

PA Criteria

Prior Authorization Group	ABIRATERONE
Drug Names	ABIRATERONE ACETATE, ZYTIGA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	ACITRETIN
Drug Names	ACITRETIN
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	ACTIMMUNE
Drug Names	ACTIMMUNE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	ADEMPAS
Drug Names	ADEMPAS
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	AIMOVIG
Drug Names	AIMOVIG
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	ALDURAZYME
Drug Names	ALDURAZYME
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	ALECENSA
Drug Names	ALECENSA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	ALOSETRON
Drug Names	ALOSETRON HYDROCHLORIDE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	ALPHA1-PROTEINASE INHIBITOR
Drug Names	ARALAST NP, PROLASTIN-C, ZEMAIRA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	ALUNBRIG
Drug Names	ALUNBRIG
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	AMBRISANTAN
Drug Names	AMBRISANTAN
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group AMPHETAMINES
Drug Names AMPHETAMINE/DEXTROAMPHETA
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group APOKYN
Drug Names APOKYN
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group ARCALYST
Drug Names ARCALYST
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group ARMODAFINIL
Drug Names ARMODAFINIL
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group ATYPICAL ANTIPSYCHOTICS
Drug Names FANAPT, FANAPT TITRATION PACK
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group AURYXIA
Drug Names AURYXIA
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group AUSTEDO
Drug Names AUSTEDO
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group AVASTIN
Drug Names AVASTIN
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group	AYVAKIT
Drug Names	AYVAKIT
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group

Drug Names

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ABELCET, ABRAXANE, ACETYLCYSTEINE, ACYCLOVIR SODIUM, ADRIAMYCIN, ALBUTEROL SULFATE, ALIMTA, AMBISOME, AMINOSYN-PF 7%, AMPHOTERICIN B, APREPITANT, AZACITIDINE, AZATHIOPRINE, BENDEKA, BUDESONIDE, CALCITONIN-SALMON, CALCITRIOL, CARBOPLATIN, CINACALCET HYDROCHLORIDE, CISPLATIN, CLINIMIX 4.25%/DEXTROSE 1, CLINIMIX 4.25%/DEXTROSE 5, CLINIMIX 5%/DEXTROSE 15%, CLINIMIX 5%/DEXTROSE 20%, CLINIMIX 6/5, CLINIMIX 8/10, CLINIMIX 8/14, CLINISOL SF 15%, CLINOLIPID, CROMOLYN SODIUM, CYCLOPHOSPHAMIDE, CYCLOSPORINE, CYCLOSPORINE MODIFIED, CYTARABINE AQUEOUS, DEXTROSE 50%, DEXTROSE 70%, DIPHTHERIA/TETANUS TOXOID, DOCETAXEL, DOXORUBICIN HCL, DOXORUBICIN HYDROCHLORIDE, DRONABINOL, EMEND, ENGERIX-B, EPIRUBICIN HCL, ETOPOSIDE, EVEROLIMUS, FLUOROURACIL, FREAMINE HBC 6.9%, FREAMINE III, FULVESTRANT, GAMASTAN, GANCICLOVIR, GEMCITABINE HCL, GEMCITABINE HYDROCHLORIDE, GENGRAF, GRANISETRON HCL, HEPARIN SODIUM, HEPATAMINE, HUMULIN R U-500 (CONCENTR, IBANDRONATE SODIUM, IMOVAX RABIES (H.D.C.V.), INTRALIPID, INTRON A, IPRATROPIUM BROMIDE, IPRATROPIUM BROMIDE/ALBUT, IRINOTECAN, IRINOTECAN HYDROCHLORIDE, KADCYLA, LEUCOVORIN CALCIUM, LEVALBUTEROL, LEVALBUTEROL HCL, LEVOCARNITINE, LIDOCAINE HCL, LIDOCAINE HYDROCHLORIDE, METHOTREXATE, METHOTREXATE SODIUM, METHYLPREDNISOLONE, METHYLPREDNISOLONE ACETAT, METHYLPREDNISOLONE SODIUM, MORPHINE SULFATE, MYCOPHENOLATE MOFETIL, MYCOPHENOLIC ACID DR, NULOJIX, NUTRILIPID, ONDANSETRON HCL, ONDANSETRON HYDROCHLORIDE, ONDANSETRON ODT, OXALIPLATIN, PACLITAXEL, PAMIDRONATE DISODIUM, PARAPLATIN, PARICALCITOL, PENTAMIDINE ISETHIONATE, PLENAMINE, PREDNISOLONE, PREDNISOLONE SODIUM PHOSP, PREDNISONE, PREDNISONE INTENSOL, PREMASOL, PROCALAMINE, PROGRAF, PROSOL, RABAVERT, RECOMBIVAX HB, SANDIMMUNE, SIROLIMUS, TACROLIMUS, TDVAX, TENIVAC, TOPOSAR, TPN ELECTROLYTES, TRAVASOL, TROPHAMINE, VINCRISTINE SULFATE, VINORELBINE TARTRATE, XATMEP, ZOLEDRONIC ACID, ZORTRESS

