



Kaiser Permanente Medicare Prescription Drug Plan (PDP)

2027 Prior Authorization Requirements

PLEASE READ:

Kaiser Permanente requires you to get prior authorization for certain drugs. This means that you will need to get approval from Kaiser Permanente before you fill your prescriptions. If you don't get approval, Kaiser Permanente may not cover the drug. The medications in this document have requirements that must be met for coverage to be considered. Beneficiaries must use network pharmacies to access their prescription drug benefit.

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

ABATACEPT

Products Affected

- Orenzia

- Orenzia Clickject

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for 1) patients 6 years and older with psoriatic arthritis who have failure, contraindication or intolerance to two of the following biologics: secukinumab, adalimumab, infliximab, ustekinumab, OR 2) patients with rheumatoid arthritis who have failure, contraindication or intolerance to one anti-TNF agent (e.g. adalimumab, infliximab) AND tocilizumab, OR 3) patients with polyarticular juvenile idiopathic arthritis who have failure, contraindication or intolerance to methotrexate, OR 4) prophylaxis of acute graft versus host disease (aGVHD), in combination with a calcineurin inhibitor and methotrexate, in patients undergoing hematopoietic stem cell transplantation (HSCT) from a matched or 1 allele-mismatched unrelated-donor.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

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ABEMACICLIB (NEW STARTS ONLY)

Products Affected

- Verzenio

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

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ABROCITINIB

Products Affected

- Cibinqo TABS 100MG

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with an allergist or dermatologist.
Coverage Duration	One year
Other Criteria	Covered for patient with moderate or severe atopic dermatitis who have failure, contraindication or intolerance to dupilumab OR tralokinumab-ldrm.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

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ACORAMIDIS

Products Affected

- Attruby

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

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ADAGRASIB (NEW STARTS ONLY)

Products Affected

- Krazati

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for treatment of patients with 1) metastatic NSCLC who express KRAS G12C mutations, as second line therapy after chemotherapy/Immunotherapy and if contraindicated or intolerant to sotorasib OR 2) colorectal cancer (CRC) in combination with cetuximab, for the treatment of adult patients with KRAS G12C mutated locally advanced or metastatic CRC, as determined by an FDA-approved test, who have received prior treatment with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

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AFATINIB (NEW STARTS ONLY)

Products Affected

- Gilotrif

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for treatment of 1) locally advanced or metastatic non-small cell lung cancer (NSCLC) in patients with intolerance to osimertinib, OR 2) Stage IV NSCLC with actionable EGFR mutations as first line therapy, OR 3) metastatic squamous NSCLC progressing after platinum-based chemotherapy.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

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AKEEGA (NEW STARTS ONLY)

Products Affected

- Akeega

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

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ALECTINIB (NEW STARTS ONLY)

Products Affected

- Alecensa

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

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ALPELISIB (NEW STARTS ONLY)

Products Affected

- Piqray 200mg Daily Dose
- Piqray 250mg Daily Dose
- Piqray 300mg Daily Dose

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

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ALYFTREK

Products Affected

- Alyftrek

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	Documentation of genetic testing confirming at least one F508del mutation or another responsive mutation (per most recent prescribing information) in the CFTR gene.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Patient has received prior treatment with elexacaftor/tezacaftor/ivacaftor (Trikafta), or has a mutation that is not responsive to Trikafta.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

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AMIFAMPRIDINE PHOSPHATE

Products Affected

- Firdapse

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

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AMIKACIN LIPOSOMAL

Products Affected

- Arikayce

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

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AMITRIPTYLINE (NEW STARTS ONLY)

Products Affected

- Amitriptyline Hydrochloride TABS

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	Applies to patients 65 years of age and older. Prior authorization not required for patients age 0 to 64 years.
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Tricyclic antidepressants are considered high risk medications in the elderly. For depression: patients must have trial, failure, or contraindication to a SSRI (e.g., fluoxetine, escitalopram, or sertraline). For neuropathic pain or fibromyalgia: after failure of two preferred agents (e.g., gabapentin, duloxetine). For headache prophylaxis, patients must have trial, failure, or contraindication to two preferred agents (e.g., topiramate, divalproex delayed release, propranolol).
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

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AMOXAPINE (NEW STARTS ONLY)

Products Affected

- Amoxapine

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

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ANAKINRA

Products Affected

- Kineret

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

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APALUTAMIDE (NEW STARTS ONLY)

Products Affected

- Erleada

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for treatment of patients with 1) metastatic hormone sensitive prostate cancer (mHSPC) who are intolerant or have contraindication to abiraterone in combination with prednisone AND enzalutamide, OR 2) non-metastatic castration-resistant prostate cancer (nmCRPC) who are intolerant or have contraindication to enzalutamide or darolutamide.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

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APREMILAST

Products Affected

- Otezla
- Otezla Xr
- Otezla/otezla Xr 28 Day Treatment Initiation Pack

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

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ARIMOCLOMOL

Products Affected

- Miplyffa

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

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ARMODAFINIL

Products Affected

- Armodafinil

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

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ASCIMINIB (NEW STARTS ONLY)

Products Affected

- Scemblix

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients with CML OR for patients with T315I mutations AND intolerable side effects (ex: cardiac, etc.) or contraindication to ponatinib.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

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ASENAPINE (NEW STARTS ONLY)

Products Affected

- Asenapine Maleate SI
- Secuado

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients who have failure, contraindication, or intolerance to at least two preferred antipsychotics (e.g., risperidone, quetiapine, olanzapine, ziprasidone, and aripiprazole).
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

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ASFOTASE ALFA

Products Affected

- Strensiq

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	(1) Onset of clinical signs and symptoms of HPP prior to age 18 years (e.g., respiratory insufficiency, vitamin B6 responsive seizures, hypotonia, failure to thrive, waddling gait, low trauma fractures. Note: premature dental abnormalities cannot be sole qualifier for treatment initiation in adults) OR radiographic evidence supporting diagnosis of HPP at the age of onset prior to 18 (e.g., craniosynostosis, infantile rickets, non-traumatic fractures), and (2) Blood test showing age adjusted serum levels of alkaline phosphatase (ALP) below the lower limit of normal at time of diagnosis AND diagnosis of HPP confirmed by presence of elevated ALP substrate levels (e.g., serum pyridoxal 5'-phosphate [PLP] level, serum or urine phosphoethanolamine [PEA] level, urinary inorganic pyrophosphate [PPi level]), and (3) Confirmation of tissue-nonspecific alkaline phosphatase (TNSALP) gene mutation by ALPL genomic DNA testing.
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with a geneticist, an endocrinologist, or a specialist experienced in the treatment of metabolic bone disorders.
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

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ATOGEPANT

Products Affected

- Qulipta

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

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AVACOPAN

Products Affected

- Tavneos

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

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AVAPRITINIB (NEW STARTS ONLY)

Products Affected

- Ayvakit

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

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AVATROMBOPAG (NEW STARTS ONLY)

Products Affected

- Doptelet

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

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AVONEX

Products Affected

- Avonex INJ 30MCG/0.5ML
- Avonex Pen

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with a neurologist.
Coverage Duration	One year
Other Criteria	Covered for patients with a diagnosis of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease who have failure, contraindication, or intolerance to Glatopa and interferon beta-1b (e.g., Extavia, Betaseron). Minor injection site reactions alone are not considered medication failure or intolerance qualified for coverage.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

