



Self-Administered Oncology Agents Prior Authorization with Quantity Limit Program Summary

This program applies to Medicaid.

The BCBS MN Step Therapy Supplement also applies to this program for Medicaid.

Requests for an oral liquid form of a drug must be approved if BOTH of the following apply:

- 1) the indication is FDA approved AND
- 2) the patient is using an enteral tube for feeding or medication administration

POLICY REVIEW CYCLE

Effective Date
07-01-2024

Date of Origin
10-01-2013

FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

CLINICAL RATIONALE

Indications	For the purposes of the Self-Administered Oncology Agents criteria, indications deemed appropriate are those approved in FDA labeling and/or supported by NCCN Drugs & Biologics compendia with a category 1 or 2A recommendation, AHFS, or DrugDex with level of evidence of 1 or 2A.	
Safety (3-120)	Agent(s)	Contraindication(s)
	Afinitor/Afinitor Disperz (everolimus)	<ul style="list-style-type: none"> • Clinically significant hypersensitivity to everolimus, to other rapamycin derivatives
	Akeega (niraparib and abiraterone)	<ul style="list-style-type: none"> • None
	Alecensa (alectinib)	<ul style="list-style-type: none"> • None
	Alunbrig (brigatinib)	<ul style="list-style-type: none"> • None
	Augtyro (repotrectinib)	<ul style="list-style-type: none"> • None
	Ayvakit (avapritinib)	<ul style="list-style-type: none"> • None
	Balversa (erdafitinib)	<ul style="list-style-type: none"> • None
	BESREMi (ropeginterferon alfa-2b-njft)	<ul style="list-style-type: none"> • Existence of, or history of severe psychiatric disorders, particularly severe depression, suicidal ideation, or suicide attempt • Hypersensitivity to interferons including interferon alfa-2b or any of the inactive ingredients of BESREMi

	<ul style="list-style-type: none"> Moderate (Child-Pugh B) or severe (Child-Pugh C) hepatic impairment History or presence of active serious or untreated autoimmune disease Immunosuppressed transplant recipients
Bosulif (bosutinib)	<ul style="list-style-type: none"> History of hypersensitivity to bosutinib
Braftovi (encorafenib)	<ul style="list-style-type: none"> None
Brukinsa (zanubrutinib)	<ul style="list-style-type: none"> None
Cabometyx (cabozantinib)	<ul style="list-style-type: none"> None
Calquence (acalabrutinib)	<ul style="list-style-type: none"> None
Caprelsa (vandetanib)	<ul style="list-style-type: none"> Congenital long QT syndrome
Cometriq (cabozantinib)	<ul style="list-style-type: none"> None
Copiktra (duvelisib)	<ul style="list-style-type: none"> None
Cotellic (cobimetinib)	<ul style="list-style-type: none"> None
Daurismo (glasdegib)	<ul style="list-style-type: none"> None
Erivedge (vismodegib)	<ul style="list-style-type: none"> None
Erleada (apalutamide)	<ul style="list-style-type: none"> None
Fotivda (tivozanib)	<ul style="list-style-type: none"> None
Fruzaqla (fruquintinib)	<ul style="list-style-type: none"> None
Gavreto (pralsetinib)	<ul style="list-style-type: none"> None
Gilotrif (afatinib)	<ul style="list-style-type: none"> None
Gleevec (imatinib)	<ul style="list-style-type: none"> None
Hycamtin (topotecan)	<ul style="list-style-type: none"> History of severe hypersensitivity to topotecan
Ibrance (palbociclib)	<ul style="list-style-type: none"> None
Iclusig (ponatinib)	<ul style="list-style-type: none"> None
Idhifa (enasidenib)	<ul style="list-style-type: none"> None
Imbruvica (ibrutinib)	<ul style="list-style-type: none"> None

Inlyta (axitinib)	<ul style="list-style-type: none"> • None
Inqovi (decitabine/ cedazuridine)	<ul style="list-style-type: none"> • None
Inrebic (fedratinib)	<ul style="list-style-type: none"> • None
Iressa (gefitinib)	<ul style="list-style-type: none"> • None
Iwilfin (eflornithine)	<ul style="list-style-type: none"> • None
Jakafi (ruxolitinib)	<ul style="list-style-type: none"> • None
Jaypirca (pirtobrutinib)	<ul style="list-style-type: none"> • None
Kisqali (ribociclib)	<ul style="list-style-type: none"> • None
Kisqali Femara Pack (ribociclib and letrozole co-packaged)	<ul style="list-style-type: none"> • Known hypersensitivity to letrozole, or any excipients of Femara
Koselugo (selumetinib)	<ul style="list-style-type: none"> • None
Krazati (adagrasib)	<ul style="list-style-type: none"> • None
Lenvima (lenvatinib)	<ul style="list-style-type: none"> • None
Lonsurf (trifluridine/tipiracil)	<ul style="list-style-type: none"> • None
Lorbrena (lorlatinib)	<ul style="list-style-type: none"> • Concomitant use with a strong CYP3A inducer, due to potential for serious hepatotoxicity
Lumakras (sotorasib)	<ul style="list-style-type: none"> • None
Lynparza (olaparib) tablets	<ul style="list-style-type: none"> • None
Lysodren (mitotane)	<ul style="list-style-type: none"> • None
Lytgobi (futibatinib)	<ul style="list-style-type: none"> • None
Matulane (procarbazine)	<ul style="list-style-type: none"> • Known hypersensitivity to procarbazine, inadequate marrow reserve
Mekinist (trametinib)	<ul style="list-style-type: none"> • None
Mektovi (binimetinib)	<ul style="list-style-type: none"> • None
Nerlynx (neratinib)	<ul style="list-style-type: none"> • None
Nexavar (sorafenib)	<ul style="list-style-type: none"> • Known severe hypersensitivity to sorafenib or any other component of Nexavar

	<ul style="list-style-type: none"> Use in combination with carboplatin and paclitaxel in patients with squamous cell lung cancer
Ninlaro (ixazomib)	<ul style="list-style-type: none"> None
Nubeqa (darolutamide)	<ul style="list-style-type: none"> None
Odomzo (sonidegib)	<ul style="list-style-type: none"> None
Ojjaara (mometinib)	<ul style="list-style-type: none"> None
Ogsiveo (nirogacestat)	<ul style="list-style-type: none"> None
Onureg (azacitidine)	<ul style="list-style-type: none"> Known severe hypersensitivity to azacitidine or its components
Orgovyx (relugolix)	<ul style="list-style-type: none"> Known severe hypersensitivity to relugolix or to any of the product components
Orserdu (elacestrant)	<ul style="list-style-type: none"> None
Pemazyre (pemigatinib)	<ul style="list-style-type: none"> None
Piqray (alpelisib)	<ul style="list-style-type: none"> Severe hypersensitivity to Piqray or to any of its components
Pomalyst (pomalidomide)	<ul style="list-style-type: none"> Pregnancy Severe hypersensitivity to pomalidomide or any of the excipients
Qinlock (ripretinib)	<ul style="list-style-type: none"> None
Retevmo (selpercatinib)	<ul style="list-style-type: none"> None
Revlimid (lenalidomide)	<ul style="list-style-type: none"> Pregnancy Severe hypersensitivity to lenalidomide
Rezlidhia (olutasidenib)	<ul style="list-style-type: none"> None
Rozlytrek (entrectinib)	<ul style="list-style-type: none"> None
Rubraca (rucaparib)	<ul style="list-style-type: none"> None
Rydapt (midostaurin)	<ul style="list-style-type: none"> Hypersensitivity to midostaurin or any of the excipients
Scemblix (asciminib)	<ul style="list-style-type: none"> None
Sprycel (dasatinib)	<ul style="list-style-type: none"> None

Stivarga (regorafenib)	<ul style="list-style-type: none"> • None
Sutent (sunitinib)	<ul style="list-style-type: none"> • None
Tabrecta (capmatinib)	<ul style="list-style-type: none"> • None
Tafinlar (dabrafenib)	<ul style="list-style-type: none"> • None
Tagrisso (osimertinib)	<ul style="list-style-type: none"> • None
Talzenna (talazoparib)	<ul style="list-style-type: none"> • None
Tarceva (erlotinib)	<ul style="list-style-type: none"> • None
Targretin (bexarotene) capsules	<ul style="list-style-type: none"> • Pregnancy • Known serious hypersensitivity to bexarotene or other components of the product
Targretin (bexarotene) gel	<ul style="list-style-type: none"> • Known serious hypersensitivity to bexarotene or other components of the product
Tasigna (nilotinib)	<ul style="list-style-type: none"> • Hypokalemia, hypomagnesemia, long QT syndrome
Tazverik (tazemetostat)	<ul style="list-style-type: none"> • None
Temodar (temozolomide)	<ul style="list-style-type: none"> • Hypersensitivity to dacarbazine (DTIC) • Hypersensitivity to temozolomide or any other ingredients in Temodar
Tepmetko (tepotinib)	<ul style="list-style-type: none"> • None
Thalomid (thalidomide)	<ul style="list-style-type: none"> • Pregnancy • Demonstrated hypersensitivity to thalidomide or its components
Tibsovo (ivosidenib)	<ul style="list-style-type: none"> • None
Tretinoin (oral)	<ul style="list-style-type: none"> • Known hypersensitivity to tretinoin, any of its components, or other retinoids
Truqap (capivasertib)	<ul style="list-style-type: none"> • Severe hypersensitivity to Truqap or any of its components
Truseltiq (infigratinib)	<ul style="list-style-type: none"> • None
Tukysa (tucatinib)	<ul style="list-style-type: none"> • None

	Turalio (pexidartinib)	<ul style="list-style-type: none"> • None
	Tykerb (lapatinib)	<ul style="list-style-type: none"> • Known hypersensitivity to lapatinib or its components
	Vanflyta (quizartinib)	<ul style="list-style-type: none"> • Contraindicated in patients with severe hypokalemia, severe hypomagnesemia, long QT syndrome, or in patients with a history of ventricular arrhythmias or torsades de pointes
	Venclexta (venetoclax)	<ul style="list-style-type: none"> • Concomitant use with strong CYP3A inhibitors at initiation and during ramp-up phase in patients with CLL/SLL
	Verzenio (abemaciclib)	<ul style="list-style-type: none"> • None
	Vitrakvi (larotrectinib)	<ul style="list-style-type: none"> • None
	Vizimpro (dacomitinib)	<ul style="list-style-type: none"> • None
	Vonjo (pacritinib)	<ul style="list-style-type: none"> • Concomitant use of a strong CYP3A4 inhibitor or inducer
	Votrient (pazopanib)	<ul style="list-style-type: none"> • None
	Welireg (belzutifan)	<ul style="list-style-type: none"> • None
	Xalkori (crizotinib)	<ul style="list-style-type: none"> • None
	Xeloda (capecitabine)	<ul style="list-style-type: none"> • Severe hypersensitivity to fluorouracil or capecitabine
	Xospata (gilteritinib)	<ul style="list-style-type: none"> • Hypersensitivity to gilteritinib or any of the excipients
	Xpovio (selinexor)	<ul style="list-style-type: none"> • None
	Xtandi (enzalutamide)	<ul style="list-style-type: none"> • None
	Yonsa (abiraterone acetate)	<ul style="list-style-type: none"> • None
	Zejula (niraparib)	<ul style="list-style-type: none"> • None
	Zelboraf (vemurafenib)	<ul style="list-style-type: none"> • None
	Zolinza (vorinostat)	<ul style="list-style-type: none"> • None
	Zydelig (idelalisib)	<ul style="list-style-type: none"> • History of serious allergic reactions to idelalisib, including anaphylaxis and toxic epidermal necrolysis with any drug