PA Indication Indicator

-

Off-label Uses

-

Exclusion Criteria

-

Required Medical Information

-

Age Restrictions

-

Prescriber Restrictions

-

Coverage Duration

-

Other Criteria

-

Prior Authorization Group BALVERSA
Drug Names BALVERSA
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group BANZEL
Drug Names BANZEL, RUFINAMIDE
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group BENLYSTA
Drug Names BENLYSTA
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group BERINERT
Drug Names BERINERT
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group	BETASERON
Drug Names	BETASERON
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	BEXAROTENE
Drug Names	BEXAROTENE, TARGRETIN
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	BOSENTAN
Drug Names	BOSENTAN
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	BOSULIF
Drug Names	BOSULIF
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group BRAFTOVI
Drug Names BRAFTOVI
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group BRIVIACT
Drug Names BRIVIACT
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group BRIVIACT INJ
Drug Names BRIVIACT
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group BRUKINSA
Drug Names BRUKINSA
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group	BUPRENORPHINE
Drug Names	BUPRENORPHINE HCL
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	CABOMETYX
Drug Names	CABOMETYX
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	CALCIPOTRIENE
Drug Names	CALCIPOTRIENE, CALCITRENE, ENSTILAR
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	CALQUENCE
Drug Names	CALQUENCE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group CAPRELSA
Drug Names CAPRELSA
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group CARBAGLU
Drug Names CARBAGLU
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group CAYSTON
Drug Names CAYSTON
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group CERDELGA
Drug Names CERDELGA
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group CEREZYME
Drug Names CEREZYME
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group CHANTIX
Drug Names CHANTIX, CHANTIX CONTINUING MONTH, CHANTIX STARTING MONTH PA
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group CLOBAZAM
Drug Names CLOBAZAM
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group CLOMIPRAMINE
Drug Names CLOMIPRAMINE HCL
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group CLORAZEPATE
Drug Names CLORAZEPATE DIPOTASSIUM
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group CLOZAPINE ODT
Drug Names CLOZAPINE ODT
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group COMETRIQ
Drug Names COMETRIQ
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group COPIKTRA
Drug Names COPIKTRA
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group	COTELLIC
Drug Names	COTELLIC
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	CYSTADROPS
Drug Names	CYSTADROPS
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	CYSTAGON
Drug Names	CYSTAGON
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	CYSTARAN
Drug Names	CYSTARAN
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group DALFAMPRIDINE
Drug Names DALFAMPRIDINE ER
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group DAURISMO
Drug Names DAURISMO
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group DEFERASIROX
Drug Names DEFERASIROX
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group DEMSER
Drug Names METYROSINE
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group	DESVENLAFAXINE
Drug Names	DESVENLAFAXINE ER
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	DHE NASAL
Drug Names	DIHYDROERGOTAMINE MESYLAT
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	DIACOMIT
Drug Names	DIACOMIT
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	DIAZEPAM
Drug Names	DIAZEPAM
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	DICLOFENAC GEL 1%
Drug Names	DICLOFENAC SODIUM
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	DOPTELET
Drug Names	DOPTELET
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	DRIZALMA
