

ACROMEGALY

Drugs

SOMATULINE DEPOT, SOMAVERT

Covered Uses

* Acromegaly

Exclusion Criteria

N/A

Required Medical Information

1. Pt has had surgical resection of the pituitary gland OR is not a candidate for surgery/radiation therapy,
2. Patient has tried at least ONE of the following:
 - a. Bromocriptine, b. Cabergoline, c. Octreotide

Age Restrictions

N/A

Prescriber Restrictions

Endocrinologist, Oncologist, or consult

Coverage Duration

Plan Year

Other Criteria

N/A

ACTEMRA

Drugs

ACTEMRA, ACTEMRA ACTPEN

Covered Uses

- * Cytokine Release Syndrome
- * Giant Cell Arteritis (GCA)
- * Juvenile Idiopathic Arthritis (JIA)
- * Rheumatoid Arthritis (RA)

Exclusion Criteria

N/A

Required Medical Information

1. For RA, JIA dx:
 - a. Previous trial on Renflexis
 - b. Pt has previous trial on at least ONE of the following:
 - i. Enbrel, ii. Humira

Age Restrictions

N/A

Prescriber Restrictions

Rheumatologist or Oncologist

Coverage Duration

Plan Year

Other Criteria

BvsD Determination

ACTHAR

Drugs

H.P. ACTHAR

Covered Uses

- * Ankylosing Spondylitis
- * Dermatomyositis
- * Erythema Multiforme
- * Infantile Spasms
- * Multiple Sclerosis (MS)
- * Nephrotic Syndrome
- * Rheumatoid Arthritis (RA)
- * Sarcoidosis
- * Stevens-Johnson Syndrome
- * Systemic Lupus Erythematosus (SLE)

Exclusion Criteria

N/A

Required Medical Information

1. For Infantile Spasms:
 - a. Dx is confirmed by EEG,
 - b. Pt has tried at least ONE of the following:
 - i. Prednisone, ii. Prednisolone, iii. Hydrocortisone, iv. Dexamethasone,
 - c. Pt has tried at least ONE of the following:
 - i. Vigabatrin, ii. Cosyntropin,
2. For MS:
 - a. Pt has failed at least TWO courses of treatment with Solu-Medrol for two different multiple sclerosis exacerbations,
3. For Nephrotic Syndrome:
 - a. Pt has tried at least ONE corticosteroid,
 - b. Pt has tried at least ONE of the following:
 - i. Cyclophosphamide, ii. Cyclosporine,

**SelectHealth Advantage
2019 Prior Authorization Criteria**

4. For Rheumatic Disorders:
 - a. Pt has tried at least ONE oral corticosteroid,
 - b. Pt has tried at least ONE oral DMARD,
5. For Dermatologic Disorders:
 - a. Pt has failed therapy with methylprednisolone

Age Restrictions

Infantile Spasms: 24 months old or younger

Prescriber Restrictions

1. Infantile Spasms: Neurologist,
2. MS: Neurologist,
3. Nephrotic Syndrome: Nephrologist,
4. Rheumatic Disorders: Rheumatologist,
5. Dermatologic Disorders: Dermatologist

Coverage Duration

1 mo

Other Criteria

N/A

ACTIMMUNE

Drugs

ACTIMMUNE

Covered Uses

* Chronic Granulomatous Disease

Exclusion Criteria

1. Hypersensitivity to Actimmune or E. coli derived products

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

ADEMPAS

Drugs

ADEMPAS

Covered Uses

- * Chronic Thromboembolic Pulmonary Hypertension (CTEPH)
- * Pulmonary Arterial Hypertension (PAH)

Exclusion Criteria

N/A

Required Medical Information

1. PAH:
 - a. Pt has previous failure on sildenafil,
2. CTPH:
 - a. Pt has failed endarterectomy OR
 - b. Pt considered inoperable for pulmonary endarterectomy AND
 - c. Pt has previous trial on full anticoagulation for at least 90 days

Age Restrictions

18 years old or older

Prescriber Restrictions

Specialist in pulmonary hypertension

Coverage Duration

Plan Year

Other Criteria

N/A

AIMOVIG

Drugs

AIMOVIG

Covered Uses

- * Migraine

Exclusion Criteria

1. Pt has received botulinum injections for migraine prophylaxis in the past 3 months,
2. Aimovig will be used in combination with botulinum toxin migraine prophylaxis therapy

Required Medical Information

1. Initial:
 - a. Pt experiences greater than or equal to 4 migraine days per month,
 - b. Pt has trial on prophylactic therapy on at least TWO of the following:
 - i. Anti-epileptic drug,
 - ii. Beta-blocker,
 - iii. Antidepressant
2. Reauth:
 - a. Pt has had a reduction in migraine days of at least 2 per month

Age Restrictions

N/A

Prescriber Restrictions

Neurologist, Headache Specialist

Coverage Duration

Initial: 3 Months

Reauth: Plan Year

SelectHealth Advantage
2019 Prior Authorization Criteria

Other Criteria
N/A

AJOVY

Drugs

AJOVY

Covered Uses

- * Migraine

Exclusion Criteria

1. Pt has received botulinum injections for migraine prophylaxis in the past 3 months,
2. Aimovig will be used in combination with botulinum toxin migraine prophylaxis therapy

Required Medical Information

1. Initial:
 - a. Pt experiences greater than or equal to 4 migraine days per month,
 - b. Pt has trial on prophylactic therapy on at least TWO of the following:
 - i. Anti-epileptic drug,
 - ii. Beta-blocker,
 - iii. Antidepressant
2. Reauth:
 - a. Pt has had a reduction in migraine days of at least 2 per month

Age Restrictions

N/A

Prescriber Restrictions

Neurologist, Headache Specialist

Coverage Duration

Initial: 6 Months

Reauth: Plan Year

**SelectHealth Advantage
2019 Prior Authorization Criteria**

Other Criteria
N/A

SelectHealth Advantage
2019 Prior Authorization Criteria

ALBENZA

Drugs

ALBENDAZOLE, ALBENZA

Covered Uses

- * Hydatid Disease
- * Neurocysticercosis

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

ALECENSA

Drugs

ALECENSA, ALUNBRIG

Covered Uses

* Non-Small Cell Lung Cancer (NSCLC)

Exclusion Criteria

N/A

Required Medical Information

1. Pt has previous failure on Xalkori

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

ALOSETRON

Drugs

ALOSETRON HYDROCHLORIDE

Covered Uses

- * Irritable Bowel Syndrome with Diarrhea (IBS-D)

Exclusion Criteria

N/A

Required Medical Information

1. Pt is female
2. Pt has previous failure on at least ONE of the following:
 - a. Dicyclomine, b. Hyoscyamine, c. Metronidazole, d. Neomycin
3. Pt has previous trial and failure on xifaxan
4. Prescriber has completed the alosetron REMS training

Age Restrictions

N/A

Prescriber Restrictions

Gastroenterologist

Coverage Duration

Plan Year

Other Criteria

N/A

AMPHOB

Drugs

AMBISOME, AMPHOTERICIN B

Covered Uses

- * Aspergillosis
- * Candidiasis
- * Coccidioidomycosis
- * Cryptococcosis (Torulosis)
- * Histoplasmosis
- * Infection caused by related susceptible species of Conidiobolus, Basidiobolus, and Sporotrichosis
- * North American Blastomycosis

Exclusion Criteria

N/A

Required Medical Information

1. For use of brand Ambisome:
 - a. Pt must have previous failure or contraindication to generic Amphotericin B,
2. If using for empiric therapy:
 - a. Patient must be febrile AND neutropenic

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

**SelectHealth Advantage
2019 Prior Authorization Criteria**

Other Criteria

BvsD determination

AMPYRA

Drugs

DALFAMPRIDINE ER

Covered Uses

- * Multiple Sclerosis (MS)

Exclusion Criteria

1. Pt confined to wheelchair,
2. Hx of seizures,
3. Moderate to severe renal impairment (CrCl is less than 50 mL/min)

Required Medical Information

1. Initial:
 - a. Currently taking at least one other MS drug,
 - b. Documented 25 foot walk time,
2. Reauth:
 - a. Currently taking at least one other MS drug,
 - b. Improvement in 25 foot walk time

Age Restrictions

N/A

Prescriber Restrictions

Neurologist

Coverage Duration

Initial: 3 mo,
Reauth: Plan Year

Other Criteria

N/A
Updated 3/28/2019

ANDROGENS

Drugs

ANDRODERM, TESTOSTERONE

Covered Uses

- * Hypogonadism

Exclusion Criteria

N/A

Required Medical Information

1. Two separate testosterone levels drawn on different dates where the total testosterone level is below 300 ng/dL,
2. Pt experiences at least ONE of the following:
 - a. malaise, b. fatigue, c. lethargy, d. muscle loss, e. depression, f. decreased libido,
3. Previous trial on generic testosterone topical or gel

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

ANTIBIOTICS

Drugs

NUZYRA

Covered Uses

- * Pneumonia
- * Skin and Skin Structure Infection

Exclusion Criteria

N/A

Required Medical Information

Medication to be dosed based on FDA approved dosing

Age Restrictions

N/A

Prescriber Restrictions

Infectious disease specialist or after consultation with an infectious disease specialist

Coverage Duration

1 month

Other Criteria

N/A

APO B

Drugs

JUXTAPID, KYNAMRO

Covered Uses

* Low-Density Lipoprotein (LDL) level higher than 500mg/dL, Untreated, Unfasting

Exclusion Criteria

Pt has none of the following health conditions or health concerns:

- a. History of significant hepatic disease,
- b. Alcohol abuse,
- c. History of significant renal disease for Kynamro

Required Medical Information

1. Pt has untreated, fasting LDL cholesterol greater than 500 mg/dL AND triglycerides less than 300 mg/dL,
2. Pt meets a OR b AND c of the following:
 - a. Pt has documented mutations in both alleles of the LDL receptor or of other genes known to affect LDL receptor function,
 - b. Both of pt's parents have a hx of untreated total cholesterol of greater than 250 mg/dL,
 - c. Pt has xanthomas present before age 10,
3. Pt has failed or is currently taking at least ONE of the following:
 - a. Atorvastatin, b. Rosuvastatin, c. Simvastatin,
4. Pt has previous trial of Repatha OR Praluent

Age Restrictions

N/A

Prescriber Restrictions

Cardiologist or Endocrinologist

Coverage Duration

1. Initial: 6 mo,

Updated 3/28/2019

**SelectHealth Advantage
2019 Prior Authorization Criteria**

2. Reauthorization: 12 mo

Other Criteria

BvsD Determination

APOKYN

Drugs

APOKYN

Covered Uses

* Parkinson's Disease

Exclusion Criteria

N/A

Required Medical Information

1. Pt suffering from end of dose wearing off episodes,
2. Apokyn initiated with a concomitant antiemetic (not a 5HT3)

Age Restrictions

N/A

Prescriber Restrictions

Neurologist

Coverage Duration

Plan Year

Other Criteria

N/A

ARCALYST

Drugs

ARCALYST

Covered Uses

* Cryopyrin-Associated Periodic Syndrome (CAPS)

Exclusion Criteria

1. Combination use with a TNF-inhibitor

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

BvsD Determination

SelectHealth Advantage
2019 Prior Authorization Criteria

BANZEL

Drugs

BANZEL

Covered Uses

* Lennox-Gastaut Syndrome

Exclusion Criteria

N/A

Required Medical Information

1. Pt has inadequate seizure control despite treatment with at least ONE anti-epileptic drug

Age Restrictions

N/A

Prescriber Restrictions

Neurologist

Coverage Duration

Plan Year

Other Criteria

N/A

BENLYSTA

Drugs

BENLYSTA

Covered Uses

- * Systemic Lupus Erythematosus (SLE)

Exclusion Criteria

Use in severe active lupus nephritis or severe active CNS lupus

Required Medical Information

1. Pt is currently autoantibody positive,
2. Pt has current active disease,
3. Pt has previous treatment with at least TWO of the following:
 - a. Corticosteroids, b. Antimalarials, c. Immunosuppressives,
4. Pt will continue to receive concomitant standard treatment with at least ONE of the following:
 - a. Corticosteroids, b. Antimalarials, c. Immunosuppressives

Age Restrictions

N/A

Prescriber Restrictions

Rheumatologist

Coverage Duration

Plan Year

Other Criteria

BvsD Determination

BOSULIF

Drugs

BOSULIF

Covered Uses

- * Chronic Myelogenous Leukemia (CML)

Exclusion Criteria

N/A

Required Medical Information

1. Pt is diagnosed with Philadelphia chromosome positive (Ph+) CML
 - a. Pt's CML is in chronic phase, accelerated phase, or blast phase,
2. Pt has previous failure or intolerance to Gleevec (imatinib)

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

BRAFTOVI

Drugs

BRAFTOVI, MEKTOVI

Covered Uses

* Malignant Melanoma

Exclusion Criteria

N/A

Required Medical Information

1) Combination use of Braftovi and Mektovi 2) BRAF V600E or V600K mutation

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, hematologist, or dermatologist

Coverage Duration

12 months

Other Criteria

N/A

SelectHealth Advantage
2019 Prior Authorization Criteria

CABOMETYX

Drugs

CABOMETYX

Covered Uses

* Renal Cell Carcinoma (RCC)

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

CALQUENCE

Drugs

CALQUENCE

Covered Uses

- * Mantle Cell Lymphoma (MCL)

Exclusion Criteria

N/A

Required Medical Information

1. Pt has been treated with at least one prior therapy

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or Hematologist

Coverage Duration

Plan Year

Other Criteria

N/A

CANCIDAS

Drugs

CASPOFUNGIN ACETATE

Covered Uses

- * Aspergillosis
- * Candidemia
- * Esophageal Candidiasis

Exclusion Criteria

N/A

Required Medical Information

1. For invasive aspergillosis:
 - a. Pt has failure on at least ONE other systemic antifungal,
2. If using for empiric therapy:
 - a. Patient must be febrile AND neutropenic

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

BvsD determination

CAPRELSA

Drugs

CAPRELSA

Covered Uses

* Thyroid Cancer

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Hematologist, or Endocrinologist

Coverage Duration

Plan Year

Other Criteria

N/A

CARBAGLU

Drugs

CARBAGLU

Covered Uses

* Hyperammonemia due to N-Acetylglutamate Synthase Deficiency

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Specialist in Medical Genetics or Metabolic Specialist

Coverage Duration

6 Months

Other Criteria

N/A

CERDELGA

Drugs

CERDELGA

Covered Uses

- * Gaucher Disease

Exclusion Criteria

N/A

Required Medical Information

1. Pt was diagnosed by a Clinical Biomedical Geneticist,
2. Pt is unable to use intravenous enzyme replacement,
3. The CYP2D6 genotype has been determined

