ABOBOTULINUMTOXINA

Products Affected

- DYSPORT

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications.
Exclusion Criteria	Cosmetic uses
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	12 weeks
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

AFLIBERCEPT

Products Affected

- EYLEA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications.
Exclusion Criteria	
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

ALGLUCOSIDASE ALFA

Products Affected

- LUMIZYME

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications.
Exclusion Criteria	
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

ANTINEOPLASTIC

Products Affected

- ADCETRIS
- ADRIAMYCIN
- ADRUCIL
- *alimta*
- AVASTIN 100 MG/4 ML VIAL P/F,SUV
- *bleomycin*
- *bortezomib*
- CAMPTOSAR
- *carboplatin*
- *cisplatin*
- *cyclophosphamide*
- *dacarbazine*
- *docetaxel*
- *doxorubicin*
- *etoposide*
- *fluorouracil*
- *gemcitabine*
- HERCEPTIN 150 MG VIAL P/F, SDV
- HERZUMA
- *ifosfamide*
- *irinotecan*
- KADCYLA
- KANJINTI
- KEYTRUDA
- *leucovorin calcium*
- *mesna*
- MVASI
- OGIVRI
- ONTRUZANT
- OPDIVO
- *oxaliplatin*
- *paclitaxel*
- *paclitaxel protein-bound*
- PARAPLATIN
- *pemetrexed disodium*
- PERJETA
- POLIVY
- *tecentriq*
- TRAZIMERA
- VELCADE
- *vinblastine*
- *vincristine*
- YERVOY
- ZEPZELCA
- ZIRABEV

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications.
Exclusion Criteria	
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months

PA Criteria	Criteria Details
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

CAR-T

Products Affected

- ABECMA
- BREYANZI
- KYMRIAH
- TECARTUS
- YESCARTA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications.
Exclusion Criteria	
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

DENOSUMAB

Products Affected

- PROLIA
- XGEVA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications.
Exclusion Criteria	
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

ECULIZUMAB

Products Affected

- SOLIRIS

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications.
Exclusion Criteria	
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

EPOETIN

Products Affected

- EPOGEN
- PROCRIT

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications.
Exclusion Criteria	
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

HP ACTHAR

Products Affected

- *acthar*

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications.
Exclusion Criteria	
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

HYALURONAN

Products Affected

- DUROLANE
- EUFLEXXA
- GEL-ONE
- GELSYN-3
- GENVISC 850
- HYALGAN
- MONOVISC
- ORTHOVISC
- SUPARTZ FX
- SYNOJOYNT
- TRILURON
- VISCO-3

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications.
Exclusion Criteria	
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

INCOBOTULINUMTOXINA

Products Affected

- XEOMIN

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications.
Exclusion Criteria	Cosmetic uses
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	12 weeks
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

INFLIXIMAB

Products Affected

- AVSOLA
- INFLECTRA
- INFLIXIMAB
- REMICADE
- RENFLEXIS

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications.
Exclusion Criteria	
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

INTRAVENOUS IRON

Products Affected

- INJECTAFER

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications.
Exclusion Criteria	
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

IVIG

Products Affected

- GAMMAGARD LIQUID
- *gammaked*
- *gamunex-c*
- *octagam*

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications.
Exclusion Criteria	
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

LUSPATERCEPT

Products Affected

- REBLOZYL

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications.
Exclusion Criteria	
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

MEPOLIZUMAB

Products Affected

- NUCALA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications.
Exclusion Criteria	
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

NUSINERSEN

Products Affected

- SPINRAZA (PF)

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications.
Exclusion Criteria	
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

OCRELIZUMAB

Products Affected

- OCREVUS

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications.
Exclusion Criteria	
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

OMALIZUMAB

Products Affected

- XOLAIR

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications.
Exclusion Criteria	
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

ONABOTULINUMTOXINA

Products Affected

- BOTOX

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications.
Exclusion Criteria	Cosmetic uses
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	12 weeks
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

RIMABOTULINUMTOXINB

Products Affected

- MYOBLOC

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications.
Exclusion Criteria	Cosmetic uses
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	12 weeks
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

RITUXIMAB

Products Affected

- RIABNI
- RITUXAN
- RUXIENCE
- TRUXIMA

PA Criteria	Criteria Details
Covered Uses	All medically accepted indications.
Exclusion Criteria	
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

ROMIPLOSTIM

Products Affected

- NPLATE

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications.
Exclusion Criteria	
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

TEPROTUMUMAB

Products Affected

- TEPEZZA

PA Criteria	Criteria Details
Covered Uses	All FDA-approved indications.
Exclusion Criteria	
Required Medical Information	See "Other Criteria" section
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium, IBM Watson Health Products (Micromedex).

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