Drug Names	DRIZALMA SPRINKLE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	EMSAM
Drug Names	EMSAM
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	ENBREL
Drug Names	ENBREL, ENBREL MINI, ENBREL SURECLICK
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	ENDARI
Drug Names	ENDARI
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	EPCLUSA
Drug Names	EPCLUSA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	EPIDIOLEX
Drug Names	EPIDIOLEX
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	EPO
Drug Names	PROCRIT
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	ERIVEDGE
Drug Names	ERIVEDGE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	ERLEADA
Drug Names	ERLEADA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	ERLOTINIB
Drug Names	ERLOTINIB HYDROCHLORIDE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	ESBRIET
Drug Names	ESBRIET
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	EVEROLIMUS
Drug Names	AFINITOR, AFINITOR DISPERZ, EVEROLIMUS
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	FABRAZYME
Drug Names	FABRAZYME
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	FARYDAK
Drug Names	FARYDAK
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	FASENRA
Drug Names	FASENRA, FASENRA PEN
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	FENTANYL PATCH
Drug Names	FENTANYL
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	FETZIMA
Drug Names	FETZIMA, FETZIMA TITRATION PACK
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	FINTEPLA
Drug Names	FINTEPLA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	FORTEO
Drug Names	FORTEO
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	FOTIVDA
Drug Names	FOTIVDA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	FYCOMPA
Drug Names	FYCOMPA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	GATTEX
Drug Names	GATTEX
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	GAVRETO
Drug Names	GAVRETO
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	GILENYA
Drug Names	GILENYA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	GILOTRIF
Drug Names	GILOTRIF
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	GLATIRAMER
Drug Names	GLATIRAMER ACETATE, GLATOPA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	GROWTH HORMONE
Drug Names	GENOTROPIN, GENOTROPIN MINIQUICK
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	HAEGARDA
Drug Names	HAEGARDA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	HARVONI
Drug Names	HARVONI
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	HERCEPTIN
Drug Names	HERCEPTIN
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	HERCEPTIN HYLECTA
Drug Names	HERCEPTIN HYLECTA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	HERZUMA
Drug Names	HERZUMA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	HETLIOZ
Drug Names	HETLIOZ
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	HRM-ANTICONVULSANTS
Drug Names	PHENOBARBITAL, PHENOBARBITAL SODIUM
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	HRM-ANTIPARKINSON
Drug Names	BENZTROPINE MESYLATE, TRIHEXYPHENIDYL HCL, TRIHEXYPHENIDYL HYDROCHLO
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	HRM-CYPROHEPTADINE
Drug Names	CYPROHEPTADINE HCL, CYPROHEPTADINE HYDROCHLOR
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	HRM-DIPYRIDAMOLE
Drug Names	DIPYRIDAMOLE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group HRM-GUANFACINE ER
Drug Names GUANFACINE ER
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group HRM-GUANFACINE IR
Drug Names GUANFACINE HCL
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group HRM-HYDROXYZINE
Drug Names HYDROXYZINE HCL, HYDROXYZINE HYDROCHLORIDE, HYDROXYZINE PAMOATE
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group	HRM-HYDROXYZINE INJ
Drug Names	HYDROXYZINE HCL, HYDROXYZINE HYDROCHLORIDE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	HRM-HYPNOTICS
Drug Names	ESZOPICLONE, ZALEPLON, ZOLPIDEM TARTRATE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	HRM-METHYLDOPA
Drug Names	METHYLDOPA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group HRM-PROMETHAZINE
Drug Names PROMETHAZINE HCL, PROMETHAZINE HCL PLAIN, PROMETHAZINE HYDROCHLORID

PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group HRM-SCOPOLAMINE
Drug Names SCOPOLAMINE

PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group HRM-SKELETAL MUSCLE RELAXANTS
Drug Names CARISOPRODOL, CYCLOBENZAPRINE HYDROCHLO, METHOCARBAMOL, VANADOM

PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group	HUMIRA
Drug Names	HUMIRA, HUMIRA PEDIATRIC CROHNS D, HUMIRA PEN, HUMIRA PEN-CD/UC/HS START, HUMIRA PEN-PEDIATRIC UC S, HUMIRA PEN-PS/UV STARTER
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	HYPNOTIC BENZODIAZEPINES
Drug Names	TEMAZEPAM
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	IBRANCE
Drug Names	IBRANCE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	ICATIBANT
Drug Names	ICATIBANT ACETATE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	ICLUSIG
Drug Names	ICLUSIG
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	IDHIFA
Drug Names	IDHIFA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	IMATINIB
Drug Names	IMATINIB MESYLATE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group IMBRUVICA
Drug Names IMBRUVICA
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group INCRELEX
Drug Names INCRELEX
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group INGREZZA
Drug Names INGREZZA
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group INLYTA
Drug Names INLYTA
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group INQOVI
Drug Names INQOVI
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group INREBIC
Drug Names INREBIC
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group IR BEFORE ER
Drug Names HYDROCODONE BITARTRATE ER, HYSINGLA ER, METHADONE HCL,
METHADONE HYDROCHLORIDE I, MORPHINE SULFATE ER
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group	IRESSA
Drug Names	IRESSA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	ISOTRETINOIN
Drug Names	ACCUTANE, AMNESTEEM, CLARAVIS, ISOTRETINOIN, MYORISAN, ZENATANE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	ITRACONAZOLE
Drug Names	ITRACONAZOLE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	IVIG
Drug Names	BIVIGAM, FLEBOGAMMA DIF, GAMMAGARD LIQUID, GAMMAGARD S/D IGA LESS TH, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PANZYGA, PRIVIGEN
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	JAKAFI
Drug Names	JAKAFI
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	JUXTAPID
Drug Names	JUXTAPID
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	KALYDECO
Drug Names	KALYDECO
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	KANJINTI
Drug Names	KANJINTI
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	KETOCONAZOLE
Drug Names	KETOCONAZOLE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	KEYTRUDA
Drug Names	KEYTRUDA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	KISQALI
Drug Names	KISQALI, KISQALI FEMARA 200 DOSE, KISQALI FEMARA 400 DOSE, KISQALI FEMARA 600 DOSE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	KORLYM
Drug Names	KORLYM
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	KUVAN
Drug Names	SAPROPTERIN DIHYDROCHLORI
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	KYNMOBI
Drug Names	KYNMOBI
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	LENVIMA
Drug Names	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 Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	LIDOCAINE PATCHES
Drug Names	LIDOCAINE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	LONSURF
Drug Names	LONSURF
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	LORBRENA
Drug Names	LORBRENA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	LUMAKRAS
Drug Names	LUMAKRAS
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	LUMIZYME
Drug Names	LUMIZYME
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	LUPRON
Drug Names	LEUPROLIDE ACETATE, LUPRON DEPOT (1-MONTH), LUPRON DEPOT (3-MONTH), LUPRON DEPOT-PED (1-MONTH, LUPRON DEPOT-PED (3-MONTH
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	LYNPARZA
Drug Names	LYNPARZA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	LYRICA CR
Drug Names	LYRICA CR, PREGABALIN ER
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group MAVYRET
Drug Names MAVYRET
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group MEGESTROL
Drug Names MEGESTROL ACETATE
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group MEKINIST
Drug Names MEKINIST
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group MEKTOVI
Drug Names MEKTOVI
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group	MEMANTINE
Drug Names	MEMANTINE HCL TITRATION P, MEMANTINE HYDROCHLORIDE, MEMANTINE HYDROCHLORIDE E
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	METHYLPHENIDATE
Drug Names	DEXMETHYLPHENIDATE HCL, DEXMETHYLPHENIDATE HYDROC, METADATE ER, METHYLPHENIDATE HYDROCHLO
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	MIGLUSTAT
Drug Names	MIGLUSTAT
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	MONJUVI
Drug Names	MONJUVI
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	MVASI
Drug Names	MVASI
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	NAGLAZYME
Drug Names	NAGLAZYME
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	NATPARA
Drug Names	NATPARA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	NERLYNX
Drug Names	NERLYNX
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	NEXAVAR
Drug Names	NEXAVAR
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	NINLARO
Drug Names	NINLARO
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	NITISINONE
Drug Names	NITISINONE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	NORTHERA
Drug Names	DROXIDOPA, NORTHERA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	NUBEQA
