MISSISSIPPI DIVISION OF MEDICAID
PREFERRED DRUG LIST

EFFECTIVE 07/01/2012
Version 2012.24a
Updated: 8-7-2012

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ACNE AGENTS (Topical)			
	ANTI-INFECTIVE		Acne agents will be authorized only for patients less than 21 years of age.
	AZELEX (azelaic acid) clindamycin erythromycin	ACZONE (dapsone) AKNE-MYCIN (erythromycin) CLEOCIN-T (clindamycin) CLINDAGEL (clindamycin) CLINDAREACH (clindamycin) EVOCLIN (clindamycin) sulfacetamide	
	RETINOIDS		
	RETIN-A MICRO (tretinoin)	adapalene AVITA (tretinoin) ATRALIN (tretinoin) DIFFERIN (adapalene) RETIN-A (tretinoin) TAZORAC (tazarotene) TRETIN-X (tretinoin) tretinoin	
	COMBINATION DRUGS/OTHERS		
	BENZACLIN GEL (benzoyl peroxide/clindamycin) sodium sulfacetamide/sulfur cream/cleanser/foam/gel/lotion/suspension	ACANYA (benzoyl peroxide/clindamycin) AVAR (sulfur/sulfacetamide) BENZACLIN KIT (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) benzoyl peroxide/clindamycin benzoyl peroxide/urea CLARIFOAM EF (sodium sulfacetamide/sulfur) CLENIA (sulfacetamide sodium/sulfur) DUAC (benzoyl peroxide/clindamycin) EPIDUO (adapalene/benzoyl peroxide) erythromycin/benzoyl peroxide INOVA 4/1 (benzoyl peroxide/salicylic acid)	

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		NUOX (benzoyl peroxide/sulfur) PLEXION (sulfacetamide sodium/sulfur) PRASCION (sulfacetamide sodium/sulfur) ROSADERM (sulfacetamide sodium/sulfur) ROSANIL (sulfacetamide sodium/sulfur) ROSULA (sulfacetamide and sulfur) SE BPO (benzoyl peroxide) sodium sulfacetamide/sulfur pads* sodium sulfacetamide/sulfur/meratan SULFOXYL (benzoyl peroxide/sulfur) SULFATOL (sulfacetamide sodium/sulfur/urea) VELTIN (clindamycin/tretinoin) ZENCIA WASH (sulfacetamide sodium/sulfur) ZIANA (clindamycin/tretinoin)	
	KERATOLYTICS (BENZOYL PEROXIDES)		
	benzoyl peroxide PANOXYL (benzoyl peroxide) ZACLIR (benzoyl peroxide)	BENZAC WASH (benzoyl peroxide) BENZEFOAM (benzoyl peroxide) BENZEFOAM ULTRA (benzoyl peroxide) BREVOXYL (benzoyl peroxide) CLINAC BPO (benzoyl peroxide) DESQUAM (benzoyl peroxide) ETHEXDERM (benzoyl peroxide) INOVA (benzoyl peroxide) LAVOCLEN (benzoyl peroxide) OSCION (benzoyl peroxide) TRIAZ (benzoyl peroxide)	
ALZHEIMER'S AGENTS SmartPA			
	CHOLINESTERASE INHIBITORS		
	ARICEPT (donepezil) ARICEPT ODT (donepezil) EXELON (rivastigmine)	ARICEPT 23 MG (donepezil) COGNEX (tacrine) donepezil	SmartPA Criteria: •History of an approvable diagnosis for donepezil in the past 2 years

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		EXELON SOLUTION (rivastigmine) galantamine galantamine ER RAZADYNE (galantamine) RAZADYNE ER (galantamine) rivastigmine	•History of an approvable diagnosis for galantamine in the past 2 years •History of an approvable diagnosis for memantine in the past 2 years •History of an approvable diagnosis for rivastigmine in the past 2 years •History of an approvable diagnosis for tacrine in the past 2 years •History of at least 30 days of therapy with two different preferred Alzheimer's agents in the past 6 months •History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
	NMDA RECEPTOR ANTAGONIST		
	NAMENDA TABS (memantine)	NAMENDA SOLUTION(memantine)	
ANALGESICS, NARCOTIC - SHORT ACTING			
	acetaminophen/codeine aspirin/codeine codeine dihydrocodeine/ APAP/caffeine hydrocodone/APAP hydrocodone/ibuprofen hydromorphone IBUDONE (hydrocodone/ibuprofen) meperidine morphine oxycodone oxycodone/APAP	ABSTRAL (fentanyl) ACTIQ (fentanyl) butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine butorphanol tartrate (nasal) COMBUNOX (oxycodone/ibuprofen) DEMEROL (meperidine) DILAUDID (hydromorphone) fentanyl FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine)	

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	oxycodone/aspirin oxycodone/ibuprofen pentazocine/APAP tramadol tramadol/APAP	FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine) levorphanol LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAGNACET (oxycodone/APAP) NUCYNTA (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXECTA (oxycodone)NR OXYFAST (oxycodone) OXYIR (oxycodone) PANLOR (dihydrocodeine/ APAP/caffeine) pentazocine/naloxone PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) REPREXAIN (hydrocodone/ibuprofen) ROXANOL (morphine) ROXICET (oxycodone/acetaminophen) RYBIX (tramadol) TALACEN (pentazocine/APAP) TALWIN NX (pentazocine/naloxone) TREZIX (dihydrocodeine/ APAP/caffeine)NR TYLENOL W/CODEINE (APAP/codeine) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) VICOPROFEN (hydrocodone/ibuprofen) VOPAC (codeine/acetaminophen) XODOL (hydrocodone/acetaminophen) XOLOX (oxycodone/APAP) ZAMICET (hydrocodone/APAP) ZOLVIT (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen)	
ANALGESICS, NARCOTIC - LONG ACTING SmartPA			