	Zykadia (ceritinib)	• None
	Zytiga (abiraterone)	• None

REFERENCES

Number	Reference
1	Sacco Jj, Botten J, Macbeth F, et al. The average body surface area of adult cancer patients in the UK: A multicentre retrospective study. <i>PLoS ONE</i> 5(1):e8933. Doi:10.1371/journal.pone.0008933.
2	Verbraecken J et al. Body surface area in normal-weight, overweight, and obese adults. A Comparison study. <i>Metabolism Clinical and Experimental</i> 2006;55:515-524.
3	Afinitor/Afinitor Disperz prescribing information. Novartis Pharmaceuticals Corporation. February 2022.
4	Alecensa prescribing information. Genentech, Inc. September 2021.
5	Alunbrig prescribing information. Takeda Pharmaceuticals America, Inc. February 2022.
6	Ayvakit prescribing information. Blueprint Medicines Corp. March 2023.
7	Balversa prescribing information. Janssen Products, LP. January 2023.
8	BESREMi prescribing information. Pharmaessentia USA. November 2021.
9	Bosulif prescribing information. Pfizer Laboratories Div of Pfizer Inc. September 2023.
10	Braftovi prescribing information. Array BioPharma Inc. February 2022.
11	Brukinsa prescribing information. BeiGene, USA, Inc. April 2023.
12	Cabometyx prescribing information. Exelixis, Inc. January 2023.
13	Calquence prescribing information. AstraZeneca Pharmaceuticals LP. March 2022.
14	Caprelsa prescribing information. Genzyme Corporation. March 2022.
15	Cometriq prescribing information. Exelixis, Inc. February 2022.
16	Copiktra prescribing information. Secura Bio, Inc. February 2022.
17	Cotellic prescribing information. Genentech, Inc. November 2022.
18	Daurismo prescribing information. Pfizer Laboratories Div Pfizer Inc. March 2023.
19	Erivedge prescribing information. Genentech, Inc. March 2023.
20	Erleada prescribing information. Janssen Products, LP. February 2023.
21	Reference no longer used.
22	Reference no longer used
23	Fotivda prescribing information. Aveo Pharmaceuticals, Inc. March 2021.
24	Gavreto prescribing information. Genentech Inc. February 2022.
25	Gilotrif prescribing information. Boehringer Ingelheim Pharmaceuticals, Inc. April 2022.
26	Gleevec prescribing information. Novartis Pharmaceuticals Corporation. August 2022.
27	Hycamtin prescribing Information. Novartis Pharmaceuticals Corporation. September 2018.
28	Ibrance prescribing information. Pfizer Laboratories Div Pfizer Inc. December 2022.
29	Iclusig prescribing information. Takeda Pharmaceuticals America, Inc. February 2022.
30	Idhifa prescribing information. Celgene Corporation. August 2022.
31	Imbruvica prescribing information. Pharmacyclics, Inc. August 2022.
32	Inlyta prescribing information. Pfizer. Laboratories Div Pfizer Inc. September 2022.
33	Inqovi prescribing information. Taiho Pharmaceutical Co., LTD. March 2022.
34	Inrebic prescribing information. Celgene Corporation. October 2022.
35	Iressa prescribing information. AstraZeneca Pharmaceuticals LP. February 2023.

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36	Jakafi prescribing information. Incyte Corporation. January 2023.
37	Kisqali Femara Pack prescribing information. Novartis Pharmaceuticals Corporation. October 2022.
38	Kisqali prescribing information. Novartis Pharmaceuticals Corporation. October 2022.
39	Koselugo prescribing information. AstraZeneca Pharmaceuticals LP. December 2021.
40	Lenvima prescribing information. Eisai Inc. November 2022.
41	Lonsurf prescribing information. Taiho Oncology, Inc. January 2020.
42	Lorbrena prescribing information. Pfizer Laboratories Div Pfizer Inc. March 2021.
43	Lumakras prescribing information. Amgen Inc. January 2023.
44	Lynparza tablets prescribing information. AstraZeneca Pharmaceuticals LP. October 2022.
45	Lysodren prescribing information. HRA Pharma Rare Diseases. June 2021.
46	Matulane prescribing information. Leadiant Biosciences. August 2018.
47	Mekinist prescribing information. Novartis Pharmaceuticals Corporation. March 2023.
48	Mektovi prescribing information. Array BioPharma Inc. November 2020.
49	Nerlynx prescribing information. Puma Biotech. March 2022.
50	Nexavar prescribing information. Bayer HealthCare Pharmaceuticals Inc. May 2021.
51	Ninlaro prescribing information. Takeda Pharmaceuticals America, Inc. November 2022.
52	Nubeqa prescribing information. Bayer HealthCare Pharmaceuticals Inc. August 2022.
53	Odomzo prescribing information. Sun Pharmaceutical Industries, Inc. May 2019.
54	Onureg prescribing information. Celgene Corporation. October 2022.
55	Orgovyx prescribing information. Myovant Sciences, Inc. March 2023.
56	Pemazyre prescribing information. Incyte Corporation. August 2022.
57	Piqray prescribing information. Novartis Pharmaceuticals Corp. May 2022.
58	Pomalyst prescribing information. Celgene Corporation. March 2023.
59	Qinlock prescribing information. Deciphera Pharmaceuticals, LLC. December 2022.
60	Retevmo prescribing information. Eli Lilly and Company. September 2022.
61	Revlimid prescribing information. Celgene Corporation. March 2023.
62	Rozlytrek prescribing information. Genentech USA, Inc. October 2023.
63	Rubraca prescribing information. Clovis Oncology, Inc. December 2022.
64	Rydapt prescribing information. Novartis Pharmaceuticals Corporation. November 2021.
65	Scemblix prescribing information. Novartis Pharmaceuticals Corporation. October 2022.
66	Sprycel prescribing information. E.R. Squibb & Sons, L.L.C. February 2023.
67	Stivarga prescribing information. Bayer Healthcare Pharmaceuticals Inc. December 2020.
68	Sutent prescribing information. Pfizer Laboratories Div Pfizer Inc. August 2021.
69	Tabrecta prescribing information. Novartis Pharmaceuticals Corp. March 2023.
70	Tafinlar prescribing information. Novartis Pharmaceuticals Corporation. March 2023.
71	Tagrisso prescribing information. AstraZeneca Pharmaceuticals LP. October 2022.
72	Talzenna prescribing information. Pfizer Laboratories Div Pfizer Inc. June 2023.
73	Tarceva prescribing information. Genentech inc. October 2016.
74	Targretin capsule prescribing information. Bausch Health US, LLC. April 2020.
75	Targretin gel prescribing information. Bausch Health US, LLC. February 2020.
76	Tasigna prescribing information. Novartis Pharmaceuticals Corporation. September 2021.
77	Tazverik prescribing information. Epizyme Inc. July 2020.
78	Temodar prescribing Information. Merck Sharp & Dohme Corp. November 2022.
79	Tepmetko prescribing information. EMD Serono, Inc. March 2023.

Number	Reference
80	Thalomid prescribing information. Celgene Corporation. March 2023.
81	Tibsovo prescribing information. ServierPharmaceutical LLC, Inc. May 2022.
82	Tretinoin prescribing information. Glenmark Pharmaceuticals, Inc, USA. April 2023.
83	Truseltiq prescribing information. QED Therapeutics Inc. May 2021.
84	Tukysa prescribing information. Seagen Inc. January 2023.
85	Turalio prescribing information. Daiichi Sankyo, Inc. December 2022.
86	Tykerb prescribing information. Novartis Pharmaceuticals Corporation. March 2022.
87	Reference is no longer used
88	Venclexta prescribing information. AbbVie Inc. June 2022.
89	Verzenio prescribing information. Eli Lilly and Company. March 2023.
90	Vittrakvi prescribing information. Bayer HealthCare Pharmaceuticals Inc. December 2022.
91	Vizimpro prescribing information. Pfizer Laboratories Div Pfizer Inc. December 2020.
92	Votrient prescribing information. Novartis Pharmaceuticals Corporation. December 2021.
93	Welireg prescribing information. Merck Sharp & Dohme LLC. May 2022.
94	Xalkori prescribing information. Pfizer Laboratories Div Pfizer Inc. September 2023.
95	Xeloda prescribing information. H2-Pharma, LLC. April 2023.
96	Xospata prescribing information. Astellas Pharma US, Inc. January 2022.
97	Xpovio prescribing information. Karyopharm Therapeutics Inc. July 2022.
98	Xtandi prescribing information. Astellas Pharma US, Inc. September 2022.
99	Yonsa prescribing information. Sun Pharmaceuticals Industries, Inc. March 2022.
100	Zejula capsule prescribing information. GSK LLC. April 2023.
101	Zelboraf prescribing information. Genentech, Inc. May 2020.
102	Zolinza prescribing information. Merck Sharp & Dohme LLC. July 2022.
103	Zydelig prescribing information. Gilead Sciences, Inc. February 2022.
104	Zykadia prescribing information. Novartis Pharmaceuticals Corporation. October 2021.
105	Zytiga prescribing information. Janssen Biotech, Inc. August 2021.
106	Vonjo prescribing information. CTI Biopharma Corp. February 2022.
107	Lytgobi prescribing information. Taiho Pharmaceutical Co., LTD. September 2022.
108	Rezlidhia prescribing information. Rigel Pharmaceuticals, Inc. December 2022.
109	Krazati prescribing information. Mirati Therapeutics, Inc. December 2022.
110	Jaypirca prescribing information. Eli Lilly and Company. January 2023.
111	Orserdu prescribing information. Stemline Therapeutics, Inc. January 2023.
112	Zejula tablet prescribing information. GlaxoSmithKline. April 2023.
113	Vanflyta prescribing information. Daiichi Sankyo Inc. July 2023.
114	Akeega prescribing information. Janssen Biotech, Inc. August 2023.
115	Ojjaara prescribing information. GlaxoSmithKline LLC. September 2023.
116	Fruzaqla prescribing information. Takeda Pharmaceuticals U.S.A., Inc. November 2023
117	Truqap prescribing information. AstraZeneca Pharmaceuticals LP. November 2023.
118	Augtyro prescribing information. Bristol-Myers Squibb Company. November 2023.
119	Ogsiveo prescribing information. SpringWorks Therapeutics, Inc. November 2023.
120	Iwilfin prescribing information.US Worldmeds (USWM), LCC. December 2023.

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Verzenio	abemaciclib tab	100 MG ; 150 MG ; 200 MG ; 50 MG	M ; N ; O ; Y	N		
Yonsa	abiraterone acetate micronized tab	125 MG	M ; N ; O ; Y	N		
Zytiga	abiraterone acetate tab	250 MG ; 500 MG	M ; N ; O ; Y	O ; Y		
Calquence	acalabrutinib cap	100 MG	M ; N ; O ; Y	N		
Calquence	acalabrutinib maleate tab	100 MG	M ; N ; O ; Y	N		
Krazati	adagrasib tab	200 MG	M ; N ; O ; Y	N		
Gilotrif	afatinib dimaleate tab	20 MG ; 30 MG ; 40 MG	M ; N ; O ; Y	N		
Alecensa	alectinib hcl cap	150 MG	M ; N ; O ; Y	N		
Piqray 200mg daily dose ; Piqray 250mg daily dose ; Piqray 300mg daily dose	alpelisib tab pack ; alpelisib tab therapy pack	150 MG ; 200 & 50 MG ; 200 MG	M ; N ; O ; Y	N		
Erleada	apalutamide tab	240 MG ; 60 MG	M ; N ; O ; Y	N		
Scemblix	asciminib hcl tab	20 MG ; 40 MG	M ; N ; O ; Y	N		
Ayvakit	avapritinib tab	100 MG ; 200 MG ; 25 MG ; 300 MG ; 50 MG	M ; N ; O ; Y	N		
Inlyta	axitinib tab	1 MG ; 5 MG	M ; N ; O ; Y	N		
Onureg	azacitidine tab	200 MG ; 300 MG	M ; N ; O ; Y	N		
Welireg	belzutifan tab	40 MG	M ; N ; O ; Y	N		
Targretin	bexarotene cap	75 MG	M ; N ; O ; Y	O ; Y		
Targretin	Bexarotene Gel 1%	1 %	M ; N ; O ; Y	O ; Y		
Mektovi	binimetinib tab	15 MG	M ; N ; O ; Y	N		
Bosulif	bosutinib cap	100 MG ; 50 MG	M ; N ; O ; Y	N		
Bosulif	bosutinib tab	100 MG ; 400 MG ; 500 MG	M ; N ; O ; Y	N		
Alunbrig	brigatinib tab	180 MG ; 30 MG ; 90 MG	M ; N ; O ; Y	N		
Alunbrig	Brigatinib Tab Initiation Therapy Pack	90 & 180 MG	M ; N ; O ; Y	N		
Cometriq	cabozantinib s-mal cap ; cabozantinib s-malate cap	20 MG ; 3 x 20 MG & 80 MG ; 80 & 20 MG	M ; N ; O ; Y	N		
Cabometyx	cabozantinib s-malate tab	20 MG ; 40 MG ; 60 MG	M ; N ; O ; Y	N		
Xeloda	capecitabine tab	150 MG ; 500 MG	M ; N ; O ; Y	O ; Y		
Truqap	capivasertib tab	160 MG ; 200 MG	M ; N ; O ; Y	N		
Tabrecta	capmatinib hcl tab	150 MG ; 200 MG	M ; N ; O ; Y	N		
Zykadia	ceritinib tab	150 MG	M ; N ; O ; Y	N		
Cotellic	cobimetinib fumarate tab	20 MG	M ; N ; O ; Y	N		

