

Epinephrine Auto Injector

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

Stimulants and Related Medications

Diagnosis Criteria	Proposed Policy	AMG (4/9/2017)	CCC (8/12/16, 2/1/17, 5/1/17)	CHP	MHC	UHC (3/1/17)	FFS
ADHD/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'd
*History of failure, contraindication, or intolerance to:	Not required		1 amphetamine and 1 methylphenidate				
ADHD/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, contraindication, or intolerance to:	Not required		1 amphetamine and 1 methylphenidate			For Strattera or Kapvay: Intuniv	
Narcolepsy							
*Age Limits	>= 18 yrs					18 or older	
*T/f (#)	T/F 2 preferred	1				3	
Mental fatigue d/t TBI							
*Age Limits	>= 18 yrs					18 or older	
*T/f (#)	T/F 2 preferred					3	
Binge Eating Disorder							
*Specialty	Psychiatrist		Psychiatrist				
*History of failure, contraindication, or intolerance to:	T/F 2 preferred stimulants & Topiramate & one of the following: citalopram, sertraline, escitalopram, CBT		Topiramate, citalopram, sertraline, escitalopram, CBT				

Beta Agonist- Bronchodilators

Diagnosis	Criteria	Proposed Policy	AMG	CCC	CHP	MHC (5/1/15)	UHC	FFS
Asthma	*T/f (#)	T/F 2 Pref	No policy	No policy	No policy	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
T/F Pref	T/F all preferred within the route of administration and dosage formulation	1	2	Spriva + stiolto respimat= 1 Sprivan = 2	1	3	
Age limitation	Not required		>= 18 yrs				

MS Drugs

Diagnosis	Criteria	Proposed Policy	AMG	CCC	CHP	MHC	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		X		X		
	*Monotherapy treatment	Yes		X		X		
	*Age Limit	None				≥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 Aubagio 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

<p>*Exclusions for Gilenya only</p> <ul style="list-style-type: none"> - 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 initiation of therapy - Concurrent use of antineoplastic, immunosuppressive or immune modulating therapies - Diabetes 			X				
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Cytokine & CAM Antagonists

Diagnosis	Criteria	Proposed Policy	AMG	CCC	CHP	MHC	UHC	FFS
ANKYLOSING SPONDYLITIS (AS)								
	Documentation / Labs / Reports							
	*Active AS	Yes	X	X		X	X	
	*Age Limit	≥18 years of age	≥18 years of age	≥18 years of age		≥18 years of age		
	*Negative TB skin test	Yes	X	X		X		
	*History of failure, contraindication, or intolerance to:	*NSAIDs or nonbiologic DMARDs *≥2 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 dose for ≥4 weeks		*≥2 NSAIDs at max dose for ≥3 consecutive months *At least 1 of the following - Lefunomide - MTX - Oral corticosteroids - Sulfasalazine	≥2 NSAIDs	
	*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	
	*Moderate to severe CHF, NYHA Class III/IV					X		
	*MS or other demyelinating neurologic disease					X		
	*Active serious or hx of recurrent infections		X			X		
	*Drugs limited to diagnosis		*Cimzia *Enbrel *Humira *Remicade	*Humira *Enbrel		Humira	*Humira *Enbrel	
CROHN'S DISEASE (CD)								
	Documentation / Labs / Reports							
	*Moderately to Severely Active CD	Yes	X	X		X	X	
	*Age Limit	≥6 years of age for Humira/Entyvio/Remicade ≥18 years of age for Cimzia	≥6 years of age for Humira/Entyvio/Remicade ≥18 years of age for Cimzia	≥6 years of age		≥6 years of age		
	*Negative TB skin test	Yes	X	X		X		
	*Current on immunizations	Yes				X	X	
	*History of failure, contraindication, or intolerance to:	*Conventional therapy *Humira	*Conventional therapy *Humira			*TWO of the following: - Corticosteroids - 5-Aminosaliclates - Immunosuppressives *Remicade	*ONE of the following: - Corticosteroids - 5-Aminosaliclates - 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 recurrent infections		X			X		
	*Drugs limited to diagnosis		*Cimzia *Entyvio *Humira *Remicade *Stelara	Humira		Humira	Humira	
HIDRADENITIS SUPPURATIVA (HS)								
	Documentation / Labs / Reports							
	*Moderate to Severe HS	Yes	X	X			X	
	*Age Limit	≥18 years of age	≥18 years of age	≥18 years of age				
	*Negative TB skin test	Yes	X	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 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					
	*Active serious or hx of recurrent infections		X					
	*Drugs limited to diagnosis		Humira	Humira			Humira	
JUVENILE IDIOPATHIC ARTHRITIS (JIA)								
	Documentation / Labs / Reports							
	*Moderately to severely active polyarticular JIA	Yes	X	X		X	X	
	*Age Limit	≥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				X		