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	fentanyl patches KADIAN (morphine) methadone morphine ER	AVINZA (morphine) BUTRANS (buprenorphine) CONZIP ER (tramadol)[NR] DOLOPHINE (methadone) DURAGESIC (fentanyl) EMBEDA (morphine/naltrexone) EXALGO (hydromorphone) morphine ER capsules MS CONTIN (morphine) NUCYNTA ER (tapentadol) ORAMORPH SR (morphine) OPANA ER (oxymorphone) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol)	SmartPA Criteria: • Avinza o History of at least 30 days of therapy with Kadian or morphine ER in the past 6 months o Is the total quantity of the incoming claim plus history of Avinza on the incoming claim </= 31 units in the past 31 days • OxyContin o Diagnosis of cancer (140.XX-239.XX) in the past 2 years o History of at least 30 days of therapy with Kadian, morphine ER , Avinza or fentanyl patch in the past 6 months o History of an antineoplastic in the past 6 months o Is the total quantity of the incoming claim plus history of OxyContin on the incoming claim </= 62 units in the past 31 days • History of at least 30 days of therapy with two different preferred LA narcotic analgesics in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • Is the total quantity of the incoming claim plus the past 31-day history of the product on the incoming claim meet the applicable quantity limit
ANALGESICS/ANAESTHETICS (Topical) SmartPA			
	FLECTOR (diclofenac epolamine) LIDODERM (lidocaine)	capsaicin EMLA (lidocaine/prilocaine) LIDAMANTLE (lidocaine)	SmartPA Criteria: • History of at least 1 claim for two

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	VOLTAREN Gel (diclofenac sodium)	LIDAMANTLE HC (lidocaine/hydrocortisone) lidocaine lidocaine/prilocaine LMX 4 (lidocaine) PENNSAID Solution (diclofenac sodium) xylocaine SYNERA (lidocaine/tetracaine) ZOSTRIX (capsaicin)	different preferred agents in the past 6 months •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
ANDROGENIC AGENTS SmartPA			
	ANDROGEL (testosterone gel)	ANDRODERM (testosterone patch) * AXIRON (testosterone gel) FORTESTSA (testosterone gel) TESTIM (testosterone gel)	SmartPA Criteria: •Male Patient •History of at least 30 days of therapy with two different preferred androgenic agents in the past 6 months •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
ANGIOTENSIN MODULATORS SmartPA			
	ACE INHIBITORS		
	benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril	ACCUPRIL (quinapril) ACEON (perindopril) ALTACE (ramipril) CAPOTEN (captopril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril MONOPRIL (fosinopril) perindopril PRINIVIL (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	SmartPA Criteria: •History of at least 30 days of therapy with two different preferred single-entity ACEIs in the past 6 months •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
	ACE INHIBITOR COMBINATIONS		
	benazepril/amlodipine benazepril/HCTZ captopril/HCTZ	ACCURETIC (quinapril/HCTZ) CAPOZIDE (captopril/HCTZ) LOTENSIN HCT (benazepril/HCTZ)	SmartPA Criteria: •ACEI/Diuretic combination product o History of at least 30 days of therapy with two different preferred

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	enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ LOTREL(benazepril/amlodipine) quinapril/HCTZ TARKA (trandolapril/verapamil)	moexipril/HCTZ PRINZIDE (lisinopril/HCTZ) trandolapril/verapamil UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	ACEI/Diuretic combination products in the past 6 months o History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days •ACEI/Calcium Channel Blocker combination product o History of at least 30 days of therapy with two different preferred ACEI/Calcium Channel Blocker combination products in the past 6 months o History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
	ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)		
	AVAPRO (irbesartan) BENICAR (olmesartan) DIOVAN (valsartan) losartan MICARDIS (telmisartan)	ATACAND (candesartan) COZAAR (losartan) * EDARBI (azilsartan) eprosartan irbesartan* TEVETEN (eprosartan**)**	SmartPA Criteria: •History of at least 30 days of therapy with two different preferred single-entity ARBs in the past 6 months •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
	ARB COMBINATIONS		
	AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) DIOVAN-HCT (valsartan/HCTZ) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) losartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ)	ATACAND-HCT (candesartan/HCTZ) EDARBYCLOR (azilsartan/chlorthalidone) * irbesartan/HCTZ* TEVETEN-HCT (eprosartan/HCTZ) TWYNSTA (telmisartan/amlodipine)	SmartPA Criteria: •ARB/Diuretic combination product o History of at least 30 days of therapy with two different preferred ARB/Diuretic combination products in the past 6 months o History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days •ARB/Calcium Channel Blocker