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

CESAMET

Drugs

CESAMET

Covered Uses

- * Cancer-Associated Anorexia
- * HIV-Associated Wasting Syndrome

Exclusion Criteria

N/A

Required Medical Information

1. Pt has previous trial of olanzapine,
2. Pt has previous trial of dronabinol

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

CHOLBAM

Drugs

CHOLBAM

Covered Uses

- * Bile Acid Synthesis Disorders
- * Peroxisomal Disorders (PDs)
- * Zellweger Spectrum Disorder

Exclusion Criteria

N/A

Required Medical Information

1. Initial:
 - a. Pt has abnormal results from a urinary bile acids analysis by FAB-MS and neurologic exam,
2. Reauth:
 - a. After at least 3 mo of therapy ALT and AST values have been reduced to less than 50 U/L OR baseline reduced by 80%,
 - b. After at least 3 mo of therapy total bilirubin values have been reduced to less than or equal to 1 mg/dl,
 - c. Pt's body weight has increased by 10% or is stable at the greater than 50th percentile OR liver biopsy shows no evidence of cholestasis since initiation of therapy

Age Restrictions

N/A

Prescriber Restrictions

Gastroenterologist

Coverage Duration

Initial: 6 months,
Reauth: 12 months

Other Criteria

N/A
Updated 3/28/2019

CIMZIA

Drugs

CIMZIA

Covered Uses

- * Ankylosing Spondylitis
- * Psoriatic Arthritis (PsA)
- * Rheumatoid Arthritis (RA)

Exclusion Criteria

Combination therapy with TNF antagonist

Required Medical Information

1. RA dx: Pt has failed on at least ONE of the following:
 - a. methotrexate, b. leflunomide, c. hydroxychloroquine, d. sulfasalazine, e. injectable gold, f. oral gold, g. azathioprine, h. penicillamine, i. cyclosporine,
2. All dx: Pt has failed at least ONE of the following:
 - a. Renflexis

Age Restrictions

N/A

Prescriber Restrictions

Rheumatologist, Gastroenterologist, or Dermatologist

Coverage Duration

Plan Year

Other Criteria

N/A

CINRYZE

Drugs

CINRYZE

Covered Uses

- * Angioedema

Exclusion Criteria

N/A

Required Medical Information

1. Dx is verified by low C1-INH and/or low C1-INH functional levels on two separate occasions (for Type I or Type II) OR pt is diagnosed with Type III Hereditary Angiodema,
2. Therapy is required as follows:
 - a. Pt has history of 2 or more HAE attacks per month, AND
 - b. Pt has tried or has contraindication to a 30 day trial of attenuated androgen therapy OR
 - c. Pt is scheduled to undergo a major medical procedure that requires prophylaxis,
3. Reauth:
 - a. Pt has had a significant decrease in the frequency of attacks per month OR had a significant decrease in the severity or duration of attacks

Age Restrictions

N/A

Prescriber Restrictions

Allergist or Immunologist

Coverage Duration

6 Months

Other Criteria

BvsD Determination

Updated 3/28/2019

COMETRIQ

Drugs

COMETRIQ

Covered Uses

* Metastatic Medullary Thyroid Carcinoma

Exclusion Criteria

Diagnosis of indolent medullary thyroid cancer

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

COPIKTRA

Drugs

COPIKTRA

Covered Uses

- * Chronic Lymphocytic Leukemia (CLL)
- * Follicular Lymphoma
- * Small Lymphocytic Leukemia (SLL)

Exclusion Criteria

N/A

Required Medical Information

Previous use of 2 prior therapies for indication

Age Restrictions

N/A

Prescriber Restrictions

hematologist or oncologist

Coverage Duration

12 months

Other Criteria

N/A

COSENTYX

Drugs

COSENTYX, COSENTYX SENSOREADY PEN

Covered Uses

- * Ankylosing Spondylitis
- * Plaque Psoriasis
- * Psoriatic Arthritis (PsA)

Exclusion Criteria

N/A

Required Medical Information

1. For Plaque psoriasis dx:
 - a. Plaque psoriasis involves 10% or more of the body surface area,
 - b. If less than 10% of body surface area there is scalp, palmer, foot, or groin involvement causing significant disability,
 - c. Pt has failed therapy of at least 12 weeks with at least ONE of the following:
 - i. methotrexate, ii. cyclosporine, iii. acitretin,
 - d. Pt has failed treatment with Enbrel OR Humira,
2. Ankylosing spondylitis dx:
 - a. Pt has failed treatment with Enbrel OR Humira,
3. Psoriatic arthritis dx:
 - a. Pt has previous failure of at least ONE of the following:
 - i. Methotrexate, ii. Leflunomide, iii. Hydroxychloroquine, iv. Sulfasalazine, v. Injectable Gold, vi. Oral Gold, vii. Azathioprine, viii. Penicillamine, ix. Cycloprine,
 - b. Pt has failed treatment with Enbrel OR Humira

Age Restrictions

18 years old or older

Prescriber Restrictions

Dermatologist or Rheumatologist

**SelectHealth Advantage
2019 Prior Authorization Criteria**

Coverage Duration

Plan Year

Other Criteria

N/A

CRESEMBA

Drugs

CRESEMBA

Covered Uses

- * Aspergillosis
- * Mucormycosis

Exclusion Criteria

N/A

Required Medical Information

Cresemba is initiated incident to a hospitalization

Age Restrictions

N/A

Prescriber Restrictions

Infectious Disease Specialist

Coverage Duration

6 Months

Other Criteria

N/A

CUBICIN

Drugs

DAPTOMYCIN

Covered Uses

- * Blood Stream Infection
- * Skin and Skin Structure Infection

Exclusion Criteria

N/A

Required Medical Information

1. For complicated bacterial skin and skin structure infections: Pt has had a positive culture within the past month for ANY of the following (mark all that apply):
 - a. Staphylococcus aureus (MSSA or MRSA),
 - b. Streptococcus pyogenes,
 - c. Streptococcus agalactia,
 - d. Streptococcus dysgalactiae subspecies equisimilis,
 - e. Enterococcus faecalis (vancomycin susceptible strains only),
2. For blood stream infections: Pt has had a positive culture within the past month for Staphylococcus aureus (MSSA or MRSA)

Age Restrictions

N/A

Prescriber Restrictions

Infectious Disease Specialist

Coverage Duration

2 Months

Other Criteria

BvsD determination

Updated 3/28/2019

CYSTARAN

Drugs

CYSTARAN

Covered Uses

- * Cystinosis

Exclusion Criteria

N/A

Required Medical Information

1. Initial:

- a. Pt has corneal cysteine accumulation that has been confirmed by slit-lamp photography,

2. Reauth:

- a. Must meet ONE of the following:

- i. Pt had a reduction of 1 or more units in the Corneal Cystine Crystal Score (CCCS) after 6 months of treatment with Cystaran
- ii. Pt has lack of increase of more than one unit in CCCS when baseline CCCS was less than 1

Age Restrictions

N/A

Prescriber Restrictions

Corneal Specialist, Endocrinologist, or Ophthalmologist

Coverage Duration

6 Months

Other Criteria

N/A

CYSTIC FIBROSIS

Drugs

BETHKIS, CAYSTON, TOBI PODHALER, TOBRAMYCIN

Covered Uses

* Cystic Fibrosis

Exclusion Criteria

N/A

Required Medical Information

1. Pt has had at least ONE positive culture for Pseudomonas aeruginosa
2. If request not for generic tobramycin: Previous trial on generic tobramycin

Age Restrictions

N/A

Prescriber Restrictions

Pulmonologist or Infectious Disease Specialist

Coverage Duration

Plan Year

Other Criteria

BvsD determination

SelectHealth Advantage
2019 Prior Authorization Criteria

DALVANCE

Drugs

BAXDELA, DALVANCE

Covered Uses

* Skin and Skin Structure Infection

Exclusion Criteria

N/A

Required Medical Information

1. Chart notes and bacterial susceptibility reports have been submitted showing need for IV medication

Age Restrictions

N/A

Prescriber Restrictions

Infectious Disease Specialist

Coverage Duration

14 Days

Other Criteria

BvsD determination

DAURISMO

Drugs

DAURISMO

Covered Uses

- * Acute Myelogenous Leukemia (AML)

Exclusion Criteria

N/A

Required Medical Information

1. Equal to or greater than 75 years or has comorbidity preventing use of intensive induction chemotherapy.
2. Be given in combination with low-dose cytarabine

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or hematologist

Coverage Duration

Plan year

Other Criteria

N/A

DEPEN

Drugs

DEPEN TITRATABS

Covered Uses

- * Cystinuria
- * Wilson Disease

Exclusion Criteria

N/A

Required Medical Information

1. For cystinuria dx:
 - a. Pt has failure of conservative treatment measures including the following:
 - i. High fluid intake,
 - ii. Sodium and protein restriction,
 - iii. Urinary alkalization with potassium citrate, potassium bicarbonate, or acetazolamide,
 - b. Pt has previous failure with Thiola.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

DIFICID

Drugs

DIFICID

Covered Uses

- * Clostridium Difficile (C.Diff) associated Diarrhea

Exclusion Criteria

N/A

Required Medical Information

1. Pt has had a positive C. difficile toxin assay within the past month,
2. Pt has tried as least TWO of the following treatments:
 - a. Metronidazole for 10-14 days,
 - b. Vancomycin for 10-14 days,
 - c. Vancomycin extended taper,
 - d. Rifaximin for 14 days.

Age Restrictions

N/A

Prescriber Restrictions

Gastroenterologist or Infectious Disease Specialist

Coverage Duration

Plan Year

Other Criteria

N/A

DOPTELET

Drugs

DOPTELET

Covered Uses

* Thrombocytopenia

Exclusion Criteria

N/A

Required Medical Information

1. Platelet count less than 50,000
2. Pt is scheduled for a procedure where there is a bleeding risk
3. Doptelet will be used for 5 days starting 10 to 13 days prior to the procedure and discontinued 5 to 8 days prior to the procedure

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

DRONABINOL

Drugs

DRONABINOL

Covered Uses

- * Cancer-Associated Anorexia
- * HIV-Associated Wasting Syndrome

Exclusion Criteria

N/A

Required Medical Information

1. For HIV-associated wasting syndrome OR cancer-associated anorexia dx:
 - a. Pt has previous trial on megestrol,
2. For CINV dx:
 - a. Pt has previous trial on olanzapine

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

DUPIXENT

Drugs

DUPIXENT

Covered Uses

- * Atopic Dermatitis

Exclusion Criteria

N/A

Required Medical Information

1. Atopic dermatitis involves 10% body surface area or more,
2. Pt has previous trail on tacrolimus 0.1% ointment,
3. Pt has previous trail on at least ONE of the following:
 - a. Cyclosporine, 2. Azathioprine, 3. Methotrexate

Age Restrictions

18 years old or older

Prescriber Restrictions

Allergist, Dermatologist, or Immunologist

Coverage Duration

Plan Year

Other Criteria

N/A

EMGALITY

Drugs

EMGALITY

Covered Uses

- * Migraine

Exclusion Criteria

1. Pt has received botulinum injections for migraine prophylaxis in the past 3 months,
2. Aimovig will be used in combination with botulinum toxin migraine prophylaxis therapy

Required Medical Information

1. Initial:
 - a. Pt experiences greater than or equal to 4 migraine days per month,
 - b. Pt has trial on prophylactic therapy on at least TWO of the following:
 - i. Anti-epileptic drug,
 - ii. Beta-blocker,
 - iii. Antidepressant
2. Reauth:
 - a. Pt has had a reduction in migraine days of at least 2 per month

Age Restrictions

N/A

Prescriber Restrictions

Neurologist, Headache Specialist

Coverage Duration

Initial: 6 Months

Reauth: Plan Year

**SelectHealth Advantage
2019 Prior Authorization Criteria**

Other Criteria
N/A

ENBREL

Drugs

ENBREL, ENBREL SURECLICK

Covered Uses

- * Ankylosing Spondylitis
- * Plaque Psoriasis
- * Psoriatic Arthritis (PsA)
- * Rheumatoid Arthritis (RA)

Exclusion Criteria

N/A

Required Medical Information

1. RA, JRA, PsA dx: Pt has failed at least three months therapy on at least ONE of the following:
 - a. methotrexate, b. leflunomide, c. hydroxychloroquine, d. sulfasalazine, e. injectable gold, f. oral gold, g. azathioprine, h. penicillamine, i. cyclosporine
2. Pt has previous trial on Renflexis

Age Restrictions

N/A

Prescriber Restrictions

Rheumatologist, Dermatologist, or Gastroenterologist

Coverage Duration

Plan Year

Other Criteria

N/A

ENDOTHELIN ANTAGONIST

Drugs

LETAIRIS, OPSUMIT, TRACLEER

Covered Uses

- * Pulmonary Arterial Hypertension (PAH)

Exclusion Criteria

N/A

Required Medical Information

1. Exclusion of all secondary causes of pulmonary hypertension,
2. Must be dx with PAH with WHO class II, III, or IV

Age Restrictions

N/A

Prescriber Restrictions

Pulmonologist or Cardiologist

Coverage Duration

Plan Year

Other Criteria

N/A

EPCLUSA

Drugs

SOFOSBUVIR/VELPATASVIR

Covered Uses

- * Hepatitis C Virus (HCV), Genotype 2
- * Hepatitis C Virus (HCV), Genotype 3
- * Hepatitis C Virus (HCV), Genotype 5
- * Hepatitis C Virus (HCV), Genotype 6

Exclusion Criteria

N/A

Required Medical Information

1. Chart notes documenting genotype,
2. Pt has previous failure on Mavyret

Age Restrictions

N/A

Prescriber Restrictions

Gastroenterologist, Infectious Disease Specialist, or Transplant Specialist

Coverage Duration

12 Weeks

Other Criteria

N/A

EPIDIOLEX

Drugs

EPIDIOLEX

Covered Uses

- * Dravet Syndrome
- * Lennox-Gastaut Syndrome

Exclusion Criteria

N/A

Required Medical Information

Previous use of two alternative antiepileptic medications and used in combination with another antiepileptic

Age Restrictions

N/A

Prescriber Restrictions

Neurologist

Coverage Duration

12 months

Other Criteria

N/A

ERIVEDGE

Drugs

ERIVEDGE, ODOMZO

Covered Uses

* Basal Cell Carcinoma

Exclusion Criteria

N/A

Required Medical Information

1. Pt has recurring lesions after radiation therapy OR radiation therapy is contraindicated or inappropriate,
2. Pt has recurring lesions after surgical excision OR surgery is contraindicated or inappropriate

Age Restrictions

N/A

Prescriber Restrictions

Dermatologist or Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

ERLEADA

Drugs

ERLEADA

Covered Uses

- * Prostate Cancer

Exclusion Criteria

N/A

Required Medical Information

Must meet at least ONE of the following:

1. Erleada will be given combination with a gonadotropin-releasing hormone analog
2. Patient has had a bilateral orchiectomy

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or Urologist

Coverage Duration

Plan Year

Other Criteria

N/A

FARESTON

Drugs

FARESTON

Covered Uses

- * Metastatic Breast Cancer

Exclusion Criteria

1. Pt has congenital or acquired QT prolongation,
2. Pt has uncorrected hypokalemia,
3. Pt has uncorrected hypomagnesemia

