Epinephrine Auto Injector

Criteria	Proposed Policy	AGP (12/13/16)	CCC (8/1/16)	СНР	МНС	UHC	FFS
Trial 1 generic or contraindication		х		No policy			
Qty limits 2		х	х		x (per e-mail msg)	x(per summary)	х

Stimulants and Related Medications

	Criteria	Proposed Policy	AMG (4/9/2017)	CCC (8/12/16, 2/1/17, 5/1/17)	СНР	МНС	UHC (3/1/17)	FFS
DHD/ADD	(Peds)							
	Specialty	Not required		FP, ped or mental health specialist	No policy	No policy		
	Age Limits	0-17 yrs for SON		6-17 yrs				
	T/f (#)	T/F 2 preferred	1					All pref'c
	History of failure,							
C	ontraindication, or intolerance			1 amphetamine and 1				
to	0:	Not required		methylphenidate				
HD/ADD	(Adults)							
	Specialty	Not required		Mental health specialist				
	Age Limits	>= 18 yrs		>= 18 yrs			>= 18 yrs	
	T/f (#)	T/F 2 preferred	1	1			3	All pref'd
*	History of failure,							
	ontraindication, or intolerance			1 amphetamine and 1			For Strattera or	
	0:	Not required		methylphenidate			Kapvay: Intuniv	
rcolepsy	Age Limits	>- 18 vrs					18 or older	
	Age Limits	>= 18 yrs					18 or older	
*	T/f (#)	T/F 2 preferred	1				3	
ontal fatio								
	gue d/t TBI	>= 19 yrs					19 or older	
*	Age Limits	>= 18 yrs					18 or older	
*		>= 18 yrs T/F 2 preferred					18 or older 3	
*	Age Limits							
nge Eating	Age Limits T/f (#)			Psychiatrist				
ige Eating	Age Limits T/f (#) g Disorder	T/F 2 preferred		Psychiatrist				
ige Eating	Age Limits T/f (#) g Disorder	T/F 2 preferred Psychiatrist		Psychiatrist				
ige Eating	Age Limits T/f (#) g Disorder	T/F 2 preferred Psychiatrist T/F 2 preferred stimulants		Psychiatrist				
nge Eating	Age Limits T/f (#) g Disorder	T/F 2 preferred Psychiatrist T/F 2 preferred stimulants &		Psychiatrist				
nge Eating	Age Limits T/f (#) g Disorder	T/F 2 preferred Psychiatrist T/F 2 preferred stimulants & Topiramate		Psychiatrist				
nge Eating	Age Limits T/f (#) g Disorder	T/F 2 preferred Psychiatrist T/F 2 preferred stimulants & Topiramate & one of the following:		Psychiatrist				
sge Eating	Age Limits T/f (#) g Disorder Specialty	T/F 2 preferred Psychiatrist T/F 2 preferred stimulants & Topiramate &		Psychiatrist				
nge Eating	Age Limits T/f (#) g Disorder	T/F 2 preferred Psychiatrist T/F 2 preferred stimulants & Topiramate & one of the following: citalopram,		Psychiatrist Topiramate, citalopram, sertraline,				

Beta Agonist- Bronchodilators

Diagnosis	Criteria	Proposed Policy	AMG	CCC	СНР	MHC (5/1/15)	UHC	FFS
Asthma								
			No policy	No policy	No policy			
	*T/f (#)	T/F 2 Pref				1		All pref'd

COPD Drugs

Criteria	Proposed Policy	AGP (2/24/17)	CCC (8/1/2016)	CHP(no date)	MHC (5/1/14)	UHC	FFS
				Spriva + stiolto			
T/F Pref			2	respimat= 1			
	T/F all preferred within the route of administration and dosage formulation	1		Sprivan = 2	1	3	
Age limitation	Not required		>= 18 yrs				

Inhaled Glucocorticoids

	Criteria	Proposed Policy	AGP (8/1/2016)	CCC (8/1/2016)	CHP (no date)	MHC (7/1/16)	UHC (3/1/17,6/1/17)	FFS
Inhaled corticosteroids								
	Age 6-11 yr T/F pref'd		1					
	Over 4 yr T/F pref'd				1	1		
	Under 12 yr T/F pref'd						х	
	Over 12 yr T/F pref'd		2			2	All pref'd	
	Asthma T/F pref'd	T/F 2 pref'd within the route of administration and dosage form						All pref'd
	COPD T/F pref'd	T/F 2 pref'd within the route of administration and dosage form						All pref'd
Inhaled corticosteroids-lo	ng-acting beta-agonists comb	00						
	Asthma T/F pref'd	T/F 2 pref'd within the route of administration and dosage form		2	3	1	2	All pref'd
	COPD T/F pref'd	T/F 2 pref'd within the route of administration and dosage form		1	3	1	2	All pref'd
	GOLD (global initiative for							
	chronic obstructive lung							
	disease) severity				Group C or D			

MS Drugs

Diagnosis	Criteria	Proposed Policy	AMG	ссс	СНР	МНС	UHC	FFS
	Documentation / Labs / Reports							
CLINICALLY ISOLATED SYNDROME (CIS) RELAPSING-REMITTING MS (RRMS) SECONDARY PROGRESSIVE (SPMS) PRIMARY PROGRESSIVE MS (PPMS)	*Speciality	*Neurologist *MS Physician Specialist *Consult with neurologist or physician specialist with experience in prescribing MS therapy (submit consult notes)	x	x	x	x	x	x
	*MRI with consistent findings considered high risk for clinically definite MS	Not required		х		x		
	*Monotherapy treatment *Age Limit	Yes None		X		X ≥18 years of age		
	*EDSS (Expanded disability status scale)	Report disability status				≤ 5.5		
	*History of failure, contraindication, or intolerance to preferred products	T/F 2 PREFERRED except for primary progressive MS.		2		2		ALL
	Exclusion: *Concomittant use with other MS drugs	Yes	x			x		
	Exclusion: *Concomittant use with other MS drugs			x		x		
	*Exclusions for <u>Aubagio</u> only: - Concurrent leflunomide - Severe hepatic impairment - Active acute or chronic infection at initiation of therapy - Positive TB skin test (TST) without & not treated		x			x		

MS Drugs continued

usions for <u>Gilenya</u> only				
- Class III or IV heart failure in last				
6 mo				
- Concomitant Class Ia or Class III				
anti-arrhythmic drugs				
- Active infection				
- Vaccines within 2 months of		Х		
initiation of therapy				
- Concurrent use of				
antine oplastic,				
immunosuppressive or immune				
modulating therapies				
- Diabetes				