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AVUTOMETINIB-DEFACTINIB (NEW STARTS ONLY)

Products Affected

- Avmapki Fakzynja Co-pack

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for the treatment of recurrent ovarian cancer after primary treatment AND if low-grade serous AND if KRAS mutated.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

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AXITINIB (NEW STARTS ONLY)

Products Affected

- Inlyta

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients with 1) advanced renal cell carcinoma for metastatic disease who are not surgical candidates, OR 2) advanced renal cell carcinoma as monotherapy in 2nd or 3rd line, OR 3) unresectable, radioactive iodine refractory Differentiated Thyroid Carcinoma as second line systemic therapy, OR 4) advanced renal cell carcinoma as 1st line in combination with pembrolizumab.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

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AZACITIDINE (NEW STARTS ONLY)

Products Affected

- Onureg

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

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AZTREONAM INHALATION

Products Affected

- Cayston

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

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BARICITINIB

Products Affected

- Olumiant TABS 1MG, 2MG

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients with 1) moderate to severe rheumatoid arthritis who have had an inadequate response, intolerance, or contraindication to one anti-TNF (e.g., adalimumab, infliximab) AND tofacitinib, OR 2) severe alopecia areata.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

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BELUMOSUDIL

Products Affected

- Rezurock

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for chronic graft-versus-host disease (GVHD) after failure of at least two lines of systemic therapy.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

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BEMPEDOIC ACID

Products Affected

- Nexletol

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

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BEMPEDOIC ACID-EZETIMIBE

Products Affected

- Nexlizet

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

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BENRALIZUMAB

Products Affected

- Fasenra INJ 30MG/ML
- Fasenra Pen

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

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BEXAROTENE GEL (NEW STARTS ONLY)

Products Affected

- Bexarotene GEL

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for treatment of Stage IA and IB mycosis fungoides-type cutaneous T-cell lymphoma in patients with trial, failure, or contraindication to at least 2 skin-directed therapies (e.g. topical corticosteroids, topical mechlorethamine [Valchor], topical carmustine, topical retinoids [e.g., tazarotene], topical imiquimod, local radiation therapy, phototherapy, total skin electronic beam therapy).
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

BEXAROTENE ORAL (NEW STARTS ONLY)

Products Affected

- Bexarotene CAPS

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

BIMEKIZUMAB-BKZX

Products Affected

- Bimzelx

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for the treatment of 1) moderate to severe psoriasis in patients who have failure, contraindication, or intolerance to one anti-TNF agent (e.g. adalimumab, infliximab) OR ustekinumab (e.g. Yesintek), AND one of the following: secukinumab, guselkumab, risankizumab, OR 2) moderate to severe psoriatic arthritis who have failure, intolerance, or contraindication to adalimumab AND ustekinumab (e.g. Yesintek), OR 3) moderate to severe hidradenitis suppurativa (HS) who have contraindication, intolerance, or failure to secukinumab, OR 4) non-radiographic axial spondyloarthritis OR ankylosing spondylitis who have failure, intolerance, or contraindication to secukinumab AND ixekizumab.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

BINIMETINIB (NEW STARTS ONLY)

Products Affected

- Mektovi

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

BOSUTINIB (NEW STARTS ONLY)

Products Affected

- Bosulif CAPS
- Bosulif TABS 100MG, 500MG
- Bosutinib

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

BOTULINUM TOXIN

Products Affected

- Xeomin INJ 200UNIT

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

BREXPIPIRAZOLE (NEW STARTS ONLY)

Products Affected

- Rexulti

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

BRIGATINIB (NEW STARTS ONLY)

Products Affected

- Alunbrig

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

BRODALUMAB

Products Affected

- Siliq

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for the treatment of moderate to severe psoriasis in patients who have failure, contraindication, or intolerance to one anti-TNF agent (e.g., adalimumab, infliximab) AND one of the following: ustekinumab, guselkumab, risankizumab.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

BUDESONIDE ORAL

Products Affected

- Tarpeyo

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

CABOMETYX (NEW STARTS ONLY)

Products Affected

- Cabometyx

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

CAMIZESTRANT (NEW STARTS ONLY)

Products Affected

- Etcamah

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

CANNABIDIOL (NEW STARTS ONLY)

Products Affected

- Epidiolex

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with a pediatric or adult neurologist.
Coverage Duration	One year
Other Criteria	Covered for patients with 1) Lennox-Gastaut syndrome with treatment refractory to at least two preferred antiepileptic drugs (i.e., valproate, clobazam, topiramate, clonazepam, felbamate, lamotrigine, rufinamide), or 2) Dravet syndrome with treatment refractory to at least two preferred antiepileptic drugs (i.e., valproate, clobazam, topiramate, levetiracetam, clonazepam), or 3) Tuberous sclerosis complex with treatment refractory to at least two preferred antiepileptics drugs (i.e., valproic acid, vigabatrin, levetiracetam, clobazam).
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

CAPIVASERTIB (NEW STARTS ONLY)

Products Affected

- Truqap TABS 200MG
- Truqap TBPk

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

CAPMATINIB (NEW STARTS ONLY)

Products Affected

- Tabrecta

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for the treatment of metastatic non-small cell lung cancer (NSCLC) whose tumors have a mutation that leads to mesenchymal-epithelial transition (MET) exon 14 skipping as detected by an FDA-approved test.
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

CENOBAMATE (NEW STARTS ONLY)

Products Affected

- Xcopri

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients who have failure, contraindication, or intolerance to at least two preferred antiepileptic drugs (e.g., carbamazepine, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, topiramate, valproic acid).
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

CERITINIB (NEW STARTS ONLY)

Products Affected

- Zykadia TABS

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

CHORIONIC GONADOTROPIN

Products Affected

- Chorionic Gonadotropin INJ

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

CLOMIPRAMINE (NEW STARTS ONLY)

Products Affected

- Clomipramine Hydrochloride

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

COBIMETINIB (NEW STARTS ONLY)

Products Affected

- Cotellic

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for 1) For neoadjuvant or adjuvant treatment of stage IIB, IIC or III, (for up to 1 year) and stage IV melanoma with a BRAF V600 mutation in combination with vemurafenib OR 2) For treatment of patients with metastatic or unresectable melanoma for up to 2 years if in combination with atezolizumab and cobimetinib or 3) treatment of adult patients with histiocytic neoplasms.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

COMETRIQ (NEW STARTS ONLY)

Products Affected

- Cometriq

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for treatment of medullary thyroid cancer (MTC) in patients who present without mutational target if intolerant of, or contraindication to vandetanib.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

CORTICOTROPIN

Products Affected

- Cortrophin

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

CRINECERFONT

Products Affected

- Crenessity

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by an endocrinologist.
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

CRIZOTINIB (NEW STARTS ONLY)

Products Affected

- Xalkori

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

CYCLOBENZAPRINE

Products Affected

- Cyclobenzaprine Hydrochloride
TABS 10MG, 5MG

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	Applies to patients 65 years of age and older. Prior authorization not required for patients age 0 to 64 years.
Prescriber Restrictions	N/A
Coverage Duration	30 days
Other Criteria	The prescriber must attest that they are aware that the medication is considered a high risk medication in the elderly and that the benefits outweigh the risk.
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

CYSTEAMINE OPTHALMIC

Products Affected

- Cystaran

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

DABRAFENIB (NEW STARTS ONLY)