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Xalkori	crizotinib cap	200 MG ; 250 MG	M ; N ; O ; Y	N		
Xalkori	crizotinib cap sprinkle	150 MG ; 20 MG ; 50 MG	M ; N ; O ; Y	N		
Tafinlar	dabrafenib mesylate cap	50 MG ; 75 MG	M ; N ; O ; Y	N		
Tafinlar	dabrafenib mesylate tab for oral susp	10 MG	M ; N ; O ; Y	N		
Vizimpro	dacomitinib tab	15 MG ; 30 MG ; 45 MG	M ; N ; O ; Y	N		
Nubeqa	darolutamide tab	300 MG	M ; N ; O ; Y	N		
Sprycel	dasatinib tab	100 MG ; 140 MG ; 20 MG ; 50 MG ; 70 MG ; 80 MG	M ; N ; O ; Y	N		
Inqovi	decitabine-cedazuridine tab	35-100 MG	M ; N ; O ; Y	N		
Copiktra	duvelisib cap	15 MG ; 25 MG	M ; N ; O ; Y	N		
Iwilfin	eflornithine hcl tab	192 MG	M ; N ; O ; Y	N		
Orserdu	elacestrant hydrochloride tab	345 MG ; 86 MG	M ; N ; O ; Y	N		
Idhifa	enasidenib mesylate tab	100 MG ; 50 MG	M ; N ; O ; Y	N		
Braftovi	encorafenib cap	75 MG	M ; N ; O ; Y	N		
Rozlytrek	entrectinib cap	100 MG ; 200 MG	M ; N ; O ; Y	N		
Rozlytrek	entrectinib pellet pack	50 MG	M ; N ; O ; Y	N		
Xtandi	enzalutamide cap	40 MG	M ; N ; O ; Y	N		
Xtandi	enzalutamide tab	40 MG ; 80 MG	M ; N ; O ; Y	N		
Balversa	erdafitinib tab	3 MG ; 4 MG ; 5 MG	M ; N ; O ; Y	N		
Tarceva	erlotinib hcl tab	100 MG ; 150 MG ; 25 MG	M ; N ; O ; Y	O ; Y		
Afinitor	everolimus tab	10 MG ; 2.5 MG ; 5 MG ; 7.5 MG	M ; N ; O ; Y	O ; Y		
Afinitor disperz	everolimus tab for oral susp	2 MG ; 3 MG ; 5 MG	M ; N ; O ; Y	O ; Y		
Inrebic	fedratinib hcl cap	100 MG	M ; N ; O ; Y	N		
Fruzaqla	fruquintinib cap	1 MG ; 5 MG	M ; N ; O ; Y	N		
Lytgobi	futibatinib tab therapy pack	4 MG	M ; N ; O ; Y	N		
Iressa	gefitinib tab	250 MG	M ; N ; O ; Y	O ; Y		
Xospata	gilteritinib fumarate tablet	40 MG	M ; N ; O ; Y	N		
Daurismo	glasdegib maleate tab	100 MG ; 25 MG	M ; N ; O ; Y	N		
Imbruvica	ibrutinib cap	140 MG ; 70 MG	M ; N ; O ; Y	N		
Imbruvica	ibrutinib oral susp	70 MG/ML	M ; N ; O ; Y	N		
Imbruvica	ibrutinib tab	140 MG ; 280 MG ; 420 MG ; 560 MG	M ; N ; O ; Y	N		
Zydelig	idelalisib tab	100 MG ; 150 MG	M ; N ; O ; Y	N		
Gleevec	imatinib mesylate tab	100 MG ; 400 MG	M ; N ; O ; Y	O ; Y		

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Truseltiq	infigratinib phos cap pack ; infigratinib phos cap ther pack	100 & 25 MG ; 100 MG ; 25 MG	M ; N ; O ; Y	N		
Tibsovo	ivosidenib tab	250 MG	M ; N ; O ; Y	N		
Ninlaro	ixazomib citrate cap	2.3 MG ; 3 MG ; 4 MG	M ; N ; O ; Y	N		
Tykerb	lapatinib ditosylate tab	250 MG	M ; N ; O ; Y	O ; Y		
Vittrakvi	larotrectinib sulfate cap	100 MG ; 25 MG	M ; N ; O ; Y	N		
Vittrakvi	larotrectinib sulfate oral soln	20 MG/ML	M ; N ; O ; Y	N		
Revlimid	lenalidomide cap ; lenalidomide caps	10 MG ; 15 MG ; 2.5 MG ; 20 MG ; 25 MG ; 5 MG	M ; N ; O ; Y	O ; Y		
Lenvima 10 mg daily dose ; Lenvima 12mg daily dose ; Lenvima 14 mg daily dose ; Lenvima 18 mg daily dose ; Lenvima 20 mg daily dose ; Lenvima 24 mg daily dose ; Lenvima 4 mg daily dose ; Lenvima 8 mg daily dose	lenvatinib cap ther pack ; lenvatinib cap therapy pack	10 & 4 MG ; 10 MG ; 10 MG & 2 x 4 MG ; 2 x 10 MG & 4 MG ; 4 MG	M ; N ; O ; Y	N		
Lorbrena	lorlatinib tab	100 MG ; 25 MG	M ; N ; O ; Y	N		
Rydapt	midostaurin cap	25 MG	M ; N ; O ; Y	N		
Lysodren	mitotane tab	500 MG	M ; N ; O ; Y	N		
Ojjaara	mometinib dihydrochloride tab	100 MG ; 150 MG ; 200 MG	M ; N ; O ; Y	N		
Nerlynx	neratinib maleate tab	40 MG	M ; N ; O ; Y	N		
Tasigna	nilotinib hcl cap	150 MG ; 200 MG ; 50 MG	M ; N ; O ; Y	N		
Zejula	niraparib tosylate cap	100 MG	M ; N ; O ; Y	N		
Zejula	niraparib tosylate tab	100 MG ; 200 MG ; 300 MG	M ; N ; O ; Y	N		
Akeega	niraparib tosylate-abiraterone acetate tab	100-500 MG ; 50-500 MG	M ; N ; O ; Y	N		
Ogsiveo	niraparib tosylate-abiraterone acetate tab	50 MG	M ; N ; O ; Y	N		
Lynparza	olaparib tab	100 MG ; 150 MG	M ; N ; O ; Y	N		
Rezlidhia	olutasidenib cap	150 MG	M ; N ; O ; Y	N		
Tagrisso	osimertinib mesylate tab	40 MG ; 80 MG	M ; N ; O ; Y	N		
Vonjo	pacritinib citrate cap	100 MG	M ; N ; O ; Y	N		
Ibrance	palbociclib cap	100 MG ; 125 MG ; 75 MG	M ; N ; O ; Y	N		
Ibrance	palbociclib tab	100 MG ; 125 MG ; 75 MG	M ; N ; O ; Y	N		
Farydak	panobinostat lactate cap	10 MG ; 15 MG ; 20 MG	M ; N ; O ; Y	N		
Votrient	pazopanib hcl tab	200 MG	M ; N ; O ; Y	N ; O ; Y		
Pemazyre	pemigatinib tab	13.5 MG ; 4.5 MG ; 9 MG	M ; N ; O ; Y	N		
Turalio	pexidartinib hcl cap	125 MG ; 200 MG	M ; N ; O ; Y	N		
Jaypirca	pirtobrutinib tab	100 MG ; 50 MG	M ; N ; O ; Y	N		

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Pomalyst	pomalidomide cap	1 MG ; 2 MG ; 3 MG ; 4 MG	M ; N ; O ; Y	N		
Iclusig	ponatinib hcl tab	10 MG ; 15 MG ; 30 MG ; 45 MG	M ; N ; O ; Y	N		
Gavreto	pralsetinib cap	100 MG	M ; N ; O ; Y	N		
Matulane	procarbazine hcl cap	50 MG	M ; N ; O ; Y	N		
Vanflyta	quizartinib dihydrochloride tab	17.7 MG ; 26.5 MG	M ; N ; O ; Y	N		
Stivarga	regorafenib tab	40 MG	M ; N ; O ; Y	N		
Orgovyx	relugolix tab	120 MG	M ; N ; O ; Y	N		
Augtyro	repotrectinib cap	40 MG	M ; N ; O ; Y	N		
Kisqali femara 200 dose ; Kisqali femara 400 dose ; Kisqali femara 600 dose	ribociclib	200 & 2.5 MG	M ; N ; O ; Y	N		
Kisqali	ribociclib succinate tab pack	200 MG	M ; N ; O ; Y	N		
Qinlock	ripretinib tab	50 MG	M ; N ; O ; Y	N		
Besremi	ropeginterferon alfa-	500 MCG/ML	M ; N ; O ; Y	N		
Rubraca	rucaparib camsylate tab	200 MG ; 250 MG ; 300 MG	M ; N ; O ; Y	N		
Jakafi	ruxolitinib phosphate tab	10 MG ; 15 MG ; 20 MG ; 25 MG ; 5 MG	M ; N ; O ; Y	N		
Xpovio ; Xpovio 60 mg twice weekly ; Xpovio 80 mg twice weekly	selinexor tab therapy pack	20 MG ; 40 MG ; 50 MG ; 60 MG	M ; N ; O ; Y	N		
Retevmo	selpercatinib cap	40 MG ; 80 MG	M ; N ; O ; Y	N		
Koselugo	selumetinib sulfate cap	10 MG ; 25 MG	M ; N ; O ; Y	N		
Odomzo	sonidegib phosphate cap	200 MG	M ; N ; O ; Y	N		
Nexavar	sorafenib tosylate tab	200 MG	M ; N ; O ; Y	O ; Y		
Lumakras	sotorasib tab	120 MG ; 320 MG	M ; N ; O ; Y	N		
Sutent	sunitinib malate cap	12.5 MG ; 25 MG ; 37.5 MG ; 50 MG	M ; N ; O ; Y	O ; Y		
Talzenna	talazoparib tosylate cap	0.1 MG ; 0.25 MG ; 0.35 MG ; 0.5 MG ; 0.75 MG ; 1 MG	M ; N ; O ; Y	N		
Tazverik	tazemetostat hbr tab	200 MG	M ; N ; O ; Y	N		
Temodar	temozolomide cap	100 MG ; 140 MG ; 180 MG ; 20 MG ; 250 MG ; 5 MG	M ; N ; O ; Y	O ; Y		
Tepmetko	tepotinib hcl tab	225 MG	M ; N ; O ; Y	N		
Thalomid	thalidomide cap	100 MG ; 150 MG ; 200 MG ; 50 MG	M ; N ; O ; Y	N		
Fotivda	tivozanib hcl cap	0.89 MG ; 1.34 MG	M ; N ; O ; Y	N		
Hycamtin	topotecan hcl cap	0.25 MG ; 1 MG	M ; N ; O ; Y	N		
Mekinist	trametinib dimethyl sulfoxide for soln	0.05 MG/ML	M ; N ; O ; Y	N		

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Mekinist	trametinib dimethyl sulfoxide tab	0.5 MG ; 2 MG	M ; N ; O ; Y	N		
	tretinoin cap	10 ; 10 MG	M ; N ; O ; Y	Y		
Lonsurf	trifluridine-tipiracil tab	15-6.14 MG ; 20-8.19 MG	M ; N ; O ; Y	N		
Tukysa	tucatinib tab	150 MG ; 50 MG	M ; N ; O ; Y	N		
Caprelsa	vandetanib tab	100 MG ; 300 MG	M ; N ; O ; Y	N		
Zelboraf	vemurafenib tab	240 MG	M ; N ; O ; Y	N		
Venclexta	venetoclax tab	10 MG ; 100 MG ; 50 MG	M ; N ; O ; Y	N		
Venclexta starting pack	venetoclax tab therapy starter pack	10 & 50 & 100 MG	M ; N ; O ; Y	N		
Erivedge	vismodegib cap	150 MG	M ; N ; O ; Y	N		
Zolinza	vorinostat cap	100 MG	M ; N ; O ; Y	N		
Brukina	zanubrutinib cap	80 MG	M ; N ; O ; Y	N		

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	Abiraterone Acetate Tab 125 MG		120	Tablets	30	DAYS			
	Selinexor Tab Therapy Pack 20 MG (100 MG Once Weekly)		20	Tablets	28	DAYS			
	Selinexor Tab Therapy Pack 20 MG (40 MG Once Weekly)		8	Tablets	28	DAYS			
	Selinexor Tab Therapy Pack 20 MG (40 MG Twice Weekly)		16	Tablets	28	DAYS			
	Selinexor Tab Therapy Pack 20 MG (60 MG Once Weekly)		12	Tablets	28	DAYS			
	Selinexor Tab Therapy Pack 20 MG (80 MG Once Weekly)		16	Tablets	28	DAYS			
Afinitor	everolimus tab	10 MG ; 2.5 MG ; 5 MG ; 7.5 MG	30	Tablets	30	DAYS			
Afinitor disperz	Everolimus Tab for Oral Susp 2 MG	2 MG	60	Tablets	30	DAYS	Calculation is based on 4.5 mg/m2 with a standard BSA of 2.0 and rounding up		