Cytokine & CAM Antagonists

Diagnosis	Criteria	Proposed Policy	AMG	ccc	СНР	МНС	UHC	FFS
ANKYLOSING SPONDYLI		roposed roney	Aind		ciii	WITC	one	115
	Documentation / Labs /							
	Reports			м				
	*Active AS *Age Limit	Yes ≥18 years of age	X ≥18 years of age	X ≥18 years of age		X ≥18 years of age	x	
		Yes	Z 10 years of age	218 years of age X		Z18 years of age		
	*History of failure, contraindication, or intolerance to:	*NSAIDs or nonbiologic DMARDs *22 Preferred biologic agents	*NSAIDs or nonbiologic DMARDs *≥2 Preferred biologic agents	ONE for the following therapies: *Other biologic for AS *≥2 NSAIDs at maximum tolerated		*≥2 NSAIDs at max dose for ≥3 consecutive months *At least 1 of the following - Leflunomide - MTX	≥2 NSAIDS	
				dose for ≥4 weeks		- Oral corticosteroids		
	-					- Sulfasalazine		
	*Prescriber speciality Exclusions	Rheumatologist		Rheumatologist		Rheumatologist	Rheumatologist	
	*Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor	*Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor	x			x	x	
	*Moderate to severe CHF, NYHA Class III/IV					x		
	*MS or other dymelinating neurologic disease					x		
	*Active serious or hx of		x			x		
	recurrent infections *Drugs limited to diagnosis		*Cimzia *Enbrel *Humira	*Humira *Enbrel		Humira	*Humira *Enbrel	
CROHN'S DISEASE (CD)			*Remicade					
	Documentation / Labs / Reports							
	*Moderately to Severely	Yes	x	x		x	x	
	Active CD			^		^	^	
	*Age Limit	≥6 years of age for Humira/Entyvio/Remicade ≥18 years of age for Cimzia	≥6 years of age for Humira/Entyvio/Remica de ≥18 years of age for Cimzia	≥6 years of age		≥6 years of age		
	*Negative TB skin test	Yes	x	х		х		
	*Current on immunizations	Yes						
	*History of failure,					x	x	
	contraindication, or intolerance to:	*Conventional therapy *Humira	*Conventional therapy *Humira			*TWO of the following: - Corticosteroids - 5-Aminosalicylates - Immunosuppressives *Remicade	*ONE of the following: - Corticosteroids - 5-Aminosalicylates - Immunosuppressives *Remicade	
	*Prescriber speciality	Gastroenterologist					Gastroenterologist	
	Exclusions							
	*Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor	*Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor	x			x	x	
	*Active serious or hx of		x			x		
	recurrent infections *Drugs limited to diagnosis		*Cimzia *Entyvio *Humira	Humira		Humira	Humira	
HIDRADENITIS SUPPURA	TIVA (HS)		*Remicade *Stelara					
	Documentation / Labs /							
	Reports							
	*Moderate to Severe HS *Age Limit	Yes ≥18 years of age	X ≥18 years of age	X			x	
	*Negative TB skin test	Yes	218 years of age X	≥18 years of age X				
	*History of failure, contraindication, or intolerance to:		Conventional therapy	Clindamycin or Minocycline, in combination with rifampin, for ≥10 weeks				
	*Prescriber speciality	Dermatologist		Dermatologist			Dermatologist	
	Exclusions *Used in combination with	*Used in combination with						
	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor	x					
	*Active serious or hx of		x					
	recurrent infections *Drugs limited to diagnosis							
	- 1055 miller to diagnosis		Humira	Humira			Humira	
JUVENILE IDIOPATHIC AI	RTHRITIS (JIA) Documentation / Labs / Reports							
	*Moderately to severely	N	х	х		x	х	
	active polyarticular JIA *Age Limit	Yes ≥2 years of age	≥2 years of age	≥2 years of age		≥2 years of age		
	*Negative TB skin test	Yes	X	X		X		
	*Current on immunizations							
		Yes		l		Х		

Cytokine & CAM Antagonists continued

	*History of failure, contraindication, or intolerance to:	≥1 corticosteroid or NSAID ≥1 nonbiologic agent	≥1 corticosteroid or NSAID ≥1 nonbiologic agent	ONE for the following therapies: *Other biologic for PJIA *MTX for ≥3 consecutive months	 ≥3 months of MTX at max tolerate dose	ONE of the following: - Leflunomide - Methotrexate	
	*Prescriber speciality	Rheumatologist		Rheumatologist	Rheumatologist	Rheumatologist	
	Exclusions *Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor	*Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor	x		x	x	
	*Active serious or hx of recurrent infections		x		х		
	*Drugs limited to diagnosis		*Actemra *Enbrel *Humira *Ilaris	*Himira *Enbrel	Humira	*Humira *Enbrel	
PLAQUE PSORIASIS (Ps)	Documentation / Labs /						
	Report *Chronic severe Ps *Chronic moderate to severe					x	
	Ps - Involving >5% of BSA - Involving <5% of BSA involving sensitive areas or areas that would significantly impact daily function	Yes	x	x			
	*Age Limit	≥18 years of age	≥18 years of age	≥18 years of age			
	*Negative TB skin test *History of failure,	Yes	Х	X ONE for the following	 		
	contraindication, or intolerance to:	*Phototherapy *Other systemic therapies	*Phototherapy *Other systemic therapies	therapies: *Other biologic for Ps *≥1 systemic therapies for ≥3 consecutive months			
	*Prescriber speciality	*Dermatologist *Rheumatologist		*Dermatologist *Rheumatologist		Dermatologist	
	Exclusions *Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor	*Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor	x			X	
	*Active serious or hx of		х				
	recurrent infections *Drugs limited to diagnosis		*Enbrel	*Himira			
			*Humira *Otezla *Remicade *Stelara	*Enbrel		*Humira *Enbrel	
PSORIATIC ARTHRITIS (P							
	Documentation / Labs / Reports					х	
	*Active PsA	Yes ≥18 years of age	X ≥18 years of age	X			
	*Age Limit *Negative TB skin test *History of failure, contraindication, or intolerance to:	Yes Nonbiologic DMARDs 22 Preferred biologic agents	*Nonbiologic DMARDs *2 Preferred biologic agents	≥18 years of age X ONE for the following therapies: *Other biologic for PsA			
				*MTX for ≥3 consecutive months			
	*Prescriber speciality	*Rheumatologist *Dermatologist		*Rheumatologist *Dermatologist		*Rheumatologist *Dermatologist	
	Exclusions					Serviceologist	
	*Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor *Active serious or hx of	*Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor	x x			x	
	recurrent infections *Drugs limited to diagnosis		*Cimzia *Enbrel *Humira *Otezla *Remicade *Simponi *Stelara	*Himira *Enbrel		*Humira *Enbrel	
RHEUMATOID ARTHRITI							
	Documentation / Labs / Reports						
	*Moderately to severely active RA *Inflamed joints (#)	Yes Not Required	x	X 5	x	x	
	*Elevation of ESR/CRP concentration *Positive rheumatoid factor and/or CCP antibodies	Not Required		x			
	*Evidence of inflammation on plain radiography	Not Required		x			
	*Age Limit *Negative TB skin test	Not Required ≥18 years of age Yes	≥18 years of age X	≥18 years of age X	≥18 years of age X		
	*Current on immunizations				x		