Products Affected

- Tafinlar

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

DALFAMPRIDINE ER

Products Affected

- Dalfampridine Er

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	Not covered for patients with moderate to severe renal impairment (CrCL less than 50 mL/min) or a history of seizures.
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

DARAXONRASIB(NEW STARTS ONLY)

Products Affected

- Rasonque

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for the treatment of adult patients with metastatic pancreatic adenocarcinoma who have received at least one prior systemic therapy or who are not candidates for multiagent systemic therapy.
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

DAROLUTAMIDE (NEW STARTS ONLY)

Products Affected

- Nubeqa

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

DASATINIB (NEW STARTS ONLY)

Products Affected

- Dasatinib

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

DECITABINE/CEDAZURIDINE (NEW STARTS ONLY)

Products Affected

- Inqovi

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

DEFLAZACORT

Products Affected

- Deflazacort
- Jaythari TABS

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

DENOSUMAB

Products Affected

- Osenvelt

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

DENOSUMAB-BBDZ

Products Affected

- Wyost

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

DENOSUMAB-BNHT

Products Affected

- Bomynta

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

DESIPRAMINE (NEW STARTS ONLY)

Products Affected

- Desipramine Hydrochloride

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

DEURUXOLITINIB

Products Affected

- Leqselvi

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for adult patients with alopecia areata who have failure, contraindication, or intolerance to ritlecitinib AND baricitinib.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

DEUTETRABENAZINE

Products Affected

- Austedo
- Austedo Xr
- Austedo Xr Patient Titration Kit

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with a neurologist or psychiatrist.
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

DIROXIMEL FUMARATE

Products Affected

- Vumerity

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	Requires a documented adverse reaction to the generic dimethyl fumarate that is not a known side effect of the active ingredient.
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with a neurologist.
Coverage Duration	One year
Other Criteria	Covered for patients with a diagnosis of relapsing form of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease who have intolerance to dimethyl fumarate.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

DROXIDOPA

Products Affected

- Droxidopa

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

DUPILUMAB

Products Affected

- Dupixent INJ 200MG/1.14ML, 300MG/2ML

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

DUVELISIB (NEW STARTS ONLY)

Products Affected

- Copiktra

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

EDARAVONE

Products Affected

- Radicava Ors
- Radicava Ors Starter Kit

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

ELACESTRANT (NEW STARTS ONLY)

Products Affected

- Orserdu

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

ELTROMBOPAG (NEW STARTS ONLY)

Products Affected

- Alvaiz
- Eltrombopag Olamine

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

ENASIDENIB (NEW STARTS ONLY)

Products Affected

- Idhifa

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for the treatment of patients with relapsed or refractory acute myeloid leukemia (AML) with an isocitrate dehydrogenase-2 (IDH2) mutation as detected by an FDA-approved test.
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

ENCORAFENIB (NEW STARTS ONLY)

Products Affected

- Braftovi CAPS 75MG

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

ENSARTINIB HCL (NEW STARTS ONLY)

Products Affected

- Ensacove

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

ENTRECTINIB (NEW STARTS ONLY)

Products Affected

- Rozlytrek

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for the treatment of 1) locally advanced or metastatic non-small cell lung cancer (NSCLC) as a first-line option in patients with ROS1 rearrangement or NTRK gene fusion, OR 2) solid tumors that are metastatic or unresectable and harbor an NTRK gene fusion following disease progression after prior therapy or when no satisfactory alternative treatment exists, 3) metastatic perianal/anal cancer following platinum-based therapy if NTRK gene fusion is present, 4) hepatocellular carcinoma with NTRK gene fusion and Child-Pugh A status.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

ENZALUTAMIDE (NEW STARTS ONLY)

Products Affected

- Xtandi

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

EPCLUSA BRAND

Products Affected

- Epclusa

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Consistent with AASLD/IDSA guidance.
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

ERLOTINIB (NEW STARTS ONLY)

Products Affected

- Erlotinib Hydrochloride TABS

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	Not covered if patient experiences progression on another EGFR tyrosine kinase inhibitor.
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for treatment of locally advanced or metastatic non-small cell lung cancer (NSCLC) in patients with intolerance to osimertinib who belong to one of the following groups: 1) patients who are chemotherapy naive and whose epidermal growth factor receptor (EGFR) expression status is positive for mutation, OR 2) patients who have failed at least 1 prior chemotherapy regimen and whose epidermal growth factor receptor (EGFR) expression status is either positive for mutation or unknown due to inability to collect sufficient tissue sample for testing (i.e. do not cover if the test for EGFR mutation is negative).
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

ETANERCEPT

Products Affected

- Enbrel INJ 25MG/0.5ML, 50MG/ML
- Enbrel Mini
- Enbrel Sureclick

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

EVEROLIMUMS (NEW STARTS ONLY)

Products Affected

- Everolimus TABS 10MG, 2.5MG, 5MG, 7.5MG
- Everolimus TBSO
- Torpenz

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

EVOLOCUMAB

Products Affected

- Repatha Sureclick

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

FEDRATINIB (NEW STARTS ONLY)

Products Affected

- Inrebic

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

FOSTAMATINIB (NEW STARTS ONLY)

Products Affected

- Tavalisse

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for ITP patients who have clinically failed two therapies including any of the following, corticosteroid, IVIG, rituximab, eltrombopag or romiplostim.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

FREMANEZUMAB-VFRM

Products Affected

- Ajovy

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

GEFITINIB (NEW STARTS ONLY)

Products Affected

- Gefitinib

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	Not covered if patient experiences progression on another EGFR tyrosine kinase inhibitor.
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	For treatment of locally advanced or metastatic non-small cell lung cancer (NSCLC) in patients with intolerance to osimertinib and who belong to one of the following groups 1) patients who are chemotherapy naïve and whose epidermal growth factor receptor (EGFR) expression status is positive for mutation OR 2) patients who have failed at least 1 prior chemotherapy regimen and whose epidermal growth factor receptor (EGFR) expression status is either is positive for mutation or unknown due to inability to collect sufficient tissue sample for testing (i.e. do not cover if the test for EGFR mutation is negative).
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

GILTERITINIB (NEW STARTS ONLY)

Products Affected

- Xospata

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for treatment of adult patients who have relapsed or refractory acute myeloid leukemia (AML) with FLT3-ITD or FLT3-TKD mutation.
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

GIVINOSTAT HCL

Products Affected

- Duvyzat

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	Diagnosis of DMD is confirmed by genetic testing.
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with Pediatric Neurologists, Neurologists, Neuromuscular Specialists, Physical Medicine & Rehabilitation, or Genetics.
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

GIVOSIRAN

Products Affected

- Givlaari

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with a hematology specialist.
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

GUSELKUMAB

Products Affected

- Tremfya
- Tremfya Induction Pack For Crohns Disease/ulcerative Colitis

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

HARVONI BRAND

Products Affected

- Harvoni

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	Consistent with AASLD/IDSA guidance.
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

HYDROXYUREA (NEW STARTS ONLY)

Products Affected

- Xromi

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients with inability to swallow tablets.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

ICOSAPENT ETHYL

Products Affected

- Icosapent Ethyl

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

IDELALISIB (NEW STARTS ONLY)

Products Affected

- Zydelig

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for treatment of relapsed chronic lymphocytic leukemia (CLL) in the 3rd line setting in combination with rituximab after progression on ibrutinib and with contraindication or intolerance to duvelisib.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