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
							to nearest full dose		
Afinitor disperz	Everolimus Tab for Oral Susp 3 MG	3 MG	90	Tablets	30	DAYS	Calculation is based on 4.5 mg/m2 with a standard BSA of 2.0 and rounding up to nearest full dose		
Afinitor disperz	Everolimus Tab for Oral Susp 5 MG	5 MG	60	Tablets	30	DAYS	Calculation is based on 4.5 mg/m2 with a standard BSA of 2.0 and rounding up to nearest full dose		
Akeega	niraparib tosylate-abiraterone acetate tab	50-500 MG	60	Tablets	30	DAYS			
Akeega	niraparib tosylate-abiraterone acetate tab	100-500 MG	60	Tablets	30	DAYS			
Alecensa	alectinib hcl cap	150 MG	240	Capsules	30	DAYS			
Alunbrig	Brigatinib Tab	30 MG	120	Tablets	30	DAYS			
Alunbrig	Brigatinib Tab	90 MG	30	Tablets	30	DAYS			
Alunbrig	Brigatinib Tab	180 MG	30	Tablets	30	DAYS			
Alunbrig	Brigatinib Tab Initiation Therapy Pack	90 & 180 MG	30	Tablets	180	DAYS			
Augtyro	reprotrectinib cap	40 MG	240	Capsules	30	DAYS			
Ayvakit	avapritinib tab	100 MG ; 200 MG ; 25 MG ; 300 MG ; 50 MG	30	Tablets	30	DAYS			
Balversa	Erdafitinib Tab 3 MG	3 MG	90	Tablets	30	DAYS			
Balversa	Erdafitinib Tab 4 MG	4 MG	60	Tablets	30	DAYS			
Balversa	Erdafitinib Tab 5 MG	5 MG	30	Tablets	30	DAYS			
Besremi	Ropeginterferon alfa-	500 MCG/ML	2	Syringes	28	DAYS			
Bosulif	bosutinib cap	50 MG	30	Capsules	30	DAYS			
Bosulif	bosutinib cap	100 MG	150	Capsules	30	DAYS			
Bosulif	Bosutinib Tab	100 MG	90	Tablets	30	DAYS			
Bosulif	Bosutinib Tab	400 MG	30	Tablets	30	DAYS			
Bosulif	Bosutinib Tab	500 MG	30	Tablets	30	DAYS			
Braftovi	encorafenib cap	75 MG	180	Capsules	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Brukinsa	Zanubrutinib Cap	80 MG	120	Capsules	30	DAYS			
Cabometyx	Cabozantinib S-Malate Tab	20 MG	30	Tablets	30	DAYS			
Cabometyx	Cabozantinib S-Malate Tab	40 MG	30	Tablets	30	DAYS			
Cabometyx	Cabozantinib S-Malate Tab	60 MG	30	Tablets	30	DAYS			
Calquence	acalabrutinib cap	100 MG	60	Capsules	30	DAYS			
Calquence	acalabrutinib maleate tab	100 MG	60	Tablets	30	DAYS			
Caprelsa	Vandetanib Tab	100 MG	60	Tablets	30	DAYS			
Caprelsa	Vandetanib Tab	300 MG	30	Tablets	30	DAYS			
Cometriq	Cabozantinib S-Mal Cap	80 & 20 MG	1	Carton	28	DAYS			
Cometriq	Cabozantinib S-Mal Cap	3 x 20 MG & 80 MG	1	Carton	28	DAYS			
Cometriq	Cabozantinib S-Malate Cap	20 MG	1	Carton	28	DAYS			
Copiktra	duvelisib cap	15 MG ; 25 MG	56	Capsules	28	DAYS			
Cotellic	cobimetinib fumarate tab	20 MG	63	Tablets	28	DAYS			
Daurismo	Glasdegib Maleate Tab 100 MG (Base Equivalent)	100 MG	30	Tablets	30	DAYS			
Daurismo	Glasdegib Maleate Tab 25 MG (Base Equivalent)	25 MG	60	Tablets	30	DAYS			
Erivedge	Vismodegib Cap 150 MG	150 MG	30	Capsules	30	DAYS			
Erleada	apalutamide tab	240 MG	30	Tablets	30	DAYS			
Erleada	Apalutamide Tab 60 MG	60 MG	120	Tablets	30	DAYS			
Farydak	panobinostat lactate cap	10 MG ; 15 MG ; 20 MG	6	Capsules	21	DAYS			
Fotivda	Tivozanib HCl Cap	0.89 MG	21	Capsules	28	DAYS			
Fotivda	Tivozanib HCl Cap	1.34 MG	21	Capsules	28	DAYS			
Fruzaqla	fruquintinib cap	1 MG	84	Capsules	28	DAYS			
Fruzaqla	fruquintinib cap	5 MG	21	Capsules	28	DAYS			
Gavreto	pralsetinib cap	100 MG	120	Capsules	30	DAYS			
Gilotrif	afatinib dimaleate tab	20 MG ; 30 MG ; 40 MG	30	Tablets	30	DAYS			
Gleevec	Imatinib Mesylate Tab	100 MG	90	Tablets	30	DAYS			
Gleevec	Imatinib Mesylate Tab	400 MG	60	Tablets	30	DAYS			
Ibrance	palbociclib cap	100 MG ; 125	21	Capsules	28	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
		MG ; 75 MG							
Ibrance	palbociclib tab	100 MG ; 125 MG ; 75 MG	21	Tablets	28	DAYS			
Iclusig	Ponatinib HCl Tab	10 MG	30	Tablets	30	DAYS			
Iclusig	Ponatinib HCl Tab	15 MG	30	Tablets	30	DAYS			
Iclusig	Ponatinib HCl Tab	30 MG	30	Tablets	30	DAYS			
Iclusig	Ponatinib HCl Tab	45 MG	30	Tablets	30	DAYS			
Idhifa	Enasidenib Mesylate Tab 100 MG (Base Equivalent)	100 MG	30	Tablets	30	DAYS			
Idhifa	Enasidenib Mesylate Tab 50 MG (Base Equivalent)	50 MG	30	Tablets	30	DAYS			
Imbruvica	Ibrutinib Cap	70 MG	30	Capsules	30	DAYS			
Imbruvica	Ibrutinib Cap	140 MG	90	Capsules	30	DAYS			
Imbruvica	Ibrutinib Oral Susp	70 MG/ML	2	Bottles	30	DAYS			
Imbruvica	ibrutinib tab	140 MG ; 280 MG ; 420 MG ; 560 MG	30	Tablets	30	DAYS			
Inlyta	Axitinib Tab	1 MG	180	Tablets	30	DAYS			
Inlyta	Axitinib Tab	5 MG	120	Tablets	30	DAYS			
Inqovi	decitabine-cedazuridine tab	35-100 MG	5	Tablets	28	DAYS			
Inrebic	Fedratinib HCl Cap 100 MG	100 MG	120	Capsules	30	DAYS			
Iressa	gefitinib tab	250 MG	30	Tablets	30	DAYS			
Iwilfin	eflornithine hcl tab	192 MG	240	Tablets	30	DAYS			
Jakafi	ruxolitinib phosphate tab	10 MG ; 15 MG ; 20 MG ; 25 MG ; 5 MG	60	Tablets	30	DAYS			
Jaypirca	pirtobrutinib tab	50 MG	30	Tablets	30	DAYS			
Jaypirca	pirtobrutinib tab	100 MG	60	Tablets	30	DAYS			
Kisqali	Ribociclib Succinate Tab Pack 200 MG Daily Dose	200 MG	21	Tablets	28	DAYS			
Kisqali	Ribociclib Succinate Tab Pack 400 MG Daily Dose (200 MG Tab)	200 MG	42	Tablets	28	DAYS			
Kisqali	Ribociclib Succinate Tab Pack 600 MG Daily Dose (200 MG Tab)	200 MG	63	Tablets	28	DAYS			
Kisqali femara 200 dose	Ribociclib 200 MG Dose (200 MG Tab)	200 & 2.5 MG	49	Tablets	28	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	& Letrozole 2.5 MG TBPK								
Kisqali femara 400 dose	Ribociclib 400 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK	200 & 2.5 MG	70	Tablets	28	DAYS			
Kisqali femara 600 dose	Ribociclib 600 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK	200 & 2.5 MG	91	Tablets	28	DAYS			
Koselugo	Selumetinib Sulfate Cap 10 MG	10 MG	240	Capsules	30	DAYS			
Koselugo	Selumetinib Sulfate Cap 25 MG	25 MG	120	Capsules	30	DAYS			
Krazati	Adagrasib Tab	200 MG	180	Tablets	30	DAYS			
Lenvima 10 mg daily dose	Lenvatinib Cap Therapy Pack	10 MG	30	Capsules	30	DAYS			
Lenvima 12mg daily dose	Lenvatinib Cap Therapy Pack	4 MG	90	Capsules	30	DAYS			
Lenvima 14 mg daily dose	Lenvatinib Cap Therapy Pack	10 & 4 MG	60	Capsules	30	DAYS			
Lenvima 18 mg daily dose	Lenvatinib Cap Ther Pack	10 MG & 2 x 4 MG	90	Capsules	30	DAYS			
Lenvima 20 mg daily dose	Lenvatinib Cap Therapy Pack	10 MG	60	Capsules	30	DAYS			
Lenvima 24 mg daily dose	Lenvatinib Cap Ther Pack	2 x 10 MG & 4 MG	90	Capsules	30	DAYS			
Lenvima 4 mg daily dose	Lenvatinib Cap Therapy Pack	4 MG	30	Capsules	30	DAYS			
Lenvima 8 mg daily dose	Lenvatinib Cap Therapy Pack	4 MG	60	Capsules	30	DAYS			
Lonsurf	Trifluridine-Tipiracil Tab 15-6.14 MG	15-6.14 MG	60	Tablets	28	DAYS			
Lonsurf	Trifluridine-Tipiracil Tab 20-8.19 MG	20-8.19 MG	80	Tablets	28	DAYS			
Lorbrena	Lorlatinib Tab	25 MG	90	Tablets	30	DAYS			
Lorbrena	Lorlatinib Tab	100 MG	30	Tablets	30	DAYS			
Lumakras	sotorasib tab	320 MG	90	Tablets	30	DAYS			
Lumakras	Sotorasib Tab	120 MG	240	Tablets	30	DAYS			
Lynparza	olaparib tab	100 MG ; 150 MG	120	Tablets	30	DAYS			
Lytgobi	Futibatinib Tab Therapy Pack	4 MG	84	Tablets	28	DAYS			
Lytgobi	Futibatinib Tab Therapy Pack	4 MG	112	Tablets	28	DAYS			
Lytgobi	Futibatinib Tab Therapy Pack	4 MG	140	Tablets	28	DAYS			
Mekinist	trametinib dimethyl sulfoxide for soln	0.05 MG/ML	1170	mLs	28	DAYS			
Mekinist	Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent)	0.5 MG	90	Tablets	30	DAYS			
Mekinist	Trametinib Dimethyl Sulfoxide Tab 2 MG (Base Equivalent)	2 MG	30	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Mektovi	binimetinib tab	15 MG	180	Tablets	30	DAYS			
Nerlynx	Neratinib Maleate Tab	40 MG	180	Tablets	30	DAYS			
Nexavar	Sorafenib Tosylate Tab 200 MG (Base Equivalent)	200 MG	120	Tablets	30	DAYS			
Ninlaro	ixazomib citrate cap	2.3 MG ; 3 MG ; 4 MG	3	Capsules	28	DAYS			
Nubeqa	Darolutamide Tab 300 MG	300 MG	120	Tablets	30	DAYS			
Odomzo	sonidegib phosphate cap	200 MG	30	Capsules	30	DAYS			
Ogsiveo	nirogacestat hydrobromide tab	50 MG	180	Tablets	30	DAYS			
Ojjaara	momelotinib dihydrochloride tab	100 MG	30	Tablets	30	DAYS			
Ojjaara	momelotinib dihydrochloride tab	150 MG	30	Tablets	30	DAYS			