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 PPIA *MTX for ≥3 consecutive months	≥3 months of MTX at max tolerate dose	ONE of the following: - Lefunomide - 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		X	
	*Drugs limited to diagnosis		*Actemra *Enbrel *Humira *Ilaris	*Himira *Enbrel	Humira	*Humira *Enbrel
PLAQUE PSORIASIS (Ps)						
	Documentation / Labs / Report					
	*Chronic severe Ps					X
	*Chronic moderate to severe Ps - Involving >5% of BSA - Involving <5% of BSA involving sensitive areas or areas that would significantly impact daily function		X	X		
	*Age Limit	≥18 years of age	≥18 years of age	≥18 years of age		
	*Negative TB skin test	Yes	X	X		
	*History of failure, contraindication, or intolerance to:	*Phototherapy *Other systemic therapies	*Phototherapy *Other systemic therapies	ONE for the following 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 recurrent infections		X			
	*Drugs limited to diagnosis		*Enbrel *Humira *Otezla *Remicade *Stelara	*Himira *Enbrel		*Humira *Enbrel
PSORIATIC ARTHRITIS (PsA)						
	Documentation / Labs / Reports					X
	*Active PsA	Yes	X	X		
	*Age Limit	≥18 years of age	≥18 years of age	≥18 years of age		
	*Negative TB skin test	Yes	X	X		
	*History of failure, contraindication, or intolerance to:	*Nonbiologic DMARDs *≥2 Preferred biologic agents	*Nonbiologic DMARDs *≥2 Preferred biologic agents	ONE for the following therapies: *Other biologic for PsA *MTX for ≥3 consecutive months		
	*Prescriber speciality	*Rheumatologist *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 recurrent infections		X			
	*Drugs limited to diagnosis		*Cimzia *Enbrel *Humira *Otezla *Remicade *Simponi *Stelara	*Himira *Enbrel		*Humira *Enbrel
RHEUMATOID ARTHRITIS (RA)						
	Documentation / Labs / Reports					
	*Moderately to severely active RA	Yes	X	X	X	X
	*Inflamed joints (#)	Not Required		5		
	*Elevation of ESR/CRP concentration	Not Required		X		
	*Positive rheumatoid factor and/or CCP antibodies	Not Required		X		
	*Evidence of inflammation on plain radiography	Not Required		X		
	*Age Limit	≥18 years of age	≥18 years of age	≥18 years of age	≥18 years of age	
	*Negative TB skin test	Yes	X	X	X	
	*Current on immunizations				X	

Cytokine & CAM Antagonists continued

*History of failure, contraindication, or intolerance to:	≥1 Nonbiologic DMARD 2 Preferred biologic agents	≥1 Nonbiologic DMARD 2 Preferred biologic agents	ONE for the following therapies: *Other biologic for RA *MTX for ≥3 consecutive months		ONE of the following: *MTX for ≥3 months *≥3 month on a therapeutic dose of ≥2 of the following DMARDs: - Leflunomide - Sulfasalazine - Hydroxychloroquine - Azathioprine - Cyclosporine - Minocycline - Gold Compounds (Aurolate, myochrysin, Ridaura, Solganal)	≥1 Nonbiologic DMARD
*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
*Moderate to severe CHF, NYHA Class III/IV					X	
*MS or other demyelinating neurologic disease					X	
*Active serious or hx of recurrent infections		X	X			
*Drugs limited to diagnosis		*Actemra *Cimzia *Enbrel *Humira *Kineret *Remicade *Simponi *Xeljanz/XR	*Humira *Enbrel		*Humira *Enbrel	*Humira *Enbrel
ULCERATIVE COLITIS (UC)						
Documentation / Labs / Reports						
*Moderately to Severely Active UC	Yes	X	X		X	X
*Age Limit	≥18 years of age	≥18 years of age	≥18 years of age		≥6 years of age	
*Negative TB skin test	Yes	X	X		X	
*History of failure, contraindication, or intolerance to:	Conventional therapy	Conventional therapy	ONE for the following therapies: *Other biologic for UC *MTX for ≥3 consecutive months		TWO of the following: - Corticosteroids - 5-Aminosalicylates - Immunosuppressives *Remicade	ONE of the following: - Corticosteroids - 5-Aminosalicylates - Immunosuppressives *Remicade
*Prescriber speciality			Gastroenterologist		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 recurrent infections		X			X	
*Drugs limited to diagnosis		*Humira *Remicade *Simponi	Humira		Humira	Humira
UVEITIS (UV)						
Documentation / Labs / Reports						
*Non-infectious UV	Yes	X	X			X
*Classified as ONE of the following - Intermediate - Posterior - Panuveiti	*Classified as ONE of the following - Intermediate - Posterior - Panuveiti		X			X
*Chronic, recurrent, treatment-refractory, or vision-threatening disease		X				
*Age Limit	≥18 years of age		≥18 years of age			
*Negative TB skin test	Yes	X	X			
*History of failure, contraindication, or intolerance to:	Conventional therapy	Conventional therapy	ALL local of systemic therapies			
*Prescriber speciality	*Rheumatologist *Ophthalmologist		Ophthalmologist			*Rheumatologist *Ophthalmologist
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 recurrent infections		X				
*Drugs limited to diagnosis		Humira	Humira			Humira