ILOPERIDONE (NEW STARTS ONLY)

Products Affected

- Fanapt
- Fanapt Titration Pack A
- Fanapt Titration Pack B
- Fanapt Titration Pack C

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients with schizophrenia or bipolar mania or mixed episodes who have failure, contraindication, or intolerance to two formulary preferred oral atypical antipsychotics (e.g. risperidone, quetiapine, olanzapine, ziprasidone, and aripiprazole).
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

IMATINIB (NEW STARTS ONLY)

Products Affected

- Imatinib Mesylate TABS
- Imkeldi

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

IMIPRAMINE (NEW STARTS ONLY)

Products Affected

- Imipramine Hcl TABS 25MG, 50MG
- Imipramine Hydrochloride TABS 10MG
- Imipramine Pamoate

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

INAVOLISIB (NEW STARTS ONLY)

Products Affected

- Itovebi

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

IVACAFITOR

Products Affected

- Kalydeco

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

IVERMECTIN

Products Affected

- Ivermectin TABS 3MG

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

IVOSIDENIB (NEW STARTS ONLY)

Products Affected

- Tibsovo

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

IXAZOMIB (NEW STARTS ONLY)

Products Affected

- Ninlaro

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients who have contraindication or intolerance to bortezomib.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

IXEKIZUMAB

Products Affected

- Taltz

PA Criteria	Criteria Details
Indications	Some FDA-approved Indications Only.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients with psoriatic arthritis or ankylosing spondylitis or active non radiographic axial spondyloarthritis (nr-axSpA) who have failure, intolerance, or contraindication to one anti-TNF agent (e.g., adalimumab, infliximab) AND secukinumab. Not covered for patients with psoriasis. Preferred alternatives are adalimumab, secukinumab, guselkumab, ustekinumab, and risankizumab.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

LAPATINIB (NEW STARTS ONLY)

Products Affected

- Lapatinib Ditosylate

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

LAROTRECTINIB (NEW STARTS ONLY)

Products Affected

- Vitrakvi

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients with solid tumors that have a neurotrophic receptor tyrosine kinase (NTRK) gene fusion without a known acquired resistance mutation, are metastatic or where surgical resection is likely to result in severe morbidity, and have no satisfactory alternative treatments or that have progressed following treatment.
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

LAZERTINIB MESYLATE (NEW STARTS ONLY)

Products Affected

- Lazcluze

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

LEBRIKIZUMAB-LBKZ

Products Affected

- Ebglyss

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

LEDIPASVIR/SOFOSBUVIR

Products Affected

- Ledipasvir/sofosbuvir

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients who had intolerance or contraindication to sofosbuvir/velpatasvir (Epclusa).
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

LENALIDOMIDE (NEW STARTS ONLY)

Products Affected

- Lenalidomide

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

LENVATINIB (NEW STARTS ONLY)

Products Affected

- 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

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

L-GLUTAMINE

Products Affected

- Endari

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

LIDOCAINE TRANSDERMAL

Products Affected

- Lidocaine PTCH 5%
- Lidocan

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

LINACLOTIDE

Products Affected

- Linzess

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

LIRAGLUTIDE

Products Affected

- Liraglutide INJ 6MG/ML

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

LOFEXIDINE

Products Affected

- Lofexidine Hydrochloride

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	30 days
Other Criteria	Covered for patients with a diagnosis of acute opioid withdrawal and documentation of intolerance to clonidine.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

LOMUSTINE (NEW STARTS ONLY)

Products Affected

- Lomustine

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

LORLATINIB (NEW STARTS ONLY)

Products Affected

- Lorbrena

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for treatment of patients with metastatic non-small cell lung cancer (NSCLC) that is anaplastic lymphoma kinase (ALK)-positive as detected by an FDA approved test, ROS1 mutation positive following progression on entrectinib, ROS1 mutation if associated with CNS metastasis.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

LUMACAFTOR/IVACAFTOR

Products Affected

- Orkambi

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

LUMATEPERONE (NEW STARTS ONLY)

Products Affected

- Caplyta

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

MAVYRET

Products Affected

- Mavyret

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Criteria will be applied consistent with current AASLD/IDSA guidance.
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

MEPOLIZUMAB

Products Affected

- Nucala INJ 100MG/ML, 40MG/0.4ML

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with an allergist, pulmonologist, rheumatologist, hematologist, or otolaryngologist.
Coverage Duration	One year
Other Criteria	Covered for patients 1) with severe asthma with failure, intolerance, or contraindication to combination of high-dose ICS/LABA plus tiotropium, or 2) with eosinophilic granulomatosis with polyangiitis who have failure, intolerance, or contraindication to at least one of the following immunosuppressants: azathioprine, cyclophosphamide, or methotrexate, or 3) with hypereosinophilic syndrome (HES), or 4) for the maintenance treatment of chronic rhinosinusitis with nasal polyps (CRSwNP) who have failure, intolerance, contraindication to dupilumab, or 5) as add-on maintenance treatment of adult patients with inadequately controlled chronic obstructive pulmonary disease (COPD) and an eosinophilic phenotype.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

METHOCARBAMOL

Products Affected

- Methocarbamol TABS 500MG, 750MG

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	Applies to patients 65 years of age and older. Prior authorization not required for patients age 0 to 64 years.
Prescriber Restrictions	N/A
Coverage Duration	30 days
Other Criteria	The prescriber must attest that they are aware that the medication is considered a high risk medication in the elderly and that the benefits outweigh the risk.
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

MIDOSTAURIN (NEW STARTS ONLY)

Products Affected

- Rydapt

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for 1) FLT3 mutation-positive, newly diagnosed, acute myeloid leukemia (AML) for patients with intact functional status (ECOG performance status of 0-2) in combination with cytarabine plus daunorubicin induction and high-dose cytarabine consolidation AND covered as maintenance therapy for up to 1 year, OR 2) aggressive systemic mastocytosis (ASM), systemic mastocytosis with associated hematological neoplasm (SM-AHN), or mast cell leukemia (MCL).
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

MIFEPRISTONE 300MG

Products Affected

- Korlym
- Mifepristone TABS 300MG

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	Pregnancy
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

MILSAPERIDONE (NEW STARTS ONLY)

Products Affected

- Bysanti
- Bysanti Titration Pack A
- Bysanti Titration Pack B
- Bysanti Titration Pack C

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	N/A
Other Criteria	One year
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

MIRDAMETINIB (NEW STARTS ONLY)

Products Affected

- Gomekli

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

MODAFINIL

Products Affected

- Modafinil TABS

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

MOMELOTINIB (NEW STARTS ONLY)

Products Affected

- Ojjaara

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients with 1) myeloproliferative disorders (e.g., primary myelofibrosis (MF)), post-polycythemia vera myelofibrosis (PPV-MF) or post-essential thrombocythemia myelofibrosis (PET-MF), OR 2) patients with symptomatic disease related anemia.
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

NEMOLIZUMAB-ILTO

Products Affected

- Nemluvio

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

NERATINIB (NEW STARTS ONLY)

Products Affected

- Nerlynx

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered as 1) a single agent, for the extended adjuvant treatment of adult patients with early-stage HER2-positive breast cancer, to follow adjuvant trastuzumab-based therapy, or 2) In combination with capecitabine, for the treatment of adult patients with advanced or metastatic HER2-positive breast cancer who have received two or more prior anti-HER2 based regimens in the metastatic setting.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