Cytokine & CAM Antagonists continued

	*History of failure,	≥1 Nonbiologic DMARD	≥1 Nonbiologic DMARD	ONE for the following		ONE of the following:	≥1 Nonbiologic DMARD	
							21 NONDIOIOgic DIVIARD	
	contraindication, or	2 Preferred biologic agents	2 Preferred biologic	therapies:		*MTX for ≥3 months		
	intolerance to:		agents	*Other biologic for RA		*≥3 month on a		
			-	*MTX for ≥3		therapeutic dose of ≥2		
				consecutive months		of the following		
						DMARDs:		
				1	1	- Leflunomide		
						- Sulfasalizine		
						 Hydroxychloroquine 		
						- Azathioprine		
						- Cyclosporine		
						- Minocycline		
						- Gold Compounds		
						(Aurolate, myochrysine,		
						Ridaura, Solganal)		
						Nidadra, Solganal)		
	*Prescriber speciality	Rheumatologist		Rheumatologist		Rheumatologist	Rheumatologist	
		inicalitatologist		Internationogist		Rifedinatologist	Kilcullatologist	
	Exclusions							
	*Used in combination with	*Used in combination with						
	ANY of the following:	ANY of the following:						
	- Biologic DMARD	- Biologic DMARD	x				х	
	- Janus kinase inhibitor	- Janus kinase inhibitor						
	- PDE4 inhibitor	- PDE4 inhibitor						
	*Moderate to severe CHF,							
	NYHA Class III/IV	1	1			х		
			1	+				
	*MS or other dymelinating	1	1					
	neurologic disease	1	1			х		
		1	1					
	****	1	1					
	*Active serious or hx of	1	х	х				
	recurrent infections	1	^	~	1	1		
	*Drugs limited to diagnosis		*Actemra	*Humira	1	*Humira	*Humira	
	Stugs milleu to uldgilosis	1			1			
		1	*Cimzia	*Enbrel	1	*Enbrel	*Enbrel	
		1	*Enbrel	1	1	1		
	1	1	*Humira					
	1	1						
		1	*Kineret	1	1	1		
	1	1	*Remicade					
	1	1	*Simponi					
	1	1						
	<u></u>		*Xeljanz/XR					
ULCERATIVE COLITIIS (U		<u> </u>						
	Documentation / Labs /		1	·	1	1		
	Reports							
	*Moderately to Severly	Yes	x	х		x	х	
	Active UC	103	~	^		~	~	
	*Age Limit	≥18 years of age	≥18 years of age	≥18 years of age		≥6 years of age		
	*Negative TB skin test		X					
		Yes		X		X		
	*History of failure,	Conventional therapy	Conventional therapy	ONE for the following		*TWO of the following:	*ONE of the following:	
	contraindication, or			therapies:		- Corticosteroids	- Corticosteroids	
				*Other biologic for UC				
	intolerance to:			Other biologic for UC		 5-Aminosalicylates 	- 5-Aminosalicylates	
				*MTX for ≥3		- Immunosuppressives	- Immunosuppressives	
				*MTX for ≥3				
						- Immunosuppressives *Remicade	- Immunosuppressives *Remicade	
				*MTX for ≥3				
				*MTX for ≥3 consecutive months		*Remicade	*Remicade	
	*Prescriber speciality			*MTX for ≥3				
				*MTX for ≥3 consecutive months		*Remicade	*Remicade	
	Exclusions			*MTX for ≥3 consecutive months		*Remicade	*Remicade	
	Exclusions *Used in combination with	*Used in combination with		*MTX for ≥3 consecutive months		*Remicade	*Remicade	
	Exclusions *Used in combination with			*MTX for ≥3 consecutive months		*Remicade	*Remicade	
	Exclusions *Used in combination with ANY of the following:	ANY of the following:	×	*MTX for ≥3 consecutive months		*Remicade Gastroenterologist	*Remicade Gastroenterologist	
	Exclusions *Used in combination with ANY of the following: - Biologic DMARD	ANY of the following: - Biologic DMARD	x	*MTX for ≥3 consecutive months		*Remicade	*Remicade	
	Exclusions *Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor	ANY of the following: - Biologic DMARD - Janus kinase inhibitor	x	*MTX for ≥3 consecutive months		*Remicade Gastroenterologist	*Remicade Gastroenterologist	
	Exclusions *Used in combination with ANY of the following: - Biologic DMARD	ANY of the following: - Biologic DMARD	x	*MTX for ≥3 consecutive months		*Remicade Gastroenterologist	*Remicade Gastroenterologist	
	Exclusions *Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor	ANY of the following: - Biologic DMARD - Janus kinase inhibitor		*MTX for ≥3 consecutive months		*Remicade Gastroenterologist X	*Remicade Gastroenterologist	
	Exclusions *Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor *Active serious or hx of	ANY of the following: - Biologic DMARD - Janus kinase inhibitor	x	*MTX for ≥3 consecutive months		*Remicade Gastroenterologist	*Remicade Gastroenterologist	
	Exclusions *Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor *Active serious or hx of recurrent infections	ANY of the following: - Biologic DMARD - Janus kinase inhibitor	x	*MTX for ≥3 consecutive months Gastroenterologist		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X	
	Exclusions *Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor *Active serious or hx of	ANY of the following: - Biologic DMARD - Janus kinase inhibitor	X *Humira	*MTX for ≥3 consecutive months		*Remicade Gastroenterologist X	*Remicade Gastroenterologist	
	Exclusions *Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor *Active serious or hx of recurrent infections	ANY of the following: - Biologic DMARD - Janus kinase inhibitor	x	*MTX for ≥3 consecutive months Gastroenterologist		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X	
	Exclusions *Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor *Active serious or hx of recurrent infections	ANY of the following: - Biologic DMARD - Janus kinase inhibitor	X *Humira *Remicade	*MTX for ≥3 consecutive months Gastroenterologist		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X	
Invertis () PA	Exclusions *Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor *Active serious or hx of recurrent infections	ANY of the following: - Biologic DMARD - Janus kinase inhibitor	X *Humira	*MTX for ≥3 consecutive months Gastroenterologist		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X	
Uveitis (Uv)	Exclusions *Used in combination with AWY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor *Active serious or hx of recurrent infections *Drugs limited to diagnosis	ANY of the following: - Biologic DMARD - Janus kinase inhibitor	X *Humira *Remicade	*MTX for ≥3 consecutive months Gastroenterologist		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X	
UVEITIS (UV)	Exclusions *Used in combination with AWY of the following: - Biologic DMARD - Janus kinase inhibitor * DPEA inhibitor *Active serious or hx of recurrent infections *Drugs limited to diagnosis Documentation / Labs /	ANY of the following: - Biologic DMARD - Janus kinase inhibitor	X *Humira *Remicade	*MTX for ≥3 consecutive months Gastroenterologist		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X	
UVEITIS (UV)	Exclusions *Used in combination with AWY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor *Active serious or hx of recurrent infections *Drugs limited to diagnosis	ANY of the following: - Biologic DMARD - Janus kinase inhibitor	X *Humira *Remicade	*MTX for ≥3 consecutive months Gastroenterologist		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X	
UVEITIS (UV)	Exclusions *Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor *Active serious or hx of recurrent infections *Drugs limited to diagnosis Documentation / Labs / Reports	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor	X *Humira *Remicade *Simponi	*MTX for ≥3 consecutive months Gastroenterologist Humira		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira	
UVEITIS (UV)	Exclusions *Used in combination with AWY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor *Active serious or hx of recurrent infections *Drugs limited to diagnosis Documentation / Labs / Reports Non-infectious UV	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor Yes	X *Humira *Remicade	*MTX for ≥3 consecutive months Gastroenterologist		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X	
UVEITIS (UV)	Exclusions *Used in combination with AWY of the following: - Biologic DMARD - Janus kinase inhibitor * Active serious or hx of recurrent infections *Drugs limited to diagnosis Documentation / Labs / Reports *Non-infectious UV * Classified as ONE of the	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor Yes Yes • Classified as ONE of the	X *Humira *Remicade *Simponi	*MTX for ≥3 consecutive months Gastroenterologist Humira		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira	
UVEITIS (UV)	Exclusions *Used in combination with AWY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor *Active serious or hx of recurrent infections *Drugs limited to diagnosis *Drugs limited to diagnosis *Documentation / Labs / Reports *Non-infectious UV * Classified as ONE of the following	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor - PDE4 inhibitor - Yes 	X *Humira *Remicade *Simponi	*MTX for ≥3 consecutive months Gastroenterologist Humira		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X	
UVEITIS (UV)	Exclusions *Used in combination with AWY of the following: - Biologic DMARD - Janus kinase inhibitor * Active serious or hx of recurrent infections *Drugs limited to diagnosis Documentation / Labs / Reports *Non-infectious UV * Classified as ONE of the	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor Yes Yes • Classified as ONE of the	X *Humira *Remicade *Simponi	*MTX for ≥3 consecutive months Gastroenterologist Humira		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira	
UVEITIS (UV)	Exclusions *Used in combination with AWY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor *Active serious or hx of recurrent infections *Drugs limited to diagnosis Documentation / Labs / Reports *Non-infectious UV * Classified as ONE of the following - Intermediate	ANY of the following: - Biologic DMARD - Jarus kinase inhibitor - PDE4 inhibitor Yes Yes * Classified as ONE of the following - Intermediate	X *Humira *Remicade *Simponi	*MTX for ≥3 consecutive months Gastroenterologist Humira		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X	
ŪVEITIS (UV)	Exclusions *Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor *Active serious or hx of recurrent infections *Drugs limited to diagnosis Documentation / Labs / Reports *Non-infectious UV * Classified as ONE of the following - Intermediate - Posterior	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor - PDE4 inhibitor - Ves - Classified as ONE of the following - Intermediate - Posterior	X *Humira *Remicade *Simponi	*MTX for ≥3 consecutive months Gastroenterologist Humira		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X	
UVEITIS (UV)	Exclusions *Used in combination with AUY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor *Active serious or hx of recurrent infections *Drugs limited to diagnosis Documentation / Labs / Reports *Non-infectious UV * Classified as ONE of the following - Intermediate - Posterior - Panuviti	ANY of the following: - Biologic DMARD - Jarus kinase inhibitor - PDE4 inhibitor Yes Yes * Classified as ONE of the following - Intermediate	X *Humira *Remicade *Simponi	*MTX for ≥3 consecutive months Gastroenterologist Humira		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X	
ŪVEITIS (UV)	Exclusions *Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor *Active serious or hx of recurrent infections *Drugs limited to diagnosis Documentation / Labs / Reports *Non-infectious UV * Classified as ONE of the following - Intermediate - Posterior	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor - PDE4 inhibitor - Ves - Classified as ONE of the following - Intermediate - Posterior	X *Humira *Remicade *Simponi	*MTX for ≥3 consecutive months Gastroenterologist Humira		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X	
UVEITIS (UV)	Exclusions *Used in combination with AWY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor *Active serious or hx of recurrent infections *Drugs limited to diagnosis Documentation / Labs / Reports Reports *Non-infectious UV * Classified as ONE of the following - Intermediate - Posterior - Panuviti *Chronic, recurrent,	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor - PDE4 inhibitor - Ves - Classified as ONE of the following - Intermediate - Posterior	X *Humira *Remicade *Simponi	*MTX for ≥3 consecutive months Gastroenterologist Humira		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X	
υνειτις (υν)	Exclusions *Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor *Drugs limited to diagnosis *Drugs limited to diagnosis Documentation / Labs / Reports Classified as ONE of the following - Intermediate - Posterior - Poatrviti *Chronic, recurrent, treatment-refractory, or	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor - PDE4 inhibitor - Ves - Classified as ONE of the following - Intermediate - Posterior	X *Humira *Remicade *Simponi X	*MTX for ≥3 consecutive months Gastroenterologist Humira		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X	