Required Medical Information

1. Pt has previous trial and failure or contraindication to tamoxifen therapy,
2. Pt has previous trial and failure or contraindication to aromatase inhibitor therapy

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

FARYDAK

Drugs

FARYDAK

Covered Uses

- * Multiple Myeloma

Exclusion Criteria

N/A

Required Medical Information

1. Used in combination with bortezomib and dexamethasone,
2. Pt has previous trial on at least TWO regimens including bortezomib and an immunomodulatory agent

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or Hematologist

Coverage Duration

Plan Year

Other Criteria

N/A

FASENRA

Drugs

FASENRA

Covered Uses

* Asthma

Exclusion Criteria

N/A

Required Medical Information

1. Pt has a hx of 1 or more exacerbations requiring the use of oral corticosteroids in the past 12 months,
2. Pt has previously been on all of the following:
 - a. High-dose corticosteroid/Long-acting inhaled bronchodilator combination
 - b. Tiotropium bromide,
3. Pt peripheral blood eosinophil level is greater than or equal to 150 cells/mcL within the last 6 months OR greater than equal to 300 cells/mcL within the last 12 months

Age Restrictions

N/A

Prescriber Restrictions

Allergist or Pulmonologist

Coverage Duration

Plan Year

Other Criteria

BvsD Determination

FENTANYL

Drugs

ABSTRAL, FENTANYL CITRATE ORAL TRA, FENTORA, LAZANDA

Covered Uses

- * Moderate to Severe Pain associated with Cancer

Exclusion Criteria

Non-cancer pain use

Required Medical Information

1. Must have documented maintenance therapy with a long-acting opioid,
2. Documented failure with a short-acting opioid for breakthrough pain

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or Pain Specialist

Coverage Duration

6 Months

Other Criteria

Previous trial on generic fentanyl citrate

FIRAZYR

Drugs

FIRAZYR

Covered Uses

* Angioedema

Exclusion Criteria

N/A

Required Medical Information

1. For HAE type I and II and acquired angioedema:

a. Dx has been verified by low C1-INH and/or low C1-INH function levels on two separate occasions,

2. For HAE with normal C1-INH:

a. Pt has failed a trial with high-dose non-sedating antihistamines such as cetirizine, desloratadine, or levocetirizine for at least 30 days to rule-out idiopathic angioedema

Age Restrictions

N/A

Prescriber Restrictions

Allergist or Immunologist

Coverage Duration

1. Initial: 3 mo,

2. Reauth: 1 year

Other Criteria

N/A

FIRDAPSE

Drugs

FIRDAPSE

Covered Uses

- * Lambert-Eaton myasthenic syndrome

Exclusion Criteria

N/A

Required Medical Information

I. Initial authorization

- A. P/Q-type voltage-gated calcium channel antibodies
- B. Repetitive nerve stimulation consistent with LEMS
- C. Screening for cancer related to LEMS
- D. Experiences moderate to severe weakness interfering with function
- E. Previous use of: guanidine and pyridostigmine, IVIG with or without prednisone, and an immunosuppressant
- F. Documentation of quantitative myasthenia gravis core and subjective global impression score

II. Reauthorization

- A. Improvements in myasthenia gravis core and subjective global impression score
- B. Screened 3-6 months after initial screening for malignancies

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Initial: 3 months

Reauthorization: 6 months

Updated 3/28/2019

**SelectHealth Advantage
2019 Prior Authorization Criteria**

Other Criteria
N/A

FLUOROURACIL

Drugs

FLUOROURACIL

Covered Uses

- * Actinic Keratosis

Exclusion Criteria

If female: Pt is pregnant or planning to become pregnant

Required Medical Information

Pt has previous trial on at least TWO of the following:

1. Fluorouracil 2% Solution
2. Fluorouracil 5% Cream
3. Fluorouracil 5% Solution
4. Imiquimod 5% Cream

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

FORTEO

Drugs

FORTEO

Covered Uses

- * Osteoporosis

Exclusion Criteria

1. Treatment for longer than 2 years

Required Medical Information

1. For osteoporosis dx:
 - a. Required WHO FRAX has been completed and pt is determined to be high risk with a 10 year hip fracture probability of greater than 10%,
 - b. Pt has been compliant on Reclast and experienced a fragility fracture,
 - c. Pt is intolerant or has a contraindication to Tymlos,
 - d. Pt has been compliant on Prolia and failed therapy as evidenced by fragility fracture or a decline in bone mineral density of greater than 10% while on therapy.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

BvsD

GALAFOLD

Drugs

GALAFOLD

Covered Uses

* Fabry Disease

Exclusion Criteria

N/A

Required Medical Information

amenable galactosidase alpha gene variant

Age Restrictions

18 years of age or older

Prescriber Restrictions

Clinical geneticist or biochemical geneticist

Coverage Duration

Plan year

Other Criteria

N/A

GATTEX

Drugs

GATTEX

Covered Uses

* Short Bowel Syndrome

Exclusion Criteria

N/A

Required Medical Information

1. Pt has been dependent on parenteral nutrition or intravenous support for at least 12 months,
2. Pt has required parenteral nutrition at least 3 times per week for at least 12 months,
3. Pt has undergone colonoscopy of the entire colon within the past 6 months

Age Restrictions

N/A

Prescriber Restrictions

Gastroenterologist

Coverage Duration

Initial: 6 months,

Reauth: Plan Year

Other Criteria

N/A

GILOTRIF

Drugs

GILOTRIF

Covered Uses

- * Non-Small Cell Lung Cancer (NSCLC)

Exclusion Criteria

N/A

Required Medical Information

1. Metastatic Squamous NSCLC dx:
 - a. Progression after platinum-based chemotherapy

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

GLEOSTINE

Drugs

GLEOSTINE

Covered Uses

- * Brain Cancer
- * Hodgkin's Lymphoma

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or Hematologist

Coverage Duration

Plan Year

Other Criteria

N/A

GROWTH HORMONE

Drugs

OMNITROPE, SAIZEN, SAIZENPREP RECONSTITUTION

Covered Uses

- * AIDs-Related Wasting
- * Chronic Renal Insufficiency
- * Growth Hormone Deficiency (GHD)
- * Prader-Willi Syndrome
- * Short Stature Disorder
- * Small for Gestational Age (SGA)
- * Turner's Syndrome

Exclusion Criteria

1. For Ped GHD:
 - Male at bone age of 16 yo, Female at bone age of 14 yo,
2. Fusion of epiphyses
3. Reauth: Growth velocity is less than 2 cm/yr,

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Ped GHD AND Adult GHD: Endocrinologist

Coverage Duration

1. Ped GHD:
 - Initial: 6 mo,

**SelectHealth Advantage
2019 Prior Authorization Criteria**

- Reauth: 12 mo,
- 2. HIV wasting: 48 wks LIFETIME,
- 3. All others: Plan Year

Other Criteria

- 1. Chronic Renal Insufficiency:
 - a. Meet ALL of the following:
 - i. Pt dxed with CRI AND has not yet received renal transplant,
 - ii. Existing metabolic disorders have been corrected,
 - iii. Ht more than 2 SD below the population mean OR less than 3rd percentile,
 - iv. Height velocity less than 4cm/yr or less than 10th percentile of normal for age and gender,
- 2. Turner Syndrome:
 - a. Meet ALL of the following:
 - i. Dx of TS confirmed by blood karotype or fibroblast studies,
 - ii. Ht of female pt plotted on TS-specific growth curve AND pt is less than 5th percentile of normal growth curve for girls,
- 3. Prader-Willi Syndrome:
 - a. Meet ALL of the following:
 - i. Dx of PWS confirmed by appropriate genetic testing,
 - ii. Ht more than 2 SD below the pop mean OR less than 3rd percentile,
 - iii. Ht velocity less than 3cm/yr or less than 10th percentile of normal for age and gender,
- 4. Small for Gestational Age:
 - a. Meet ALL of the following:
 - i. Dx of SGA as defined as one of the following:
 - (1) Birth weight of less than 2,500g at gestational age of greater than 37 weeks,
 - (2) OR birth weight or length less than 3rd percentile for gestational age,
 - ii. Pt has failed to catch up in ht by 2 yo,
- 5. AIDS-Related Wasting:
 - a. Meet ALL of the following:
 - i. Involuntary weight loss of more than 10% pre-illness body weight or a BMI less than 20,
 - ii. Failure to respond to dronabinol (Marinol) OR megestrol acetate (Megace),
 - iii. Chronic diarrhea (defined as more than 3 loose stools/day for more than 30 days) OR Chronic weakness and documented fever (30 days, intermittent or constant) in the absence of concurrent illness or condition other than HIV infection that would otherwise explain the symptoms.

HAEGARDA

Drugs

HAEGARDA, TAKHZYRO

Covered Uses

- * Hereditary Angioedema

Exclusion Criteria

N/A

Required Medical Information

1. Initial:
 - a. Dx of HAE type I or II has been verified by low C1-INH and/or low C1-INH functional levels on two separate occasions
 - b. Pt has a history of 5 or more facial, laryngeal, and/or gastrointestinal HAE attacks per month
 - c. Pt is compliant with trigger avoidance
 - d. Pt has failed at least a 6 month trial of attenuated androgen therapy OR there is a contraindication to attenuated androgen therapy
2. Reauthorization:
 - a. Pt had a significant decrease in the frequency of attacks per month (at least 50 percent decrease), or had a significant decrease in the severity or duration of attacks

Age Restrictions

N/A

Prescriber Restrictions

Allergist or Immunologist who evaluates and treats HAE

Coverage Duration

Plan Year

Other Criteria

BvsD Determination

Updated 3/28/2019

HARVONI

Drugs

LEDIPASVIR/SOFOSBUVIR

Covered Uses

- * Hepatitis C Virus (HCV) and Hepatitis B Virus (HBV) Co-Infection
- * Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) Co-Infection
- * Hepatitis C Virus (HCV), Genotype 1a
- * Hepatitis C Virus (HCV), Genotype 1b
- * Hepatitis C Virus (HCV), Genotype 3
- * Hepatitis C Virus (HCV), Genotype 4
- * Hepatitis C Virus (HCV), Genotype 5
- * Hepatitis C Virus (HCV), Genotype 6

Exclusion Criteria

N/A

Required Medical Information

1. Chart notes showing genotype

Age Restrictions

N/A

Prescriber Restrictions

Gastroenterologist, Infectious Disease Specialist, or Transplant Specialist

Coverage Duration

Maximum 24 weeks

Other Criteria

N/A

Updated 3/28/2019

HETLIOZ

Drugs

HETLIOZ

Covered Uses

* Non-24 Hour Sleep-Wake Disorder

Exclusion Criteria

N/A

Required Medical Information

Pt is totally blind without light perception

Age Restrictions

N/A

Prescriber Restrictions

Sleep specialist or Neurologist

Coverage Duration

Plan Year

Other Criteria

N/A

HUMIRA

Drugs

HUMIRA, HUMIRA PEDIATRIC CROHNS D, HUMIRA PEN, HUMIRA PEN-CD/UC/HS START, HUMIRA PEN-PS/UV STARTER

Covered Uses

- * Ankylosing Spondylitis
- * Hidradenitis Suppurativa
- * Juvenile Idiopathic Arthritis (JIA)
- * Noninfectious Uveitis
- * Plaque Psoriasis
- * Psoriatic Arthritis (PsA)
- * Rheumatoid Arthritis (RA)
- * Ulcerative Colitis (UC)

Exclusion Criteria

N/A

Required Medical Information

1. RA, JRA, PsA dx:
 - a. Pt has failed at least three months therapy on at least ONE of the following:
 - i. methotrexate, ii. leflunomide, iii. hydroxychloroquine, iv. sulfasalazine, v. injectable gold, vi. oral gold, vii. azathioprine, viii. penicillamine, ix. cyclosporine,
2. Hidradenitis suppurativa dx:
 - a. Pt has lesions present in at least two distinct anatomical areas, one of which is Hurley Stage II or III
3. Noninfectious uveitis dx:
 - a. Pt has previous failure on corticosteroids
4. For all dx EXCEPT uveitis, and hidrandenitis: Pt has previous trial on Renflexis

Age Restrictions

N/A

Prescriber Restrictions

Rheumatologist, Dermatologist, Gastroenterologist, or Ophthalmologist

Updated 3/28/2019

**SelectHealth Advantage
2019 Prior Authorization Criteria**

Coverage Duration

Plan Year

Other Criteria

N/A

IBRANCE

Drugs

IBRANCE

Covered Uses

* Breast Cancer

Exclusion Criteria

N/A

Required Medical Information

1. Ibrance used as initial therapy:
 - a. Used in combination with an aromatase inhibitor,
2. Ibrance used after endocrine-based therapy:
 - a. Used in combination with fulvestrant,
 - b. If pt is pre- or perimenopausal: Ibrance and fulvestrant used in combination with a luteinizing hormone-releasing hormone agonist

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

ICLUSIG

Drugs

ICLUSIG

Covered Uses

- * Acute Lymphocytic Leukemia (ALL)
- * Chronic Myelogenous Leukemia (CML)

Exclusion Criteria

N/A

Required Medical Information

1. CML dx:
 - a. Pt's CML is in chronic phase, accelerated phase, or blast phase,
2. ALL dx:
 - a. Pt has previous trial on Gleevec

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or Hematologist

Coverage Duration

Plan Year

Other Criteria

N/A

IDHIFA

Drugs

IDHIFA

Covered Uses

- * Acute Myelogenous Leukemia (AML)

Exclusion Criteria

N/A

Required Medical Information

1. Cancer has an isocitrate dehydrogenase-2 (IDH2) mutation as detected by a FDA-approved test,
2. Pt has relapsed or is refractory to one or more prior anticancer regimens

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or Hematologist

Coverage Duration

Plan Year

Other Criteria

BvsD Determination

IMBRUVICA

Drugs

IMBRUVICA

Covered Uses

- * Chronic Graft versus Host Disease (cGVHD)
- * Chronic Lymphocytic Leukemia (CLL)
- * Mantle Cell Lymphoma (MCL)
- * Marginal Zone Lymphoma
- * Small Lymphocytic Leukemia (SLL)
- * Waldenstrom's Macroglobulinemia

Exclusion Criteria

N/A

Required Medical Information

Pt has failed at least ONE prior therapy

Age Restrictions

N/A

Prescriber Restrictions

1. cGVHD: Transplant Specialist
2. All other dx: Oncologist or Hematologist

Coverage Duration

Plan Year

Other Criteria

N/A

IMMUNOTHERAPY

Drugs

ORALAIR

Covered Uses

- * Allergic Rhinitis
- * Asthma

Exclusion Criteria

Pt has severe, unstable, or uncontrolled asthma

Required Medical Information

1. Initial:

- a. Pt has experienced allergy symptoms due to grass-pollen induced allergic rhinitis,
- b. Pt has previous trial and failure of at least ONE intranasal corticosteroid AND at least ONE oral antihistamine,
- c. Pt will be started on the therapy in an appropriate timeframe before allergy season as follows:
 - i. Started 12 weeks prior to the beginning of grass pollen season,
 - ii. For Oralair: Started at least 16 weeks prior to the beginning of grass pollen season,

2. Reauth:

- a. Documentation of positive clinical response to therapy

Age Restrictions

Between 10 and 65

Prescriber Restrictions

Allergist or Immunologist

Coverage Duration

10 Months

Other Criteria

N/A
Updated 3/28/2019

INCRELEX

Drugs

INCRELEX

Covered Uses

* Primary Insulin-Like Growth Hormone Factor (IGF-1) Deficiency

Exclusion Criteria

N/A

Required Medical Information

1. Height standard deviation score of less than -3 based on age and gender,
2. Basal IGF-1 standard deviation score of less than -3 based on age and gender,
3. Normal or elevated growth hormone levels,
4. Pt must have open epiphyses,
5. Gh stimulation test of greater than 10 mcg/L.

