

Acamprosate (Campral)

Drugs

acamprosate

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Creatinine clearance less than 30

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Adalimumab (Humira)

Drugs

HUMIRA, HUMIRA PEDIATRIC CROHN'S START, HUMIRA PEN, HUMIRA PEN CROHN'S-UC-HS START

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

must have inadequate response to at least one disease-modifying anti-rheumatic drug

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

None

Ambrisentan (Letairis)

Drugs

LETAIRIS

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Pregnancy

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

apomorphine (Apokyn)

Drugs

APOKYN

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Apremilast (Otezla)

Drugs

OTEZLA, OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Aprepitant (Emend)

Drugs

EMEND ORAL CAPSULE, EMEND ORAL CAPSULE,DOSE PACK

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

3 months

Other Criteria

None

Chorionic Gonadotropin

Drugs

chorionic gonadotropin, human

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Cinacalcet (Sensipar)

Drugs

SENSIPAR

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Clopidogrel (Plavix)

Drugs

clopidogrel oral tablet 75 mg

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Dabigatran (Pradaxa)

Drugs

PRADAXA

Covered Uses

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Beneficiary has tried and failed warfarin therapy

Dalfampridine (Ampyra)

Drugs

AMPYRA

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Daptomycin (Cubicin)

Drugs

CUBICIN

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

Minimum of 2 weeks and may extend up to 6 weeks based on indication.

Other Criteria

Denosumab (Prolia)

Drugs

PROLIA

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Desvenlafaxine Succinate (Pristiq)

Drugs

desvenlafaxine oral tablet extended release 24 hr

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Dextromethorphan/Quinidine (Nuedexta)

Drugs

NUEDEXTA

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Diclofenac (Solaraze)

Drugs

diclofenac sodium topical gel

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Diclofenac Epolamine (Flector)

Drugs

FLECTOR

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

2 weeks

Other Criteria

Diclofenac gel (Voltaren gel)

Drugs

diclofenac sodium topical gel

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Dimethyl Fumarate (Tecfidera)

Drugs

TECFIDERA

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Dornase Alfa (Pulmozyme)

Drugs

PULMOZYME

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Droxidopa (Northera)

Drugs

NORTHERA

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Dulaglutide (Trulicity)

Drugs

TRULICITY

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

eltrombopag (Promacta)

Drugs

PROMACTA

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Empagliflozin (Jardiance)

Drugs

JARDIANCE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Currently on other anti-diabetic agents.

Enoxaparin (Lovenox)

Drugs

enoxaparin

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

reduce frequency with creatinine clearance less than 30

Age Restriction

Prescriber Restriction

Coverage Duration

Minimum of 5 days of therapy and may extend up to 35 days unless prescribed for a shorter duration

Other Criteria

None

epoetin (Epogen)

Drugs

EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

6 months

Other Criteria

Epoetin (Procrit)

Drugs

PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

bleeding, autoimmune hemolytic anemia, insufficient vitamin stores, uncontrolled HTN, cancer patients with radiation alone

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

6 months

Other Criteria

Everolimus (Zortress)

Drugs

ZORTRESS

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Evolocumab (Repatha)

Drugs

REPATHA SURECLICK, REPATHA SYRINGE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Ezetimibe (Zetia)

Drugs

ZETIA

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Fentanyl Lozenge

Drugs

fentanyl citrate

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Opioid tolerant

Fentanyl Transdermal Patch

Drugs

fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Refractory or intolerant to oral pain management

Fidaxomicin (Dificid)

Drugs

DIFICID

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

10 days

Other Criteria

Filgrastim (Neupogen)

Drugs

ZARXIO

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

not for afebrile neutropenia

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

6 months

Other Criteria

None

Golimumab (Simponi)

Drugs

SIMPONI, SIMPONI ARIA

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Imiquimod (Aldara)

Drugs

imiquimod

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

4 months

Other Criteria

Infliximab (Remicade)

Drugs

REMICADE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

None

Interferon Beta 1A (Rebif, Avonex)