UVEITIS (UV)	Exclusions "Used in combination with AWY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor "Active serious or hx of recurrent infections "Drugs limited to diagnosis "Documentation / Labs / Reports "Non-Infectious UV " Classified as ONE of the following - Intermediate - Posterior - Panuviti "Chronic, recurrent, treatment-refractory, or vision-threatening disease	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor Yes * Classified as ONE of the following - Intermediate - Posterior - Panuviti	X *Humira *Remicade *Simponi X	*MTX for ≥3 consecutive months Gastroenterologist Humira X		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X	
UVEITIS (UV)	Exclusions *Used in combination with AWY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE3 inhibitor *Active serious or hx of recurrent infections *Drugs limited to diagnosis Documentation / Labs / Reports *On-infectious UV *Classified as ONE of the following +Intermediate - Posterior - Panuviti *Chronic, recurrent, treatment-refractory, or vision-threatening disease *Age Limit *	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor PDE4 inhibitor - PDE4 inhibitor	X *Humira *Remicade *Simponi X X X	*MTX for ≥3 consecutive months Gastroenterologist Humira X X		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X	
UVEITIS (UV)	Exclusions "Used in combination with AWY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor "Active serious or hx of recurrent infections "Drugs limited to diagnosis "Documentation / Labs / Reports "Non-Infectious UV " Classified as ONE of the following - Intermediate - Posterior - Panuviti "Chronic, recurrent, treatment-refractory, or vision-threatening disease	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor Yes * Classified as ONE of the following - Intermediate - Posterior - Panuviti	X *Humira *Remicade *Simponi X	*MTX for ≥3 consecutive months Gastroenterologist Humira X		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X	
UVEITIS (UV)	Exclusions *Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor *Active serious or hx of recurrent infections *Drugs limited to diagnosis Documentation / Labs / Reports *Non-infectious UV - Classified as ONE of the following - Intermediate - Posterior - Panuviti *Chronic, recurrent, treatment-refractory, or vision-threatening disease *Age Limit *Negative TB skin test *Desative TB skin test *Destine	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor PDE4 inhibitor - PDE4 inhibitor	X *Humira *Remicade *Simponi X X X	*MTX for ≥3 consecutive months Gastroenterologist Humira X X		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X	
UVEITIS (UV)	Exclusions "Used in combination with AWY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor "Active serious or hx of recurrent infections "Drugs limited to diagnosis "Documentation / Labs / Reports "Non-infectious UV "Classified as ONE of the following - Intermediate - Posterior - Panuviti "Chronic, recurrent, treatment-refractory, or vision-threatening disease "Age Limit "Negative TB skin test "History of Failure,	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor Yes * Classified as ONE of the following - Intermediate - Posterior - Panuviti ≥18 years of age Yes	X *Humira *Remicade *Simponi X X X X	*MTX for ≥3 consecutive months Gastroenterologist Humira X X ×		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X	
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ŪVEITIS (UV)	Exclusions "Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor "Active serious or hx of recurrent infections "Drugs limited to diagnosis "Documentation / Labs / Reports Documentation / Labs / Report Classified as ONE of the following - Intermediate - Posterior - Panuviti "Chronic, recurrent, treatment-refractory, or vision-threatening disease "Age Limit "Negative TB skin test "History of failure, contraindication, or intolerance to: "Prescriber speciality "	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor PDE4 inhibitor - Comparison of the following - Intermediate - Posterior - Posterior - Posterior - Ponuviti 218 years of age Yes Conventional therapy	X *Humira *Remicade *Simponi X X X X	*MTX for ≥3 consecutive months Gastroenterologist Humira X × × × ×		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X X X X	
UVEITIS (UV)	Exclusions "Used in combination with AWY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor "Comparison of the comparison of the c	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor - PDE4 inhibitor - Ves - Classified as ONE of the following - Intermediate - Posterior - Posterior - Ponuviti ≥18 years of age Yes - Conventional therapy *Rheumatologist - Ophthalmologist	X *Humira *Remicade *Simponi X X X X	*MTX for ≥3 consecutive months Gastroenterologist Humira X × × × ×		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X X X	
UVEITIS (UV)	Exclusions	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor - PDE4 inhibitor Yes * Classified as ONE of the following - Intermediate - Posterior - Panuviti ≥18 years of age Yes Conventional therapy *Rheumatologist *Ophthalmologist *Used in combination with	X *Humira *Remicade *Simponi X X X X	*MTX for ≥3 consecutive months Gastroenterologist Humira X × × × ×		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X X X	
UVEITIS (UV)	Exclusions	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor - PDE4 inhibitor Yes * Classified as ONE of the following - Intermediate - Posterior - Panuviti ≥18 years of age Yes Conventional therapy *Rheumatologist *Ophthalmologist *Used in combination with	X *Humira *Remicade *Simponi X X X X	*MTX for ≥3 consecutive months Gastroenterologist Humira X × × × ×		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X X X	
UVEITIS (UV)	Exclusions	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor - POSterior - POSterio	X *Humira *Remicade *Simponi X X X Conventional therapy	*MTX for ≥3 consecutive months Gastroenterologist Humira X × × × ×		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X X X *Rheumatologist *Ophthalmologist	
UVEITIS (UV)	Exclusions "Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor "Active serious or hx of recurrent infections "Drugs limited to diagnosis Documentation / Labs / Reports "Non-infectious UV " Classified as ONE of the following - Intermediate - Posterior - Panuviti "Chronic, recurrent, treatment-refractory, or vision-threatening disease "Age Limit "History of failure, contraindication, or intolerance to: "Prescriber Speciality Exclusions "Used in combination with ANY of the following: - Biologic DMARD	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor - PDE4 inhibitor - PDE4 inhibitor - POE4 - PO	X *Humira *Remicade *Simponi X X X X	*MTX for ≥3 consecutive months Gastroenterologist Humira X × × × ×		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X X X	
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UVEITIS (UV)	Exclusions "Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor "Active serious or hx of recurrent infections "Drugs limited to diagnosis Documentation / Labs / Reports "Non-infectious UV " Classified as ONE of the following - Intermediate - Posterior - Panuviti "Chronic, recurrent, treatment-refractory, or vision-threatening disease "Age Limit "History of failure, contraindication, or intolerance to: "Prescriber Speciality Exclusions "Used in combination with ANY of the following: - Biologic DMARD	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor - PDE4 inhibitor - PDE4 inhibitor - POE4 - PO	X *Humira *Remicade *Simponi X X X Conventional therapy	*MTX for ≥3 consecutive months Gastroenterologist Humira X × × × ×		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X X X *Rheumatologist *Ophthalmologist	
UVEITIS (UV)	Exclusions "Used in combination with AW' of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor "Active serious or hx of recurrent infections "Drugs limited to diagnosis "Documentation / Labs / Reports - Reports - Non-infectious UV - Classified as ONE of the following - Intermediate - Posterior - Panuviti "Chronic, recurrent, treatment-refractory, or vision-threatening disease "Age Limit "Negative TB skin test "History of failure, contraindication, or intolerance to: "Prescriber speciality Exclusions "Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor - PDE4 inhibitor - Ves * Classified as ONE of the following - Intermediate - Posterior - Posterior - Panuviti ≥18 years of age Yes Conventional therapy * Rheumatologist * Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor	X *Humira *Remicade *Simponi X X X Conventional therapy X X	*MTX for ≥3 consecutive months Gastroenterologist Humira X × × × ×		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X X X *Rheumatologist *Ophthalmologist	
UVEITIS (UV)	Exclusions "Used in combination with AWY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor "Active serious or hx of recurrent infections "Documentation / Labs / Reports "Non-infectious UV Cassified as ONE of the following - Intermediate - Posterior - Panuviti "Chronic, recurrent, treatment-refractory, or vision-threatening disease "Age Limit "History of failure, contraindication, or intolerance to: "Prescriber Skin test "History of failure, contraindication, or intolerance to: "Prescriber Skin test "History of failure, contraindication, or intolerance to: "Prescriber speciality Exclusions "Used in combination with ANY of the following: - JBIO BMARD - Janus kinase inhibitor - PDE4 inhibitor "Active serious or hx of	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor - PDE4 inhibitor - Ves * Classified as ONE of the following - Intermediate - Posterior - Posterior - Panuviti ≥18 years of age Yes Conventional therapy * Rheumatologist * Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor	X *Humira *Remicade *Simponi X X X Conventional therapy	*MTX for ≥3 consecutive months Gastroenterologist Humira X × × × ×		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X X X *Rheumatologist *Ophthalmologist	
UVEITIS (UV)	Exclusions	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor - PDE4 inhibitor - Ves * Classified as ONE of the following - Intermediate - Posterior - Posterior - Panuviti ≥18 years of age Yes Conventional therapy * Rheumatologist * Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor	X *Humira *Remicade *Simponi X X X Conventional therapy X X	*MTX for ≥3 consecutive months Gastroenterologist Humira X × × × ×		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X X X *Rheumatologist *Ophthalmologist	
UVEITIS (UV)	Exclusions "Used in combination with AWY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor "Active serious or hx of recurrent infections "Documentation / Labs / Reports "Non-infectious UV Cassified as ONE of the following - Intermediate - Posterior - Panuviti "Chronic, recurrent, treatment-refractory, or vision-threatening disease "Age Limit "History of failure, contraindication, or intolerance to: "Prescriber Skin test "History of failure, contraindication, or intolerance to: "Prescriber Skin test "History of failure, contraindication, or intolerance to: "Prescriber speciality Exclusions "Used in combination with ANY of the following: - JBIO BMARD - Janus kinase inhibitor - PDE4 inhibitor "Active serious or hx of	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor - PDE4 inhibitor - Ves * Classified as ONE of the following - Intermediate - Posterior - Posterior - Panuviti ≥18 years of age Yes Conventional therapy * Rheumatologist * Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor	X *Humira *Remicade *Simponi X X X Conventional therapy X X X X	*MTX for ≥3 consecutive months Gastroenterologist Humira X X × × × AtL local of systemic therapies Ophthalmologist		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X X X *Rheumatologist *Ophthalmologist X	
UVEITIS (UV)	Exclusions	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor - PDE4 inhibitor - Ves * Classified as ONE of the following - Intermediate - Posterior - Posterior - Panuviti ≥18 years of age Yes Conventional therapy * Rheumatologist * Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor	X *Humira *Remicade *Simponi X X X Conventional therapy X X	*MTX for ≥3 consecutive months Gastroenterologist Humira X × × × ×		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X X X *Rheumatologist *Ophthalmologist	
UVEITIS (UV)	Exclusions	ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor - PDE4 inhibitor - Ves * Classified as ONE of the following - Intermediate - Posterior - Posterior - Panuviti ≥18 years of age Yes Conventional therapy * Rheumatologist * Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor	X *Humira *Remicade *Simponi X X X Conventional therapy X X X X	*MTX for ≥3 consecutive months Gastroenterologist Humira X X × × × AtL local of systemic therapies Ophthalmologist		*Remicade Gastroenterologist X X	*Remicade Gastroenterologist X Humira X X X *Rheumatologist *Ophthalmologist X	