Age Restrictions

2 years old or older

Prescriber Restrictions

Endocrinologist or consult

Coverage Duration

Plan Year

Other Criteria

N/A

INGREZZA

Drugs

INGREZZA

Covered Uses

* Tardive Dyskinesia

Exclusion Criteria

N/A

Required Medical Information

Pt has previous trial on tetrabenazine

Age Restrictions

N/A

Prescriber Restrictions

Movement Disorder Specialist, Neurologist, or Psychiatrist

Coverage Duration

Plan Year

Other Criteria

N/A

SelectHealth Advantage
2019 Prior Authorization Criteria

INLYTA

Drugs

INLYTA

Covered Uses

* Renal Cell Carcinoma (RCC)

Exclusion Criteria

N/A

Required Medical Information

Pt has failed prior systemic therapy

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

IRESSA

Drugs

IRESSA

Covered Uses

- * Non-Small Cell Lung Cancer (NSCLC)

Exclusion Criteria

N/A

Required Medical Information

1. Pt has ONE of the following:
 - a. EGFR exon 19 deletion,
 - b. EGFR exon 21 deletion,
2. Iressa is used as first-line therapy

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

IVIG

Drugs

BIVIGAM, CARIMUNE NANOFILTERED, FLEBOGAMMA DIF, GAMMAGARD LIQUID, GAMMAGARD S/D IGA LESS TH, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN

Covered Uses

- * Antibody Deficiency with Normal Serum Immunoglobulin Levels
- * Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)
- * Chronic Lymphocytic Leukemia (CLL)
- * Common Variable Immunodeficiency
- * Congenital Agammaglobulinemia
- * Dermatomyositis
- * Guillain-Barre Syndrome
- * Immune Mediated Blistering Disease (pemphigus/pemphigoid), Clinically Confirmed
- * Immune Mediated Thrombocytopenia
- * Kawaski Syndrome
- * Multiple Sclerosis (MS)
- * Polymyositis
- * Primary Immunodeficiency
- * Severe Combined Immunodeficiency
- * Specific (Qualitative) Antibody Deficiency Syndrome
- * Stevens-Johnson Syndrome
- * Stiff Person Syndrome
- * Toxic Epidermal Necrolysis
- * Wiskott-Aldrich Syndrome
- * X-Linked with Hyperimmunoglobulin M Immunodeficiency

Exclusion Criteria

N/A

Required Medical Information

N/A

**SelectHealth Advantage
2019 Prior Authorization Criteria**

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

BvsD determination

JADENU

Drugs

JADENU SPRINKLE

Covered Uses

- * Iron Toxicity
- * Transfusional Iron Overload

Exclusion Criteria

N/A

Required Medical Information

1. For blood transfusion dx:
 - a. Pt's serum ferritin is greater than 1000 mcg/L,
 - b. Pt has failed subcutaneous deferoxamine through an inability to achieve desired goals of therapy or been intolerant to therapy,
2. For non-transfusion-dependent thalassemia dx:
 - a. Pt's liver iron concentration is at least 5 mg Fe per gram of dry weight,
 - b. Pt's serum ferritin is greater than 300 mcg/L,
 - c. Pt has failed subcutaneous deferoxamine through an inability to achieve desired goals of therapy or been intolerant to therapy

Age Restrictions

1. For blood transfusion dx: 2 years old and older,
2. For non-transfusion-dependent thalassemia dx: 10 years old and older

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A
Updated 3/28/2019

JAKAFI

Drugs

JAKAFI

Covered Uses

- * Myelofibrosis
- * Polycythemia Vera (PV)
- * Post-Polycythemia Vera Myelofibrosis
- * Thrombocytopenia Myelofibrosis

Exclusion Criteria

N/A

Required Medical Information

1. Must have at least ONE of the following:
 - a. Pt has enlarged spleen shown by MRI or CT,
 - b. Pt has palpable splenomegaly,
2. Platelet count greater than or equal to $50 \times 10^9/L$

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or Hematologist

Coverage Duration

Plan Year

Other Criteria

N/A

SelectHealth Advantage
2019 Prior Authorization Criteria

JYNARQUE

Drugs

JYNARQUE

Covered Uses

* Polycystic Kidney Disease

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Nephrologist

Coverage Duration

Plan Year

Other Criteria

N/A

KALYDECO

Drugs

KALYDECO

Covered Uses

* Cystic Fibrosis

Exclusion Criteria

N/A

Required Medical Information

1. Pt genotyped by an FDA-cleared CF mutation test,
2. Pt have one mutation in the CFTR gene that is responsive to ivacaftor potentiation based on clinical and/or in vitro assay data

Age Restrictions

Tablet: 6 years old or older,
Granules: 2 years old to 5 years old

Prescriber Restrictions

Pulmonologist

Coverage Duration

Plan Year

Other Criteria

N/A

KEVZARA

Drugs

KEVZARA

Covered Uses

- * Rheumatoid Arthritis (RA)

Exclusion Criteria

N/A

Required Medical Information

1. Pt has persistent active disease and been treated for at least 3 months on at least ONE of the following:
 - a. Methotrexate, b. Leflunomide, c. Hydroxychloroquine, d. Sulfasalazine, e. Injectable gold salts, f. Azathioprine, g. D-penicillamine, h. Cyclosporine,
2. Pt has previous trial on Enbrel OR Humira

Age Restrictions

18 yo or older

Prescriber Restrictions

Rheumatologist or consult

Coverage Duration

Plan Year

Other Criteria

N/A

KINERET

Drugs

KINERET

Covered Uses

- * Juvenile Idiopathic Arthritis (JIA)
- * Neonatal-Onset Multisystem Inflammatory Disease (NOMID)
- * Rheumatoid Arthritis (RA)

Exclusion Criteria

N/A

Required Medical Information

1. Pt has previous trial on at least ONE of the following:
 - a. Enbrel, b. Humira,
2. Pt has previous trial on at least ONE of the following:
 - a. Actemra, b. Cimzia, c. Cosentyx, d. Entyvio, e. Orencia, f. Otezla

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

KISQALI

Drugs

KISQALI, KISQALI FEMARA 200 DOSE, KISQALI FEMARA 400 DOSE, KISQALI FEMARA 600 DOSE

Covered Uses

- * Breast Cancer

Exclusion Criteria

N/A

Required Medical Information

1. Must meet ONE of the following:

- Pt will receive an aromatase inhibitor in combination with Kisqali as initial endocrine based therapy for advanced or metastatic disease,
- Pt will receive flvestrant in combination with Kisqali AND is pt postmenopausal

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

KORLYM

Drugs

KORLYM

Covered Uses

- * Cushing's Syndrome

Exclusion Criteria

Pt using long-term corticosteroid

Required Medical Information

1. Pt has previously failed surgery or chemotherapy to correct Cushing's disease OR is ineligible for surgery,
2. Pt with type II diabetes diagnosis,
3. Pt has treatment failure with at least TWO of the following:
 - a. Insulin, b. metformin, c. meglitinides, d. sulfonylureas, e. thiazolidinediones, f. DPP4 inhibitors, g. GLP-1 agonists,
4. If pt is female:
 - a. Pt has negative pregnancy test within past 14 days,
 - b. Pt is currently using non-hormonal form of birth control

Age Restrictions

N/A

Prescriber Restrictions

Endocrinologist

Coverage Duration

Initial: 6 months,
Reauth: Plan Year

Other Criteria

N/A

Updated 3/28/2019

LENVIMA

Drugs

LENVIMA 10 MG DAILY DOSE, LENVIMA 12MG DAILY DOSE, LENVIMA 14 MG DAILY DOSE, LENVIMA 18 MG DAILY DOSE, LENVIMA 20 MG DAILY DOSE, LENVIMA 24 MG DAILY DOSE, LENVIMA 4 MG DAILY DOSE, LENVIMA 8 MG DAILY DOSE

Covered Uses

- * Renal Cell Carcinoma (RCC)
- * Thyroid Cancer

Exclusion Criteria

N/A

Required Medical Information

1. Renal cell carcinoma dx:
 - a. Pt has previously been treated with anti-angiogenic therapy,
 - b. Will be used in combination with everolimus,
2. Thyroid cancer dx:
 - a. Tumor is refractory to treatment with radioactive iodine,
 - b. Used as monotherapy

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

Updated 3/28/2019

SelectHealth Advantage
2019 Prior Authorization Criteria

LIDODERM

Drugs

LIDOCAINE

Covered Uses

* Post-Herpetic Neuralgia

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

LONSURF

Drugs

LONSURF

Covered Uses

- * Colorectal Cancer

Exclusion Criteria

N/A

Required Medical Information

1. Pt has previous therapy on the following:
 - a. A fluoropyrimidine, b. Oxaliplatin, c. Irinotecan, d. Bevacizumab,
2. If cancer is KRAS wild type, pt has received previous therapy with anti-EGFR therapy

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

LORBRENA

Drugs

LORBRENA

Covered Uses

* Non-Small Cell Lung Cancer (NSCLC)

Exclusion Criteria

N/A

Required Medical Information

1) Previous use of alectinib or ceritinib OR previous use of crizotinib and one other ALK inhibitor

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

12 months

Other Criteria

N/A

LUCEMYRA

Drugs

LUCEMYRA

Covered Uses

* Opioid Withdrawal

Exclusion Criteria

Concurrent use of the medication in combination with alcohol, barbiturates, or benzodiazepines

Required Medical Information

N/A

Age Restrictions

18 years old or older

Prescriber Restrictions

Psychiatry, Addiction medicine, or Pain management

Coverage Duration

14 days

Other Criteria

N/A

LUPANETA

Drugs

LUPANETA PACK

Covered Uses

* Endometriosis

Exclusion Criteria

Treatment for longer than 1 year

Required Medical Information

Previous trial of leuprolide

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Initial: 6 Months

Reauth: 6 Months

Other Criteria

BvsD determination

LYRICA

Drugs

LYRICA

Covered Uses

- * Fibromyalgia
- * Partial Onset Seizures
- * Peripheral Neuropathy
- * Postherpetic Neuralgia

Exclusion Criteria

N/A

Required Medical Information

1. For peripheral neuropathy dx:
 - a. Pt has been diagnosed with diabetes
 - b. Pt has previous trial of at least TWO of the following:
 - i. Cybalta
 - ii. Tricyclic antidepressant
 - iii. Gabapentin
 - iv. Venlafaxine
2. For postherpetic neuralgia dx:
 - a. Pt has previous trial of at least TWO of the following:
 - i. Cybalta
 - ii. Tricyclic antidepressant
 - iii. Gabapentin
 - iv. Divalproex/Valproic acid
3. For partial onset seizure dx:

Lyrice is used in combination with at least ONE other anti-seizure medication
4. For fibromyalgia dx:
 - a. Pt has previous trial of at least TWO of the following:
 - i. Cybalta

**SelectHealth Advantage
2019 Prior Authorization Criteria**

- ii. Tricyclic antidepressant
 - iii. Gabapentin
 - iv. Venlafaxine
 - v. Savella
5. For neuropathic pain associated with spinal cord injury dx:
- a. Pt has previous trial of at least ONE of the following:
 - i. Cybalta
 - ii. Tricyclic antidepressant
 - iii. Gabapentin
 - iv. Venlafaxine

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

SelectHealth Advantage
2019 Prior Authorization Criteria

MAVYRET

Drugs

MAVYRET

Covered Uses

* Hepatitis C Virus (HCV)

Exclusion Criteria

N/A

Required Medical Information

Confirmation of genotype

Age Restrictions

N/A

Prescriber Restrictions

Gastroenterologist, Infectious Disease Specialist, or Transplant Specialist

Coverage Duration

16 Weeks

Other Criteria

N/A

MEKINIST

Drugs

MEKINIST

Covered Uses

- * Malignant Melanoma

Exclusion Criteria

N/A

Required Medical Information

1. Pt is BRAF(V600E or V600K) mutation positive,
2. Monotherapy or in combination with Tafinlar

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Hematologist, or Dermatologist

Coverage Duration

Plan Year

Other Criteria

N/A

MIGRANAL

Drugs

DIHYDROERGOTAMINE MESYLAT

Covered Uses

- * Migraine Headaches with or without Aura

Exclusion Criteria

N/A

Required Medical Information

1. Pt experiences at least 2 migraines per month,
2. Pt has trial or contraindication to at least TWO of the following:
 - a. Sumatriptan, b. Rizatriptan, c. Zolmitriptan, d. Naratriptan

Age Restrictions

18 years old or older

Prescriber Restrictions

Neurologist or consult

Coverage Duration

Plan Year

Other Criteria

N/A

MODAFANIL

Drugs

MODAFINIL

Covered Uses

- * Narcolepsy
- * Obstructive Sleep Apnea/Hypopnea Syndrome (OSAHS)
- * Shift Work Sleep Disorder (SWSD)

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

MS

Drugs

AUBAGIO, GLATIRAMER ACETATE

Covered Uses

* Multiple Sclerosis (MS)

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Neurologist

Coverage Duration

Plan Year

Other Criteria

N/A

MULPLETA

Drugs

MULPLETA

Covered Uses

* Thrombocytopenia

Exclusion Criteria

N/A

Required Medical Information

1. Platelet count less than 50,000
2. Pt is scheduled for a procedure where there is a bleeding risk
3. Mulpleta will be used for 7 days starting 8 to 14 days prior to the procedure and discontinued 2 to 8 days prior to the procedure

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

MYALEPT

Drugs

MYALEPT

Covered Uses

- * Diabetes Mellitus

Exclusion Criteria

N/A

Required Medical Information

1. Pt has baseline leptin levels of less than 8 ng/mL for males OR less than 12 ng/mL for females,
2. Pt has ONE of the following:
 - a. Diagnosis of diabetes and is being treated with Metformin AND at least one other antidiabetic agent,
 - b. Diagnosis of hypertriglyceridemia and is being treated with at least ONE antihyperlipidemic agent,
3. Reauth:
 - a. Pt has been screened for the presence of anti-metresleptin antibodies,
 - b. If presence of anti-metresleptin antibodies, pt must still be receiving benefit from Myalept therapy,
 - c. Pt shows improvement in hemoglobin A1c OR fasting triglyceride level