NILOTINIB (NEW STARTS ONLY)

Products Affected

- Cavhanza
- Nilotinib Hydrochloride

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

NILOTINIB D-TARTRATE (NEW STARTS ONLY)

Products Affected

- Nilotinib D-tartrate

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

NILOTINIB TARTRATE (NEW STARTS ONLY)

Products Affected

- Danziten

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Requires a documented adverse reaction to the generic alternative (nilotinib hydrochloride (generic Tasigna)) that are not known side effects of the active ingredient.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

NILUTAMIDE (NEW STARTS ONLY)

Products Affected

- Nilutamide

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

NINTEDANIB

Products Affected

- Nintedanib Esylate
- Ofev

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

NIRAPARIB (NEW STARTS ONLY)

Products Affected

- Zejula TABS

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

NUEDEXTA

Products Affected

- Nuedexta

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for the treatment of PseudoBulbar Affect (PBA).
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

OFATUMUMAB

Products Affected

- Kesimpta

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with a neurologist.
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

OLAPARIB (NEW STARTS ONLY)

Products Affected

- Lynparza TABS

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

OLUTASIDENIB (NEW STARTS ONLY)

Products Affected

- Rezlidhia

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

OMALIZUMAB

Products Affected

- Xolair

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with an allergist, pulmonologist, dermatologist or otolaryngologist.
Coverage Duration	One year
Other Criteria	Covered for patients with 1) moderate to severe asthma, OR 2) chronic idiopathic urticaria, OR 3) nasal polyps with inadequate response to nasal corticosteroids, as add-on maintenance treatment, AND failure, intolerance, or contraindication to dupilumab (Dupixent), OR 4) IgE-mediated food allergy for the reduction of allergic reactions (Type I), including anaphylaxis.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

OMAVELOXOLONE

Products Affected

- Skyclarys

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	Covered for patients between 16 years and older.
Prescriber Restrictions	Prescribed by a neurologist, pediatric neurologist, or genetics specialist.
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

OPSYNVI

Products Affected

- Opsynvi

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

OSIMERTINIB (NEW STARTS ONLY)

Products Affected

- Tagrisso

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

PACRITINIB (NEW STARTS ONLY)

Products Affected

- Vonjo

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

PALBOCICLIB (NEW STARTS ONLY)

Products Affected

- Ibrance

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for 1) metastatic or locoregionally recurrent breast cancer not amenable to curative intent (i.e., surgery) who have ER-positive and HER2-negative without visceral crisis disease, AND when used in combination with some type of anti-estrogen therapy (i.e., anastrozole, letrozole, or fulvestrant) AND either has demonstrated intolerance or has contraindication to ribociclib, OR 2) with ER- positive, HER2-positive disease, in combination with chemotherapy plus trastuzumab and pertuzumab, OR 3) in combination with inavolisib and fulvestrant for the treatment of adult patients with endocrine-resistant, PIK3CA-mutated, HR-positive, HER2-negative, locally advanced or metastatic breast cancer, as detected by an FDA-approved test, following recurrence on or after completing adjuvant endocrine therapy, OR 4) for the treatment of well-differentiated or dedifferentiated metastatic or unresectable liposarcoma/retroperitoneal soft tissue sarcoma, after previous treatment with chemotherapy.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

PAROXETINE (NEW STARTS ONLY)

Products Affected

- Paroxetine Hcl TABS 30MG, 40MG
- Paroxetine Hcl Er
- Paroxetine Hydrochloride SUSP
- Paroxetine Hydrochloride TABS 10MG, 20MG

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	Applies to patients 65 years of age and older. Prior authorization not required for patients age 0 to 64 years.
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Paroxetine is considered a high risk medication in the elderly. Patients must try and fail two other SSRIs (e.g., fluoxetine, escitalopram, or sertraline). The prescriber must attest that they are aware that the medication is considered a high risk medication in the elderly and that the benefits outweigh the risk.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

PAZOPANIB (NEW STRATS ONLY)

Products Affected

- Pazopanib Hydrochloride

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

PEGVALIASE-PQPZ

Products Affected

- Palynziq

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	Concurrent use with sapropterin (Kuvan). Sapropterin should be discontinued prior to initiation of pegvaliase-pqpz.
Required Medical Information	Documented diagnosis of classical phenylketonuria (PKU) confirmed by metabolic specialist, Pre-treatment baseline phenylalanine (Phe) level above 600 micromol/L.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

PERAMPANEL (NEW STARTS ONLY)

Products Affected

- Fycompa SUSP
- Perampanel

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients who have failure, contraindication, or intolerance to at least two formulary preferred antiepileptic drugs (e.g., carbamazepine, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, topiramate, valproic acid).
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

PIMAVANSERIN (NEW STARTS ONLY)

Products Affected

- Nuplazid CAPS
- Nuplazid TABS 10MG

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with a neurologist or psychiatrist or movement disorder specialist.
Coverage Duration	One year
Other Criteria	Covered for patients who have failure, failure, intolerance, or reasonable expectation of intolerance of a trial of reducing any potential exacerbating medications of psychosis or delusions, including but not limited to, Parkinson's disease medications for treatment of motor symptoms (e.g., carbidopa/levodopa, amantadine, dopamine agonists).
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

PIRFENIDONE

Products Affected

- Pirfenidone TABS

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

PLECANATIDE

Products Affected

- Trulance

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

POMALIDOMIDE (NEW STARTS ONLY)

Products Affected

- Pomalidomide
- Pomalyst

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for the treatment of patients with 1) multiple myeloma who have received at least one prior therapy including proteasome inhibitor and an immunomodulatory agent (e.g. thalidomide, lenalidomide), or 2) AIDS-related Kaposi sarcoma (KS) after failure of highly active antiretroviral therapy (HAART) or in patients with KS who are HIV-negative.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

PONATINIB (NEW STARTS ONLY)

Products Affected

- Iclusig

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

PRALSETINIB (NEW STARTS ONLY)

Products Affected

- Gavreto

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

PROCARBAZINE (NEW STARTS ONLY)

Products Affected

- Matulane

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

PROGESTERONE

Products Affected

- Endometrin
- Progesterone INST

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

PROTRIPTYLINE (NEW STARTS ONLY)

Products Affected

- Protriptyline Hcl

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

QUININE

Products Affected

- Quinine Sulfate CAPS 324MG

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

REBIF

Products Affected

- Rebif Rebidose
- Rebif Rebidose Titration Pack
- Rebif Titration Pack

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with a neurologist.
Coverage Duration	One year
Other Criteria	Covered for patients with a diagnosis of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease who have failure, contraindication, or intolerance to Glatopa and interferon beta-1b (e.g., Extavia, Betaseron). Minor injection site reactions alone are not considered medication failure or intolerance qualified for coverage.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

REGORAFENIB (NEW STARTS ONLY)

Products Affected

- Stivarga

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients with 1) advanced hepatocellular carcinoma (HCC) and Child-Pugh Class A liver function status if given as 2nd line and beyond therapy AND if immunotherapy ineligible, OR 2) metastatic colorectal cancer who have been previously treated with fluoropyrimidine, oxaliplatin, and irinotecan-based chemotherapy, an anti-VEGF therapy, and, if RAS wild-type, an anti-EGFR therapy, OR 3) locally advanced, unresectable or metastatic gastrointestinal stromal tumor (GIST) who have been previously treated with imatinib mesylate AND sunitinib malate.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