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	TRIBENZOR (olmesartan/amlodipine/HCTZ)		combination product o History of at least 30 days of therapy with two different preferred ARB/Calcium Channel Blocker combination products in the past 6 months o History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
	DIRECT RENIN INHIBITORS		
		TEKTURNA (aliskiren)	SmartPA Criteria: •History of hypertension in the past 2 years •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days •Direct Renin Inhibitor single-entity product o History of at least 30 days of therapy with two different preferred ACEI or ARB single-entity products in the past 6 months
	DIRECT RENIN INHIBITOR COMBINATIONS		
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz) VALTURNA (aliskiren/valsartan)	SmartPA Criteria: •History of at least 30 days of therapy with two different preferred ACEI or ARB Diuretic combination products in the past 6 months •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
ANTIBIOTICS (Topical)			
	TOPICAL		
	bacitracin bacitracin/polymixin BACTROBAN cream (mupirocin)	ALTABAX (retapamulin) BACTROBAN OINTMENT (mupirocin) CORTISPORIN (bacitracin/neomycin/	

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	gentamicin sulfate mupirocin ointment	polymyxin/HC)	
ANTIBIOTICS (GI)			
	ALINIA (nitazoxanide) metronidazole neomycin TINDAMAX (tinidazole)	DIFICID (fidaxomicin) * FLAGYL ER (metronidazole) tinidazole VANCOCIN (vancomycin) vancomycin* XIFAXAN (rifaximin)	
ANTIBIOTICS (VAGINAL)			
	CLEOCIN OVULES (clindamycin) clindamycin metronidazole VANDAZOLE (metronidazole)	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) CLINDESSE (clindamycin) METROGEL (metronidazole)	
ANTICOAGULANTS			
	COUMADIN (warfarin) FRAGMIN (dalteparin) SmartPA LMWH LOVENOX (enoxaparin) SmartPA LMWH PRADAXA (dabigatran)* warfarin XARELTO 10mg (rivaroxaban) Clinical Edit	ARIXTRA (fondaparinux) SmartPA LMWH enoxaparin SmartPA LMWH fondaparinux SmartPA LMWH INNOHEP (tinzaparin) SmartPA LMWH XARELTO 15 & 20mg (rivaroxaban)	*Clinical Edit Pradaxa: • Age >/=18 years • Diagnosis of atrial fibrillation (427.31) in the past 2 years • History absent of cardiac valve disease in the past 2 years • History of one of the following in the past 2 years o Stroke o TIA o Systemic embolism o Diabetes mellitus (250.XX) o Left ventricular dysfunction o Heart failure • Age >/=75 years • Age >/=65 years • Diagnosis of hypertension in the past 2 years • History absent of active pathologic

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			bleeding in the past 6 months • History absent of rheumatic heart disease and severe renal impairment in the past 2 years • History absent of mechanical valve prosthesis and dialysis in the past year • No active claims for rifampin • Requested quantity = 60 tablets ---------- Clinical Edit for Xarelto: • Limited to 70 days use per calendar year • Use for Atrial Fibrillation will require a manual prior authorization • Covered for knee replacement and limited to </= 12 days of therapy • Covered for hip replacement and limited to </=35 days SmartPA Criteria for LMWH duration effective 7-15-12: • Is there history for a LMWH in the past year • Is the duration of therapy on the claim </= 17 days • History of cancer (140.xx-238.xx) in the past 2 years • Female patient o History of a Pregnancy Code in the past 280 days • History of at least 30 days of therapy with two different preferred LMWHs in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days • Does the prescriber provide clinical

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			justification for therapy including 1) condition being treated and 2) the requested length of therapy • History of cancer (140.xx-238.xx) in the past 2 years o Female Patient ▪ History of a Pregnancy Code in the past 280 days o History of a total hip replacement, total knee replacement, or hip fracture surgery in the past 60 days ▪ Is the duration of therapy on the claim </= 35 days ▪ History of at least 30 days of therapy with two different preferred LMWHs in the past 6 months ▪ History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days o History of at least 30 days of therapy with two different preferred LMWHs in the past 6 months o History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days • Does the prescriber provide clinical justification for therapy including 1) condition being treated and 2) the requested length of therapy
ANTICONVULSANTS	SmartPA		
	ADJUVANTS		

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	carbamazepine carbamazepine XR CARBATROL (carbamazepine) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EPITOL (carbamazepine) EQUETRO (carbamazepine) gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam oxcarbazepine TEGRETOL XR (carbamazepine) TOPAMAX Sprinkle (topiramate) topiramate TRILEPTAL Suspension (oxcarbazepine) valproic acid VIMPAT (lacosamide) zonisamide	BANZEL (rufinamide) DEPAKENE (valproic acid) DEPAKOTE (divalproex) FANATREX SUSPENSION (gabapentin)[NR] felbamate FELBATOL (felbamate) GRALISE (gabapentin) * HORIZANT (gabapentin) * KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) * LAMICTAL XR (lamotrigine) levetiracetam ER NEURONTIN (gabapentin) POTIGA (ezogabine) SABRIL (vigabatrin) STAVZOR (valproic acid) TEGRETOL (carbamazepine) TRILEPTAL Tablets (oxcarbazepine) ZONEGRAN (zonisamide)	• Vimpat oAge >/= 17 years oDiagnosis of partial-onset seizures in the past 2 years • Potiga oAge >/= 18 years oDiagnosis of partial onset seizures in the past 2 years oHistory of at least 30 days of therapy with two different preferred anticonvulsants in the past 6 months oHistory of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • Banzel oAge >/= 4 years oDiagnosis of Lennox-Gastaut in the past 2 years oHistory of at least 30 days of therapy with two different preferred anticonvulsants in the past 6 months oHistory of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • Keppra XR oAge 15-20 years oHistory of at least 30 days of therapy with levetiracetam IR in the past 6 months oHistory of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • Lamictal XR oDiagnosis of seizure in past 2 years AND