Drugs

AVONEX (WITH ALBUMIN), AVONEX INTRAMUSCULAR PEN INJECTOR KIT, AVONEX INTRAMUSCULAR SYRINGE KIT, REBIF (WITH ALBUMIN), REBIF REBIDOSE, REBIF TITRATION PACK

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Neurologist

Coverage Duration

3 months

Other Criteria

Ivacaftor (Kalydeco)

Drugs

KALYDECO

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Ledipasvir/Sofosbuvir (Harvoni)

Drugs

HARVONI

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 weeks in patients without cirrhosis, 24 weeks in patients with cirrhosis

Other Criteria

Lenalidomide (Revlimid)

Drugs

REVLIMID

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

3 months

Other Criteria

Levomilnacipran (Fetzima)

Drugs

FETZIMA

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Linezolid (Zyvox)

Drugs

linezolid

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

28 days

Other Criteria

Lomitapide Mesylate (Juxtapid)

Drugs

JUXTAPID

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Lubiprostone (Amitiza)

Drugs

AMITIZA

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Lumacaftor/Ivacaftor (Orkambi)

Drugs

ORKAMBI ORAL TABLET 200-125 MG

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Macitentan (Opsumit)

Drugs

OPSUMIT

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Megestrol

Drugs

megestrol oral suspension 400 mg/10 ml (40 mg/ml)

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Assess for weight gain after initial coverage duration

Age Restriction

Prescriber Restriction

Coverage Duration

6 months

Other Criteria

Methylnaltrexone (Relistor)

Drugs

RELISTOR SUBCUTANEOUS SOLUTION, RELISTOR SUBCUTANEOUS SYRINGE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Mipomersen Sodium (Kynamro)

Drugs

KYNAMRO

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Modafanil (Provigil)

Drugs

modafinil

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

None

Nintedanib Esylate (Ofev)

Drugs

OFEV

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Parathyroid Hormone (Natpara)

Drugs

NATPARA

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Pimavanserin tartrate (Nuplazid)

Drugs

NUPLAZID

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Pirfenidone (Esbriet)

Drugs

ESBRIET

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Plerixafor (Mozobil)

Drugs

MOZOBIL

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

4 days

Other Criteria

Pomalidomide (Pomalyst)

Drugs

POMALYST

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

3 months

Other Criteria

Quinine Sulfate

Drugs

quinine sulfate

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

1 week

Other Criteria

Ribavirin Oral

Drugs

REBETOL ORAL SOLUTION, *ribavirin oral capsule, ribavirin oral tablet 200 mg*

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

3 months

Other Criteria

Rifaximin (Xifaxan)

Drugs

XIFAXAN ORAL TABLET 200 MG

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

3 days

Other Criteria

Riociguat (Adempas)

Drugs

ADEMPAS

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Roflumilast (Daliresp)

Drugs

DALIRESP

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Rotigotine (Neupro)

Drugs

NEUPRO

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

sargramostim (Leukine)

Drugs

LEUKINE INJECTION RECON SOLN

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

2 months

Other Criteria

Selegilene transdermal

Drugs

EMSAM

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Selexipag (Uptravi)

Drugs

UPTRAVI

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Sildenafil Citrate (Revatio)

Drugs

sildenafil oral

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Simeprevir (Olysio)

Drugs

OLYSIO

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 or 24 weeks

Other Criteria

Duration depends on past medical history, cirrhosis history, and genotype

Sirolimus (Rapamune)

Drugs

RAPAMUNE ORAL SOLUTION, *sirolimus*

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Sofosbuvir (Solvaldi)

Drugs

SOVALDI

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12, 16, 24 or 48 weeks

Other Criteria

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

Somatropin

Drugs

GENOTROPIN, GENOTROPIN MINIQUICK, HUMATROPE, NORDITROPIN FLEXPRO, NUTROPIN AQ, NUTROPIN AQ NUSPIN, OMNITROPE, SAIZEN, SAIZEN CLICK.EASY, SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG, ZORBTIVE

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Tacrolimus (Prograf)

Drugs

ASTAGRAF XL, ENVARSUS XR, *tacrolimus oral*

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Tadalafil (Adcirca)

Drugs

ADCIRCA

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Tasimelteon (Hetlioz)