Drug Names	NUBEQA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	NUEDEXTA
Drug Names	NUEDEXTA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	NUPLAZID
Drug Names	NUPLAZID
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	OCTREOTIDE
Drug Names	OCTREOTIDE ACETATE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	ODOMZO
Drug Names	ODOMZO
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	OFEV
Drug Names	OFEV
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	OGIVRI
Drug Names	OGIVRI
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	OMNIPOD
Drug Names	OMNIPOD 5 PACK, OMNIPOD DASH 5 PACK, OMNIPOD STARTER KIT
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	ONTRUZANT
Drug Names	ONTRUZANT
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	ONUREG
Drug Names	ONUREG
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	OPSUMIT
Drug Names	OPSUMIT
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	ORAL-INTRANASAL FENTANYL
Drug Names	FENTANYL CITRATE ORAL TRA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	ORGOVYX
Drug Names	ORGOVYX
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	ORKAMBI
Drug Names	ORKAMBI
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	OSPHENA
Drug Names	OSPHENA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group OXANDROLONE
Drug Names OXANDROLONE
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group PEGASYS
Drug Names PEGASYS
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group PEMAZYRE
Drug Names PEMAZYRE
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group PHENYL BUTYRATE
Drug Names SODIUM PHENYL BUTYRATE
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group	PHESGO
Drug Names	PHESGO
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	PIQRAY
Drug Names	PIQRAY 200MG DAILY DOSE, PIQRAY 250MG DAILY DOSE, PIQRAY 300MG DAILY DOSE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	POMALYST
Drug Names	POMALYST
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	PRALUENT
Drug Names	PRALUENT
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	PREGABALIN
Drug Names	PREGABALIN
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	PROMACTA
Drug Names	PROMACTA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	PULMOZYME
Drug Names	PULMOZYME
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	QINLOCK
Drug Names	QINLOCK
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	QUETIAPINE XR
Drug Names	QUETIAPINE FUMARATE ER
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	QUININE SULFATE
Drug Names	QUININE SULFATE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	REGRANEX
Drug Names	REGRANEX
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	RELISTOR INJ
Drug Names	RELISTOR
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	REMICADE
Drug Names	REMICADE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	RENFLEXIS
Drug Names	RENFLEXIS
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	RETEVMO
Drug Names	RETEVMO
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	REVLIMID
Drug Names	REVLIMID
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	RIABNI
Drug Names	RIABNI
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	RINVOQ
Drug Names	RINVOQ
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	RITUXAN
Drug Names	RITUXAN
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	RITUXAN HYCELA
Drug Names	RITUXAN HYCELA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	ROZLYTREK
Drug Names	ROZLYTREK
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	RUBRACA
Drug Names	RUBRACA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	RUXIENCE
Drug Names	RUXIENCE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	RXDAPT
Drug Names	RXDAPT
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	SIGNIFOR
Drug Names	SIGNIFOR
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	SILDENAFIL
Drug Names	SILDENAFIL CITRATE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	SIRTURO
Drug Names	SIRTURO
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	SKYRIZI
Drug Names	SKYRIZI, SKYRIZI PEN
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	SOMATULINE DEPOT
Drug Names	SOMATULINE DEPOT
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	SOMAVERT
Drug Names	SOMAVERT
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	SPRYCEL
Drug Names	SPRYCEL
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	STELARA
Drug Names	STELARA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	STIVARGA
Drug Names	STIVARGA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	SUTENT
Drug Names	SUTENT
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	SYMDEKO
Drug Names	SYMDEKO
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group SYMPAZAN
Drug Names SYMPAZAN
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group SYNRIPO
Drug Names SYNRIPO
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group TABRECTA
Drug Names TABRECTA
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group TAFINLAR
Drug Names TAFINLAR
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group	TAGRISSE
Drug Names	TAGRISSE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	TALTZ
Drug Names	TALTZ
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	TALZENNA
Drug Names	TALZENNA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	TASIGNA
Drug Names	TASIGNA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	TAZAROTENE
Drug Names	TAZAROTENE, TAZORAC
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	TAZVERIK
Drug Names	TAZVERIK
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	TECENTRIQ
Drug Names	TECENTRIQ
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	TEMAZEPAM 30MG