Age Restrictions

N/A

Prescriber Restrictions

Endocrinologist

Coverage Duration

Initial: 6 months,

Reauth: Plan Year

Other Criteria

N/A
Updated 3/28/2019

NAFCILLIN

Drugs

NAFCILLIN SODIUM

Covered Uses

- * Bacterial Meningitis
- * Endocarditis
- * Staphylococcal Infectious Disease caused by Penicillinase-Producing Staphylococci Species

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

BvsD determination

SelectHealth Advantage
2019 Prior Authorization Criteria

NATPARA

Drugs

NATPARA

Covered Uses

* Hypoparathyroidism

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Endocrinologist

Coverage Duration

Plan Year

Other Criteria

N/A

NERLYNX

Drugs

NERLYNX

Covered Uses

* Breast Cancer

Exclusion Criteria

1. Treatment for longer than 1 year

Required Medical Information

1. Pt has had treatment with trastuzumab within the past 2 years

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

NEXAVAR

Drugs

NEXAVAR

Covered Uses

- * Hepatocellular Carcinoma (HCC)
- * Renal Cell Carcinoma (RCC)
- * Thyroid Cancer

Exclusion Criteria

N/A

Required Medical Information

1. Used as monotherapy,
2. For HCC dx:
 - a. Treatment for unresectable tumor or recurrent disease,
3. For Thyroid carcinoma dx:
 - a. Tumor is refractory to treatment with iodine

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

NINLARO

Drugs

NINLARO

Covered Uses

- * Multiple Myeloma

Exclusion Criteria

1. Pt is refractory to lenalidomide or proteasome inhibitor therapy

Required Medical Information

1. Ninlaro will be used in combination with Revlimid and dexamethasone,
2. Pt has previous trial on at least ONE other therapy

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or Hematologist

Coverage Duration

Plan Year

Other Criteria

BvsD Determination

NORTHERA

Drugs

NORTHERA

Covered Uses

- * Neurogenic Orthostatic Hypotension

Exclusion Criteria

N/A

Required Medical Information

1. Pt has previous trial on BOTH of the following:
 - a. Midorine, b. Fludrocortisone

Age Restrictions

N/A

Prescriber Restrictions

Cardiologist or Neruologist

Coverage Duration

2 Weeks

Other Criteria

N/A

NOXAFIL

Drugs

NOXAFIL

Covered Uses

- * Aspergillosis Prophylaxis
- * Oropharyngeal Candidiasis (Thrush)

Exclusion Criteria

N/A

Required Medical Information

1. For aspergillus or candida prophylaxis:
 - a. Pt is at high risk of developing infections secondary to being severely immunocompromised,
2. For oropharyngeal candidiasis:
 - a. Pt has previous failure on BOTH of the following:
 - 1) Itraconazole, 2) Fluconazole

Age Restrictions

1. For aspergillus or candida prophylaxis: 13 years old or older

Prescriber Restrictions

N/A

Coverage Duration

6 Months

Other Criteria

N/A

NUEDEXTA

Drugs

NUEDEXTA

Covered Uses

* Pseudobulbar Affect (PBA)

Exclusion Criteria

N/A

Required Medical Information

1. Pt has score of 13 or greater on Center for Neurologic Study-Liability Scale (CNS-LS) for pseudobulbar affect (PBA)

Age Restrictions

N/A

Prescriber Restrictions

Neurologist

Coverage Duration

6 Months

Other Criteria

N/A

NUPLAZID

Drugs

NUPLAZID

Covered Uses

- * Parkinson's Disease Psychosis with Hallucinations/Delusions

Exclusion Criteria

N/A

Required Medical Information

1. Initial:
 - a. Onset of psychosis took place after the diagnosis of Parkinson's disease,
 - b. Pt has previous trial on treatment with clozapine or quetiapine,
2. Reauth:
 - a. Pt experienced a decrease in psychosis related symptoms while on treatment

Age Restrictions

N/A

Prescriber Restrictions

Neurologist or Psychiatrist

Coverage Duration

Initial: 3 months,
Reauth: 12 months

Other Criteria

N/A

NUVIGIL

Drugs

ARMODAFINIL

Covered Uses

- * Narcolepsy
- * Obstructive Sleep Apnea/Hypopnea Syndrome (OSAHS)
- * Shift Work Sleep Disorder (SWSD)

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

OCALIVA

Drugs

OCALIVA

Covered Uses

- * Primary Biliary Cholangitis (PBC)

Exclusion Criteria

1. Pt does not have clinically significant complications of PBC

Required Medical Information

1. Initial:

- a. Dx of PBC is confirmed by at least TWO of the following:

- i. Elevated mean alkaline phosphatase (ALP) levels of at least 1.5 times the upper limit of normal (ULN) from at least two consecutive readings separated by at least one month (more than 175 U/L for women and 195 U/L for men),
- ii. Positive for antimitochondrial antibody (AMA) titer (greater than 1:40 titer on immunofluorescence or M2 positive by enzyme-linked immunoabsorbant assay) or PBC-specific antinuclear antibodies,
- iii. Liver biopsy showing histological evidence of PBC (nonsuppurative destructive cholangitis and destruction of interlobular bile ducts),

- b. Pt has trial on ursodiol,

- c. Ocaliva will be taken in combination with ursodiol,

- d. Pt has ALP at least 1.67 times the upper limit of normal (ULN) (At least 197 U/L for females and 207 U/L for males),

- e. Pt has a total bilirubin greater than the ULN, but less than 2 times the ULN (value between 1.1 - 2.2 mg/dL for females and 1.5 - 3 mg/dL for males),

2. Reauth:

- a. Pt has achieved an ALP less than 1.67 times the ULN,

- b. Pt had an ALP decrease of at least 15% compared to baseline,

- c. Pt's current total bilirubin is within normal limits

Age Restrictions

N/A

Prescriber Restrictions

Gastroenterologist or Transplant Specialist

Updated 3/28/2019

**SelectHealth Advantage
2019 Prior Authorization Criteria**

Coverage Duration

Plan Year

Other Criteria

N/A

OCTREOTIDE

Drugs

OCTREOTIDE ACETATE

Covered Uses

- * Acromegaly
- * Carcinoid
- * Gastroenteropancreatic Neuroendocrine Tumor
- * Vasoactive Intestinal Peptide Secreting Tumors (VIPomas)

Exclusion Criteria

N/A

Required Medical Information

1. For acromegaly:
 - a. Has patient failed at least TWO of the following:
 - i. Surgical resection,
 - ii. Pituitary irradiation,
 - iii. Bromocriptine,
 - b. Pt has elevated levels of growth hormone and IGF-1,
2. For carcinoid:
 - a. Pt is suffering from severe diarrhea and flushing episodes associated with disease,
3. For VIPoma:
 - a. Pt has profuse water diarrhea associated with disease

Age Restrictions

N/A

Prescriber Restrictions

Endocrinologist, Oncologist, or Gastroenterologist

**SelectHealth Advantage
2019 Prior Authorization Criteria**

Coverage Duration

1. For acromegaly: 6 mo,
2. For others: Plan year

Other Criteria

BvsD determination

SelectHealth Advantage
2019 Prior Authorization Criteria

ONFI

Drugs

CLOBAZAM, SYMPAZAN

Covered Uses

* Lennox-Gastaut Syndrome

Exclusion Criteria

N/A

Required Medical Information

1. Pt has previous trail on at least TWO AED medications

Age Restrictions

N/A

Prescriber Restrictions

Neurologist OR

For non-Lennox-Gastaut indications: Epileptologist

Coverage Duration

Plan Year

Other Criteria

N/A

ORENCIA

Drugs

ORENCIA, ORENCIA CLICKJECT

Covered Uses

- * Polyarticular Juvenile Idiopathic Arthritis (JIA)
- * Rheumatoid Arthritis (RA)

Exclusion Criteria

N/A

Required Medical Information

1. Pt has previous trial on Renflexis
2. Pt has failed treatment with Enbrel OR Humira

Age Restrictions

N/A

Prescriber Restrictions

Rheumatologist or consult

Coverage Duration

Plan Year

Other Criteria

N/A

ORFADIN

Drugs

NITYR, ORFADIN

Covered Uses

- * Hereditary Tyrosinemia Type 1 (HT-1)

Exclusion Criteria

N/A

Required Medical Information

1. Initial:

- Diagnosis is confirmed by biochemical or DNA testing
- Pt had a baseline succinylacetone (SA) level drawn
- Pt had a baseline liver function testing performed

2. Reauthorization:

- There is laboratory documentation of SA suppression on treatment when compared to baseline level

Age Restrictions

N/A

Prescriber Restrictions

Medical Geneticist or Metabolic Specialist

Coverage Duration

Plan Year

Other Criteria

N/A

ORILISSA

Drugs

ORILISSA

Covered Uses

* Endometriosis

Exclusion Criteria

N/A

Required Medical Information

1) previous use of combination oral contraceptive 2) previous use of progestin-only contraceptive

Age Restrictions

N/A

Prescriber Restrictions

Obstetrician gynecologist

Coverage Duration

12 months for Orilissa 150 mg

6 months for Orilissa 200 mg

Other Criteria

N/A

ORKAMBI

Drugs

ORKAMBI

Covered Uses

* Cystic Fibrosis

Exclusion Criteria

Pt has history of solid organ transplant

Required Medical Information

1. Initial:
 - a. Pt has cystic fibrosis with the homozygous F508del mutation in the CTFR gene that has been confirmed by an FDA approved test,
 - b. If pt has been previously colonized with an organism associated with rapid decline in pulmonary function:
 - 1) Pt has had 2 negative respiratory tract cultures for the organism with in the last 12 months
2. Reauth:
 - a. Pt has been reassessed since starting therapy,
 - b. Pt's FEV1 has increased since starting therapy

Age Restrictions

2 yo and older

Prescriber Restrictions

Pulmonologist or midlevel provider in a clinic that specializes in the treatment of cystic fibrosis

Coverage Duration

Initial: 3 Months,
Reauth: 12 Months

Other Criteria

BvsD Determination

Updated 3/28/2019

OTEZLA

Drugs

OTEZLA

Covered Uses

- * Plaque Psoriasis
- * Psoriatic Arthritis (PsA)

Exclusion Criteria

N/A

Required Medical Information

1. Pt has previous trial on Renflexis
2. . Pt has previous trial on the following:
 - a. Renflexis

Age Restrictions

N/A

Prescriber Restrictions

Rheumatologist or Dermatologist

Coverage Duration

Plan Year

Other Criteria

N/A

PAH

Drugs

ADCIRCA, REVATIO, SILDENAFIL CITRATE

Covered Uses

- * Pulmonary Arterial Hypertension (PAH)

Exclusion Criteria

N/A

Required Medical Information

1. Initial:

- PAPm greater than or equal to 25 mmHG AND PCWP less than or equal to 15 mmHG,
- Pt with positive vasoreactivity test:
 - Pt has contraindications to or failed maximum tolerated doses of calcium channel blockers,

2. Reauth:

- Pt has been reassess within the past 6 months

Age Restrictions

N/A

Prescriber Restrictions

Pulmonologist or Cardiologist

Coverage Duration

Plan Year

Other Criteria

- Adcirca requests: previous trial on sildenafil

PALYNZIQ

Drugs

PALYNZIQ

Covered Uses

- * Hyperphenylalaninemia
- * Phenylketonuria (PKU)

Exclusion Criteria

N/A

Required Medical Information

1. If PKU dx: Pt has trial on Kuvan therapy
2. All dx: Pt has a blood phenylalanine (Phe) concentration of greater than 600 micromol/L

Age Restrictions

N/A

Prescriber Restrictions

Medical Geneticist or consult

Coverage Duration

Plan Year

Other Criteria

BvsD Determination

PANRETIN

Drugs

PANRETIN

Covered Uses

- * AIDS-Related Kaposi's Sarcoma (KS)

Exclusion Criteria

1. Pt does not have more than 10 new KS lesions in the prior month, symptomatic lymphedema, symptomatic pulmonary KS, or symptomatic visceral involvement

Required Medical Information

1. Initial:
 - a. Panretin will not be used in combination with a systemic anti-KS therapy,
2. Reauth:
 - a. Pt has derived benefit from use of Panretin

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

PEGASYS

Drugs

PEGASYS, PEGASYS PROCLICK

Covered Uses

- * Hepatitis B Virus (HBV)
- * Hepatitis C Virus (HCV) and Hepatitis B Virus (HBV) Co-Infection
- * Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) Co-Infection
- * Hepatitis C Virus (HCV), Genotype 1a
- * Hepatitis C Virus (HCV), Genotype 1b
- * Hepatitis C Virus (HCV), Genotype 2
- * Hepatitis C Virus (HCV), Genotype 3
- * Hepatitis C Virus (HCV), Genotype 4
- * Hepatitis C Virus (HCV), Genotype 5
- * Hepatitis C Virus (HCV), Genotype 6

Exclusion Criteria

N/A

Required Medical Information

1. For Hep B dx:
 - a. Pre-treatment HBV DNA levels are greater than 20,000 IU/ml,
 - b. Must be used as monotherapy
2. For Hep C dx:
 - a. Initial: Must provide HCV viral load and genotype
 - b. Reauth: Must provide HCV viral load at 24 weeks

Age Restrictions

N/A

Prescriber Restrictions

Gastroenterologist or Infectious Disease

Updated 3/28/2019

**SelectHealth Advantage
2019 Prior Authorization Criteria**

Coverage Duration

Initial: 24 Wks,
Reauth: 24 Wks

Other Criteria

N/A

PHENOXYBENZAMINE

Drugs

PHENOXYBENZAMINE HYDROCHL

Covered Uses

* Pheochromocytoma

Exclusion Criteria

N/A

Required Medical Information

1. Phenoxybenzamine will be used for short-term treatment of hypertension prior to surgical removal of a pheochromocytoma

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

3 mo

Other Criteria

N/A

POMALYST

Drugs

POMALYST

Covered Uses

- * Multiple Myeloma

Exclusion Criteria

N/A

Required Medical Information

1. Pt has tried BOTH of the following:
 - a. Revlimid, b. Velcade,
2. Pt has demonstrated disease progression within 60 days of completion of prior therapy

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or Hematologist

Coverage Duration

Plan Year

Other Criteria

N/A

PREFEST

Drugs

PREFEST

Covered Uses

- * Osteoporosis Prophylaxis for Postmenopausal Women
- * Vasomotor Symptoms associated with Menopause
- * Vulvar and Vaginal Atrophy associated with Menopause

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

PREVYMIS

Drugs

PREVYMIS

Covered Uses

- * Prevention of Cytomegalovirus Infection

Exclusion Criteria

Pt has Child-Pugh class C hepatic impairment

Required Medical Information

1. Pt is post allogenic hematopoietic stem cell transplant within the last 28 days
2. Pt is a CMV-seropositive recipient [R+]
3. Medication will be discontinued on or before 100 days post-transplantation