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			oHistory of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • Onfi oAge 2-20 years oDiagnosis of Lennox-Gastaut in the past 2 years • Non Preferred Drugs not listed above oHistory of at least 30 days of therapy with two different preferred anticonvulsants in the past 6 months oHistory of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
	SELECTED BENZODIAZEPINES		
	DIASTAT (diazepam rectal)	diazepam rectal gel* ONFI (clobazam) *	
	HYDANTOINS		
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
	SUCCINIMIDES		
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
ANTIDEPRESSANTS, OTHER SmartPA			
	bupropion bupropion XL mirtazapine nefazodone PRISTIQ (desvenlafaxine) trazodone WELLBUTRIN XL (bupropion HCl)	APLENZIN (bupropion HBr) bupropion SR DESYREL (trazodone) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) MARPLAN (isocarboxazid) NARDIL (phenelzine) OLEPTRO ER (trazodone)	SmartPA Criteria: •Does the patient meet the age limit for the requested drug •History of at least 30 days of therapy with two different preferred antidepressants in the past 6 months •History of at least 30 days of therapy with BOTH a preferred antidepressant and a preferred SSRI in the past 6 months

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		REMERON (mirtazapine) tranylcypromine venlafaxine venlafaxine ER venlafaxine XR VIIBRYD (vilazodone) WELLBUTRIN (bupropion) WELLBUTRIN SR	•History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days •Cymbalta o Diagnosis of depression in the past 2 years o History of at least 30 days of therapy with two different preferred antidepressants from in the past 6 months o History of at least 30 days of therapy with BOTH a preferred antidepressant and a preferred SSRI in the past 6 months o Diagnosis of anxiety disorder in the past 2 years o History of at least 30 days of therapy with two preferred antidepressants in the past 6 months o Diagnosis of DPN in the past 2 years o History of at least 30 days of therapy with pregabalin in the past 6 months o History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days o Diagnosis of fibromyalgia (729.0, 729.1) in the past 2 years o History of at least 30 days of therapy with BOTH pregabalin AND milnacipran in the past 6 month
ANTIDEPRESSANTS, SSRIs SmartPA			
	citalopram fluoxetine	CELEXA (citalopram) escitalopram*	SmartPA Criteria: •Does the patient meet the age limit for

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	fluvoxamine LUVOX CR (fluvoxamine) paroxetine IR PAXIL SUPENSION sertraline	LEXAPRO (escitalopram) LUVOX (fluvoxamine) paroxetine CR paroxetine suspension PAXIL Tablets (paroxetine) PAXIL CR (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) RAPIFLUX (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	the requested drug •History of at least 30 days of therapy with two different preferred SSRI antidepressants in the past 6 months •History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days •Lexapro o Age 12-17 years o Diagnosis of depression in the past 2 years o History of at least 30 days of therapy with two different preferred SSRI antidepressants in the past 6 months o History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days o Diagnosis of anxiety disorder in the past 2 years o History of at least 30 days of therapy with two preferred antidepressants in the past 6 months
ANTIEMETICS SmartPA			
	5HT3 RECEPTOR BLOCKERS		
	ondansetron ondansetron solution	ANZEMET (dolasetron) granisetron GRANISOL (granisetron) KYTRIL (granisetron) ondansetron ODT SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron)	All injectable 5HT3 receptor blockers closed to point of sale. Ondansetron ODT 4mg tablets & Zuplenz 4mg are covered without a PA for ages 4-11. SmartPA Criteria:

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		ZUPLENZ FILM (ondansetron)	•History of at least 1 claim with a preferred antiemetic in the past 6 months •Ondansetron ODT 4mg or Zuplenz 4mg film o Age 4-11 years
	CANNABINOIDS		
		CESAMET (nabilone) MARINOL (dronabinol) dronabinol	
	NMDA RECEPTOR ANTAGONIST		
	EMEND (aprepitant)		•Emend o Diagnosis of cancer (140.XX-239.XX) in the past 2 years o History of an antineoplastic in the past 6 months
ANTIFUNGALS (Oral)	**SmartPA**		
	clotrimazole fluconazole GRIFULVIN V (griseofulvin) griseofulvin suspension GRIS-PEG (griseofulvin) ketoconazole nystatin terbinafine	ANCOBON (flucytosine) DIFLUCAN (fluconazole) griseofulvin tablet itraconazole ketoconazole foam LAMISIL (terbinafine) MYCELEX (clotrimazole) MYCOSTATIN Tablets (nystatin) NIZORAL (ketoconazole) NOXAFIL (posaconazole) ORAVIG (miconazole) SPORANOX (itraconazole) TERBINEX Kit (terbinafine/ciclopirox) VFEND (voriconazole) voriconazole	SmartPA Criteria: •History of at least 1 claim for two different preferred oral antifungals in the past 6 months •Itraconazole o Diagnosis of HIV in the past 2 years o History of a transplant in the past 2 years o History of an immunosuppressant in the past 6 months
ANTIFUNGALS (Topical)	**SmartPA**		
	ANTIFUNGALS		