Speciality Requirements *

Exclusions

Cytokine & CAM Antagonists continued

*Used in combination with ANY of the following: - Biologic DMARD - Janus kinase inhibitor - PDE4 inhibitor Medication *Specific to diagnosis *History of failure, contraindication, or intolerance to:

iagnosis	Criteria Details	Proposed Policy	AMG	CCC CHP	мнс	инс	FF
onatal Hypoglycemia	Documentation / Labs / Reports						1
	*Confirmation of	*Neonates with hypoglycemia	*Neonates with hypoglycemia	*Random GH	*Hypoglycemia without metabolic disorder by	ONE of the following:	+
	diagnosis	*reconates with hypogytemia *Clinical and evidence of hypopituitarism (growth hormone level <10ng/mL	*Clinical and evidence of hypopituitarism (growth hormone level <10ng/mL	measurement of <20μg/L	polyclonal RIA	One of the following: *4 months of age with growth deficiency *HX of neonatal hypoglycemia associated with pituitary disease *Diagnosis of panhypopituitarism	e
	*Age limit	<4 months of age				<4 months of age	
	*Growth		<10ng/mL	<20µg/L			
	Hormone Level			Brain MRI shows risk of	MRI of hypothalamic pituitary region or CT to R/O		_
	*Imaging			hypopituitarism	tumors or congenital or morphalogical anomalies		
	*Other causes of	R/O other causes	Pituitary or other hormonal insufficiencies	x	X		
	growth failure have been ruled out						
	*Prescriber	Endocrinologist	By or in consultation with specialist	Endocrinologist	Neonatalogist	Endocriologist	+
	speciality	Neonatalogist	-, in consultation with specialist		0.00		
th Hormone Deficiency)							
	Documentation / Labs / Reports						
	*Confirmation of GHD	*ONE of the following: > Projecte height is >2.5 D below midparental height > Height is >2.25 SD below modulation mean - Growth velocity is >2.5 D below mean > Delayed selectal maturation of >2.5 D below mean • OB the following: • Bone age <16 years for males	⁶ GV 2 SD below age-appropriate mean; CR height 2 SS D below age-appropriate mean ⁴ Suboptimal response (<10ng/mL) to any TWO GH stim tests (arginine, donidine, etc. ⁴ Two other pitutary hormone deficiencies in addition to IGF-1 below age- appropriate level; OR crainal irradiaion with IGF-1 level below normal	Low or low normal (GF-1 or (GFBP-3 and ONE of the following: *Two 6H stim test with peak levels 510 µg/mL; *Evidence of 23 pituitary hormone deficiencies; *tko of surgery or irradiation in hypothalamic-pituitary region; *Defined CNS pathology documented by MRI or CT; *Documented genetic cause of GHD	 *Two different GH stimulation tests with serum peak (arginine, cloudine, etc) *Low IGF-1/IGFBP-3 level + subnormal response to one provactive test, *23 other pituitary hormone deficiencies *Irradiation to the hypothalamic area, or surgery, CNS abormality or genetic cause 	 Growth velocity is >2 SD below mean Delayed skeletal maturation of >2 SD below mean 	
	*Open epiphyses			x			
	*Growth velocity	>2 SD below mean over 1 year	2 SD below mean	>2 SD below mean over 1 year		>2	Τ
	(SD) *Height	2.25 SD below mean	2.25 SD below mean	>3 SD below mean			+
	*GH stim test	2	2	2	2	2	1
	*Bone age	≤16 years for males ≤14 years for females			≤16 years for males ≤14 years for females	Delayed skeletal maturation of >2 SD below mean *ONE of the following: - Bone age <16 years for males - Bone age <14 years for females	
	*Thyroid function test		WNL		WNL		
	*Other pituitary hormone test						
	documenting	3	2	3	≥3		
	deficiencies						
	*Other causes of						
	growth failure			*Intercranial tumor is			
	have been ruled			excluded by MRI or CT			
	out *Prescriber						+
	speciality	Endocrinologist		Endocrinologist		Endocrinologist	
th Hormone Deficiency s)							
	Documentation / Labs / Reports						