Ojjaara	momelotinib dihydrochloride tab	200 MG	30	Tablets	30	DAYS			
Onureg	azacitidine tab	200 MG ; 300 MG	14	Tablets	28	DAYS			
Orgovyx	relugolix tab	120 MG	30	Tablets	30	DAYS			
Orserdu	elacestrant hydrochloride tab	86 MG	90	Tablets	30	DAYS			
Orserdu	elacestrant hydrochloride tab	345 MG	30	Tablets	30	DAYS			
Pemazyre	Pemigatinib Tab 13.5 MG	13.5 MG	14	Tablets	21	DAYS			
Pemazyre	Pemigatinib Tab 4.5 MG	4.5 MG	14	Tablets	21	DAYS			
Pemazyre	Pemigatinib Tab 9 MG	9 MG	14	Tablets	21	DAYS			
Piqray 200mg daily dose	Alpelisib Tab Therapy Pack 200 MG Daily Dose	200 MG	28	Tablets	28	DAYS			
Piqray 250mg daily dose	Alpelisib Tab Pack 250 MG Daily Dose (200 MG & 50 MG Tabs)	200 & 50 MG	56	Tablets	28	DAYS			
Piqray 300mg daily dose	Alpelisib Tab Pack 300 MG Daily Dose (2x150 MG Tab)	150 MG	56	Tablets	28	DAYS			
Pomalyst	pomalidomide cap	1 MG ; 2 MG ; 3 MG ; 4 MG	21	Capsules	28	DAYS			
Qinlock	Ripretinib Tab	50 MG	90	Tablets	30	DAYS			
Retevmo	Selpercatinib Cap	40 MG	180	Capsules	30	DAYS			
Retevmo	Selpercatinib Cap	80 MG	120	Capsules	30	DAYS			
Revlimid	Lenalidomide Cap 10 MG	10 MG	30	Capsules	30	DAYS			
Revlimid	Lenalidomide Cap 15 MG	15 MG	21	Capsules	28	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Revlimid	Lenalidomide Cap 20 MG	20 MG	21	Capsules	28	DAYS			
Revlimid	Lenalidomide Cap 25 MG	25 MG	21	Capsules	28	DAYS			
Revlimid	Lenalidomide Cap 5 MG	5 MG	30	Capsules	30	DAYS			
Revlimid	Lenalidomide Caps 2.5 MG	2.5 MG	30	Capsules	30	DAYS			
Rezlidhia	Olutasidenib Cap	150 MG	60	Capsules	30	DAYS			
Rozlytrek	Entrectinib Cap 100 MG	100 MG	30	Capsules	30	DAYS			
Rozlytrek	Entrectinib Cap 200 MG	200 MG	90	Capsules	30	DAYS			
Rozlytrek	entrectinib pellet pack	50 MG	336	Packets	28	DAYS			
Rubraca	Rucaparib Camsylate Tab 200 MG (Base Equivalent)	200 MG	120	Tablets	30	DAYS			
Rubraca	Rucaparib Camsylate Tab 250 MG (Base Equivalent)	250 MG	120	Tablets	30	DAYS			
Rubraca	Rucaparib Camsylate Tab 300 MG (Base Equivalent)	300 MG	120	Tablets	30	DAYS			
Rydapt	Midostaurin Cap 25 MG	25 MG	240	Capsules	30	DAYS			
Scemblix	Asciminib HCl Tab	20 MG	60	Tablets	30	DAYS			
Scemblix	Asciminib HCl Tab	40 MG	300	Tablets	30	DAYS			
Sprycel	Dasatinib Tab	20 MG	90	Tablets	30	DAYS			
Sprycel	Dasatinib Tab	50 MG	30	Tablets	30	DAYS			
Sprycel	Dasatinib Tab	70 MG	30	Tablets	30	DAYS			
Sprycel	Dasatinib Tab	80 MG	30	Tablets	30	DAYS			
Sprycel	Dasatinib Tab	100 MG	30	Tablets	30	DAYS			
Sprycel	Dasatinib Tab	140 MG	30	Tablets	30	DAYS			
Stivarga	regorafenib tab	40 MG	84	Tablets	28	DAYS			
Sutent	Sunitinib Malate Cap 12.5 MG (Base Equivalent)	12.5 MG	90	Capsules	30	DAYS			
Sutent	Sunitinib Malate Cap 25 MG (Base Equivalent)	25 MG	30	Capsules	30	DAYS			
Sutent	Sunitinib Malate Cap 37.5 MG (Base Equivalent)	37.5 MG	30	Capsules	30	DAYS			
Sutent	Sunitinib Malate Cap 50 MG (Base Equivalent)	50 MG	30	Capsules	30	DAYS			
Tabrecta	capmatinib hcl tab	150 MG ; 200 MG	120	Tablets	30	DAYS			
Tafinlar	dabrafenib mesylate cap	50 MG ; 75 MG	120	Capsules	30	DAYS			
Tafinlar	dabrafenib mesylate tab for oral susp	10 MG	840	Tablets	28	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Tagrisso	osimertinib mesylate tab	40 MG ; 80 MG	30	Tablets	30	DAYS			
Talzenna	talazoparib tosylate cap	0.1 MG	30	Capsules	30	DAYS			
Talzenna	talazoparib tosylate cap	0.35 MG	30	Capsule	30	DAYS			
Talzenna	Talazoparib Tosylate Cap	0.5 MG	30	Capsules	30	DAYS			
Talzenna	Talazoparib Tosylate Cap	0.75 MG	30	Capsules	30	DAYS			
Talzenna	Talazoparib Tosylate Cap 0.25 MG (Base Equivalent)	0.25 MG	90	Capsules	30	DAYS			
Talzenna	Talazoparib Tosylate Cap 1 MG (Base Equivalent)	1 MG	30	Capsules	30	DAYS			
Tarceva	Erlotinib HCl Tab	25 MG	60	Tablets	30	DAYS			
Tarceva	Erlotinib HCl Tab	100 MG	30	Tablets	30	DAYS			
Tarceva	Erlotinib HCl Tab	150 MG	30	Tablets	30	DAYS			
Tasigna	nilotinib hcl cap	150 MG ; 200 MG ; 50 MG	120	Capsules	30	DAYS			
Tazverik	tazemetostat hbr tab	200 MG	240	Tablets	30	DAYS			
Tepmetko	Tepotinib HCl Tab	225 MG	60	Tablets	30	DAYS			
Thalomid	Thalidomide Cap 100 MG	100 MG	120	Capsules	30	DAYS			
Thalomid	Thalidomide Cap 150 MG	150 MG	60	Capsules	30	DAYS			
Thalomid	Thalidomide Cap 200 MG	200 MG	60	Capsules	30	DAYS			
Thalomid	Thalidomide Cap 50 MG	50 MG	90	Capsules	30	DAYS			
Tibsovo	Ivosidenib Tab 250 MG	250 MG	60	Tablets	30	DAYS			
Truqap	capivasertib tab	160 MG	64	Tablets	28	DAYS			
Truqap	capivasertib tab	200 MG	64	Tablets	28	DAYS			
Truseltiq	Infigratinib Phos Cap Pack	100 & 25 MG	42	Capsules	28	DAYS			
Truseltiq	Infigratinib Phos Cap Ther Pack	25 MG	42	Capsules	28	DAYS			
Truseltiq	Infigratinib Phos Cap Ther Pack	25 MG	63	Capsules	28	DAYS			
Truseltiq	Infigratinib Phos Cap Ther Pack	100 MG	21	Capsules	28	DAYS			
Tukysa	Tucatinib Tab	50 MG	300	Tablets	30	DAYS			
Tukysa	Tucatinib Tab	150 MG	120	Tablets	30	DAYS			
Turalio	Pexidartinib HCl Cap	125 MG	120	Capsules	30	DAYS			
Turalio	Pexidartinib HCl Cap	200 MG	120	Capsules	30	DAYS			
Tykerb	Lapatinib Ditosylate Tab	250 MG	180	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Vanflyta	quizartinib dihydrochloride tab	17.7 MG	28	Tablets	28	DAYS			
Vanflyta	quizartinib dihydrochloride tab	26.5 MG	56	Tablets	28	DAYS			
Venclexta	Venetoclax Tab 10 MG	10 MG	60	Tablets	30	DAYS			
Venclexta	Venetoclax Tab 100 MG	100 MG	180	Tablets	30	DAYS			
Venclexta	Venetoclax Tab 50 MG	50 MG	30	Tablets	30	DAYS			
Venclexta starting pack	Venetoclax Tab Therapy Starter Pack 10 & 50 & 100 MG	10 & 50 & 100 MG	1	Pack	180	DAYS			
Verzenio	abemaciclib tab	100 MG ; 150 MG ; 200 MG ; 50 MG	60	Tablets	30	DAYS			
Vittrakvi	Larotrectinib Sulfate Cap 100 MG (Base Equivalent)	100 MG	60	Capsules	30	DAYS			
Vittrakvi	Larotrectinib Sulfate Cap 25 MG (Base Equivalent)	25 MG	180	Capsules	30	DAYS			
Vittrakvi	Larotrectinib Sulfate Oral Soln 20 MG/ML (Base Equivalent)	20 MG/ML	300	mLs	30	DAYS			
Vizimpro	dacomitinib tab	15 MG ; 30 MG ; 45 MG	30	Tablets	30	DAYS			
Vonjo	pacritinib citrate cap	100 MG	120	Capsules	30	DAYS			
Votrient	Pazopanib HCl Tab	200 MG	120	Tablets	30	DAYS			
Welireg	Belzutifan Tab	40 MG	90	Tablets	30	DAYS			
Xalkori	crizotinib cap	200 MG ; 250 MG	120	Capsules	30	DAYS			
Xalkori	crizotinib cap sprinkle	20 MG	120	Capsules	30	DAYS			
Xalkori	crizotinib cap sprinkle	50 MG	120	Capsules	30	DAYS			
Xalkori	crizotinib cap sprinkle	150 MG	180	Capsules	30	DAYS			
Xospata	Gilteritinib Fumarate Tablet	40 MG	90	Tablets	30	DAYS			
Xpovio	Selinexor Tab Therapy Pack	40 MG	4	Tablets	28	DAYS			
Xpovio	Selinexor Tab Therapy Pack	40 MG	8	Tablets	28	DAYS			
Xpovio	Selinexor Tab Therapy Pack	40 MG	8	Tablets	28	DAYS			
Xpovio	Selinexor Tab Therapy Pack	50 MG	8	Tablets	28	DAYS			
Xpovio	Selinexor Tab Therapy Pack	60 MG	4	Tablets	28	DAYS			
Xpovio 60 mg twice weekly	Selinexor Tab Therapy Pack 20 MG (60 MG Twice Weekly)	20 MG	24	Tablets	28	DAYS			
Xpovio 80 mg twice weekly	Selinexor Tab Therapy Pack 20 MG	20 MG	32	Tablets	28	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	(80 MG Twice Weekly)								
Xtandi	enzalutamide cap	40 MG	120	Capsules	30	DAYS			
Xtandi	Enzalutamide Tab	40 MG	120	Tablets	30	DAYS			
Xtandi	Enzalutamide Tab	80 MG	60	Tablets	30	DAYS			
Yonsa	abiraterone acetate tab 125 mg	125 MG	120	Tablets	30	DAYS			
Zejula	niraparib tosylate cap	100 MG	90	Capsules	30	DAYS			
Zejula	niraparib tosylate tab	100 MG	30	Tablets	30	DAYS			
Zejula	niraparib tosylate tab	200 MG	30	Tablets	30	DAYS			
Zejula	niraparib tosylate tab	300 MG	30	Tablets	30	DAYS			
Zelboraf	Vemurafenib Tab 240 MG	240 MG	240	Tablets	30	DAYS			
Zolinza	Vorinostat Cap 100 MG	100 MG	120	Capsules	30	DAYS			
Zydelig	idelalisib tab	100 MG ; 150 MG	60	Tablets	30	DAYS			
Zykadia	ceritinib tab	150 MG	90	Tablets	30	DAYS			
Zytiga	Abiraterone Acetate Tab 250 MG	250 MG	120	Tablets	30	DAYS			
Zytiga	Abiraterone Acetate Tab 500 MG	500 MG	60	Tablets	30	DAYS			