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	ciclopirox cream/gel/suspension clotrimazole econazole ketoconazole cream ketoconazole shampoo miconazole OTC nystatin terbinafine OTC cream,gel,spray tolnaftate OTC	BENSAL HP (benzoic acid/salicylic acid) CICLODAN KIT ciclopirox kit/shampoo/solution CNL 8 (ciclopirox) ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) KETOCON KIT (ketoconazole) KETOCON PLUS (ketoconazole) LAMISIL (terbinafine) solution LOPROX (ciclopirox) MENTAX (butenafine) MYCOSTATIN (nystatin) NAFTIN (naftifine) NIZORAL (ketoconazole) NUZOLE (miconazole) OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) SPECTAZOLE (econazole) VUSION (miconazole/petrolatum/zinc oxide) XOLEGEL (ketoconazole)	SmartPA Criteria: •History of at least 1 claim for two different preferred topical antifungals in the past 6 months
	ANTIFUNGAL/STEROID COMBINATIONS		
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion KETOCON PLUS (ketoconazole/hydrocortisone) LOTRISONE (clotrimazole/betamethasone) MYCOLOG (nystatin/triamcinolone)	
ANTIHISTAMINES, MINIMALLY SEDATING AND COMBINATIONS SmartPA			
	MINIMALLY SEDATING ANTIHISTAMINES		

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	cetirizine loratadine XYZAL Solution (levocetirizine)	ALLEGRA (fexofenadine) CLARINEX (desloratadine) fexofenadine RX levocetirizine XYZAL Tablets (levocetirizine) * ZYRTEC (Rx and OTC) (cetirizine)	SmartPA Criteria: • History of allergy or urticaria in the past 2 years • History of at least 30 days of therapy with two different preferred antihistamines in the past 12 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
	MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS		
	cetirizine/pseudoephedrine loratadine/pseudoephedrine SEMPREX-D (acrivastine/pseudoephedrine)	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)	
ANTIMIGRAINE AGENTS, TRIPTANS SmartPA			
	ORAL		
	RELPAX (eletriptan) sumatriptan TREXIMET (sumatriptan/naproxen)	AMERGE (naratriptan) ALSUMA (sumatriptan) AXERT (almotriptan)* FROVA (frovatriptan) IMITREX (sumatriptan) MAXALT (rizatriptan) naratriptan ZOMIG (zolmitriptan)	SmartPA Criteria: • Oral product o History of at least 1 claim for a preferred oral product in the past 365 days Axert – SmartPA if age 12-17 years
	NASAL		
	sumatriptan	IMITREX (sumatriptan) ZOMIG (zolmitriptan)	SmartPA Criteria: • Nasal product o History of at least 1 claim for a preferred nasal product in the past 365 days
	INJECTABLE		

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	sumatriptan	IMITREX (sumatriptan)	SmartPA Criteria: • History of at least 1 claim for a preferred injectable product in the past 365 days
ANTIPARASITICS (Topical)			
	EURAX (crotamiton) NATROBA (spinosad) permethrin	lindane malathion* OVIDE (malathion) ULESFIA (benzyl alcohol)	**Note: Non-Preferred drugs will deny at POS, PDL criteria are not listed for this rule as it pertains to Natroba only.** • Natroba o History of permethrin in the past 90 days
ANTIPARKINSON'S AGENTS (Oral) SmartPA			
	ANTICHOLINERGICS		
	benztropine trihexyphenidyl	COGENTIN (benztropine)	SmartPA Criteria: • Diagnosis of Parkinson's disease (332.XX) in the past 2 years • History of at least 30 days of therapy with two different preferred antiparkinson's agents in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
	COMT INHIBITORS		
		COMTAN (entacapone) TASMAR (tolcapone)	
	DOPAMINE AGONISTS		
	ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) pramipexole REQUIP (ropinirole) REQUIP XL (ropinirole) ropinerole ER*	
	MAO-B INHIBITORS		

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	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) ZELAPAR (selegiline)	
	OTHERS		
	amantadine bromocriptine levodopa/carbidopa	levodopa/carbidopa ODT LODOSYN (carbidopa) * PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine) SINEMET (levodopa/carbidopa) SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)	Lodosyn will only be considered in cases of augmentation of carbidopa/levodopa; patient must be currently taking a carbidopa/levodopa product.
ANTIPSYCHOTICS SmartPA			
	ORAL		
	ABILIFY (aripiprazole) amitriptyline/perphenazine chlorpromazine clozapine FANAPT (iloperidone) fluphenazine GEODON (ziprasidone) haloperidol LATUDA (lurasidone) perphenazine risperidone SAPHRIS (asenapine) SEROQUEL (quetiapine) SEROQUEL XR (quetiapine) thioridazine thiothixene trifluoperazine	CLOZARIL (clozapine) FAZACLO (clozapine) HALDOL (haloperidol) INVEGA (paliperidone) MELLARIL (thioridazine) NAVANE (thiothixene) olanzapine olanzapine/fluoxetine PROLIXIN (fluphenazine) quetiapine* RISPERDAL (risperidone) STELAZINE (trifluoperazine) SYMBYAX (olanzapine/fluoxetine) TRILAFON (perphenazine) ziprasidone* ZYPREXA (olanzapine)	SmartPA Criteria: •Does the patient meet the age limit for the requested drug •Invega o History of at least 30 days of therapy with risperidone in the past 12 months o History of at least 30 days of therapy with a preferred atypical antipsychotic in the past 12 months o History of at least 30 days of therapy with the same agent as on the incoming claim in the past 105 days
	INJECTABLE, ATYPICALS		
		ABILIFY (aripiprazole) GEODON (ziprasidone) INVEGA SUSTENNA (paliperidone palmitate) RISPERDAL CONSTA (risperidone)	Effective 11-1-2012, injectable antipsychotics are closed to POS except for Long Term Care beneficiaries.