Growth Hormone

				1			
		Childhood-onset; OR adult-onset GHD as a result of hypothalamic-pituitary disease from	*Documented GHD in child-	ONE of the following:		*Completed linear growth < 2 cm/yr AND	Childhood-onset; OR adult-onset GHD as a result of
	GHD	organic or known causes	hood OR	*Two GH stim tests with		GH treatment has been discontinued at	hypothalamic-pituitary disease from organic or known causes
		*ONE of the following peak GH values:	*Pituitary disease, hypothalamic	peak levels ≤5 µg/mL;		least 3 months after completion of linear	*ONE of the following peak GH values:
		- ITT ≤5 μg/L	*Subnormal response to 2	*Both of the following		growth AND idiopathic isolated GHD has	- ITT ≤5 μg/L
		- GHRH+ARG (≤11µg/L if BMI <25kg/m²; ≤8µg/L if BMI ≥25 and <30mg/m²; ≤4µg/L if BMI		- One GH stim test with		been reconfirmed by:	 GHRH+ARG (≤11µg/L if BMI <25kg/m²; ≤8µg/L if BMI ≥25 and
		≥30kg/m ²)	lation test (serum GH conc of	peak level of ≤5µg/mL;		-subnormal response to 2 of the following:	<30mg/m ² ; ≤4µg/L if BMI ≥30kg/m ²)
		- Glucagon ≤3μg/L	< or = 5ng/ml for insulin	- One low IGF-1 level		-ITT, Arginine, Glucagon, Arginine/	 Glucagon ≤3µg/L
		- ARG ≤0.4µg/L	induced hypoglycemia test or	*One low IGF-1 level		GHRH, Arginine/L-Dopa with exception	- ARG ≤0.4µg/L
		*Deficiency of three of the following:	serum GH conc of < or = 4.1ng/ml	and ONE of the		to removal of the pituitary OR	*Deficiency of three of the following:
		- Prolactin	when using arginine OR	following:		-Subnormal response to one provocative test and	- Prolactin
		- ACTH	*Subnormal response to 1 stim test	- Hypothalamic-		low IGF-1/IGFBP-3 level	- ACTH
		- ACTH - TSH					- TSH
			w/ documented hypothalamic or	pituitary structural		*Multiple pituitary hormone deficiencies with a	
		- FSH/LH	pituitary disease and one or more add'l	lesions;		subnormal response to one provocative GH test	- FSH/LH
		*IGF-1/Somatomedin-C level is below adjusted normal range	pituitary hormone deficits OR	 Evidence of ≥3 		and/or low IGF-1/IGFBP-3 level	*IGF-1/Somatomedin-C level is below adjusted normal range
		*Diagnosis of panhypopituitarism OR other diagnosis and not used in combination with	*Presence of at least 3 other pituitary	pituitary hormone		OR	*Diagnosis of panhypopituitarism OR other diagnosis and not
		the following:	hormone deficiencies	deficiencies;		No stimulation testing is required for	used in combination with the following:
		- Aromatase inhibitors	disease, surgery, radiation therapy,	- Documented genetic		genetic mutations, structural hypothalamic-	- Aromatase inhibitors
		- Androgens	trauma or aneurismal subarachnoid	cause of GHD		pituitary disease, central nervous system	- Androgens
			hemorrhage resulting in hypopituitarism"			tumors, Multiple Pituitary Hormone Deficiencies	-
						or severe GHD with receipt of high dose cranial	
						radiation therapy.	
	*GH stim test (#)	2	2	2		2	1
			2				
	*IGF-1/IGFBP-3 level is below mean	Yes		x		х	x
	*Other hormone tests	3	3	3		Multiple	3
ł	*Additional	R/O other causes	Disease, surgery, radiation therapy, trauma or	Documented genetic			*Diagnosis of panhypopituitarism OR other diagnosis and not
	causes of growth	iy o other causes	aneurismal subarachnoid hemorrhage	cause of GHD	1		used in combination with the following:
	failure			cause of GHD			Aromatase inhibitors
	ranure		resulting in hypopituitarism				- Androgens
	*Prescriber	Endocrinologist		Endocrinologist			Endocrinologist
	speciality						
Genetic disease with Primary Effects on Growth (Peds)							
*Prader-Willi Syndrome							
ridder-will Synarome							
	Documentation /						
	Labs / Reports						
	*Open epiphysis			x			
ł	*Confirmed	Constitution		Constis testi		DNA methylation testing results	Constic testing
	diagnosis	Genetic testing		Genetic testing			Genetic testing
ł	*Bone age						<14 years for females
1							
	*Growth failure						
	associated with						
	height <5th %ile						x
	on growth charts				1		
	for age/gender						
+	Weight/BMI	< 35	< 35	< 40		< 35	
ł	*Prescriber						
	speciality	Endocrinologist		Endocrinologist	1	Endocrinologist	Endocrinologist
				-			
1							
	Exclusions			x			
ļ	Exclusions *Severe obesity			x			
	Exclusions *Severe obesity *Hx of upper			x			
	Exclusions *Severe obesity *Hx of upper airway			x x			
	Exclusions *Severe obesity *Hx of upper airway obstruction			x			
	Exclusions *Severe obesity *Hx of upper airway obstruction *Hx of sleep			x x x			
	Exclusions *Severe obesity *Hx of upper airway obstruction *Hx of sleep apnea			x x x			
	Exclusions *Severe obesity *Hx of upper airway obstruction *Hx of sleep apnea *Severe			x x x			
	Exclusions *Severe obesity *Hx of upper airway obstruction *Hx of sleep apnea *Severe respiratory			x x x x			
	Exclusions *Severe obesity *Hx of upper airway obstruction *Hx of sleep apnea *Severe			x x x x			
	Exclusions *Severe obesity *Hx of upper airway obstruction *Hx of sleep apnea *Severe respiratory			x x x x			
	Exclusions *Severe obesity *Hx of upper airway obstruction *Hx of sleep apnea *Severe respiratory impairment			x x x x			
*Turner Syndrome	Exclusions *Severe obesity #Hx of upper airway obstruction *Hx of sleep apnea *Severe respiratory impairment Documentation /			x x x x			
*Turner Syndrome	Exclusions *Severe obesity *Hx of upper airway obstruction *Hx of sleep apnea *Severe respiratory impairment Documentation / Labs / Reports			x x x x			
*Turner Syndrome	Exclusions *Severe obesity *Ks of upper airway obstruction *Hx of sleep apnea *Severe respiratory impairment Documentation / Labs / Reports *Open epiphysis			x x x x			
*Turner Syndrome	Exclusions *Severe obesity *Hx of upper airway obstruction *Hx of sleep apnea *Severe respiratory impairment Documentation / Labs / Reports	Genetic testing		X X X X X X X X X X X X X X X X X X X		Genetic testing	Genetic testing
*Turner Syndrome	Exclusions *Severe obesity *Hx of upper airway obstruction *Hx of sleep apnea *Severe respiratory impairment Documentation / Labs / Reports *Open epiphysis *Confirmed	Genetic testing		X X X X X X X X X X X X X X X X X X X		Genetic testing <16 years for males	Genetic testing <pre></pre> <pre>Genetic testing <pre></pre> <pre< td=""></pre<></pre>