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Hematologist, Transplant Specialist, or Infectious Disease Specialist

Coverage Duration

100 days

Other Criteria

BvsD Determination

PRIMAXIN

Drugs

IMIPENEM/CILASTATIN

Covered Uses

- * Bacterial Septicemia
- * Bone and Joint Infection
- * Gynecologic Infection
- * Intra-Abdominal Infection
- * Lower Respiratory Tract Infection
- * Polymicrobial Infection
- * Skin and Skin Structure Infection
- * Urinary Tract Infection

Exclusion Criteria

1. Pt has had a positive culture within the past month indicating a MRSA infection

Required Medical Information

1. For infections of the lower respiratory tract, urinary tract, intra-abdominal, gynecologic, bone and joint, skin and skin structure, polymicrobial infections, or bacterial septicemia:
 - a. Pt has had a positive culture within the past month for ANY of the following:
 - i. Staphylococcus aureus (MSSA),
 - ii. Streptococcus spp.,
 - iii. Escherichia coli,
 - iv. Klebsiella spp.,
 - v. Enterobacter,
 - vi. Pseudomonas aeruginosa,
 - vii. Other resistant gram-negative bacilli,
 - viii. Other anaerobes,
2. Pt must meet ONE of the following:
 - a. Pt has a CrCl greater than or equal to 5 mL/minute/1.73 m²,
 - b. Pt will be on hemodialysis within 48 hours of therapy,

**SelectHealth Advantage
2019 Prior Authorization Criteria**

3. Pt has failed at least ONE previous antibacterial and/or other antimicrobial therapy

Age Restrictions

N/A

Prescriber Restrictions

Infectious Disease Specialist

Coverage Duration

1 Month

Other Criteria

BvsD determination

PROLIA

Drugs

PROLIA

Covered Uses

- * Osteoporosis
- * Osteoporosis Prophylaxis for those with Bone Metastases from a Solid Tumor
- * Osteoporosis Prophylaxis for those with Breast Cancer
- * Osteoporosis Prophylaxis for those with Non-Metastatic Prostate Cancer

Exclusion Criteria

N/A

Required Medical Information

1. For Osteoporosis:

a. Must meet at least ONE of the following:

i. Pt has experienced a fragility fracture AND Pt has trial and failure or contraindication on oral or IV bisphosphonate therapy, OR

ii. WHO fracture risk score completed, AND both (1) and (2):

(1) Must meet at least ONE of the following (either (a) or (b)):

(a) Pt qualifies for pharmacologic treatment with a 10 year hip fracture probability of greater than 3% OR

(b) A 10 year major osteoporosis-related all fracture probability of greater than 20%,

(2) Must meet at least one of the following (either (a) or (b)):

(a) Pt has trial and failure or contraindication on oral or IV bisphosphonate therapy, OR

(b) Pt had a decline in bone mineral density (BMD) of greater than 10% while on IV bisphosphonate therapy for at least 2 years AND Other

causes of low BMD have been evaluated,

2. For Nonmetastatic prostate cancer:

a. Pt has a BMD T-score at the lumbar spine, total hip or femoral neck of -1.0 or less OR

b. Pt had an osteoporotic fracture,

3. For Women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer:

a. Pt has a BMD T-score at the lumbar spine, total hip or femoral neck between -1.0 and -2.5

Age Restrictions

N/A
Updated 3/28/2019

**SelectHealth Advantage
2019 Prior Authorization Criteria**

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

BvsD Determination

PROMACTA

Drugs

PROMACTA

Covered Uses

- * Chronic Immune (Idiopathic) Thrombocytopenic Purpura (ITP)
- * Thrombocytopenia

Exclusion Criteria

N/A

Required Medical Information

1. For ITP dx:
 - a. Previous failure to corticosteroids, immunoglobulins, OR splenectomy,
 - b. Initial: Evidence of bleeding OR platelet count less than 50,000/microL,
 - c. For Reauth: Platelet count less than 400,000/microL,
2. For Hep C with Thrombocytopenia dx:
 - a. Platelet count less than 75,000/microL,
 - b. Pt is currently receiving or planning to receive protease inhibitor treatment,
3. For aplastic anemia dx:
 - a. Pt has an insufficient response to immunosuppressive therapy

Age Restrictions

N/A

Prescriber Restrictions

For ITP: Oncologist or Hematologist

Coverage Duration

6 Months

SelectHealth Advantage
2019 Prior Authorization Criteria

Other Criteria
N/A

PROTEINASE INHIBITOR

Drugs

ARALAST NP, GLASSIA, PROLASTIN-C, ZEMAIRA

Covered Uses

- * Alpha-1 Antitrypsin Deficiency
- * Chronic Obstructive Pulmonary Disease (COPD)

Exclusion Criteria

N/A

Required Medical Information

1. If request for medication other than Prolastin: Trial and failure or intolerance to Prolastin,
2. Pt has serum alpha-1 antitrypsin less than 11 micromoles,
3. Pt has either PiZZ or PiSZ genotype,
4. Pt has clinically evident emphysema with a FEV less than 80%

Age Restrictions

N/A

Prescriber Restrictions

Pulmonologist specializing in treatment of Alpha-1 antitrypsin deficiency or COPD

Coverage Duration

Plan Year

Other Criteria

BvsD Determination

PULMONARY FIBROSIS

Drugs

ESBRIET, OFEV

Covered Uses

- * Idiopathic Pulmonary Fibrosis (IPF)

Exclusion Criteria

For Ofev: Pt is receiving anticoagulation therapy

Required Medical Information

1. Initial:

- All other causes of ILD have been eliminated,
- Diagnosis has been confirmed via high-resolution computed tomography scan and/or lung biopsy,
- Pt Forced Vital Capacity (FVC) is greater than or equal to 50% predicted value,
- Pt carbon monoxide diffusing capacity is greater than or equal to 30% predicted value,
- Liver function test has been completed prior to initiating therapy,

2. Reauth:

- A repeat liver function test has been performed after 3 months of therapy has been completed

Age Restrictions

N/A

Prescriber Restrictions

Pulmonologist

Coverage Duration

Initial: 3 mo,

Reauth: 1 year

Other Criteria

N/A
Updated 3/28/2019

PURIXAN

Drugs

PURIXAN

Covered Uses

- * Acute Lymphocytic Leukemia (ALL)

Exclusion Criteria

N/A

Required Medical Information

1. Used in conjunction with a combination chemotherapy treatment regimen for ALL,
2. Pt has previous failure on mercaptopurine tablets

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or Hematologist

Coverage Duration

Plan Year

Other Criteria

N/A

RAVICTI

Drugs

RAVICTI

Covered Uses

- * Hyperammonemia

Exclusion Criteria

1. Diagnosis of hyperammonemia OR N-acetylglutamate synthase deficiency

Required Medical Information

1. Previous trial on sodium phenylbutyrate

Age Restrictions

1. 2 months old or older

Prescriber Restrictions

Medical Geneticist or Metabolic Specialist

Coverage Duration

Plan Year

Other Criteria

N/A

RCC

Drugs

AFINITOR, AFINITOR DISPERZ

Covered Uses

- * Breast Cancer
- * Progressive Neuroendocrine Tumors (PNET) of Pancreatic Origin
- * Renal Angiomyolipoma with Tuberous Sclerosis Complex (TSC)
- * Renal Cell Carcinoma (RCC)
- * Subependymal Giant Cell Astrocytoma (SEGA) associated with Tuberous Sclerosis (TS)

Exclusion Criteria

N/A

Required Medical Information

1. For RCC dx:
 - a. Previous failure on either Sutent or Nexavar,
2. For SEGA or TS dx:
 - a. Patient must require therapeutic intervention and not be a candidate for surgical resection

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

Updated 3/28/2019

RELISTOR

Drugs

RELISTOR

Covered Uses

- * Opiate Agonist-Induced Constipation

Exclusion Criteria

N/A

Required Medical Information

1. Pt has advanced illness, OR
2. For OIC in chronic non-cancer pain dx:
 - a. Pt has been on opioid therapy for a month or more,
3. Pt has tried at least TWO of the following:
 - a. Symproic, b. Movantik, c. Amitiza
4. For Relistor injection: Pt is unable to take oral Relistor

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

BvsD determination

REPATHA

Drugs

PRALUENT, REPATHA, REPATHA PUSHTRONEX SYSTEM, REPATHA SURECLICK

Covered Uses

- * Clinical Atherosclerotic Cardiovascular Disease (ASCVD)

Exclusion Criteria

N/A

Required Medical Information

1. Repatha will be used in combination with maximally tolerated statin dose OR pt has documented statin intolerance,
2. Pt has been diagnosed with ASCVD,
3. Pt has previous failure on at least TWO previous lipid lowering therapies that consist of a maximally tolerated statin,
4. Pt's LDL is greater than 130 mg/dl despite treatment with maximally tolerated treatment regimens

Age Restrictions

N/A

Prescriber Restrictions

Cardiologist, Endocrinologist, Or Other Specialist in Lipid Disorders

Coverage Duration

6 Months

Other Criteria

N/A

RESTASIS

Drugs

RESTASIS

Covered Uses

* Xerophthalmia

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Ophthalmologist or Optometrist

Coverage Duration

Plan Year

Other Criteria

N/A

REVLIMID

Drugs

REVLIMID

Covered Uses

- * Mantle Cell Lymphoma (MCL)
- * Multiple Myeloma
- * Myelodysplastic Syndrome (MDS)

Exclusion Criteria

N/A

Required Medical Information

1. For Multiple Myeloma dx:
 - a. Used in combination with dexamethasone,
2. For MCL:
 - a. Pt has previous trial on bortezomib AND pt has trial on at least ONE other previous therapy

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or Hematologist

Coverage Duration

Plan Year

Other Criteria

N/A

RUBRACA

Drugs

RUBRACA

Covered Uses

* Ovarian Cancer

Exclusion Criteria

N/A

Required Medical Information

1. Pt has been treated with at least two prior chemotherapies,
2. Rubraca will be used as monotherapy

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

RYDAPT

Drugs

RYDAPT

Covered Uses

- * Acute Myelogenous Leukemia (AML)
- * Systemic Mastocytosis (SM)

Exclusion Criteria

1. Rydapt is being used for post-consolidation therapy

Required Medical Information

1. For AML dx:
 - a. Cancer is FLT3 mutation positive

Age Restrictions

N/A

Prescriber Restrictions

Hematologist or Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

SABRIL

Drugs

SABRIL, VIGABATRIN

Covered Uses

- * Infantile Spasms
- * Refractory Complex Partial Seizures

Exclusion Criteria

N/A

Required Medical Information

1. For solution:

- a. Must be used as monotherapy for infantile spasms,

2. For tablets:

- a. Must be used as adjunctive therapy,

- b. Must have tried at least TWO of the following:

- i. Banzel, ii. Carbamazepine, iii. Celontin, iv. Depakene, v. Depakote, vi. Dilantin, vii. Divalproex, viii. Eptol, ix. Equetro, x. Ethosuximide, xi. Felbamate, xii. Gabitril, xiii. Keppra, xiv. Lamictal, xv. Lamotrigine, xvi. Levetiracetam, xvii. Lyrica, xviii. Mysoline, xix. Oxcarbazepine, xx. Peganone, xxi. Phenytoin, xxii. Potiga, xxiii. Stavzor, xxiv. Tegretol, xxv. Topamax, xxvi. Topiramate, xxvii. Trileptal, xxviii. Valproic Acid, xxix. Vimpat, xxx. Zonegran, xxxi. Zonisamide

Age Restrictions

N/A

Prescriber Restrictions

Neurologist

Coverage Duration

Plan Year

Other Criteria

1. Periodic vision testing
Updated 3/28/2019

SENSIPAR

Drugs

SENSIPAR

Covered Uses

- * Hypercalcemia associated with Hyperparathyroidism (HPT)
- * Hypercalcemia associated with Parathyroid Carcinoma (PC)
- * Secondary Hyperparathyroidism (HPT) with Chronic Kidney Disease (CKD)

Exclusion Criteria

N/A

Required Medical Information

1. Hypercalcemia associated with HPT dx:
 - a. Pt is NOT a candidate for parathyroidectomy

Age Restrictions

18 years old or older

Prescriber Restrictions

Nephrologist, Oncologist, or Endocrinologist

Coverage Duration

Plan Year

Other Criteria

N/A

SIGNIFOR

Drugs

SIGNIFOR

Covered Uses

- * Cushing's Syndrome

Exclusion Criteria

N/A

Required Medical Information

1. Initial:

- a. Pt is NOT a candidate for pituitary surgery,
- b. If pt previously had pituitary surgery: Pt continues to have 24-hour urinary free cortisol levels of:
 - i. 90 micrograms or greater if male,
 - ii. 67 micrograms or greater if female

Age Restrictions

N/A

Prescriber Restrictions

Endocrinologist

Coverage Duration

Initial: 3 mo,

Reauth: Plan Year

Other Criteria

N/A

SIMPONI

Drugs

SIMPONI

Covered Uses

- * Ankylosing Spondylitis
- * Psoriatic Arthritis (PsA)
- * Rheumatoid Arthritis (RA)
- * Ulcerative Colitis (UC)

Exclusion Criteria

1. Combination treatment with TNF antagonist

Required Medical Information

1. Pt has previous trial on Renflexis
2. Pt has previous trial on at least ONE of the following:
 - a. Enbrel, b. Humira

Age Restrictions

N/A

Prescriber Restrictions

Rheumatologist or Gastroenterologist

Coverage Duration

Plan Year

Other Criteria

N/A

SIRTURO

Drugs

SIRTURO

Covered Uses

* Tuberculosis

Exclusion Criteria

N/A

Required Medical Information

1. Pt has previous failure on at least TWO of the following:

- a. Ethambutol, b. Streptomycin, c. Pyrazinamide, d. Amikacin/kanamycin, e. Cycloserine/terizidone, f. Ethionamide, g. Capreomycin, h. Levofloxacin, i. Moxifloxacin, j. Ofloxacin

Age Restrictions

N/A

Prescriber Restrictions

Pulmonologist or Infectious Disease Specialist

Coverage Duration

6 Months

Other Criteria

N/A

SIVEXTRO

Drugs

SIVEXTRO

Covered Uses

* Skin and Skin Structure Infection

Exclusion Criteria

N/A

Required Medical Information

1. Chart notes and bacterial susceptibility reports have been submitted showing need for medication,
2. Pt has previous trial on at least ONE of the following:
 - a. cephalexin, b. clindamycin, c. sulfamethoxazole/trimethoprim, d. vancomycin, e. cefazolin, f. ceftriaxone, g. doxycycline

Age Restrictions

N/A

Prescriber Restrictions

Infectious Disease Specialist

Coverage Duration

1 month

Other Criteria

N/A

SPRYCEL

Drugs

SPRYCEL

Covered Uses

- * Acute Lymphocytic Leukemia (ALL)
- * Chronic Myelogenous Leukemia (CML)