ADDITIONAL QUANTITY LIMIT INFORMATION

Wildcard	Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Additional QL Information	Targeted NDCs When Exclusions Exist	Effective Date	Term Date
21532530007310	Afinitor disperz	Everolimus Tab for Oral Susp 2 MG	2 MG	Calculation is based on 4.5 mg/m2 with a standard BSA of 2.0 and rounding up to nearest full dose			
21532530007320	Afinitor disperz	Everolimus Tab for Oral Susp 3 MG	3 MG	Calculation is based on 4.5 mg/m2 with a standard BSA of 2.0 and rounding up to nearest full dose			
21532530007340	Afinitor disperz	Everolimus Tab for Oral Susp 5 MG	5 MG	Calculation is based on 4.5 mg/m2 with a standard BSA of 2.0 and rounding up to nearest full dose			

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	tretinoin cap	10 ; 10 MG	Medicaid
Afinitor	everolimus tab	10 MG ; 2.5 MG ; 5 MG ; 7.5 MG	Medicaid
Afinitor disperz	everolimus tab for oral susp	2 MG ; 3 MG ; 5 MG	Medicaid
Akeega	niraparib tosylate-abiraterone acetate tab	100-500 MG ; 50-500 MG	Medicaid
Alecensa	alectinib hcl cap	150 MG	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Alunbrig	brigatinib tab	180 MG ; 30 MG ; 90 MG	Medicaid
Alunbrig	Brigatinib Tab Initiation Therapy Pack	90 & 180 MG	Medicaid
Augtyro	repotrectinib cap	40 MG	Medicaid
Ayvakit	avapritinib tab	100 MG ; 200 MG ; 25 MG ; 300 MG ; 50 MG	Medicaid
Balversa	erdafitinib tab	3 MG ; 4 MG ; 5 MG	Medicaid
Besremi	ropeginterferon alfa-	500 MCG/ML	Medicaid
Bosulif	bosutinib cap	100 MG ; 50 MG	Medicaid
Bosulif	bosutinib tab	100 MG ; 400 MG ; 500 MG	Medicaid
Braftovi	encorafenib cap	75 MG	Medicaid
Brukinsa	zanubrutinib cap	80 MG	Medicaid
Cabometyx	cabozantinib s-malate tab	20 MG ; 40 MG ; 60 MG	Medicaid
Calquence	acalabrutinib cap	100 MG	Medicaid
Calquence	acalabrutinib maleate tab	100 MG	Medicaid
Caprelsa	vandetanib tab	100 MG ; 300 MG	Medicaid
Cometriq	cabozantinib s-mal cap ; cabozantinib s-malate cap	20 MG ; 3 x 20 MG & 80 MG ; 80 & 20 MG	Medicaid
Copiktra	duvelisib cap	15 MG ; 25 MG	Medicaid
Cotellic	cobimetinib fumarate tab	20 MG	Medicaid
Daurismo	glasdegib maleate tab	100 MG ; 25 MG	Medicaid
Erivedge	vismodegib cap	150 MG	Medicaid
Erleada	apalutamide tab	240 MG ; 60 MG	Medicaid
Farydak	panobinostat lactate cap	10 MG ; 15 MG ; 20 MG	Medicaid
Fotivda	tivozanib hcl cap	0.89 MG ; 1.34 MG	Medicaid
Fruzaqla	fruquintinib cap	1 MG ; 5 MG	Medicaid
Gavreto	pralsetinib cap	100 MG	Medicaid
Gilotrif	afatinib dimaleate tab	20 MG ; 30 MG ; 40 MG	Medicaid
Gleevec	imatinib mesylate tab	100 MG ; 400 MG	Medicaid
Hycamtin	topotecan hcl cap	0.25 MG ; 1 MG	Medicaid
Ibrance	palbociclib cap	100 MG ; 125 MG ; 75 MG	Medicaid
Ibrance	palbociclib tab	100 MG ; 125 MG ; 75 MG	Medicaid
Iclusig	ponatinib hcl tab	10 MG ; 15 MG ; 30 MG ; 45 MG	Medicaid
Idhifa	enasidenib mesylate tab	100 MG ; 50 MG	Medicaid
Imbruvica	ibrutinib cap	140 MG ; 70 MG	Medicaid
Imbruvica	ibrutinib oral susp	70 MG/ML	Medicaid
Imbruvica	ibrutinib tab	140 MG ; 280 MG ; 420 MG ; 560 MG	Medicaid
Inlyta	axitinib tab	1 MG ; 5 MG	Medicaid
Inqovi	decitabine-cedazuridine tab	35-100 MG	Medicaid
Inrebic	fedratinib hcl cap	100 MG	Medicaid
Iressa	gefitinib tab	250 MG	Medicaid
Iwilfin	eflornithine hcl tab	192 MG	Medicaid
Jakafi	ruxolitinib phosphate tab	10 MG ; 15 MG ; 20 MG ; 25 MG ; 5 MG	Medicaid
Jaypirca	pirtobrutinib tab	100 MG ; 50 MG	Medicaid
Kisqali	ribociclib succinate tab pack	200 MG	Medicaid
Kisqali femara 200 dose ; Kisqali femara 400 dose ; Kisqali femara 600 dose	ribociclib	200 & 2.5 MG	Medicaid
Koselugo	selumetinib sulfate cap	10 MG ; 25 MG	Medicaid
Krazati	adagrasib tab	200 MG	Medicaid
Lenvima 10 mg daily dose ; Lenvima 12mg daily dose ; Lenvima 14 mg daily dose ; Lenvima 18 mg daily dose ; Lenvima 20 mg daily dose ; Lenvima 24	lenvatinib cap ther pack ; lenvatinib cap therapy pack	10 & 4 MG ; 10 MG ; 10 MG & 2 x 4 MG ; 2 x 10 MG & 4 MG ; 4 MG	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
mg daily dose ; Lenvima 4 mg daily dose ; Lenvima 8 mg daily dose			
Lonsurf	trifluridine-tipiracil tab	15-6.14 MG ; 20-8.19 MG	Medicaid
Lorbrena	lorlatinib tab	100 MG ; 25 MG	Medicaid
Lumakras	sotorasib tab	120 MG ; 320 MG	Medicaid
Lynparza	olaparib tab	100 MG ; 150 MG	Medicaid
Lysodren	mitotane tab	500 MG	Medicaid
Lytgobi	futibatinib tab therapy pack	4 MG	Medicaid
Matulane	procarbazine hcl cap	50 MG	Medicaid
Mekinist	trametinib dimethyl sulfoxide for soln	0.05 MG/ML	Medicaid
Mekinist	trametinib dimethyl sulfoxide tab	0.5 MG ; 2 MG	Medicaid
Mektovi	binimetinib tab	15 MG	Medicaid
Nerlynx	neratinib maleate tab	40 MG	Medicaid
Nexavar	sorafenib tosylate tab	200 MG	Medicaid
Ninlaro	ixazomib citrate cap	2.3 MG ; 3 MG ; 4 MG	Medicaid
Nubeqa	darolutamide tab	300 MG	Medicaid
Odomzo	sonidegib phosphate cap	200 MG	Medicaid
Ogsiveo	nirogacestat hydrobromide tab	50 MG	Medicaid
Ojjaara	mometinib dihydrochloride tab	100 MG ; 150 MG ; 200 MG	Medicaid
Onureg	azacitidine tab	200 MG ; 300 MG	Medicaid
Orgovyx	relugolix tab	120 MG	Medicaid
Orserdu	elacestrant hydrochloride tab	345 MG ; 86 MG	Medicaid
Pemazyre	pemigatinib tab	13.5 MG ; 4.5 MG ; 9 MG	Medicaid
Piqray 200mg daily dose ; Piqray 250mg daily dose ; Piqray 300mg daily dose	alpelisib tab pack ; alpelisib tab therapy pack	150 MG ; 200 & 50 MG ; 200 MG	Medicaid
Pomalyst	pomalidomide cap	1 MG ; 2 MG ; 3 MG ; 4 MG	Medicaid
Qinlock	ripretinib tab	50 MG	Medicaid
Retevmo	selpercatinib cap	40 MG ; 80 MG	Medicaid
Revlimid	lenalidomide cap ; lenalidomide caps	10 MG ; 15 MG ; 2.5 MG ; 20 MG ; 25 MG ; 5 MG	Medicaid
Rezlidhia	olutasidenib cap	150 MG	Medicaid
Rozlytrek	entrectinib cap	100 MG ; 200 MG	Medicaid
Rozlytrek	entrectinib pellet pack	50 MG	Medicaid
Rubraca	rucaparib camsylate tab	200 MG ; 250 MG ; 300 MG	Medicaid
Rydapt	midostaurin cap	25 MG	Medicaid
Scemblix	asciminib hcl tab	20 MG ; 40 MG	Medicaid
Sprycel	dasatinib tab	100 MG ; 140 MG ; 20 MG ; 50 MG ; 70 MG ; 80 MG	Medicaid
Stivarga	regorafenib tab	40 MG	Medicaid
Sutent	sunitinib malate cap	12.5 MG ; 25 MG ; 37.5 MG ; 50 MG	Medicaid
Tabrecta	capmatinib hcl tab	150 MG ; 200 MG	Medicaid
Tafinlar	dabrafenib mesylate cap	50 MG ; 75 MG	Medicaid
Tafinlar	dabrafenib mesylate tab for oral susp	10 MG	Medicaid
Tagrisso	osimertinib mesylate tab	40 MG ; 80 MG	Medicaid
Talzenna	talazoparib tosylate cap	0.1 MG ; 0.25 MG ; 0.35 MG ; 0.5 MG ; 0.75 MG ; 1 MG	Medicaid
Tarceva	erlotinib hcl tab	100 MG ; 150 MG ; 25 MG	Medicaid
Targretin	bexarotene cap	75 MG	Medicaid
Targretin	Bexarotene Gel 1%	1 %	Medicaid
Tasigna	nilotinib hcl cap	150 MG ; 200 MG ; 50 MG	Medicaid
Tazverik	tazemetostat hbr tab	200 MG	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Temodar	temozolomide cap	100 MG ; 140 MG ; 180 MG ; 20 MG ; 250 MG ; 5 MG	Medicaid
Tepmetko	tepotinib hcl tab	225 MG	Medicaid
Thalomid	thalidomide cap	100 MG ; 150 MG ; 200 MG ; 50 MG	Medicaid
Tibsovo	ivosidenib tab	250 MG	Medicaid
Truqap	capivasertib tab	160 MG ; 200 MG	Medicaid
Truseltiq	infigratinib phos cap pack ; infigratinib phos cap ther pack	100 & 25 MG ; 100 MG ; 25 MG	Medicaid
Tukysa	tucatinib tab	150 MG ; 50 MG	Medicaid
Turalio	pexidartinib hcl cap	125 MG ; 200 MG	Medicaid
Tykerb	lapatinib ditosylate tab	250 MG	Medicaid
Vanflyta	quizartinib dihydrochloride tab	17.7 MG ; 26.5 MG	Medicaid
Venclexta	venetoclax tab	10 MG ; 100 MG ; 50 MG	Medicaid
Venclexta starting pack	venetoclax tab therapy starter pack	10 & 50 & 100 MG	Medicaid
Verzenio	abemaciclib tab	100 MG ; 150 MG ; 200 MG ; 50 MG	Medicaid
Vitrakvi	larotrectinib sulfate cap	100 MG ; 25 MG	Medicaid
Vitrakvi	larotrectinib sulfate oral soln	20 MG/ML	Medicaid
Vizimpro	dacomitinib tab	15 MG ; 30 MG ; 45 MG	Medicaid
Vonjo	pacritinib citrate cap	100 MG	Medicaid
Votrient	pazopanib hcl tab	200 MG	Medicaid
Welireg	belzutifan tab	40 MG	Medicaid
Xalkori	crizotinib cap	200 MG ; 250 MG	Medicaid
Xalkori	crizotinib cap sprinkle	150 MG ; 20 MG ; 50 MG	Medicaid
Xeloda	capecitabine tab	150 MG ; 500 MG	Medicaid
Xospata	gilteritinib fumarate tablet	40 MG	Medicaid
Xpovio ; Xpovio 60 mg twice weekly ; Xpovio 80 mg twice weekly	selinexor tab therapy pack	20 MG ; 40 MG ; 50 MG ; 60 MG	Medicaid
Xtandi	enzalutamide cap	40 MG	Medicaid
Xtandi	enzalutamide tab	40 MG ; 80 MG	Medicaid
Yonsa	abiraterone acetate micronized tab	125 MG	Medicaid
Zejula	niraparib tosylate cap	100 MG	Medicaid
Zejula	niraparib tosylate tab	100 MG ; 200 MG ; 300 MG	Medicaid
Zelboraf	vemurafenib tab	240 MG	Medicaid
Zolinza	vorinostat cap	100 MG	Medicaid
Zydelig	idelalisib tab	100 MG ; 150 MG	Medicaid
Zykadia	ceritinib tab	150 MG	Medicaid
Zytiga	abiraterone acetate tab	250 MG ; 500 MG	Medicaid