RELUGOLIX (NEW STARTS ONLY)

Products Affected

- Orgovyx

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients with advanced or metastatic prostate cancer who have documented treatment failure after a trial of degarelix or intolerance to degarelix, AND documented treatment failure after trial of leuprolide or intolerance to leuprolide. NOTE: intolerance excludes hot flashes and local injection site reactions.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

REPOTRECTINIB (NEW STARTS ONLY)

Products Affected

- Augtyro

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	For the treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with ROS1 rearrangement AND after progression on or contraindication to taletrectinib.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

RESMETIROM

Products Affected

- Rezdiffra

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	Moderate to severe hepatic impairment (Child-Pugh Class B or C)
Required Medical Information	Diagnosis of metabolic dysfunction-associated steatohepatitis (MASH) with Fibrosis stage F2 or F3 as determined by transient elastography OR liver biopsy.
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with a Gastroenterologist or Hepatologist.
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

REVUMENIB (NEW STARTS ONLY)

Products Affected

- Revuforj

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

RIBOCICLIB (NEW STARTS ONLY)

Products Affected

- Kisqali

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

RILONACEPT

Products Affected

- Arcalyst

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

RIMEGEPANT

Products Affected

- Nurtec

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

RIOCIGUAT

Products Affected

- Adempas

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

RIPRETINIB (NEW STARTS ONLY)

Products Affected

- Qinlock

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for treatment of gastrointestinal stromal tumors after progression with two or more kinase inhibitors including, imatinib and sunitinib.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

RISANKIZUMAB-RZAA

Products Affected

- Skyrizi INJ 150MG/ML, 180MG/1.2ML, 360MG/2.4ML, 55MG/0.37ML
- Skyrizi Pen

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

RISDIPLAM

Products Affected

- Evrysdi

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	Prior or planned treatment with gene therapy for SMA (e.g., onasemnogene abeparvovec), or concurrent treatment with nusinersen.
Required Medical Information	Confirmed diagnosis of 5q-autosomal recessive SMA (biallelic deletions or mutations in the SMN1 gene), Confirmation of two to four copies of the SMN2 gene.
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with pediatric neurology, neurology, or other physician specialist with expertise in managing spinal muscular atrophy (SMA).
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

RITLITINIB

Products Affected

- Litfulo

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients with alopecia areata.
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

RUCAPARIB (NEW STARTS ONLY)

Products Affected

- Rubraca

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

RUSFERTIDE ACETATE (NEW STARTS ONLY)

Products Affected

- Mimrylo

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

RUXOLITINIB (NEW STARTS ONLY)

Products Affected

- Jakafi

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for 1) chronic graft-versus-host disease (GVHD) after failure of at least one line of systemic therapy, OR 2) myeloproliferative disorders (e.g., primary myelofibrosis (MF)), post-polycythemia vera myelofibrosis (PPV-MF) or post-essential thrombocythemia myelofibrosis (PET-MF) who have symptomatic splenomegaly, OR 3) polycythemia vera (PV) with contraindication, intolerance, or inadequate response to: hydroxyurea AND interferon therapy, OR 4) myeloproliferative disorders (e.g., primary myelofibrosis (MF), post-polycythemia vera myelofibrosis (PPV-MF) or post-essential thrombocythemia myelofibrosis (PET-MF) who have symptomatic splenomegaly or constitutional/inflammatory symptoms.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

SECUKINUMAB

Products Affected

- Cosentyx INJ 150MG/ML, 75MG/0.5ML
- Cosentyx Sensoready Pen
- Cosentyx Unoready

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

SELEXIPAG

Products Affected

- Uptravi TABS 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG
- Uptravi Titration Pack

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

SELINEXOR (NEW STARTS ONLY)

Products Affected

- Xpovio
- Xpovio 60 Mg Twice Weekly
- Xpovio 80 Mg Twice Weekly

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

SELPERCATINIB (NEW STARTS ONLY)

Products Affected

- Retevmo TABS

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

SEMAGLUTIDE

Products Affected

- Ozempic TABS

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients with 1) type 2 diabetes including patients with type 2 diabetes and established cardiovascular disease, who have failure, contraindication, or intolerance to liraglutide OR 2) type 2 diabetes and chronic kidney disease.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

SEMAGLUTIDE (OZEMPIC)

Products Affected

- Ozempic INJ 2MG/3ML, 4MG/3ML, 8MG/3ML

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

SEMAGLUTIDE (RYBELSUS)

Products Affected

- Rybelsus TABS 14MG, 3MG, 7MG

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients with 1) type 2 diabetes including patients with type 2 diabetes and established cardiovascular disease, who have failure, contraindication, or intolerance to liraglutide AND injectable semaglutide (Ozempic).
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

SEMAGLUTIDE (WEGOVY)

Products Affected

- Wegovy

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

SEVABERTINIB (NEW STARTS ONLY)

Products Affected

- Hyrnuo

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

SILDENAFIL

Products Affected

- Sildenafil Citrate SUSR
- Sildenafil Citrate TABS 20MG

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

SODIUM OXYBATE

Products Affected

- Sodium Oxybate

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with a neurologist or physician board certified in sleep disorders.
Coverage Duration	One year
Other Criteria	Covered for patients with 1) narcolepsy with cataplexy or 2) excessive daytime sleepiness in narcolepsy .
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

SOFOSBUVIR

Products Affected

- Sovaldi

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	Test for HBV infection by measuring HBsAG and anti-HBc within 6 months of treatment.
Age Restrictions	N/A
Prescriber Restrictions	Must be prescribed by or in consultation with infectious disease specialist, gastroenterology specialist, or hepatologist.
Coverage Duration	Consistent with AASLD/IDSA guidance.
Other Criteria	Criteria will be applied consistent with AASLD/IDSA guidance.
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

SOFOSBUVIR/VELPATASVIR

Products Affected

- Sofosbuvir/velpatasvir

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

SOLRIAMFETOL

Products Affected

- Sunosi

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

SOMATROPIN

Products Affected

- Norditropin Flexpro INJ
10MG/1.5ML, 15MG/1.5ML,
5MG/1.5ML
- Omnitrope

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

SONIDEGIB (NEW STARTS ONLY)

Products Affected

- Odomzo

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

SONROTOCLAX (NEW STARTS ONLY)

Products Affected

- Beqalzi
- Beqalzi Starter Pack

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

SORAFENIB (NEW STARTS ONLY)

Products Affected

- Sorafenib
- Sorafenib Tosylate TABS

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

SOTORASIB (NEW STARTS ONLY)

Products Affected

- Lumakras

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for the treatment of 1) KRAS G12C-mutated locally advanced or metastatic non-small cell lung cancer (NSCLC), as determined by an approved test, in adults who have received at least 1 prior systemic therapy, OR 2) colorectal cancer for treatment of metastatic disease in patients who are with existing KRAS G12C mutation and combined with pantimumab who have also received prior fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

SPARSENTAN

Products Affected

- Filspari

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

SUNITINIB (NEW STARTS ONLY)

Products Affected

- Sunitinib Malate

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

SYMDEKO

Products Affected

- Symdeko

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TADALAFIL

Products Affected

- Tadalafil TABS 2.5MG, 5MG

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for treatment of the signs and symptoms of benign prostatic hyperplasia at the FDA-approved dose for this indication (dose may not exceed 5 mg/day).
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TADALAFIL (PAH)