Exclusion Criteria

N/A

Required Medical Information

1. For chronic, accelerated, myeloid, or blast phase CML dx :
 - a. Previous trial on imatinib,
2. For ALL dx:
 - a. Resistance or intolerance to at least ONE prior therapy,
 - b. Efficacy testing will be conducted in accordance with NCCN recommended treatment guidelines,
 - c. After failure of treatment per NCCN CML guideline testing patient does NOT have a T315I mutation based BCR-ABL kinase domain testing

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or Hematologist

Coverage Duration

Plan Year

Other Criteria

N/A

STELARA

Drugs

STELARA

Covered Uses

- * Plaque Psoriasis
- * Psoriatic Arthritis (PsA)

Exclusion Criteria

1. Treatment initiation during an active infection

Required Medical Information

1. For PSA and CD dx:
 - a. Pt has previous trial on Renflexis
 - a. Pt has previous trial on at least ONE of the following:
 - i. Enbrel, ii. Humira
2. For psoriasis dx:
 - a. Pt has previous trial on Enbrel

Age Restrictions

N/A

Prescriber Restrictions

1. Plaque psoriasis dx: Dermatologist or consult,
2. Psoriatic arthritis dx: Dermatologist, Rheumatologist, or consult

Coverage Duration

Plan Year

Other Criteria

N/A

Updated 3/28/2019

STIVARGA

Drugs

STIVARGA

Covered Uses

* Colorectal Cancer

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

SUCRAID

Drugs

SUCRAID

Covered Uses

- * Congenital Sucrase-Isomaltase Deficiency

Exclusion Criteria

N/A

Required Medical Information

1. Dx is confirmed by a Small Bowel Biopsy Disaccharidase Measurement demonstrating 2 SD or more below mean for sucrase activity with or without isomaltase activity

Age Restrictions

N/A

Prescriber Restrictions

Gastroenterologist or Metabolic Specialist

Coverage Duration

Plan Year

Other Criteria

N/A

SUTENT

Drugs

SUTENT

Covered Uses

- * Gastrointestinal Stromal Tumor
- * Pancreatic Neuroendocrin Tumors (pNET)
- * Renal Cell Carcinoma (RCC)

Exclusion Criteria

1. Sutent used as combination therapy with other chemotherapies

Required Medical Information

1. For GIST dx:
 - a. Disease progression or intolerance to Gleevec,
2. For pNET dx:
 - a. Tumor is unresectable locally advanced or metastatic

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

SYLATRON

Drugs

SYLATRON

Covered Uses

- * Malignant Melanoma

Exclusion Criteria

N/A

Required Medical Information

1. Pt has stage III melanoma with previous surgical resection,
2. Surgical resection (including lymphadenectomy) were less than 84 days prior to request

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or Dermatologist

Coverage Duration

Plan Year

Other Criteria

N/A

SYMDEKO

Drugs

SYMDEKO

Covered Uses

- * Cystic Fibrosis

Exclusion Criteria

Pt has history of a transplant

Required Medical Information

1. Initial:
 - a. Pt has been genotyped by a FDA-approved CF mutation test and the mutation is responsive to Symdeko
 - b. If pt has been previously colonized with rapid decline in pulmonary function, then pt must have had 2 negative respiratory cultures within the past 12 months
2. Reauthorization:
 - a. Pt has been reassessed
 - b. Pt's FEV1 has increased since initiation of Symdeko

Age Restrictions

12 yo and older

Prescriber Restrictions

Pulmonologist

Coverage Duration

Plan Year

Other Criteria

N/A

SYNAREL

Drugs

SYNAREL

Covered Uses

- * Central Precocious Puberty
- * Endometriosis

Exclusion Criteria

N/A

Required Medical Information

Pt has previous trial on leuprolide acetate

Age Restrictions

1. For CPP: Treatment initiated at or before 8 years of age in girls and 9 years of age in boys
2. For Endometriosis: 18 years old or older

Prescriber Restrictions

Endocrinologist or Gynecologist

Coverage Duration

6 Months

Other Criteria

N/A

SYNRIBO

Drugs

SYNRIBO

Covered Uses

- * Chronic Myelogenous Leukemia (CML)

Exclusion Criteria

N/A

Required Medical Information

1. Pt has resistance and/or intolerance to TWO or more of the following:
 - a. Gleevec, b. Sprycel, c. Tassigna, d. Bosulif

Age Restrictions

N/A

Prescriber Restrictions

Hematologist or Oncologist

Coverage Duration

Plan Year

Other Criteria

BvsD determination

SYPRINE

Drugs

TRIENTINE HYDROCHLORIDE

Covered Uses

* Wilson Disease

Exclusion Criteria

N/A

Required Medical Information

1. Pt has failure on Depen,
2. Pt is receiving oral zinc salts

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

TAFINLAR

Drugs

TAFINLAR

Covered Uses

- * Malignant Melanoma
- * Non-Small Cell Lung Cancer (NSCLC)

Exclusion Criteria

1. Previous use of Tafinlar, Mekinist, Keytruda, or Opdivo

Required Medical Information

1. For Melanoma dx: Pt is BRAF (V600E or V600K) mutation positive
2. For NSCLC dx: Pt is BRAF V600E positive

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Hematologist, or Dermatologist

Coverage Duration

Plan Year

Other Criteria

N/A

TAGRISSO

Drugs

TAGRISSO

Covered Uses

- * Non-Small Cell Lung Cancer (NSCLC)

Exclusion Criteria

N/A

Required Medical Information

1. Pt is positive for EGFR T790M mutation,
2. Pt has previous therapy after EGFR TKI therapy

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

TALZENNA

Drugs

TALZENNA

Covered Uses

* Breast Cancer

Exclusion Criteria

N/A

Required Medical Information

- 1) Deleterious or suspected deleterious germline BRCA, HER2-negative locally advanced or metastatic breast cancer
- 2) prior treatment with a taxane and/or anthracycline in the neoadjuvant, adjuvant, locally advanced, or metastatic setting

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan year

Other Criteria

Chart notes

TARCEVA

Drugs

TARCEVA

Covered Uses

- * Non-Small Cell Lung Cancer (NSCLC)
- * Pancreatic Cancer

Exclusion Criteria

N/A

Required Medical Information

1. For NSCLC dx:
 - a. Pt with EGFR mutation,
 - b. Tarceva is not used in combination with platinum-based chemotherapy,
2. For pancreatic cancer dx:
 - a. Combination with gemcitabine

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

TARGRETIN

Drugs

BEXAROTENE, TARGRETIN

Covered Uses

- * Cutaneous T-Cell Lymphoma (CTCL)

Exclusion Criteria

1. If female: Pt planning to become pregnant

Required Medical Information

1. Capsules:
 - a. Pt has previous failure on at least ONE of the following:
 - i. Antineoplastic chemotherapy, ii. Interferon alfa and gamma, iii. Interleuking-12, iv. Interleukin-2,
2. Gel:
 - a. Pt has previous failure on at least ONE of the following:
 - i. PUVA, ii. UVB, iii. EVT, iv. Photophoresis, v. Systemic cytotoxic chemotherapy, vi. Topical nitrogen mustard, vii. Topical carmustine

Age Restrictions

N/A

Prescriber Restrictions

Dermatologist, Hematologist, or Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

TASIGNA

Drugs

TASIGNA

Covered Uses

- * Chronic Myelogenous Leukemia (CML)

Exclusion Criteria

N/A

Required Medical Information

1. Documented resistance or intolerance to gleevec for chronic phase or accelerated phase CML

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

TAVALISSE

Drugs

TAVALISSE

Covered Uses

- * Thrombocytopenia

Exclusion Criteria

N/A

Required Medical Information

1. Initial:

- a. Pt has previous trial on previous therapy of at least ONE of the following:
 - i. Corticosteroids
 - ii. Immunoglobulins
 - iii. Splenectomy
 - iv. Thrombopoietin Receptor Agonist
- b. Platelet count is less than 50000/microl

2. Reauth:

- a. Platelet count is greater than 50000/microl

Age Restrictions

N/A

Prescriber Restrictions

Hematologist, Oncologist

Coverage Duration

Initial: 3 Months

Reauth: Plan Year

SelectHealth Advantage
2019 Prior Authorization Criteria

Other Criteria
N/A

TEFLARO

Drugs

TEFLARO

Covered Uses

- * Community-Acquired Pneumonia
- * Skin and Skin Structure Infection

Exclusion Criteria

N/A

Required Medical Information

1. For acute bacterial skin and skin structure infections:
 - a. Pt has had a positive culture within the past month for ANY of the following:
 - i. Staphylococcus aureus (MSSA and MRSA),
 - ii. Streptococcus pyogenes,
 - iii. Streptococcus agalactiae,
 - iv. Escherichia coli,
 - v. Klebsiella pneumonia,
 - vi. Klebsiella oxytoca,
2. For community-acquired bacterial pneumonia:
 - a. Pt has had a positive culture within the past month for ANY of the following:
 - i. Staphylococcus aureus (MSSA only),
 - ii. Streptococcus pneumoniae,
 - iii. Haemophilus influenzae,
 - iv. Escherichia coli,
 - v. Klebsiella pneumonia,
 - vi. Klebsiella oxytoca

Age Restrictions

N/A

**SelectHealth Advantage
2019 Prior Authorization Criteria**

Prescriber Restrictions

Infectious Disease Specialist

Coverage Duration

1 Month

Other Criteria

BvsD determination

TEMAZEPAM

Drugs

TEMAZEPAM

Covered Uses

- * Sleep Disorders

Exclusion Criteria

N/A

Required Medical Information

Pt has trial and failure on at least TWO of the following:

1. Zolpidem, 2. Zaleplon, 3. Eszopiclone, 4. A generic tricyclic antidepressant, 5. Temazepam 15 mg, 6. Temazepam 30 mg

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

THIORIDAZINE

Drugs

THIORIDAZINE HCL

Covered Uses

* Schizophrenia

Exclusion Criteria

N/A

Required Medical Information

1. Previous trial on BOTH of the following:
 - a. Fluphenazine, b. Molindone

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

TIBSOVO

Drugs

TIBSOVO

Covered Uses

* Acute Myelogenous Leukemia (AML)

Exclusion Criteria

N/A

Required Medical Information

- 1) isocitrate dehydrogenase-1 (IDH1) mutation
- 2) relapsed or refractory to one or more prior anticancer regimens

Age Restrictions

N/A

Prescriber Restrictions

Hematologist or Oncologist

Coverage Duration

12 months

Other Criteria

Chart Notes

TROKENDI

Drugs

TOPIRAMATE ER, TROKENDI XR

Covered Uses

- * Lennox-Gastaut Syndrome
- * Migraine
- * Partial Onset Seizures
- * Tonic-Clonic Seizures

Exclusion Criteria

N/A

Required Medical Information

1. Pt has previous failure on immediate release topiramate,
2. Pt has previous failure with at least ONE other antiepileptic drug

Age Restrictions

1. For Trokendi: 6 years old or older,
2. For Topiramate ER: 2 years old and older

Prescriber Restrictions

Neurologist or consult

Coverage Duration

Plan Year

Other Criteria

N/A

TYGACIL

Drugs

TIGECYCLINE

Covered Uses

- * Community-Acquired Pneumonia
- * Intra-Abdominal Infection
- * Skin and Skin Structure Infection

Exclusion Criteria

N/A

Required Medical Information

1. For complicated bacterial skin and skin structure infections:

a. Pt has had a positive culture within the past month for ANY of the following:

i. Staphylococcus aureus (MSSA or MRSA), ii. Escherichia coli, iii. Enterococcus faecalis (vancomycin susceptible strains only), iv. Enterobacter cloacae, v. Klebsiella pneumonia, vi. Bacteroides fragilis, vii. Streptococcus agalactia, viii. S.pyogenes, ix. S.anginosus group (including S. anginosus, S. intermedius, and S. constellatus),

2. For community acquired bacterial pneumonia:

a. Pt has had a positive culture within the past month for ANY of the following:

- i. Streptococcus pneumonia (penicillin-susceptible isolates),
- ii. Haemophilus influenza (beta-lactamase negative isolates),
- iii. Legionella pneumophila,

3. For complicated bacterial intra-abdominal infections:

a. Pt has had a positive culture within the past month for ANY of the following:

i. Staphylococcus aureus (MSSA or MRSA), ii. Escherichia coli, iii. Enterococcus faecalis (vancomycin susceptible strains only), iv. Enterobacter cloacae, v. Klebsiella pneumonia, vi. K.oxytoca, vii. Bacteroides fragilis, viii. B.thetaiotaomicron, ix. B.uniformis, x. B.fragilis, xi. Citrobacter freundii, xii. Clostridium perfringens, xiii.

Peptostreptococcus micros

Age Restrictions

18 years old or older

**SelectHealth Advantage
2019 Prior Authorization Criteria**

Prescriber Restrictions

Infectious Disease Specialist

Coverage Duration

1 Month

Other Criteria

BvsD determination

TYKERB

Drugs

TYKERB

Covered Uses

- * Breast Cancer

Exclusion Criteria

N/A

Required Medical Information

1. For advanced or metastatic HER-2 positive breast cancer dx:
 - a. Previous failure on anthracycline, taxane, and trastuzumab AND
 - b. Combination therapy with capecitabine OR
 - c. Combination therapy with trastuzumab,
2. For postmenopausal HER-2 receptor hormone receptor positive breast cancer dx:
 - a. Combination therapy with aromatase inhibitor

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

TYMLOS

Drugs

TYMLOS

Covered Uses

- * Osteoporosis

Exclusion Criteria

1. Treatment longer than 24 months

Required Medical Information

1. T-score of less than equal to -2.5,
2. Pt has previous trial or intolerance or contraindication to bisphosphonate therapy (IV or oral),
3. Pt has previous trial on Prolia

Age Restrictions

N/A

Prescriber Restrictions

Endocrinologist, Rheumatologist, Gynecologist, Orthopedist

Coverage Duration

Plan Year

Other Criteria

N/A

UPTRAVI

Drugs

UPTRAVI

Covered Uses

- * Pulmonary Arterial Hypertension (PAH)

Exclusion Criteria

N/A

Required Medical Information

1. Initial:
 - a. If pt has a positive vasoreactivity test:
 - i. Pt has failed maximum tolerated doses of calcium channel blockers,
 - b. Pt has previous trial on at least ONE of the following:
 - i. sildenafil, ii. Revatio, iii. Adcirca,
2. Reauth:
 - a. Pt has been reassessed within the past 6 months.