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		ZYPREXA (olanzapine) ZYPREXA RELPREVV (olanzapine)	
ANTIVIRALS (Oral) – ANTIHERPETIC AGENTS			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
ANTIVIRALS (Topical)			
	DENAVIR (penciclovir) ZOVIRAX Ointment (acyclovir)	XERESE (acyclovir/hydrocortisone) ZOVIRAX Cream (acyclovir)	
ATOPIC DERMATITIS SmartPA			
	ELIDEL (pimecrolimus) PROTOPIC (tacrolimus)		SmartPA Criteria: • Elidel or Protopic 0.03% o Age >/= 2 years • Age >/= 6 years
BETA BLOCKERS SmartPA			
	acebutolol atenolol bisoprolol metoprolol metoprolol XL nadolol pindolol propranolol timolol	BETAPACE (sotalol) betaxolol BLOCADREN (timolol) BYSTOLIC (nebivolol) CARTROL (carteolol) CORGARD (nadolol) INDERAL LA (propranolol) INNOPRAN XL (propranolol) KERLONE (betaxolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) sotalol TENORMIN (atenolol) TOPROL XL (metoprolol)	SmartPA Criteria: • History of at least 30 days of therapy with two different preferred Beta-Blockers in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • Sotalol o History of atrial fibrillation in the past 2 years • Coreg CR o History of hypertension in the past 2 years o History of at least 30 days of therapy

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		ZEBETA (bisoprolol)	with carvedilol and at least 30 days of therapy with a preferred Beta-Blocker in the past 6 months
	BETA- AND ALPHA-BLOCKERS		
	carvedilol labetalol	COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	
	BETA BLOCKER/DIURETIC COMBINATIONS		
	atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ timolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) * INDERIDE (propranolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	
BILE SALTS			
	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) URSO (ursodiol) URSO FORTE (ursodiol)	
BLADDER RELAXANT PREPARATIONS SmartPA			
	oxybutynin IR TOVIAZ (fesoterodine fumarate)	DETROL (tolterodine) DETROL LA (tolterodine) * DITROPAN (oxybutynin) DITROPAN XL (oxybutynin) ENABLEX (darifenacin) GELNIQUE (oxybutynin) * oxybutynin ER OXYTROL (oxybutynin) SANCTURA (trospium) SANCTURA XR (trospium) trospium VESICARE (solifenacin)	Smart PA Criteria: • History of at least 30 days of therapy with two different preferred Bladder Relaxant Preparations in the past 6 months
BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA			

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	BISPHOSPHONATES		
	ACTONEL (risedronate) ACTONEL WITH CALCIUM (risedronate/calcium) alendronate FOSAMAX PLUS D (alendronate/vitamin D)	ATELVIA (risedronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) ibandronate* PROLIA (denosumab)	SmartPA Criteria: • Diagnosis of osteoporosis/osteopenia in the past 2 years • History of at least 1 claim for two different preferred osteoporosis agents in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
	OTHERS		
	FORTICAL (calcitonin) MIACALCIN (calcitonin)	calcitonin salmon* EVISTA (raloxifene) FORTEO (teriparatide)	
BPH AGENTS SmartPA			
	ALPHA BLOCKERS		
	doxazosin FLOMAX (tamsulosin) terazosin UROXATRAL (alfuzosin)	alfuzosin CARDURA (doxazosin) CARDURA XL (doxazosin) HYTRIN (terazosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) tamsulosin*	SmartPA Criteria • Male Patient o History of at least 30 days of therapy with two different preferred BPH agents in the past 6 months o History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days. • Female Patient o Doxazosin IR ▪ History of an approvable diagnosis for doxazosin IR in the past 2 years o Tamsulosin ▪ History of an approvable diagnosis for tamsulosin in the past 2 years

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			o Terazosin ▪History of an approvable diagnosis for terazosin in the past 2 years
	5-ALPHA-REDUCTASE (5AR) INHIBITORS		
	AVODART (dutasteride) finasteride	PROSCAR (finasteride)	
	PDE5 INHIBITORS		
		CIALIS (tadalafil) *	• Male Patient: o Diagnosis of Benign Prostatic Hypertrophy (BPH) in the past 2 years o History absent of Erectile Dysfunction in the past 2 years o Has the prescriber signed a waiver indicating they are not treating the patient for erectile dysfunction o Has the patient had at least 30 days of therapy with two different preferred BPH agents in the past 6 months
BRONCHODILATORS & COPD AGENTS			
	ANTICHOLINERGICS & COPD AGENTS		
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA (tiotropium)	DALIRESP (roflumilast)	
	ANTICHOLINERGIC-BETA AGONIST COMBINATIONS		
	COMBIVENT (albuterol/ipratropium)	albuterol/ipratropium DUONEB (albuterol/ipratropium)	
BRONCHODILATORS, BETA AGONIST			

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	INHALERS, SHORT-ACTING		
	PROAIR HFA (albuterol) PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol)	MAXAIR (pirbuterol) SmartPA XOPENEX HFA (levalbuterol) SmartPA	SmartPA: • Xopenex HFA inhaler o Age >/= 4 years o History of at least 1 claim for an albuterol inhaler in the past 30 days • Maxair o History of at least 1 claim for an albuterol inhaler in the past 6 months
	INHALERS, LONG ACTING SmartPA		
	FORADIL (formoterol)	ARCAPTA (indacaterol) SEREVENT (salmeterol)	SmartPA Criteria: • History of at least 30 days of therapy with a preferred LABA Inhaler in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • Foradil o Age >/= 5 years • Serevent o Age >/= 4 years • Arcapta o Diagnosis of COPD in the past 2 years o Age >/= 18 years
	INHALATION SOLUTION SmartPA		
	albuterol	ACCUNEB (albuterol) BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	SmartPA Criteria: • History of at least 1 claim for 2 different preferred Beta Agonist Inhalation Solutions in the past 6 months • History of at least 3 claims with the same agent as on the incoming claim in the past 105 days • Xopenex inhalation solution o Age >/= 6 years