Products Affected

- Tadalafil TABS 20MG

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with a cardiologist or pulmonologist.
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TAFAMIDIS

Products Affected

- Vyndamax

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	New York Heart Association (NYHA) Class IV or American College of Cardiology/American Heart Association (ACC/AHA) Stage D heart failure (HF), concomitant use with inotersen, patisiran, vutrisiran, or eplontersen, implanted cardiac mechanical assist device, pregnant, breastfeeding, or use for treatment of ATTR polyneuropathy, without evidence of cardiac involvement.
Required Medical Information	Medical history of HF with at least 1 prior hospitalization for HF or clinical evidence of HF (without hospitalization) manifested by signs or symptoms of volume overload or elevated intracardiac pressures that required treatment with diuretic or other symptoms of HF (e.g., exertional fatigue). AND, diagnosis confirmed by positive biopsy demonstrating transthyretin (TTR)-amyloid deposition OR all 3 of the following: 1) Diagnosis of HF (defined as stage C heart failure) plus NYHA class I, II or III, and either: echocardiogram with d-diastolic interventricular septal wall thickness greater than 12 mm, OR cardiac MRI consistent with, or suggestive of, amyloidosis, AND 2) Pyrophosphate (PYP) scintigraphy cardiac uptake visual score of either: Grade 2 or 3 using the Perugini Grade 1-3 scoring system, AND 3) Absence of a monoclonal gammopathy after testing for serum immunofixation (IFE) and serum free light chains.
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with a cardiologist.
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TALAZOPARIB (NEW STARTS ONLY)

Products Affected

- Talzenna

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TALETRECTINIB (NEW STARTS ONLY)

Products Affected

- Ibtrozi

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TAPINAROF

Products Affected

- Vtama

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TASIMELTEON

Products Affected

- Tasimelteon

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with a neurologist or physician board certified in sleep disorders.
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TEDUGLUTIDE

Products Affected

- Gattex

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TENAPANOR

Products Affected

- Xphozah

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with a Nephrologist.
Coverage Duration	One year
Other Criteria	Covered for patients with a diagnosis of hyperphosphatemia with chronic kidney disease (CKD) and on dialysis who have failure, contraindication, or intolerance to calcium-based phosphate binders, sevelamer, ferric citrate, lanthanum, and sucroferric oxyhydroxide.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TEPOTINIB (NEW STARTS ONLY)

Products Affected

- Tepmetko

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TEZEPELUMAB-EKKO

Products Affected

- Tezspire

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

THIOGUANINE (NEW STARTS ONLY)

Products Affected

- Tabloid

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

THYROTROPIN

Products Affected

- Thyrogen INJ 0.9MG

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TOBRAMYCIN INHALATION BRAND

Products Affected

- Tobi Podhaler

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TOBRAMYCIN INHALATION GENERIC

Products Affected

- Tobramycin NEBU 300MG/5ML

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TOCILIZUMAB-AAZG

Products Affected

- Tyenne INJ 162MG/0.9ML

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TOCILIZUMAB-ANOH

Products Affected

- Avtozma

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TOFERSEN

Products Affected

- Qalsody

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	Patient has a tracheostomy or current hepatitis B or HIV infection.
Required Medical Information	Documentation of genetic testing confirming positive superoxide dismutase 1 (SOD1) mutation.
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with a neurologist with expertise in diagnosing amyotrophic lateral sclerosis (ALS).
Coverage Duration	One year
Other Criteria	Covered for patients with a weakness attributed to ALS AND a forced vital capacity (FVC) of 50% or higher within 2 months prior to treatment.
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TOREMIFENE (NEW STARTS ONLY)

Products Affected

- Toremifene Citrate

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for treatment of metastatic breast cancer in postmenopausal women with a contraindication to tamoxifen and an aromatase inhibitor (i.e., anastrozole, letrozole or exemestane).
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TRALOKINUMAB-LDRM

Products Affected

- Adbry

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TRAMETINIB (NEW STARTS ONLY)

Products Affected

- Mekinist

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TRICYCLIC ANTIDEPRESSANTS (NEW STARTS ONLY)

Products Affected

- Nortriptyline Hcl CAPS 25MG, 75MG
- Nortriptyline Hcl SOLN
- Nortriptyline Hydrochloride CAPS 10MG, 50MG

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TRIFLURIDINE/TIPIRACIL (NEW STARTS ONLY)

Products Affected

- Lonsurf

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TRIKAFTA

Products Affected

- Trikafta

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TRIMIPRAMINE (NEW STARTS ONLY)

Products Affected

- Trimipramine Maleate CAPS

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TROFINETIDE

Products Affected

- Daybue

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

TUCATINIB (NEW STARTS ONLY)

Products Affected

- Tukysa

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

UBROGEPANT

Products Affected

- Ubrelevy

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

UPADACITINIB

Products Affected

- Rinvoq
- Rinvoq Lq

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

VALBENAZINE

Products Affected

- Ingrezza CAPS
- Ingrezza CPPK

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with a neurologist or psychiatrist.
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

VEDOLIZUMAB

Products Affected

- Entyvio Pen

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients with Crohn's disease or moderate to severe active ulcerative colitis who have intolerance, contraindication, or inadequate response with or loss of response to one anti-TNF (e.g., adalimumab, infliximab) AND ustekinumab (e.g. Yesintek).
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

VEMURAFENIB (NEW STARTS ONLY)

Products Affected

- Zelboraf

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

VENETOCLAX (NEW STARTS ONLY)

Products Affected

- Venclexta
- Venclexta Starting Pack

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

VEPDEGESTRANT (NEW STARTS ONLY)

Products Affected

- Veppanu

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

VILAZODONE (NEW STARTS ONLY)

Products Affected

- Vilazodone Hydrochloride

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients with depression who have failure, contraindication or intolerance to at least two formulary preferred antidepressants (e.g., fluoxetine, citalopram, venlafaxine, bupropion).
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

VIMSELTINIB (NEW STARTS ONLY)

Products Affected

- Romvimza

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

VISMODEGIB (NEW STARTS ONLY)

Products Affected

- Erivedge

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

VORASIDENIB (NEW STARTS ONLY)

Products Affected

- Voranigo

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

VORINOSTAT (NEW STARTS ONLY)

Products Affected

- Zolanza

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

VORTIOXETINE (NEW STARTS ONLY)

Products Affected

- Trintellix

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients with depression who have failure, contraindication or intolerance to at least two formulary preferred antidepressants (e.g., fluoxetine, citalopram, venlafaxine, bupropion).
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

VOSEVI

Products Affected

- Vosevi

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Must be prescribed by or in consultation with infectious disease specialist, gastroenterology specialist, or hepatologist.
Coverage Duration	One year
Other Criteria	Criteria will be applied consistent with current AASLD/IDSA guidance.
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

VOWST

Products Affected

- Vowst

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	Diagnosis of recurrent Clostridium difficile infection (CDI) confirmed by documentation of positive test.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients who completed a 6-month trial of a vancomycin taper and a 10-day course of fidaxomicin OR rifaximin.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

