir (Vosevi)	VOSEVI	All FDA-approved indications not otherwise excluded from Part D.					12 weeks	Criteria will be applied consistent with current AASLD/IDSA guidance
Somatropin	GENOTROPIN, GENOTROPIN MINIQUICK, HUMATROPE, NORDITROPIN FLEXPRO, NUTROPIN AQ NUSPIN, OMNITROPE, SAIZEN, SEROSTIM, ZORBTIVE	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Tacrolimus (Prograf)	ASTAGRAF XL, ENVARSUS XR, PROGRAF ORAL	All FDA-approved indications not otherwise excluded from Part D.					12 months	

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Prior Authorization Group	Drugs	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
	GRANULES IN PACKET							
Tadalafil (Adcirca)	*tadalafil (antihypertensive)*	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Tasimelteon (Hetlioz)	HETLIOZ	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Tedizolid Phosphate (Sivextro)	SIVEXTRO	All FDA-approved indications not otherwise excluded from Part D.					6 days	
Teriparatide (Forteo)	FORTEO	All FDA-approved indications not otherwise excluded from Part D.					2 years	None

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tetrahydrocannabinol	*dronabinol*	All FDA-approved indications not otherwise excluded from Part D.					12 months	
tezacaftor/ivacaftor and ivacaftor (Symdeko)	SYMDEKO	All FDA-approved indications not otherwise excluded from Part D.					12 months	
Tofacitinib Citrate (Xeljanz)	XELJANZ, XELJANZ XR	All FDA-approved indications not otherwise excluded from Part D.					12 months	
ustekinumab (Stelara)	Stelara	All FDA-approved indications not otherwise excluded from Part D.					12 months	

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Prior Authorization Group	Drugs	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
Vancomycin Oral Solution	*vancomycin oral capsule*	All FDA-approved indications not otherwise excluded from Part D.					2 weeks	None
Varenicline (Chantix)	CHANTIX, CHANTIX CONTINUING MONTH BOX, CHANTIX STARTING MONTH BOX	All FDA-approved indications not otherwise excluded from Part D.					12 weeks and may extend up to 24 weeks if have stopped smoking after initial 12 weeks of therapy	None
Vilazodone (Viibryd)	VIIBRYD	All FDA-approved indications not otherwise excluded from Part D.					12 months	

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Prior Authorization Group	Drugs	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
Vortioxetine (Trintellix)	TRINTELLIX	All FDA-approved indications not otherwise excluded from Part D.					12 months	

Updated: 12/11/2020