Specialty
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:

Growth Hormone

Diagnosis	Criteria Details	Proposed Policy	AMG	CCC	CHP	MHC	UHC	FFS
Neonatal Hypoglycemia	Documentation / Labs / Reports							
	*Confirmation of diagnosis	*Neonates with hypoglycemia *Clinical and evidence of hypopituitarism (growth hormone level <10ng/mL)	*Neonates with hypoglycemia *Clinical and evidence of hypopituitarism (growth hormone level <10ng/mL)	*Random GH measurement of <20µg/L		*Hypoglycemia without metabolic disorder by polyclonal RIA	ONE of the following: *<4 months of age with growth deficiency *Hx of neonatal hypoglycemia associated with pituitary disease *Diagnosis of panhypopituitarism	
	*Age limit	<4 months of age		<20µg/L			<4 months of age	
	*Growth Hormone Level		<10ng/mL	<20µg/L				
	*Imaging			Brain MRI shows risk of hypopituitarism		MRI of hypothalamic pituitary region or CT to R/O tumors or congenital or morphological anomalies		
	*Other causes of growth failure have been ruled out	R/O other causes	Pituitary or other hormonal insufficiencies	X		X		
	*Prescriber speciality	Endocrinologist Neonatalogist	By or in consultation with specialist	Endocrinologist		Neonatalogist	Endocrinologist	
Growth Hormone Deficiency (Peds)	Documentation / Labs / Reports							
	*Confirmation of GHD	ONE of the following: - Projected height is >2 SD below midparental height - Height is >2.25 SD below population mean - Growth velocity is >2 SD below mean - Delayed skeletal maturation of >2 SD below mean ONE of the following: - Bone age <16 years for males - Bone age <14 years for females ONE of the following: - Two provocative GH stim tests and responses are <10mcg/L - Age <1 year AND IGF-1 or IGFBP-3 is below normal adjusted range	*GV 2 SD below age-appropriate mean; OR height 2.25 SD below age-appropriate mean *Suboptimal response (<10ng/mL) to any TWO GH stim tests (arginine, clonidine, etc.) *Two other pituitary hormone deficiencies in addition to IGF-1 below age-appropriate level; OR cranial irradiation with IGF-1 level below normal	Low or low normal IGF-1 or IGFBP-3 and ONE of the following: *Two GH stim test with peak levels ≤ 10 µg/mL; *Evidence of ≥3 pituitary hormone deficiencies; *Hx 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, clonidine, etc) *Low IGF-1/IGFBP-3 level + subnormal response to one provocative test, *≥3 other pituitary hormone deficiencies *Irradiation to the hypothalamic area, or surgery, CNS abnormality or genetic cause	ONE of the following: - Projected height is >2 SD below midparental height - Height is >2.25 SD below population mean - Growth velocity is >2 SD below mean - Delayed skeletal maturation of >2 SD below mean ONE of the following: - Bone age <16 years for males - Bone age <14 years for females ONE of the following: - Two provocative GH stim tests and responses are <10mcg/L - Age <1 year AND IGF-1 or IGFBP-3 is below normal adjusted range	
	*Open epiphyses			X				
	*Growth velocity (SD)	>2 SD below mean over 1 year	2 SD below mean	>2 SD below mean over 1 year			>2	
	*Height	2.25 SD below mean	2.25 SD below mean	>3 SD below mean				
	*GH stim test	2	2	2			2	
	*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 deficiencies	3	2	3			≥3	
	*Other causes of growth failure have been ruled out			*Intercranial tumor is excluded by MRI or CT				
	*Prescriber speciality	Endocrinologist		Endocrinologist			Endocrinologist	
	Documentation / Labs / Reports							
	Growth Hormone Deficiency (Adults)							
Documentation / Labs / Reports								