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			o History of at least 1 claim for albuterol inhalation solution in the past 30 days •Brovana or Perforomist o Age >/= 18 years
	ORAL		
	albuterol metaproterenol terbutaline	VOSPIRE ER (albuterol)	
CALCIUM CHANNEL BLOCKERS SmartPA			
	SHORT-ACTING		
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine NIMOTOP (nimodipine) PROCARDIA (nifedipine)	SmartPA Criteria: •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days •Short-acting CCB o History of at least 30 days of therapy with two different preferred Short-acting CCBs in the past 6 months
	LONG-ACTING		
	amlodipine COVERA-HS (verapamil) diltiazem ER DYNACIRC CR (isradipine) felodipine ER nifedipine ER verapamil ER	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem) DILACOR XR (diltiazem) ISOPTIN SR (verapamil) nisoldipine NORVASC (amlodipine) PLENDIL (felodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine)	SmartPA Criteria: •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days •Long-acting CCB o History of at least 30 days of therapy with two different preferred long-acting CCBs in the past 6 months

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	
CALORIC AGENTS			
	BOOST (includes all boost) BRIGHT BEGINNINGS CARNATION INSTANT BREAKFAST DUOCAL ENSURE JUVEN GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE POLYCOSE PROMOD RESOURCE SCANDISHAKE TWOCAL HN	COMPLEAT EO28 SPLASH FIBERSOURCE ISOSOURCE JEVITY KINDERCAL PEPTAMEN PROMOTE SIMPLY THICK TOLEREX VITAL VIVONEX	
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)			
	BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS		
	amoxicillin/clavulanate AUGMENTIN 125 and 250 (amoxicillin/clavulanate) Suspension AUGMENTIN XR (amoxicillin/clavulanate)	amoxicillin/clavulanate XR AUGMINTIN (amoxicillin/clavulanate) Tablets MOXATAG (amoxicillin)	
	CEPHALOSPORINS – First Generation SmartPA		
	cefadroxil cephalexin	DURICEF (cefadroxil) KEFLEX (cephalexin)	Smart PA Criteria: • History of at least 1 claim for two different preferred cephalosporins in the past 6 months

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	CEPHALOSPORINS – Second Generation SmartPA		
	cefaclor cefprozil cefuroxime tablets	CECLOR (cefaclor) cefuroxime suspension CEFTIN (cefuroxime) CEFZIL (cefprozil)	SmartPA Criteria: • History of at least 1 claim for two different preferred cephalosporins in the past 6 months
	CEPHALOSPORINS – Third Generation SmartPA		
	cefdinir suspension (for patients <18 yr only) cefdinir capsules SUPRAX (cefixime)	CEDAX (ceftibuten) cefditoren cefpodoxime OMNICEF (cefdinir) SPECTRACEF (cefditoren)	SmartPA Criteria: • History of at least 1 claim for two different preferred cephalosporins in the past 6 months • Cefdinir suspension o Age < 18 years
CYTOKINE & CAM ANTAGONISTS			
	ENBREL (etanercept) HUMIRA (adalimumab) KINERET (anakinra)	AMEVIVE (alefacept) CIMZIA (certolizumab) ORENCIA (abatacept) REMICADE (infliximab) SIMPONI (golimumab) STELARA (ustekinumab)	Amevive, Orencia, Remicade and Stelara are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification.
ERYTHROPOIESIS STIMULATING PROTEINS SmartPA			
	ARANESP (darbepoetin) PROCRIT (rHuEPO)	EPOGEN (rHuEPO)	SmartPA Criteria: • Diagnosis of cancer (140.XX-239.XX) or chronic renal failure in the past 2 years • History of an antineoplastic in the past 6 months • History of Procrit in the past 6 months
FIBROMYALGIA AGENTS			

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	LYRICA (pregabalin) SAVELLA (milnacipran)	CYMBALTA (duloxetine)	Cymbalta will be approved for patients with diabetic neuropathy
FLUOROQUINOLONES (Oral) SmartPA			
	AVELOX (moxifloxacin) ciprofloxacin tablets	ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) FLOXIN (ofloxacin) LEVAQUIN (levofloxacin) levofloxacin NOROXIN (norfloxacin) ofloxacin PROQUIN XR (ciprofloxacin)	SmartPA Criteria: • Ciprofloxacin suspension or levofloxacin solution o Age <12 years ▪ Diagnosis of anthrax infection or exposure (022.X, V01.81) in the past 3 months ▪ Ciprofloxacin suspension • Diagnosis of cystic fibrosis (277.0X) in the past 2 years • Diagnosis of pneumonic plague (020.3, 020.4, 020.5) or tularemia (021.X) in the past 3 months • History of doxycycline in the past 3 months ▪ History of at least 7 days of therapy of a preferred agent from two of the categories below in the past 3 months. Penicillin's, 2nd or 3rd Generation Cephalosporins, Macrolides ▪ History of ciprofloxacin suspension in the past 3 months • Levofloxacin o History of at least 1 claim for ciprofloxacin, moxifloxacin or SMX/TMP in the past 14 days • History of at least 1 claim for a preferred oral fluoroquinolone in