Drugs

HETLIOZ

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Tedizolid Phosphate (Sivextro)

Drugs

SIVEXTRO

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

6 days

Other Criteria

Teriflunomide (Aubagio)

Drugs

AUBAGIO

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

1 year

Other Criteria

Teriparatide (Forteo)

Drugs

FORTEO

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

2 years

Other Criteria

None

tetrahydrocannabinol

Drugs

dronabinol

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Ticagrelor (Brilinta)

Drugs

BRILINTA

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Tigecycline (Tygacil)

Drugs

TYGACIL

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

14 days

Other Criteria

Tofacitinib Citrate (Xeljanz)

Drugs

XELJANZ, XELJANZ XR

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Treprostinil (Remodulin)

Drugs

REMODULIN

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Vancomycin Oral Solution

Drugs

vancomycin oral capsule

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

2 weeks

Other Criteria

None

Varenicline (Chantix)

Drugs

CHANTIX, CHANTIX CONTINUING MONTH BOX, CHANTIX STARTING MONTH BOX

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 weeks and may extend up to 24 weeks if have stopped smoking after initial 12 weeks of therapy.

Other Criteria

None

Vilazodone (Viibryd)

Drugs

VIIBRYD ORAL TABLET, VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

Vortioxetine (Trintellix)

Drugs

TRINTELLIX

Covered Uses

All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration

12 months

Other Criteria

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<i>diclofenac sodium topical gel</i>		NUPLAZID.....	54	<i>sirolimus</i>	69
.....	16, 18	NUTROPIN AQ.....	71	SIVEXTRO.....	75
DIFICID.....	33	NUTROPIN AQ NUSPIN.....	71	SOVALDI.....	70
<i>dronabinol</i>	78	OFEV.....	52	<i>tacrolimus oral</i>	72
EMEND ORAL CAPSULE.....	6	OLYSIO.....	68	TECFIDERA.....	19
EMEND ORAL		OMNITROPE.....	71	TRINTELLIX.....	86
CAPSULE,DOSE PACK.....	6	OPSUMIT.....	47	TRULICITY.....	22
EMSAM.....	65	ORKAMBI ORAL TABLET		TYGACIL.....	80
<i>enoxaparin</i>	25	200-125 MG.....	46	UPTRAVI.....	66
ENVARUSUS XR.....	72	OTEZLA.....	5	<i>vancomycin oral capsule</i>	83
EPOGEN INJECTION		OTEZLA STARTER ORAL		VIIBRYD ORAL TABLET.....	85
SOLUTION 2,000 UNIT/ML,		TABLETS,DOSE PACK 10 MG		VIIBRYD ORAL	
20,000 UNIT/2 ML, 20,000		(4)-20 MG (4)-30 MG (47).....	5	TABLETS,DOSE PACK 10 MG	
UNIT/ML, 3,000 UNIT/ML,		POMALYST.....	57	(7)- 20 MG (23).....	85
4,000 UNIT/ML.....	26	PRADAXA.....	10	XELJANZ.....	81
ESBRIET.....	55	PROCRIT INJECTION		XELJANZ XR.....	81
<i>fentanyl citrate</i>	31	SOLUTION 10,000 UNIT/ML,		XIFAXAN ORAL TABLET	
<i>fentanyl transdermal patch 72</i>		2,000 UNIT/ML, 20,000		200 MG.....	60
<i>hour 100 mcg/1hr, 12 mcg/1hr, 25</i>		UNIT/ML, 3,000 UNIT/ML,		ZARXIO.....	34
<i>mcg/1hr, 50 mcg/1hr, 75 mcg/1hr</i>	32	4,000 UNIT/ML, 40,000		ZETIA.....	30
FETZIMA.....	42	UNIT/ML.....	27	ZORBTIVE.....	71
FLECTOR.....	17	PROLIA.....	13	ZORTRESS.....	28
FORTEO.....	77	PROMACTA.....	23		
GENOTROPIN.....	71	PULMOZYME.....	20		
GENOTROPIN MINIQUICK		<i>quinine sulfate</i>	58		
.....	71				