Growth Hormone continued

	<p>*Confirmation of GHD</p> <p>Childhood-onset; OR adult-onset GHD as a result of hypothalamic-pituitary disease from organic or known causes</p> <p>*ONE of the following peak GH values:</p> <ul style="list-style-type: none"> - ITT $\leq 5 \mu\text{g/L}$ - GHRH+ARG ($\leq 11 \mu\text{g/L}$ if BMI $< 25 \text{kg/m}^2$; $\leq 8 \mu\text{g/L}$ if BMI ≥ 25 and $< 30 \text{mg/m}^2$; $\leq 4 \mu\text{g/L}$ if BMI $\geq 30 \text{kg/m}^2$) - Glucagon $\leq 3 \mu\text{g/L}$ - ARG $\leq 0.4 \mu\text{g/L}$ <p>*Deficiency of three of the following:</p> <ul style="list-style-type: none"> - Prolactin - ACTH - TSH - FSH/LH <p>*IGF-1/Somatomedin-C level is below adjusted normal range</p> <p>*Diagnosis of panhypopituitarism OR other diagnosis and not used in combination with the following:</p> <ul style="list-style-type: none"> - Aromatase inhibitors - Androgens 	<p>*Documented GHD in childhood OR</p> <p>*Pituitary disease, hypothalamic</p> <p>*Subnormal response to 2 standard growth hormone stimulation test (serum GH conc of $< \text{or} = 5 \text{ng/ml}$ for insulin induced hypoglycemia test or serum GH conc of $< \text{or} = 4.1 \text{ng/ml}$ when using arginine OR</p> <p>*Subnormal response to 1 stim test w/ documented hypothalamic or pituitary disease and one or more add'l pituitary hormone deficits OR</p> <p>*Presence of at least 3 other pituitary hormone deficiencies disease, surgery, radiation therapy, trauma or aneurismal subarachnoid hemorrhage resulting in hypopituitarism*</p>	<p>ONE of the following:</p> <p>*Two GH stim tests with peak levels $\leq 5 \mu\text{g/mL}$;</p> <p>*Both of the following</p> <ul style="list-style-type: none"> - One GH stim test with peak level of $\leq 5 \mu\text{g/mL}$; - One low IGF-1 level <p>*One low IGF-1 level and ONE of the following:</p> <ul style="list-style-type: none"> - Hypothalamic-pituitary structural lesions; - Evidence of ≥ 3 pituitary hormone deficiencies; - Documented genetic cause of GHD 	<p>*Completed linear growth $< 2 \text{cm/yr}$ AND GH treatment has been discontinued at least 3 months after completion of linear growth AND idiopathic isolated GHD has been reconfirmed by:</p> <ul style="list-style-type: none"> -subnormal response to 2 of the following: <ul style="list-style-type: none"> -ITT, Arginine, Glucagon, Arginine/ GHRH, Arginine/L-Dopa with exception to removal of the pituitary OR -Subnormal response to one provocative test and low IGF-1/IGFBP-3 level <p>*Multiple pituitary hormone deficiencies with a subnormal response to one provocative GH test and/or low IGF-1/IGFBP-3 level OR</p> <p>No stimulation testing is required for genetic mutations, structural hypothalamic-pituitary disease, central nervous system tumors, Multiple Pituitary Hormone Deficiencies or severe GHD with receipt of high dose cranial radiation therapy.</p>	<p>Childhood-onset; OR adult-onset GHD as a result of hypothalamic-pituitary disease from organic or known causes</p> <p>*ONE of the following peak GH values:</p> <ul style="list-style-type: none"> - ITT $\leq 5 \mu\text{g/L}$ - GHRH+ARG ($\leq 11 \mu\text{g/L}$ if BMI $< 25 \text{kg/m}^2$; $\leq 8 \mu\text{g/L}$ if BMI ≥ 25 and $< 30 \text{mg/m}^2$; $\leq 4 \mu\text{g/L}$ if BMI $\geq 30 \text{kg/m}^2$) - Glucagon $\leq 3 \mu\text{g/L}$ - ARG $\leq 0.4 \mu\text{g/L}$ <p>*Deficiency of three of the following:</p> <ul style="list-style-type: none"> - Prolactin - ACTH - TSH - FSH/LH <p>*IGF-1/Somatomedin-C level is below adjusted normal range</p> <p>*Diagnosis of panhypopituitarism OR other diagnosis and not used in combination with the following:</p> <ul style="list-style-type: none"> - Aromatase inhibitors - Androgens 	
	*GH stim test (#)	2	2	2	2	1
	*IGF-1/IGFBP-3 level is below mean	Yes		X	X	X
	*Other hormone tests	3	3	3	Multiple	3
	*Additional causes of growth failure	R/O other causes	Disease, surgery, radiation therapy, trauma or aneurismal subarachnoid hemorrhage resulting in hypopituitarism	Documented genetic cause of GHD		*Diagnosis of panhypopituitarism OR other diagnosis and not used in combination with the following: - Aromatase inhibitors - Androgens
	*Prescriber speciality	Endocrinologist		Endocrinologist		Endocrinologist
Genetic disease with Primary Effects on Growth (Peds)						
*Prader-Willi Syndrome						
	Documentation / Labs / Reports					
	*Open epiphysis			X		
	*Confirmed diagnosis	Genetic testing		Genetic testing	DNA methylation testing results	Genetic testing
	*Bone age					< 14 years for females
	*Growth failure associated with height $< 5\text{th}$ %ile on growth charts for age/gender					X
	Weight/BMI	< 35	< 35	< 40	< 35	
	*Prescriber speciality	Endocrinologist		Endocrinologist	Endocrinologist	Endocrinologist
	Exclusions					
	*Severe obesity			X		
	*Hx of upper airway obstruction			X		
	*Hx of sleep apnea			X		
	*Severe respiratory impairment			X		
*Turner Syndrome						
	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