	*Mean height and growth velocity	*Standing height > 3 SD below mean; OR *Standing height >-3 SD below mean with deceleration of 2 heights measured by endocrinologist at least 6 mos apart (≥1 yr) or 4 heights measured by primary physician at least 6 months apart (≥2 yrs) CR *Growth velocity of 2 SD below the mean over 1 yr	GV below 10%ile over 1 year; OR	Height >3 SD below mean	*Standing height > 3 SD below mean; OR *Standing height 2-3 SD below mean with deceleration of 2 heights measured by endocrinologist at least 6 mos apart (21 yr) or 4 heights measured by primary physician at least 6 months apart (22 yrs); OR *Growth velocity of 2 SD below the mean over 1 yr	Height «Sth %ile	
*Noonan Syndrome	*Thyroid function test *Prescriber speciality	Endocrinologist		Endocrinologist	*Thyroid function test WNL (0.4-4.0mIU/L)	Endocrinologist	
	Documentation / Labs / Reports						
	*Open epiphysis			x			
	*Confirmed diagnosis	Genetic testing		Genetic testing	Genetic testing	Genetic testing	
	*Bone age	<16 years for males <14 years of females			<16 years for males <14 years of females	<16 years for males <14 years of females	
	*Mean height and growth velocity	Starting height > 3 SD below mean; OR *Standing height > 3 SD below mean with deceleration of 2 heights measured by endocrinologist at least 6 most apart (≥1 yr) or 4 heights measured by primary physician at least 6 months apart (≥2 yrs); OR *Growth velocity of 2 SD below the mean over 1 yr	*Height ≥2.25 but <2.5 SD below mean with GV below 10%ile over 1 year; OR *Height ≥2.5 SD below mean regardless of GV	Height >3 SD below mean	Start years of remains of the start of th	Height <5th %ile	
	*Thyroid function test				*Thyroid function test WNL (0.4-4.0mIU/L)		
	*Prescriber speciality	Endocrinologist		Endocrinologist		Endocrinologist	
*SHOX Deficiency	Documentation / Labs / Reports						
	*Open epiphysis			x			
	*Confirmed diagnosis	Genetic testing		Genetic testing	Genetic testing	Genetic testing	
	*Bone age	<16 years for males <14 years of females			<16 years for males <14 years of females	<16 years for males <14 years of females	
	*Mean height and growth velocity	*Standing height > 3 SD below mean; OR *Standing height > 2-3 SD below mean with deceleration of 2 heights measured by endocrinologist at least 6 mos apart (>1 yf) or 4 heights measured by primary physician at least 6 months apart (>2 yrs); OR *Growth velocity of 2 SD below the mean over 1 yr	GV below 10%ile over 1 year; OR	Height >3 SD below mean	*Standing height > 3 SD below mean, OR *Standing height 2-3 SD below mean with deceleration of 2 heights measured by endocrinologist at least 6 mos apart (21 yr) or 4 heights measured by primary physician at least 6 months apart (22 yrs); OR *Growth velocity of 2 SD below the mean over 1 yr	Height <sth %ile<="" td=""><td></td></sth>	
	*Thyroid function test				*Thyroid function test WNL (0.4-4.0mIU/L)		
	*Prescriber speciality	Endocrinologist		Endocrinologist		Endocrinologist	
Prader-Willi Syndrome (Adults)							
	Documentation / Labs / Reports	Endocrinologist					
	*Confirmed genetic testing	Genetic testing		x			
	*Closed epiphysis			x			
	Exclusions *Severe obesitv			X			
	*Hx of upper *Hx of sleep			X X			
Small for Gestational Age (Peds)	*Severe			X			
	Documentation / Labs / Reports						

Note Note Note Note Note Note Note Note Second Second Second Second Second Second Note Second Second								<u> </u>
Note Note Note Note Note Note Note Image: Note Section		*Open epiphysis						
Ref Ref Ref Ref Ref Ref Ref Image: Section of the sect		length below the mean for	≥2 SD	≥2 SD	>2 SD	>2 SD	>2 SD	
Here 1 <t< th=""><th></th><th>up growth to reach nomal</th><th>Age 2</th><th>Age 4</th><th>Age 2</th><th>Age 2</th><th>Age 2</th><th></th></t<>		up growth to reach nomal	Age 2	Age 4	Age 2	Age 2	Age 2	
Application Instrume Instrume Instrume Instrume Instrume Instrume Instrume 0 Instrume Instrum Instrum Instrum<		*Bone age						
Process matrix membra (mass) Membra (mass) membra (mass) <		-	<14 years of females					
Addition Mathematical system Mathematical system Mathematical system Mathematical system Densities Marcines Marcine Marcine Marcines <th></th> <th></th> <th></th> <th></th> <th></th> <th>WNL</th> <th></th> <th></th>						WNL		
Bowmanie Commanie			Endocrinologist		Endocrinologist		Endocrinologist	
Image:	Chronic Kidney Disease (Peds)							
Set Description Control of the Set Description of								
Aud growth educinging hight 3.3 D blow mean with diceberding of 2 hights measured by educing hight 2.3 D blow mean with diceberding of 2 hights measured by educing hight 2.3 D blow mean with diceberding of 2 hights measured by educing hight 2.5 D blow mean engrades of 0 sight 2.5 D blow mean en		*Open epiphysis			x			
Short Board Signals ONE of the following::::::::::::::::::::::::::::::::::::		and growth velocity	*Standing height 2-3 SD below mean with deceleration of 2 heights measured by endocrinologist at least 6 mos apart (21 yr) or 4 heights measured by primary physician at least 6 months apart (22 yrs); OR	GV below 10%ile over 1 year; OR		*Standing height 2-3 SD below mean with deceleration of 2 heights measured by endocrinologist at least 6 mos apart (21 yr) or 4 heights measured by primary physician at least 6 months apart (22 yrs); OR		
Image: Since and a set of females of female		*Evidence for	*Structural or functional abnormalities of the kidney for ≥3 months *GFR <60 mL/min per 1.73 m ² for ≥3 months		*Structural or functional abnormalities of the kidney for ≥3 months *GFR <60 mL/min per 1.73 m² for ≥3 months *Occurrance of ONE each of above together			
Image: Short Bowel Syndrom Cate years of memory Cate years of memory Cate years of memory Cate years of memory Short Bowel Syndrom *Prescription *Reperiodicity Reperiodicit		*Bone age	<16 years for males			<16 years for males		
File Image: State St		*Prescriber	*Endocrinologist *Nephrologist			<14 years of females	*Endocrinologist	
Alignet Image:			outonetongst					
Short Bowel Syndrome Image:								
Lab / Report Lab / Report Second Control Second Control <th>Short Bowel Syndrome</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Short Bowel Syndrome							
*Specialized nutritional *Specialized *Prescriber speciality *Specialized *Prescriber speciality *Specialized *Prescriber speciality *Specialized *Prescriber speciality *Specialized *Speciality *Speciality *S		Labs / Reports						
nutritional support Yes *Prescriber speciality Samport Xes *Income HV-Related Wasting of Income Income Income Income Income Income			≥18 years of age		≥18 years of age			
Autometrologist Gastroemetrologist HIV-Related Wasting or Image: Construction of the second		nutritional support	Yes	x	x		x	
			Gastroenterologist		Gastroenterologist			
]
Documentation / Labs / Reports								
*Age limit 218 years of age ≥18 years of age <		*Age limit	≥18 years of age		≥18 years of age			

*Weight loss		*Wt loss > 10% of baseline not related to any other illness	Unexplained weight loss of >10% from baseline	*Weighs 90% IBW *Baseline BIA or total body DEXA showing body cell	*Unintentional weight loss of >10% over 12 months *Unintentional weight loss of >7.5% over last 6 months *Loss of 5% ECW within 6 months *BMI <20kg/m ² *One of the following: - for males: ECM <35% TBW and BMI <27kg/m ² - For females:BCM <23% of TBW and BMI <27kg/m ²	
*Treatment therapies other than rhGH have been suboptimal	Yes		x	x		
*Alternate causes of wasting or cachexia ruled out	Yes		x	x	x	
*Currently on optimized ARTs to decrease VL	Yes	x	x	x	x	
*Prescriber speciality	Physician specializing in HIV diagnosis and management		Physician specializing in HIV diagnosis and management			