VUTRISIRAN

Products Affected

- Amvuttra

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	NYHA Class IV or American College of Cardiology/American Heart Association (ACC/AHA) Stage D heart failure, end-stage renal disease, concomitant use with inotersen, patisiran, eplontersen, acoramidis, or tafamidis, prior heart or liver transplantation, implanted cardiac mechanical assist device, pregnant, breastfeeding, or pregnancy potential without adequate contraception, poor prognosis (less than 1-year life expectancy), use for treatment of ATTR polyneuropathy, without evidence of cardiac involvement.
Required Medical Information	For Cardiomyopathy of wild-type or hereditary transthyretin mediated amyloidosis: Medical history of HF with at least 1 prior hospitalization for HF or clinical evidence of HF (without hospitalization) manifested by signs or symptoms of volume overload or elevated intracardiac pressures that required treatment with diuretic or other symptoms of heart failure (e.g., exertional fatigue).
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by a neurologist or neuromuscular specialist or cardiologist.
Coverage Duration	One year
Other Criteria	Covered for patients with 1) polyneuropathy in hereditary transthyretin mediated amyloidosis (hATTR) who meet all of the following criteria: diagnosis of hereditary transthyretin mediated amyloidosis (hATTR) with polyneuropathy that is thought to be primarily due to amyloidosis, AND age 18 years or older, AND documentation of genetic testing to confirm transthyretin (TTR) mutation, AND Karnofsky performance status score greater than or equal to 50 and objective weakness in motor strength exam consistent with diagnosis and with confirmation via electrodiagnostic studies (i.e., electromyogram, nerve conduction study), AND signs of large fiber neuropathy on exam and/or clinically significant autonomic findings (e.g., orthostatic hypotension, tachycardia, bradycardia, etc.), OR 2) cardiomyopathy of wild-type or hereditary transthyretin mediated amyloidosis who meet all of the following criteria: Age 18 years or older, AND diagnosis confirmed by positive biopsy demonstrating transthyretin (TTR)-amyloid deposition OR all 3 of the following: diagnosis of heart failure (defined as stage C heart failure (HF) plus New York Heart

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

	Association (NYHA) class I, II or III), and either: echocardiogram with end-diastolic interventricular septal wall thickness greater than 12 mm, OR cardiac MRI consistent with, or suggestive of, amyloidosis, AND pyrophosphate (PYP) scintigraphy cardiac uptake visual score of: Grade 2 or 3 using the Perugini Grade 1-3 scoring system, AND absence of a monoclonal gammopathy after testing for serum immunofixation (IFE) and serum free light chains, AND contraindication, failure, or intolerance to tafamidis AND acoramidis. Treatment failure is defined as significant clinical progression (e.g., drop in EF if HFrEF, increased diuretic greater than 160 mg furosemide/equivalent/day for HFpEF, worsening NYHA Class, severe valve disease, conduction disease such as 2nd or 3rd degree heart block/sick sinus syndrome).
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

ZANUBRUTINIB (NEW STARTS ONLY)

Products Affected

- Brukinsa

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

ZAVEGEPANT

Products Affected

- Zavzpret

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

ZENBEXUS (NEW STARTS ONLY)

Products Affected

- Zenbexus

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

ZIDESAMTINIB (NEW STARTS ONLY)

Products Affected

- Jideytro

PA Criteria	Criteria Details
Indications	Pending CMS Review
Off-Label Uses	Pending CMS Review
Exclusion Criteria	Pending CMS Review
Required Medical Information	Pending CMS Review
Age Restrictions	Pending CMS Review
Prescriber Restrictions	Pending CMS Review
Coverage Duration	Pending CMS Review
Other Criteria	Pending CMS Review
Prerequisite Therapy Required	Pending CMS Review

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

ZIFTOMENIB (NEW STARTS ONLY)

Products Affected

- Komzifti

PA Criteria	Criteria Details
Indications	All Medically-accepted Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

ZILEUTON

Products Affected

- Zileuton Er

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	One year
Other Criteria	Covered for patients who have not responded to maximal tolerated doses of at least one inhaled corticosteroids (i.e., beclomethasone, fluticasone, mometasone, ciclesonide) and montelukast.
Prerequisite Therapy Required	Criteria DOES require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

ZURANOLONE (NEW STARTS ONLY)

Products Affected

- Zurzuvae

PA Criteria	Criteria Details
Indications	All FDA-approved Indications.
Off-Label Uses	N/A
Exclusion Criteria	N/A
Required Medical Information	N/A
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by a psychiatrist, or adult primary care or OB/GYN specialist in consultation with a psychiatrist.
Coverage Duration	30 days
Other Criteria	N/A
Prerequisite Therapy Required	Criteria DOES NOT require use of a prerequisite Part D drug.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

PART B VERSUS PART D

Products Affected

- Acetylcysteine INHALATION SOLN
- Acyclovir Sodium INJ 50MG/ML
- Albuterol Sulfate NEBU 0.083%, 0.63MG/3ML, 1.25MG/3ML, 2.5MG/0.5ML
- Amphotericin B INJ
- Amphotericin B Liposome
- Aprepitant
- Arformoterol Tartrate
- Azathioprine TABS
- Budesonide SUSP
- Cladribine INJ
- Cromolyn Sodium NEBU
- Cyclophosphamide CAPS
- Cyclosporine CAPS
- Cyclosporine Modified
- Dronabinol CAPS
- Engerix-b
- Envarsus Xr
- Everolimus TABS 0.25MG, 0.5MG, 0.75MG, 1MG
- Gammagard Liquid INJ 2.5GM/25ML
- Gammagard Liquid Erc
- Gammagard S/d Iga Less Than 1mcg/ml
- Gammaked INJ 1GM/10ML
- Gamunex-c INJ 1GM/10ML
- Gengraf CAPS 100MG, 25MG
- Glassia INJ 1000MG/50ML
- Granisetron Hydrochloride TABS
- Heplisav-b
- Imovax Rabies (h.d.c.v.)
- Intralipid INJ 20GM/100ML
- Ipratropium Bromide INHALATION SOLN 0.02%
- Ipratropium Bromide/albuterol Sulfate
- Mycophenolate Mofetil CAPS
- Mycophenolate Mofetil SUSR
- Mycophenolate Mofetil TABS
- Mycophenolic Acid Dr
- Ohtuvayre
- Ondansetron Hcl SOLN 4MG/5ML
- Ondansetron Hydrochloride TABS
- Ondansetron Odt TBDP 4MG, 8MG
- Pentamidine Isethionate INHALATION SOLR
- Plenamine INJ 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML
- Premasol INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML
- Prograf PACK
- Pulmozyme SOLN 2.5MG/2.5ML
- Rabavert
- Recombivax Hb
- Sirolimus SOLN
- Sirolimus TABS
- Tacrolimus CAPS
- Travasol INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML;

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

- | | |
|---|--|
| 356MG/100ML; 500MG/100ML;
356MG/100ML; 390MG/100ML;
34MG/100ML; 152MG/100ML | 5MEQ/L; 0.025GM/100ML;
0.42GM/100ML; 0.2GM/100ML;
0.24GM/100ML; 0.78GM/100ML |
| <ul style="list-style-type: none"> • Treprostinil INJ 100MG/20ML, 20MG/20ML, 50MG/20ML • Trophamine INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; | <ul style="list-style-type: none"> • Tyvaso Refill Kit • Tyvaso Starter Kit • Vincristine Sulfate INJ 1MG/ML • Yupelri |

Details

This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Last Updated: 09/25/2026

NOTE: Part D does not cover some indications that are excluded from coverage or restricted under section 1927(d)(2) of the Act (e.g., infertility, cosmetic purpose, or erectile dysfunction)

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