Growth Hormone continued

	*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 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	*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 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 <5th %ile	
*Noonan Syndrome	*Thyroid function test				*Thyroid function test WNL (0.4-4.0mIU/L)		
	*Prescriber speciality	Endocrinologist		Endocrinologist		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	*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 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	*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 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 <5th %ile	
*SHOX Deficiency	*Thyroid function test				*Thyroid function test WNL (0.4-4.0mIU/L)		
	*Prescriber speciality	Endocrinologist		Endocrinologist		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	*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 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	*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 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 <5th %ile	
Prader-Willi Syndrome (Adults)	*Thyroid function test				*Thyroid function test WNL (0.4-4.0mIU/L)		
	*Prescriber speciality	Endocrinologist		Endocrinologist		Endocrinologist	
	Documentation / Labs / Reports	Endocrinologist					
	*Confirmed genetic testing	Genetic testing		X			
	*Closed epiphysis			X			
Small for Gestational Age (Peds)	Exclusions						
	*Severe obesity			X			
	*Hx of upper			X			
	*Hx of sleep			X			
	*Severe			X			
	Documentation / Labs / Reports						

Growth Hormone continued

	*Open epiphysis						
	*Birth weight or length below the mean for gestational age (SD)	≥2 SD	≥2 SD	>2 SD		>2 SD	>2 SD
	*Failure to catch-up growth to reach normal height range	Age 2	Age 4	Age 2		Age 2	Age 2
	*Bone age	<16 years for males <14 years of females				<16 years for males <14 years of females	
	*Thyroid function test					WNL	
	*Prescriber speciality	Endocrinologist		Endocrinologist			Endocrinologist
Chronic Kidney Disease (Peds)	Documentation / Labs / Reports						
	*Open epiphysis			X			
	*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 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			*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 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	
	*Evidence for diagnosis of CKD	ONE of the following: *Structural or functional abnormalities of the kidney for ≥3 months *GFR <60 mL/min per 1.73 m ² for ≥3 months *Occurrence of ONE each of above together for any duration of time		ONE of the following: *Structural or functional abnormalities of the kidney for ≥3 months *GFR <60 mL/min per 1.73 m ² for ≥3 months *Occurrence of ONE each of above together for any duration of time			
	*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
	*Prescriber speciality	*Endocrinologist *Nephrologist *Gastroenterologist		*Endocrinologist *Gastroenterologist			*Endocrinologist *Nephrologist
Short Bowel Syndrome	Exclusions						
	*Functionin renal allograft						
	Documentation / Labs / Reports						
	*Age limit	≥18 years of age		≥18 years of age			
	*Specialized nutritional support	Yes	X	X			X
	*Prescriber speciality	Gastroenterologist		Gastroenterologist			
HIV-Related Wasting or Cachexia	Documentation / Labs / Reports						
	*Age limit	≥18 years of age		≥18 years of age			