Hypoglycemics- Insulin

Diagnosis	Criteria	Proposed Policy	AMG	CCC	СНР	MHC	UHC	FFS
DIABETES MELLITUS	- TYPE 1							
	Preferred - Long-Acting							
	Insulin							
	*History of failure,						One of the following:	
	contraindication, or						*Toujeo Solostar; OR	
	intolerance to:						*Basaglar KwikPen	EA to bypass criteria
	Preferred - LAI (PEN)							
	*History of failure,						One of the following:	
	contraindication, or						*Toujeo Solostar; OR	
	intolerance to:						*Basaglar KwikPen	EA to bypass criteria
	Non-Preferred - LAI						busugiar kwiki ch	EA to bypass criteria
	*History of failure,	T/F All					Majority (not more	
	contraindication, or	I/F All						
			1 Preferred (Basaglar)			1 Preferred (Basaglar)	than 3) preferred	
	intolerance to:						alternatives	
								ALL preferred LAI
	Non-Preferred - LAI (PEN)							
	*History of failure,	T/F All						
	-							
	contraindication, or	EA for children,	1 Preferred (Basaglar)			1 Preferred (Basaglar)		
	intolerance to:	pregnancy, and impaired						· · ·
								ALL preferred LAI
	Non-Preferred - Rapid-							
	Acting Insulin							
	*History of failure,	T/F All						
	contraindication, or		1 Preferred (Apidra)					
	intolerance to:							
	Inhaled Insulin							
	*Age Limit	≥18 years of age	≥18 years of age					
	*Concurrently using LAI							
	*History of failure,	T/F All Rapid						
	contraindication, or		1 Preferred (Apidra)					
	intolerance to:							
DIABETES MELLITUS								
DIADETES MILLEITOS	Preferred - Long-Acting							
	Insulin							
	*History of failure,							
	-							
	contraindication, or							NDU
	intolerance to:							NPH x3 month
	Preferred - LAI (PEN)						One of the fallowing	
	*History of failure,						One of the following:	
	contraindication, or						*Toujeo Solostar; OR	
	intolerance to:						*Basaglar KwikPen	NPH x3 month
	Non-Preferred - LAI							
	*History of failure,						Majority (not more	*NPH x3 months; AND
	contraindication, or		1 Preferred (Basaglar)			1 Preferred (Basaglar)	than 3) preferred	*All preferred product
	intolerance to:						alternatives	
	Non-Preferred - LAI (PEN)							
	*History of failure,							*NPH x3 months; AND
	contraindication, or							*All preferred product
	intolerance to:		1 Preferred (Basaglar)			1 Preferred (Basaglar)		
l							1	

Hypoglycemics- Insulin continued

1	Non-Preferred - Rapid-					
	Acting Insulin					
		T/F All				
	contraindication, or		1 Preferred (Apidra)			
	intolerance to:		,			
	Inhaled Insulin					
	*Age Limit	≥18 years of age	≥18 years of age			
	*Concurrently using LAI					
	*History of failure,	T/F All				
	contraindication, or		1 Preferred (Apidra)			
	intolerance to:					
GESTATIONAL DIABETES	5					
	Preferred - Long-Acting					
	Insulin					
	*History of failure,					
	contraindication, or					
	intolerance to:					NPH x 1 month
	Non-Preferred - Long-Acting					
	Insulin				 	
	*History of failure,					*NPH; x1 month AND
	contraindication, or					*All preferred products
	intolerance to:					
	Preferred - Rapid-Acting					
	Insulin					
	*History of failure,					
	contraindication, or					
		Not required			 	
	Non-Preferred - Rapid-					
	Acting Insulin	_ /]
	*History of failure,	T/F All				
	contraindication, or					
	intolerance to:					

Hypoglycemics- Metformin

Diagnosis	Criteria	Proposed Policy	AMG	ссс	СНР	мнс	UHC	FFS
DIABETES M	ELLITUS - TYPE 2							
	Non-Preferred Metformin							
	ER							
			≥3 preferred					
			generically					
	*History of failure,	All preferred	available					All preferred
	contraindication, or	generically	metformin					generically
	intolerance to:	available	agents; (one					available
		metformin	must be an					metformin
		extended-	extended-					extended-
		release agents	release agent)					release agents

Pulminary Arterial Hypertension

Diagnosis	Criteria	Proposed Policy	AMG	ссс	СНР	мнс	UHC	FFS
PULMONA	RY ARTERIAL HYPERTENSION (РАН)				-		-
	Documentation / Labs /							
	Reports							
	*WHO Group 1 and	*WHO Group 1 and	х				х	
	functional class II-IV	functional class II-IV						
		*Right-heart						
	*Right-heart catheterization	catheterization which						
	which shows mPAP >25 mm	shows mPAP >25 mm						
	Hg; PCWP, left atrial	Hg; PCWP, left atrial				Х	Х	
	pressure, or LVEDP ≤15 mm	pressure, or LVEDP ≤15						
	Hg; and PVR >3 Wood units	mm Hg; and PVR >3						
		Wood units						
	*History of failure,	*History of failure,				*Calcium channel	*Sildenafil	
	contraindication or	contraindication or		Calcium Channel Blocker		blocker	*Adempas	
	intolerance to:	intolerance to CCB and				*Sildenafil	*ERA	
		one preferred.						
	*Inadequate response or							
	contraindication to acute			Х		Х		
	vasodilator testing	Not required						
	*WHO/NYHA Functional	*WHO Group 1 and	II-IV	II-IV		11-111	11-111	
	Class Symptoms	functional class II-IV						
	*Age/Gender/Other					≥18 years of age		
	Restrictions	Not required						
	*Specialist	*Cardiologist		*Cardiologist		*Cardiologist		*Cardiologist
		*Pulmonologist		*Pulmonologist		*Pulmonologist		*Pulmonologist
	Exclusions							
	*Treatment of BPH or ED	*Treatment of BPH or ED	Х					x
	*Severe hepatic impairment	Not required	х					
	*Severe Renal		х					
	Impairment/Dialysis	Not required	Λ					
	*Dose limits based on FDA	*Dose limits based on		х				х
	labeling	FDA labeling		^				^
CHRONIC 1	THROMBOEMBOLIC PULMONA	RY HYPERTENSION (CTEPH	1)	, , , , , , , , , , , , , , , , , , , ,		1	1	
	Documentation / Labs /							
	Reports							
	*WHO Group 4 and	*WHO Group 4 and	х				x	
	functional class II-IV	functional class II-IV	X				Χ	
		*Pulmonary angiogram						
	*Pulmonary angiogram via	via right-heart						
	right-heart catheterization	catheterization which						
	which shows mPAP >25 mm	shows mPAP >25 mm Hg	Х				Х	
	Hg caused by thromboemboli	caused by						
	in pumonarteria system	thromboemboli in						
		pumonarteria system						
	*Age/Gender/Other							
	Restrictions	Not required					1	

Pulminary Arterial Hypertension continued

*History of failure,					
contraindication or					
intolerance to:	Adempas - preferred as fi	irst line for this indication	only.		
*Specialist	Not required				
Exclusions					
*Treatment of BPH or ED	*Treatment of BPH or ED	x			
*Severe Hepatic Impairment	Not required	x			
*Severe Renal Impairment/Dialysis	Not required	х			

Pancreatic Enzymes

Diagnosis	Criteria	Proposed Policy	AMG	CCC	СНР	VHC (3/1/2016	UHC	FFS
Pancreatic insufficiency or	CF	Not Required	No policy	No policy	No policy	х	No policy	
Chronic pancreatitis or par	ncreatectomy	Not Required				х		
T/F pref'd		T/F 2 preferred				All		

Inhaled Antibiotics

Diagnosis	Criteria	Proposed Policy	AMG CCC (5/1/17)	СНР	MHC (11/1/16)	UHC (2/1/2017)	FFS
Cystic fibros	is						
			No policy	No policy			
	Age 6 or older	6+	х		х		х
	Sputum cultures + for						
	pseudomonas aeruginosa	sputum cultures +	х		х	х	
	Not colonized with Burkholderia						
	cepacia	no burkholderia			х		х
	Generic product only	Not required			х		
	Paid claim in past 28 days						
	(continuity of care)	Not required	х		х		
	FEV1	>25% to >80%	>=25% to <=90	%			>25% to >80%
	Set up with specialty pharmacy	Not required			х		
	T/F	T/F all				Bethkis	Generic
	Exclusions						
	Concurrent or alt use of Cayston	Not required	х				

Antipsychotics

Criteria	Proposed Policy	AGP (12/13/16)	CCC (8/1/16)	СНР	МНС	UHC	FFS
Trial 1 generic AND 2 preferred	Trial 1 generic AND 2 preferred	х		No policy			
Age Dose Limits	0-17 for SON	х	х		x (per e-mail msg)	x(per summary)	х

Anticoagulants

Criteria	Proposed Policy
T/F Pref	2 preferred

Antiemetics

Drug	Criteria	Proposed Policy
EMEND		
GRANISETRON	- /	
SANCUSO	T/F Pref	
SUPLENZ		ondansetron
DICLEGIS	PREGNANCY	PREGNANCY ONLY