Drug Names	TEMAZEPAM
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	TEPMETKO
Drug Names	TEPMETKO
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	TESTOSTERONE CYPIONATE INJ
Drug Names	TESTOSTERONE CYPIONATE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	TESTOSTERONE ENANTHATE INJ
Drug Names	TESTOSTERONE ENANTHATE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	TETRABENAZINE
Drug Names	TETRABENAZINE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	TETRACYCLINE
Drug Names	TETRACYCLINE HYDROCHLORID
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	THALOMID
Drug Names	THALOMID
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	TIBSOVO
Drug Names	TIBSOVO
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	TOBRAMYCIN
Drug Names	TOBRAMYCIN
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	TOPICAL LIDOCAINE
Drug Names	GLYDO, LIDOCAINE, LIDOCAINE HCL, LIDOCAINE HCL JELLY, LIDOCAINE/PRILOCAINE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	TOPICAL TESTOSTERONES
Drug Names	ANDRODERM, TESTOSTERONE, TESTOSTERONE PUMP
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	TOPICAL TRETINOIN
Drug Names	AVITA, TRETINOIN
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	TRAZIMERA
Drug Names	TRAZIMERA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	TRELSTAR
Drug Names	TRELSTAR MIXJECT
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	TREPROSTINIL INJ
Drug Names	TREPROSTINIL
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	TRIENTINE
Drug Names	CLOVIQUE, TRIENTINE HYDROCHLORIDE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	TRIKAFTA
Drug Names	TRIKAFTA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	TRUSELTIQ
Drug Names	TRUSELTIQ
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	TRUXIMA
Drug Names	TRUXIMA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	TUKYSA
Drug Names	TUKYSA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	TURALIO
Drug Names	TURALIO
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	TYKERB
Drug Names	LAPATINIB DITOSYLATE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	TYMLOS
Drug Names	TYMLOS
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	UBRELVY
Drug Names	UBRELVY
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	UKONIQ
Drug Names	UKONIQ
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	V-GO
Drug Names	V-GO 20, V-GO 30, V-GO 40
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	VALCHLOR
Drug Names	VALCHLOR
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	VELCADE
Drug Names	BORTEZOMIB, VELCADE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	VELTASSA
Drug Names	VELTASSA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	VEMLIDY
Drug Names	VEMLIDY
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	VENCLEXTA
Drug Names	VENCLEXTA, VENCLEXTA STARTING PACK
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	VENTAVIS
Drug Names	VENTAVIS
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	VERSACLOZ
Drug Names	VERSACLOZ
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	VERZENIO
Drug Names	VERZENIO
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	VIGABATRIN
Drug Names	VIGABATRIN, VIGADRONE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	VITRAKVI
Drug Names	VITRAKVI
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	VIZIMPRO
Drug Names	VIZIMPRO
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	VORICONAZOLE
Drug Names	VORICONAZOLE
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	VOSEVI
Drug Names	VOSEVI
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	VOTRIENT
Drug Names	VOTRIENT
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	VRAYLAR
Drug Names	VRAYLAR
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	XALKORI
Drug Names	XALKORI
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	XELJANZ
Drug Names	XELJANZ, XELJANZ XR
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	XGEVA
Drug Names	XGEVA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	XIFAXAN
Drug Names	XIFAXAN
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	XOLAIR
Drug Names	XOLAIR
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	XOSPATA
Drug Names	XOSPATA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	XPOVIO
Drug Names	XPOVIO, XPOVIO 100 MG ONCE WEEKLY, XPOVIO 40 MG ONCE WEEKLY, XPOVIO 40 MG TWICE WEEKLY, XPOVIO 60 MG ONCE WEEKLY, XPOVIO 60 MG TWICE WEEKLY, XPOVIO 80 MG ONCE WEEKLY, XPOVIO 80 MG TWICE WEEKLY
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	XTANDI
Drug Names	XTANDI
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-
Prior Authorization Group	XYREM
Drug Names	XYREM
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group ZARXIO
Drug Names ZARXIO
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group ZEJULA
Drug Names ZEJULA
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group ZELBORAF
Drug Names ZELBORAF
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group ZIRABEV
Drug Names ZIRABEV
PA Indication Indicator -
Off-label Uses -
Exclusion Criteria -
Required Medical Information -
Age Restrictions -
Prescriber Restrictions -
Coverage Duration -
Other Criteria -

Prior Authorization Group	ZOLINZA
Drug Names	ZOLINZA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	ZYDELIG
Drug Names	ZYDELIG
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	ZYKADIA
Drug Names	ZYKADIA
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-

Prior Authorization Group	ZYPREXA RELPREVV
Drug Names	ZYPREXA RELPREVV
PA Indication Indicator	-
Off-label Uses	-
Exclusion Criteria	-
Required Medical Information	-
Age Restrictions	-
Prescriber Restrictions	-
Coverage Duration	-
Other Criteria	-