Growth Hormone continued

*Weight loss	Unexplained weight loss of >10% from baseline *Weighs 90% IBW	*Wt loss > 10% of baseline not related to any other illness	Unexplained weight loss of >10% from baseline	*Wt loss 10% or greater of baseline within past 12 mos *BMI < 20kg/m ² *Weighs 90% IBW *Baseline BIA or total body DEXA showing body cell mass below 40% in males and 35% in females	*Unintentional weight loss of >10% over 12 months *Unintentional weight loss of >7.5% over last 6 months *Loss of 5% BCM within 6 months *BMI <20kg/m ² *One of the following: - For males: BCM <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 specialty	Physician specializing in HIV diagnosis and management		Physician specializing in HIV diagnosis and management		

Hypoglycemics- Insulin

Diagnosis	Criteria	Proposed Policy	AMG	CCC	CHP	MHC	UHC	FFS
DIABETES MELLITUS - TYPE 1								
	Preferred - Long-Acting Insulin							
	*History of failure, contraindication, or intolerance to:						One of the following: *Toujeo Solostar; OR *Basaglar KwikPen	EA to bypass criteria
	Preferred - LAI (PEN)							
	*History of failure, contraindication, or intolerance to:						One of the following: *Toujeo Solostar; OR *Basaglar KwikPen	EA to bypass criteria
	Non-Preferred - LAI							
	*History of failure, contraindication, or intolerance to:	T/F All	1 Preferred (Basaglar)			1 Preferred (Basaglar)	Majority (not more than 3) preferred alternatives	ALL preferred LAI
	Non-Preferred - LAI (PEN)							
	*History of failure, contraindication, or intolerance to:	T/F All EA for children, pregnancy, and impaired	1 Preferred (Basaglar)			1 Preferred (Basaglar)		ALL preferred LAI
	Non-Preferred - Rapid-Acting Insulin							
	*History of failure, contraindication, or intolerance to:	T/F All	1 Preferred (Apidra)					
	Inhaled Insulin							
	*Age Limit	≥18 years of age	≥18 years of age					
	*Concurrently using LAI							
	*History of failure, contraindication, or intolerance to:	T/F All Rapid	1 Preferred (Apidra)					
DIABETES MELLITUS - TYPE 2								
	Preferred - Long-Acting Insulin							
	*History of failure, contraindication, or intolerance to:							NPH x3 month
	Preferred - LAI (PEN)							
	*History of failure, contraindication, or intolerance to:						One of the following: *Toujeo Solostar; OR *Basaglar KwikPen	NPH x3 month
	Non-Preferred - LAI							
	*History of failure, contraindication, or intolerance to:		1 Preferred (Basaglar)			1 Preferred (Basaglar)	Majority (not more than 3) preferred alternatives	*NPH x3 months; AND *All preferred products
	Non-Preferred - LAI (PEN)							
	*History of failure, contraindication, or intolerance to:		1 Preferred (Basaglar)			1 Preferred (Basaglar)		*NPH x3 months; AND *All preferred products

Hypoglycemics- Insulin continued

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

Hypoglycemics- Metformin

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

Pulmonary Arterial Hypertension

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

Pulmonary Arterial Hypertension continued

*History of failure, contraindication or intolerance to:	Adempas - preferred as first 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	X				

Pancreatic Enzymes

Diagnosis	Criteria	Proposed Policy	AMG	CCC	CHP	MHC (3/1/2016)	UHC	FFS
Pancreatic insufficiency or CF		Not Required	No policy	No policy	No policy	x	No policy	
Chronic pancreatitis or pancreatectomy		Not Required				x		
T/F pref'd		T/F 2 preferred				All		

Inhaled Antibiotics

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

Antipsychotics

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

Anticoagulants

Criteria	Proposed Policy
T/F Pref	2 preferred

Antiemetics

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