

ABOBOTULINUMTOXINA

Products Affected

- DYSPORE

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	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).

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
- AVASTIN 100 MG/4 ML VIAL P/F,SUV
- *bleomycin*
- *bortezomib*
- CAMPTOSAR
- *carboplatin*
- *cisplatin*
- *cyclophosphamide*
- *dacarbazine*
- *docetaxel*
- *doxorubicin*
- ELIGARD (3 MONTH)
- *etoposide*
- *fluorouracil*
- *fulvestrant*
- *gemcitabine*
- HERCEPTIN
- HERZUMA
- *ifosfamide*
- *irinotecan*
- KADCYLA
- KANJINTI
- KEYTRUDA
- LUPRON DEPOT
- LUPRON DEPOT (3 MONTH)
- LUPRON DEPOT (4 MONTH)
- LUPRON DEPOT (6 MONTH)
- MVASI
- OGIVRI
- ONTRUZANT
- OPDIVO
- *oxaliplatin*
- *paclitaxel*
- *pemetrexed disodium*
- PERJETA
- POLIVY
- *tecentriq*
- TRAZIMERA
- TRELSTAR
- VABRINTY (1 MONTH)
- VABRINTY (4 MONTH)
- VELCADE
- *vinblastine*
- *vincristine*
- YERVOY
- ZEPZELCA
- ZIRABEV
- ZOLADEX

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

2026 IEHP Medi-Cal Drug PA Criteria (Effective 11/01/2026)

PA Criteria	Criteria Details
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).

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).

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	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).

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

- *ferric carboxymaltose*
- INJECTAFER
- MONOFERRIC

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
- GAMMAGARD LIQUID ERC
- *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	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).

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	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).

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).

Index of Drugs

INDEX \e " " \c "2" \h "A" \z "1033"