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Abiraterone Acetate Tab 125 MG		Medicaid
	Selinexor Tab Therapy Pack 20 MG (100 MG Once Weekly)		Medicaid
	Selinexor Tab Therapy Pack 20 MG (40 MG Once Weekly)		Medicaid
	Selinexor Tab Therapy Pack 20 MG (40 MG Twice Weekly)		Medicaid
	Selinexor Tab Therapy Pack 20 MG (60 MG Once Weekly)		Medicaid
	Selinexor Tab Therapy Pack 20 MG (80 MG Once Weekly)		Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Afinitor	everolimus tab	10 MG ; 2.5 MG ; 5 MG ; 7.5 MG	Medicaid
Afinitor disperz	Everolimus Tab for Oral Susp 2 MG	2 MG	Medicaid
Afinitor disperz	Everolimus Tab for Oral Susp 3 MG	3 MG	Medicaid
Afinitor disperz	Everolimus Tab for Oral Susp 5 MG	5 MG	Medicaid
Akeega	niraparib tosylate-abiraterone acetate tab	100-500 MG	Medicaid
Akeega	niraparib tosylate-abiraterone acetate tab	50-500 MG	Medicaid
Alecensa	alectinib hcl cap	150 MG	Medicaid
Alunbrig	Brigatinib Tab	90 MG	Medicaid
Alunbrig	Brigatinib Tab	30 MG	Medicaid
Alunbrig	Brigatinib Tab	180 MG	Medicaid
Alunbrig	Brigatinib Tab Initiation Therapy Pack	90 & 180 MG	Medicaid
Augtyro	repotrectinib cap	40 MG	Medicaid
Ayvakit	avapritinib tab	100 MG ; 200 MG ; 25 MG ; 300 MG ; 50 MG	Medicaid
Balversa	Erdafitinib Tab 3 MG	3 MG	Medicaid
Balversa	Erdafitinib Tab 4 MG	4 MG	Medicaid
Balversa	Erdafitinib Tab 5 MG	5 MG	Medicaid
Besremi	Ropeginterferon alfa-	500 MCG/ML	Medicaid
Bosulif	bosutinib cap	100 MG	Medicaid
Bosulif	bosutinib cap	50 MG	Medicaid
Bosulif	Bosutinib Tab	500 MG	Medicaid
Bosulif	Bosutinib Tab	100 MG	Medicaid
Bosulif	Bosutinib Tab	400 MG	Medicaid
Braftovi	encorafenib cap	75 MG	Medicaid
Brukinsa	Zanubrutinib Cap	80 MG	Medicaid
Cabometyx	Cabozantinib S-Malate Tab	40 MG	Medicaid
Cabometyx	Cabozantinib S-Malate Tab	60 MG	Medicaid
Cabometyx	Cabozantinib S-Malate Tab	20 MG	Medicaid
Calquence	acalabrutinib cap	100 MG	Medicaid
Calquence	acalabrutinib maleate tab	100 MG	Medicaid
Caprelsa	Vandetanib Tab	300 MG	Medicaid
Caprelsa	Vandetanib Tab	100 MG	Medicaid
Cometriq	Cabozantinib S-Mal Cap	3 x 20 MG & 80 MG	Medicaid
Cometriq	Cabozantinib S-Mal Cap	80 & 20 MG	Medicaid
Cometriq	Cabozantinib S-Malate Cap	20 MG	Medicaid
Copiktra	duvelisib cap	15 MG ; 25 MG	Medicaid
Cotellic	cobimetinib fumarate tab	20 MG	Medicaid
Daurismo	Glasdegib Maleate Tab 100 MG (Base Equivalent)	100 MG	Medicaid
Daurismo	Glasdegib Maleate Tab 25 MG (Base Equivalent)	25 MG	Medicaid
Erivedge	Vismodegib Cap 150 MG	150 MG	Medicaid
Erleada	apalutamide tab	240 MG	Medicaid
Erleada	Apalutamide Tab 60 MG	60 MG	Medicaid
Farydak	panobinostat lactate cap	10 MG ; 15 MG ; 20 MG	Medicaid
Fotivda	Tivozanib HCl Cap	0.89 MG	Medicaid
Fotivda	Tivozanib HCl Cap	1.34 MG	Medicaid
Fruzaqla	fruquintinib cap	1 MG	Medicaid
Fruzaqla	fruquintinib cap	5 MG	Medicaid
Gavreto	pralsetinib cap	100 MG	Medicaid
Gilotrif	afatinib dimaleate tab	20 MG ; 30 MG ; 40 MG	Medicaid
Gleevec	Imatinib Mesylate Tab	100 MG	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Gleevec	Imatinib Mesylate Tab	400 MG	Medicaid
Ibrance	palbociclib cap	100 MG ; 125 MG ; 75 MG	Medicaid
Ibrance	palbociclib tab	100 MG ; 125 MG ; 75 MG	Medicaid
Iclusig	Ponatinib HCl Tab	15 MG	Medicaid
Iclusig	Ponatinib HCl Tab	45 MG	Medicaid
Iclusig	Ponatinib HCl Tab	10 MG	Medicaid
Iclusig	Ponatinib HCl Tab	30 MG	Medicaid
Idhifa	Enasidenib Mesylate Tab 100 MG (Base Equivalent)	100 MG	Medicaid
Idhifa	Enasidenib Mesylate Tab 50 MG (Base Equivalent)	50 MG	Medicaid
Imbruvica	Ibrutinib Cap	70 MG	Medicaid
Imbruvica	Ibrutinib Cap	140 MG	Medicaid
Imbruvica	Ibrutinib Oral Susp	70 MG/ML	Medicaid
Imbruvica	ibrutinib tab	140 MG ; 280 MG ; 420 MG ; 560 MG	Medicaid
Inlyta	Axitinib Tab	5 MG	Medicaid
Inlyta	Axitinib Tab	1 MG	Medicaid
Inqovi	decitabine-cedazuridine tab	35-100 MG	Medicaid
Inrebic	Fedratinib HCl Cap 100 MG	100 MG	Medicaid
Iressa	gefitinib tab	250 MG	Medicaid
Iwilfin	eflornithine hcl tab	192 MG	Medicaid
Jakafi	ruxolitinib phosphate tab	10 MG ; 15 MG ; 20 MG ; 25 MG ; 5 MG	Medicaid
Jaypirca	pirtobrutinib tab	50 MG	Medicaid
Jaypirca	pirtobrutinib tab	100 MG	Medicaid
Kisqali	Ribociclib Succinate Tab Pack 200 MG Daily Dose	200 MG	Medicaid
Kisqali	Ribociclib Succinate Tab Pack 400 MG Daily Dose (200 MG Tab)	200 MG	Medicaid
Kisqali	Ribociclib Succinate Tab Pack 600 MG Daily Dose (200 MG Tab)	200 MG	Medicaid
Kisqali femara 200 dose	Ribociclib 200 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPk	200 & 2.5 MG	Medicaid
Kisqali femara 400 dose	Ribociclib 400 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPk	200 & 2.5 MG	Medicaid
Kisqali femara 600 dose	Ribociclib 600 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPk	200 & 2.5 MG	Medicaid
Koselugo	Selumetinib Sulfate Cap 10 MG	10 MG	Medicaid
Koselugo	Selumetinib Sulfate Cap 25 MG	25 MG	Medicaid
Krazati	Adagrasib Tab	200 MG	Medicaid
Lenvima 10 mg daily dose	Lenvatinib Cap Therapy Pack	10 MG	Medicaid
Lenvima 12mg daily dose	Lenvatinib Cap Therapy Pack	4 MG	Medicaid
Lenvima 14 mg daily dose	Lenvatinib Cap Therapy Pack	10 & 4 MG	Medicaid
Lenvima 18 mg daily dose	Lenvatinib Cap Ther Pack	10 MG & 2 x 4 MG	Medicaid
Lenvima 20 mg daily dose	Lenvatinib Cap Therapy Pack	10 MG	Medicaid
Lenvima 24 mg daily dose	Lenvatinib Cap Ther Pack	2 x 10 MG & 4 MG	Medicaid
Lenvima 4 mg daily dose	Lenvatinib Cap Therapy Pack	4 MG	Medicaid
Lenvima 8 mg daily dose	Lenvatinib Cap Therapy Pack	4 MG	Medicaid
Lonsurf	Trifluridine-Tipiracil Tab 15-6.14 MG	15-6.14 MG	Medicaid
Lonsurf	Trifluridine-Tipiracil Tab 20-8.19 MG	20-8.19 MG	Medicaid
Lorbrena	Lorlatinib Tab	25 MG	Medicaid
Lorbrena	Lorlatinib Tab	100 MG	Medicaid
Lumakras	sotorasib tab	320 MG	Medicaid
Lumakras	Sotorasib Tab	120 MG	Medicaid
Lynparza	olaparib tab	100 MG ; 150 MG	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Lytgobi	Futibatinib Tab Therapy Pack	4 MG	Medicaid
Lytgobi	Futibatinib Tab Therapy Pack	4 MG	Medicaid
Lytgobi	Futibatinib Tab Therapy Pack	4 MG	Medicaid
Mekinist	trametinib dimethyl sulfoxide for soln	0.05 MG/ML	Medicaid
Mekinist	Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent)	0.5 MG	Medicaid
Mekinist	Trametinib Dimethyl Sulfoxide Tab 2 MG (Base Equivalent)	2 MG	Medicaid
Mektovi	binimetinib tab	15 MG	Medicaid
Nerlynx	Neratinib Maleate Tab	40 MG	Medicaid
Nexavar	Sorafenib Tosylate Tab 200 MG (Base Equivalent)	200 MG	Medicaid
Ninlaro	ixazomib citrate cap	2.3 MG ; 3 MG ; 4 MG	Medicaid
Nubeqa	Darolutamide Tab 300 MG	300 MG	Medicaid
Odomzo	sonidegib phosphate cap	200 MG	Medicaid
Ogsiveo	nirogacestat hydrobromide tab	50 MG	Medicaid
Ojjaara	mometotinib dihydrochloride tab	150 MG	Medicaid
Ojjaara	mometotinib dihydrochloride tab	200 MG	Medicaid
Ojjaara	mometotinib dihydrochloride tab	100 MG	Medicaid
Onureg	azacitidine tab	200 MG ; 300 MG	Medicaid
Orgovyx	relugolix tab	120 MG	Medicaid
Orserdu	elacestrant hydrochloride tab	345 MG	Medicaid
Orserdu	elacestrant hydrochloride tab	86 MG	Medicaid
Pemazyre	Pemigatinib Tab 13.5 MG	13.5 MG	Medicaid
Pemazyre	Pemigatinib Tab 4.5 MG	4.5 MG	Medicaid
Pemazyre	Pemigatinib Tab 9 MG	9 MG	Medicaid
Piqray 200mg daily dose	Alpelisib Tab Therapy Pack 200 MG Daily Dose	200 MG	Medicaid
Piqray 250mg daily dose	Alpelisib Tab Pack 250 MG Daily Dose (200 MG & 50 MG Tabs)	200 & 50 MG	Medicaid
Piqray 300mg daily dose	Alpelisib Tab Pack 300 MG Daily Dose (2x150 MG Tab)	150 MG	Medicaid
Pomalyst	pomalidomide cap	1 MG ; 2 MG ; 3 MG ; 4 MG	Medicaid
Qinlock	Ripretinib Tab	50 MG	Medicaid
Retevmo	Selpercatinib Cap	80 MG	Medicaid
Retevmo	Selpercatinib Cap	40 MG	Medicaid
Revlimid	Lenalidomide Cap 10 MG	10 MG	Medicaid
Revlimid	Lenalidomide Cap 15 MG	15 MG	Medicaid
Revlimid	Lenalidomide Cap 20 MG	20 MG	Medicaid
Revlimid	Lenalidomide Cap 25 MG	25 MG	Medicaid
Revlimid	Lenalidomide Cap 5 MG	5 MG	Medicaid
Revlimid	Lenalidomide Caps 2.5 MG	2.5 MG	Medicaid
Rezlidhia	Olutasidenib Cap	150 MG	Medicaid
Rozlytrek	Entrectinib Cap 100 MG	100 MG	Medicaid
Rozlytrek	Entrectinib Cap 200 MG	200 MG	Medicaid
Rozlytrek	entrectinib pellet pack	50 MG	Medicaid
Rubraca	Rucaparib Camsylate Tab 200 MG (Base Equivalent)	200 MG	Medicaid
Rubraca	Rucaparib Camsylate Tab 250 MG (Base Equivalent)	250 MG	Medicaid
Rubraca	Rucaparib Camsylate Tab 300 MG (Base Equivalent)	300 MG	Medicaid
Rydapt	Midostaurin Cap 25 MG	25 MG	Medicaid
Scemblix	Asciminib HCl Tab	40 MG	Medicaid
Scemblix	Asciminib HCl Tab	20 MG	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Sprycel	Dasatinib Tab	50 MG	Medicaid
Sprycel	Dasatinib Tab	140 MG	Medicaid
Sprycel	Dasatinib Tab	20 MG	Medicaid
Sprycel	Dasatinib Tab	100 MG	Medicaid
Sprycel	Dasatinib Tab	80 MG	Medicaid
Sprycel	Dasatinib Tab	70 MG	Medicaid
Stivarga	regorafenib tab	40 MG	Medicaid
Sutent	Sunitinib Malate Cap 12.5 MG (Base Equivalent)	12.5 MG	Medicaid
Sutent	Sunitinib Malate Cap 25 MG (Base Equivalent)	25 MG	Medicaid
Sutent	Sunitinib Malate Cap 37.5 MG (Base Equivalent)	37.5 MG	Medicaid
Sutent	Sunitinib Malate Cap 50 MG (Base Equivalent)	50 MG	Medicaid
Tabrecta	capmatinib hcl tab	150 MG ; 200 MG	Medicaid
Tafinlar	dabrafenib mesylate cap	50 MG ; 75 MG	Medicaid
Tafinlar	dabrafenib mesylate tab for oral susp	10 MG	Medicaid
Tagrisso	osimertinib mesylate tab	40 MG ; 80 MG	Medicaid
Talzenna	Talazoparib Tosylate Cap	0.5 MG	Medicaid
Talzenna	talazoparib tosylate cap	0.1 MG	Medicaid
Talzenna	talazoparib tosylate cap	0.35 MG	Medicaid
Talzenna	Talazoparib Tosylate Cap	0.75 MG	Medicaid
Talzenna	Talazoparib Tosylate Cap 0.25 MG (Base Equivalent)	0.25 MG	Medicaid
Talzenna	Talazoparib Tosylate Cap 1 MG (Base Equivalent)	1 MG	Medicaid
Tarceva	Erlotinib HCl Tab	25 MG	Medicaid
Tarceva	Erlotinib HCl Tab	100 MG	Medicaid
Tarceva	Erlotinib HCl Tab	150 MG	Medicaid
Tasigna	nilotinib hcl cap	150 MG ; 200 MG ; 50 MG	Medicaid
Tazverik	tazemetostat hbr tab	200 MG	Medicaid
Tepmetko	Tepotinib HCl Tab	225 MG	Medicaid
Thalomid	Thalidomide Cap 100 MG	100 MG	Medicaid
Thalomid	Thalidomide Cap 150 MG	150 MG	Medicaid
Thalomid	Thalidomide Cap 200 MG	200 MG	Medicaid
Thalomid	Thalidomide Cap 50 MG	50 MG	Medicaid
Tibsovo	Ivosidenib Tab 250 MG	250 MG	Medicaid
Truqap	capiasertib tab	200 MG	Medicaid
Truqap	capiasertib tab	160 MG	Medicaid
Truseltiq	Infigratinib Phos Cap Pack	100 & 25 MG	Medicaid
Truseltiq	Infigratinib Phos Cap Ther Pack	100 MG	Medicaid
Truseltiq	Infigratinib Phos Cap Ther Pack	25 MG	Medicaid
Truseltiq	Infigratinib Phos Cap Ther Pack	25 MG	Medicaid
Tukysa	Tucatinib Tab	150 MG	Medicaid
Tukysa	Tucatinib Tab	50 MG	Medicaid
Turalio	Pexidartinib HCl Cap	200 MG	Medicaid
Turalio	Pexidartinib HCl Cap	125 MG	Medicaid
Tykerb	Lapatinib Ditosylate Tab	250 MG	Medicaid
Vanflyta	quizartinib dihydrochloride tab	26.5 MG	Medicaid
Vanflyta	quizartinib dihydrochloride tab	17.7 MG	Medicaid
Venclexta	Venetoclax Tab 10 MG	10 MG	Medicaid
Venclexta	Venetoclax Tab 100 MG	100 MG	Medicaid
Venclexta	Venetoclax Tab 50 MG	50 MG	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Venclexta starting pack	Venetoclax Tab Therapy Starter Pack 10 & 50 & 100 MG	10 & 50 & 100 MG	Medicaid
Verzenio	abemaciclib tab	100 MG ; 150 MG ; 200 MG ; 50 MG	Medicaid
Vittrakvi	Larotrectinib Sulfate Cap 100 MG (Base Equivalent)	100 MG	Medicaid
Vittrakvi	Larotrectinib Sulfate Cap 25 MG (Base Equivalent)	25 MG	Medicaid
Vittrakvi	Larotrectinib Sulfate Oral Soln 20 MG/ML (Base Equivalent)	20 MG/ML	Medicaid
Vizimpro	dacomitinib tab	15 MG ; 30 MG ; 45 MG	Medicaid
Vonjo	pacritinib citrate cap	100 MG	Medicaid
Votrient	Pazopanib HCl Tab	200 MG	Medicaid
Welireg	Belzutifan Tab	40 MG	Medicaid
Xalkori	crizotinib cap	200 MG ; 250 MG	Medicaid
Xalkori	crizotinib cap sprinkle	20 MG	Medicaid
Xalkori	crizotinib cap sprinkle	150 MG	Medicaid
Xalkori	crizotinib cap sprinkle	50 MG	Medicaid
Xospata	Gilteritinib Fumarate Tablet	40 MG	Medicaid
Xpovio	Selinexor Tab Therapy Pack	40 MG	Medicaid
Xpovio	Selinexor Tab Therapy Pack	60 MG	Medicaid
Xpovio	Selinexor Tab Therapy Pack	40 MG	Medicaid
Xpovio	Selinexor Tab Therapy Pack	40 MG	Medicaid
Xpovio	Selinexor Tab Therapy Pack	50 MG	Medicaid
Xpovio 60 mg twice weekly	Selinexor Tab Therapy Pack 20 MG (60 MG Twice Weekly)	20 MG	Medicaid
Xpovio 80 mg twice weekly	Selinexor Tab Therapy Pack 20 MG (80 MG Twice Weekly)	20 MG	Medicaid
Xtandi	enzalutamide cap	40 MG	Medicaid
Xtandi	Enzalutamide Tab	40 MG	Medicaid
Xtandi	Enzalutamide Tab	80 MG	Medicaid
Yonsa	abiraterone acetate tab 125 mg	125 MG	Medicaid
Zejula	niraparib tosylate cap	100 MG	Medicaid
Zejula	niraparib tosylate tab	200 MG	Medicaid
Zejula	niraparib tosylate tab	100 MG	Medicaid
Zejula	niraparib tosylate tab	300 MG	Medicaid
Zelboraf	Vemurafenib Tab 240 MG	240 MG	Medicaid
Zolinza	Vorinostat Cap 100 MG	100 MG	Medicaid
Zydelig	idelalisib tab	100 MG ; 150 MG	Medicaid
Zykadia	ceritinib tab	150 MG	Medicaid
Zytiga	Abiraterone Acetate Tab 250 MG	250 MG	Medicaid
Zytiga	Abiraterone Acetate Tab 500 MG	500 MG	Medicaid