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

6 Months

Other Criteria

N/A

VALCHLOR

Drugs

VALCHLOR

Covered Uses

- * Cutaneous T-Cell Lymphoma (CTCL)

Exclusion Criteria

N/A

Required Medical Information

1. Pt has previous trial on at least ONE previous skin directed therapy of the following:
 - a. Topical corticosteroid, b. Topical carmustine, c. Topical retinoid, d. Radiation therapy, e. Phototherapy

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or Dermatologist

Coverage Duration

Plan Year

Other Criteria

N/A

VASODILATORS

Drugs

ORENITRAM, VENTAVIS

Covered Uses

- * Pulmonary Arterial Hypertension (PAH)

Exclusion Criteria

N/A

Required Medical Information

1. For NYHA functional class II or III:
 - a. Previous trial on at least one of the following:
 - i. Adcirca, ii. Letairis, iii. Opsumit, iv. sildenafil, v. Tracleer,
2. Presence of functional class IV

Age Restrictions

N/A

Prescriber Restrictions

Pulmonologist or Cardiologist

Coverage Duration

Plan Year

Other Criteria

BvsD Determination for Ventavis

VELTASSA

Drugs

VELTASSA

Covered Uses

- * Hyperkalemia

Exclusion Criteria

N/A

Required Medical Information

1. Initial:

- a. If patient is on a ACE or ARB must meet BOTH of the following:
 - i. Pt has been tried on a loop or thiazide diuretic or has a contraindication to one of these diuretics,
 - ii. The dose of the ACE or ARB has been reduced in an attempt to lower serum potassium levels,
- b. Serum potassium levels between 5.1 and 6.5 mmol/L,
- c. Pt has chronic kidney disease with an eGFR of 15 to 60 mL/min

Age Restrictions

18 years old or older

Prescriber Restrictions

N/A

Coverage Duration

Initial: 6 Months,
Reauth: Plan Year

Other Criteria

N/A

VEMLIDY

Drugs

VEMLIDY

Covered Uses

* Hepatitis B Virus (HBV)

Exclusion Criteria

Pt has decompensated hepatic impairment

Required Medical Information

Pt has previous trial on entecavir

Age Restrictions

N/A

Prescriber Restrictions

Gastroenterologist, Infectious Disease Specialist, Transplant Specialist

Coverage Duration

Plan Year

Other Criteria

N/A

VENCLEXTA

Drugs

VENCLEXTA, VENCLEXTA STARTING PACK

Covered Uses

- * Chronic Lymphocytic Leukemia (CLL)
- * Small Lymphocytic Leukemia (SLL)

Exclusion Criteria

N/A

Required Medical Information

Pt has trial on at least one prior treatment

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or Hematologist

Coverage Duration

Plan Year

Other Criteria

N/A

VERZENIO

Drugs

VERZENIO

Covered Uses

* Breast Cancer

Exclusion Criteria

N/A

Required Medical Information

1. Must meet a, b, OR c of the following:

- a. Pt is postmenopausal AND is receiving Verzenio in combination with an aromatase inhibitor
- b. Pt has received prior endocrine therapy AND Verzenio will be given in combination with fulvestrant,
- c. Pt has experienced disease progression following endocrine therapy and prior chemotherapy in the metastatic setting AND Verzenio will be used as monotherapy

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

VFEND

Drugs

VORICONAZOLE

Covered Uses

- * Aspergillosis
- * Candidemia
- * Esophageal Candidiasis
- * Serious Infections caused by *Scedosporium Apiospermum* and *Fusarium* Species

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

6 Months

Other Criteria

N/A

VITRAKVI

Drugs

VITRAKVI

Covered Uses

* Solid Tumor

Exclusion Criteria

N/A

Required Medical Information

1. solid tumor with a NTRK gene fusion
2. Metastatic or unable to have surgery
3. Received previous treatment
4. Prescriber enrolled in the Vitrakvi Commitment Program

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan year

Other Criteria

N/A

VIZIMPRO

Drugs

VIZIMPRO

Covered Uses

* Non-Small Cell Lung Cancer (NSCLC)

Exclusion Criteria

N/A

Required Medical Information

1) First line therapy 2) EGFR exon 19 deletion or EGFR exon 21 L858R substitution

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

12 months

Other Criteria

N/A

VOTRIENT

Drugs

VOTRIENT

Covered Uses

- * Renal Cell Carcinoma (RCC)
- * Soft-Tissue Sarcoma

Exclusion Criteria

N/A

Required Medical Information

1. Soft Tissue Sarcoma dx:
 - a. Previous trial on at least ONE prior therapy

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

XALKORI

Drugs

XALKORI

Covered Uses

- * Non-Small Cell Lung Cancer (NSCLC)

Exclusion Criteria

1. Combination therapy with other chemotherapy agents

Required Medical Information

1. NSCLC must be ONE of the following:
 - a. Anaplastic lymphoma kinase (ALK)-positive,
 - b. Reactive oxygen species 1 (ROS1) positive

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

XELJANZ

Drugs

XELJANZ, XELJANZ XR

Covered Uses

- * Rheumatoid Arthritis (RA)
- * Ulcerative Colitis (UC)

Exclusion Criteria

1. Combination with biologic DMARD or potent immunosuppressant

Required Medical Information

1. Pt has previous trial on the following:
 - a. Renflexis

Age Restrictions

N/A

Prescriber Restrictions

Rheumatologist, Gastroenterologist, or consult

Coverage Duration

Plan Year

Other Criteria

N/A

SelectHealth Advantage
2019 Prior Authorization Criteria

XENAZINE

Drugs

TETRABENAZINE

Covered Uses

- * Huntington's Disease
- * Tardive Dyskinesia

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Neurologist

Coverage Duration

Plan Year

Other Criteria

N/A

XERMELO

Drugs

XERMELO

Covered Uses

- * Carcinoid

Exclusion Criteria

N/A

Required Medical Information

1. Initial:

- a. Pt has more than 6 bowel movements a day despite treatment with sandostatin analog therapy for at least 3 months
- b. Pt has previous trial of lomotil AND loperamide
- c. Xermelo will be used in combination with sandostatin analog

2. Reauth:

- a. Pt has experienced improvement in bowel movement frequency since starting Xermelo

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or gastroenterologist

Coverage Duration

6 Months

Other Criteria

N/A

XGEVA

Drugs

XGEVA

Covered Uses

- * Bone Metastases
- * Giant Cell Tumor of the Bone
- * Hypercalcemia

Exclusion Criteria

N/A

Required Medical Information

1. Must meet at least ONE of the following:

- a. Pt has giant cell tumor of the bone that is unresectable or where surgical resection is likely to result in severe morbidity,
- b. Pt has a diagnosis of bone metastases related to a solid tumor,
- c. Pt has a diagnosis of metastatic breast or prostate cancer,
- d. Pt has previously been treated with Zometa or Aredia and had disease progression OR adverse reaction to the treatment

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan Year

Other Criteria

BvsD determination

XIFAXAN

Drugs

XIFAXAN

Covered Uses

- * Clostridium Difficile (C.Diff) Infection
- * Hepatic Encephalopathy
- * Irritable Bowel Syndrome (IBS)

Exclusion Criteria

N/A

Required Medical Information

1. For hepatic encephalopathy dx:
 - a. Previous failure on lactulose therapy,
2. For irritable bowel syndrome dx:
 - a. Failure on at least ONE antispasmodic therapy AND at least ONE antibiotic therapy,
3. For Clostridium difficile dx:
 - a. Failure on at least TWO other antibiotic therapies

Age Restrictions

N/A

Prescriber Restrictions

Gastroenterologist, Infectious Disease Specialist, or Hepatologist

Coverage Duration

Plan Year

Other Criteria

N/A

Updated 3/28/2019

SelectHealth Advantage
2019 Prior Authorization Criteria

XIIDRA

Drugs

XIIDRA

Covered Uses

* Xerophthalmia

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Ophthalmologist or Optometrist

Coverage Duration

Plan Year

Other Criteria

N/A

XOLAIR

Drugs

XOLAIR

Covered Uses

- * Asthma
- * Chronic Idiopathic Urticaria

Exclusion Criteria

N/A

Required Medical Information

1. For asthma dx:
 - a. FEV1 baseline between 40 and 80% of predicted,
 - b. Pt has previous trial (or documented contraindication) of at least ONE of the following for at least 3 months:
 - i. Medium dose ICS and inhaled long-acting bronchodilator,
 - ii. Medium dose ICS and leukotriene antagonist,
 - iii. Medium dose ICS and theophylline,
 - iv. High dose ICS and inhaled long-acting bronchodilator,
 - v. Low dose ICS and inhaled long-acting bronchodilator,
 - c. Pt has had need for frequent intermittent use of oral corticosteroids,
 - d. Pt has at least ONE of the following:
 - i. ER visit or hospitalization for asthma within past 6 months,
 - ii. Need for frequent office visits due to asthma evaluation,
 - e. Pt's IgE level is greater than or equal to 30, f. Pt is less than 330 lbs,
2. For CIU dx:
 - a. Pt has previous failure on a H-1 antagonist,
 - b. Pt has required at least one recent course of oral steroids

Age Restrictions

N/A

**SelectHealth Advantage
2019 Prior Authorization Criteria**

Prescriber Restrictions

Allergist, Pulmonologist, Dermatologist, or Immunologist

Coverage Duration

Plan Year

Other Criteria

BvsD Determination

XOSPATA

Drugs

XOSPATA

Covered Uses

- * Acute Myelogenous Leukemia (AML)

Exclusion Criteria

N/A

Required Medical Information

1. Relapsed or refractory AML
2. patient has a FLT3 mutation detected by an FDA-approved test

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or hematologist

Coverage Duration

plan year

Other Criteria

N/A

XTANDI

Drugs

XTANDI

Covered Uses

* Prostate Cancer

Exclusion Criteria

N/A

Required Medical Information

1. Pt's prostate cancer is castration resistant,
2. For all dx: Pt has previous trial on docetaxel therapy
3. For metastatic CRPC dx: Pt has previous trial on Zytiga

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or Urologist

Coverage Duration

Plan Year

Other Criteria

N/A

XURIDEN

Drugs

XURIDEN

Covered Uses

* hereditary orotic aciduria

Exclusion Criteria

N/A

Required Medical Information

N/A

Age Restrictions

N/A

Prescriber Restrictions

Medical Geneticist or Metabolic Specialist

Coverage Duration

Plan Year

Other Criteria

N/A

XYREM

Drugs

XYREM

Covered Uses

- * Narcolepsy

Exclusion Criteria

1. Succinic semialdehyde dehydrogenase deficiency,
2. Concurrent use of alcohol, opiates, sedatives, hypnotics, or other drug that causes CNS depression

Required Medical Information

1. Initial:
 - a. For narcolepsy without cataplexy:
 - i. exhibits symptoms of excessive daytime sleepiness
 - ii. intolerant to at least one stimulant,
 - iii. inadequate response to maximum recommended dose of modafinil or armodafinil,
 - b. For narcolepsy with cataplexy:
 - i. exhibits symptoms of cataplexy,
2. Reauth:
 - a. For narcolepsy:
 - i. Decrease in daytime sleepiness,
 - b. For narcolepsy with cataplexy:
 - i. Decrease in cataplexy episodes

Age Restrictions

18 years old or older

Prescriber Restrictions

Board certified in Sleep, Pulmonology, or Neurology

**SelectHealth Advantage
2019 Prior Authorization Criteria**

Coverage Duration

Plan Year

Other Criteria

N/A

YONSA

Drugs

YONSA

Covered Uses

- * Prostate Cancer

Exclusion Criteria

N/A

Required Medical Information

1. Pt has failed treatment with Zytiga
2. Yonsa will be given in combination with an oral corticosteroid

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or Urologist

Coverage Duration

Plan Year

Other Criteria

N/A

ZARXIO

Drugs

NIVESTYM, ZARXIO

Covered Uses

- * Acute Myeloid Leukemia following induction or consolidation therapy
- * Myeloablative Chemotherapy followed by Bone Marrow Transplantation
- * Myelosuppressive Chemotherapy for Non-Myeloid Malignancies
- * Peripheral Blood Progenitor Cell Collection and Therapy
- * Severe Chronic Neutropenia

Exclusion Criteria

N/A

Required Medical Information

1. Pt has trial on BOTH of the following:
 - a. Neupogen, b. Granix

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

BvsD Determination

ZAVESCA

Drugs

MIGLUSTAT

Covered Uses

- * Gaucher Disease

Exclusion Criteria

N/A

Required Medical Information

1. Pt was diagnosed by a Clinical Biomedical Geneticist,
2. Pt is unable to use intravenous enzyme replacement

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

ZEJULA

Drugs

ZEJULA

Covered Uses

- * Ovarian Cancer

Exclusion Criteria

N/A

Required Medical Information

1. Pt has previously been treated with platinum-based chemotherapy,
2. Zejula will be initiated within 8 weeks of last platinum-containing regimen

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

ZELBORAF

Drugs

COTELLIC, ZELBORAF

Covered Uses

- * Erdheim-Chester Disease
- * Malignant Melanoma

Exclusion Criteria

N/A

Required Medical Information

1. For Metastatic Melanoma dx:
 - a. Pt is BRAF V600E positive for Zelboraf monotherapy OR
 - b. BRAF V600E or V600K positive for Zelboraf plus Cotellic
2. For Erdheim-Chester Disease:
 - a. Zelboraf monotherapy
 - b. Pt is BRAF V600 positive

Age Restrictions

N/A

Prescriber Restrictions

Oncologist, Hematologist, or Dermatologist

Coverage Duration

Plan Year

Other Criteria

N/A

ZOLINZA

Drugs

ZOLINZA

Covered Uses

- * Cutaneous T-Cell Lymphoma (CTCL)

Exclusion Criteria

N/A

Required Medical Information

1. Pt has progressive, persistent, or recurrent disease,
2. Pt has tried at least TWO prior systemic therapies

Age Restrictions

N/A

Prescriber Restrictions

N/A

Coverage Duration

Plan Year

Other Criteria

N/A

ZYDELIG

Drugs

ZYDELIG

Covered Uses

- * Chronic Lymphocytic Leukemia (CLL)
- * Non-Hodgkin's Lymphoma (NHL)

Exclusion Criteria

N/A

Required Medical Information

1. CLL dx:
 - a. Used in combination with Rituxan,
2. Non-Hodgkin dx:
 - a. Pt has failure of two prior systemic therapies,
3. Small Lymphocytic Lymphoma dx:
 - a. Pt has failure of two prior systemic therapies

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or Hematologist

Coverage Duration

Plan Year

Other Criteria

N/A

ZYKADIA

Drugs

ZYKADIA

Covered Uses

- * Non-Small Cell Lung Cancer (NSCLC)

Exclusion Criteria

1. Combination therapy

Required Medical Information

1. Pt has previous trial on Xalkori

Age Restrictions

N/A

Prescriber Restrictions

Oncologist

Coverage Duration

Plan Year

Other Criteria

N/A

ZYTIGA

Drugs

ABIRATERONE ACETATE, ZYTIGA

Covered Uses

- * Prostate Cancer

Exclusion Criteria

N/A

Required Medical Information

1. For metastatic CRPC dx:
 - a. Zytiga is given in combination with prednisone 5mg twice daily
2. For metastatic high-risk CSPC dx:
 - a. Zytiga is given in combination with prednisone 5 mg once daily

Age Restrictions

N/A

Prescriber Restrictions

Oncologist or Urologist

Coverage Duration

Plan Year

Other Criteria

N/A