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
PA QL	<p>Initial Evaluation</p> <p>Target Agent(s) will be approved when ONE of the following are met:</p> <ol style="list-style-type: none"> 1. ALL of the following: <ol style="list-style-type: none"> A. ONE of the following: <ol style="list-style-type: none"> 1. The patient has been treated with the requested agent within the past 180 days OR

Module	Clinical Criteria for Approval
	<p>2. The prescriber states the patient is being treated with the requested agent within the past 180 days AND is at risk if therapy is changed OR</p> <p>3. ALL of the following:</p> <ul style="list-style-type: none"> A. ONE of the following: <ul style="list-style-type: none"> 1. The patient has an FDA labeled indication for the requested agent OR 2. The patient has an indication that is supported by NCCN 1, 2A, or 2B recommended use, AHFS, DrugDex level of evidence of 1, IIa, or IIb, Wolters Kluwer Lexi-Drugs level of evidence A, Clinical Pharmacology) [i.e., this indication must be supported by ALL requirements in the compendia (e.g., performance status, disease severity, previous failures, monotherapy vs combination therapy, etc.)] for the requested agent AND B. If the patient has an FDA labeled indication, then ONE of the following: <ul style="list-style-type: none"> 1. The patient's age is within FDA labeling for the requested indication for the requested agent OR 2. There is support for using the requested agent for the patient's age for the requested indication AND C. ONE of the following: <ul style="list-style-type: none"> 1. The requested indication does NOT require genetic/specific diagnostic testing per FDA labeling or compendia for the requested agent OR 2. The requested indication requires genetic/specific diagnostic testing per FDA labeling or compendia for the requested agent AND BOTH of the following: <ul style="list-style-type: none"> A. Genetic/specific diagnostic testing has been completed AND B. The results of the genetic/specific diagnostic testing indicate therapy with the requested agent is appropriate AND D. ONE of the following: <ul style="list-style-type: none"> 1. The requested agent is being used as monotherapy and is approved for use as monotherapy in the FDA labeling or compendia for the requested indication OR 2. The requested agent will be used as combination therapy with all agent(s) and/or treatments (e.g., radiation) listed for concomitant use in the FDA labeling or compendia for the requested indication AND E. ONE of the following: <ul style="list-style-type: none"> 1. The requested agent will be used as a first-line agent and is FDA labeled or compendia as a first-line agent for the requested indication OR 2. The patient has tried and had an inadequate response to the appropriate number and type(s) of prerequisite agent(s) listed in the FDA labeling or compendia for the requested indication OR 3. The patient has an intolerance, FDA labeled contraindication, or hypersensitivity to the appropriate number and type(s) of prerequisite agent(s) listed in the FDA labeling or compendia for the requested indication OR 4. The patient is currently being treated with the requested agent as indicated by ALL of the following: <ul style="list-style-type: none"> A. A statement by the prescriber that the patient is currently taking the requested agent AND B. A statement by the prescriber that the patient is currently receiving a positive therapeutic outcome on requested agent AND C. The prescriber states that a change in therapy is expected to be ineffective or cause harm OR

Module	Clinical Criteria for Approval
	<p style="text-align: center;">5. The prescriber has provided documentation that the appropriate prerequisite agents cannot be used due to a documented medical condition or comorbid condition that is likely to cause an adverse reaction, decrease ability of the patient to achieve or maintain reasonable functional ability in performing daily activities or cause physical or mental harm AND</p> <p>B. The patient does not have any FDA labeled contraindications to the requested agent AND</p> <p>C. The patient does not have any FDA labeled limitation(s) of use that is otherwise not supported in NCCN to the requested agent OR</p> <p>2. If the request is for an oral liquid form of a medication, then BOTH of the following:</p> <p>A. The patient has an FDA approved indication AND</p> <p>B. The patient uses an enteral tube for feeding or medication administration</p> <p>Compendia Allowed: NCCN 1, 2A, or 2B recommended use, AHFS, DrugDex level of evidence of 1, IIa, or IIB, Wolters Kluwer Lexi-Drugs level of evidence A, Clinical Pharmacology</p> <p>Length of Approval: Up to 3 months for dose titration requests over the program quantity limit and Vitrakvi; Up to 12 months for all other requests, approve starter packs and loading doses where appropriate and maintenance dose for the remainder of the authorization</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p> <p>Renewal Evaluation</p> <p>Target Agent(s) will be approved when BOTH of the following are met:</p> <ol style="list-style-type: none"> 1. The patient has been previously approved for the requested agent through the plan's Prior Authorization process [Note: patients not previously approved for the requested agent will require initial evaluation review] AND 2. ONE of the following: <ol style="list-style-type: none"> A. ALL of the following: <ol style="list-style-type: none"> 1. ONE of the following: <ol style="list-style-type: none"> A. The requested agent is Vitrakvi AND the patient has experienced clinical benefit (i.e., partial response, complete response, or stable disease) with the requested agent OR B. The requested agent is NOT Vitrakvi AND 2. The patient does not have any FDA labeled contraindications to the requested agent AND 3. The patient does not have any FDA labeled limitation(s) of use that is otherwise not supported in NCCN to the requested agent OR B. If the request is for an oral liquid form of a medication, then BOTH of the following: <ol style="list-style-type: none"> 1. The patient has an FDA approved indication AND 2. The patient uses an enteral tube for feeding or medication administration <p>Length of Approval: Up to 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p> <p>FDA Companion Diagnostics: https://www.fda.gov/medical-devices/vitro-diagnostics/list-cleared-or-approved-companion-diagnostic-devices-vitro-and-imaging-tools</p>

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
QL with PA	<p>Quantity Limit for the Target Agent(s) will be approved when ONE of the following is met:</p> <ol style="list-style-type: none">1. The requested quantity (dose) does NOT exceed the program quantity limit OR2. ALL of the following:<ol style="list-style-type: none">A. The requested quantity (dose) exceeds the program quantity limit ANDB. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication ANDC. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit OR3. ALL of the following:<ol style="list-style-type: none">A. The requested quantity (dose) exceeds the program quantity limit ANDB. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication ANDC. There is support for therapy with a higher dose for the requested indication <p>Length of Approval: Up to 3 months for dose titration requests over the program quantity limit and Vitrakvi; Up to 12 months for all other requests, approve starter packs/loading doses where appropriate and maintenance doses for the remainder of the authorization</p>