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			the past 30 days
GLUCOCORTICOIDS (Inhaled) SmartPA			
	GLUCOCORTICOIDS		
	ASMANEX (mometasone) FLOVENT Diskus (fluticasone) FLOVENT HFA (fluticasone) QVAR (beclomethasone) PULMICORT (budesonide) Flexhaler PULMICORT (budesonide) Respules	AEROBID (flunisolide) * AEROBID-M (flunisolide) * ALVESCO (ciclesonide) budesonide*	SmartPA Criteria: • Pulmicort Flexhaler o Age >/= 6 years • History of at least 30 days of therapy with two different preferred inhaled glucocorticoids in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
	GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS		
	ADVAIR Diskus (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)		
GROWTH HORMONE SmartPA			
	GENOTROPIN (somatropin) NORDITROPIN (somatropin) NUTROPIN (somatropin) NUTROPIN AQ (somatropin)	HUMATROPE (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin) ZORBTIVE (somatropin)	Prior authorization required for patients >18 yrs of age. SmartPA Criteria: • Patient < 18 years of age o History of at least 28 days of therapy with a preferred Growth Hormone in the past 6 months o History of at least 84 days of therapy with the same agent as on the incoming claim in the past 105 days • Zorbtive o History of short bowel syndrome in the past 2 years o History of craniopharyngioma, panhypopituitarism, Prader-Willi

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			Syndrome or Turner Syndrome in the past 2 years o History of cranial irradiation in the past 2 years
***H. PYLORI* COMBINATION TREATMENTS**			
	HELIDAC (bismuth subsalicylate, metronidazole, tetracycline) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline) omeprazole, clarithromycin, amoxicillin*	
HEPATITIS C TREATMENTS SmartPA			
	INCIVEK (telaprevir)* PEGASYS (peginterferon alfa-2a)	INFERGEN (interferon alfacon-1) PEG-INTRON (peginterferon alfa-2b) VICTRELIS (boceprevir)*	Peg-Intron will be approved for patients with history of treatment failure and/or age 3-17 *Incivek & Victrelis require manual PA • Other Hep C Treatments o Age >/= 18 years o Diagnosis of chronic hepatitis C in the past 2 years o History absent of decompensated liver disease in the past year o Currently active claims for peginterferon alfa and ribavirin o Victrelis: has the patient been previously untreated with interferon and ribavirin combination therapy o Did the patient fail previous interferon and ribavirin combination therapy
HYPERURICEMIA & GOUT SmartPA			
	allopurinol COLCRYS (colchicine) probenecid probenecid/colchicine	ULORIC (febuxostat) ZYLOPRIM (allopurinol)	SmartPA Criteria: •History of at least 30 days of therapy with two different preferred antihyperuricemics in the past 6 months

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			•History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days •Colcrys o History of at least 1 claim for a preferred colchicine product in the past 6 months
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS			
	BYETTA (exenatide) JANUMET (sitagliptin/metformin) JANUVIA (sitagliptin) KOMBIGLYZE XR (saxagliptin/metformin) ONGLYZA (saxagliptin) TRADJENTA (linagliptin)	BYDUREON (exenatide) * JANUMET XR (sitagliptin/metformin)* JENTADUETO (linagliptin/metformin)* JUVISYNC (sitagliptin/simvastatin) * SYMLIN (pramlintide) VICTOZA (liraglutide)	
HYPOGLYCEMICS, INSULINS AND RELATED AGENTS SmartPA			
	HUMALOG Vial (insulin lispro) HUMALOG MIX Vial (insulin lispro/ lispro protamine) HUMULIN Vial (insulin) LANTUS (insulin glargine) LEVEMIR (insulin detemir) NOVOLIN Vial (insulin) NOVOLOG (insulin aspart) NOVOLOG MIX (insulin aspart/ aspart protamine)	APIDRA (insulin glulisine) HUMALOG Pen (insulin lispro) HUMALOG MIX Pen (insulin lispro/ lispro protamine) HUMULIN Pen (insulin) NOVOLIN Pen (insulin)*	SmartPA Criteria: •History of Diabetes Mellitus in the past 2 years •History of at least 30 days of therapy with a preferred product in the past 6 months •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
HYPOGLYCEMICS, MEGLITINIDES			
	PRANDIN (repaglinide)	nateglinide PRANDIMET (repaglinide/metformin) STARLIX (nateglinide)	

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HYPOGLYCEMICS, TZDS			
	THIAZOLIDINEDIONES		
	ACTOS (pioglitazone)	AVANDIA (rosiglitazone)	
	TZD COMBINATIONS		
	ACTOPLUS MET (pioglitazone/metformin) DUETACT (pioglitazone/glimepiride)	ACTOPLUSMET XR (pioglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) AVANDAMET (rosiglitazone/metformin)	
IMMNOSUPPRESSIVE (ORAL) SmartPA			
	AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine) mycophenolate mofetil MYFORTIC (mycophenolic acid) NEORAL (cyclosporine) PROGRAF (tacrolimus) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) tacrolimus ZORTRESS (everolimus)		SmartPA Criteria: • Cyclosporine o Diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA or an approvable indication for cyclosporine in the past 2 years o Diagnosis of Kimura's disease or multifocal motor neuropathy in the past 2 years • Cyclosporine, modified o Diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA or an approvable indication for cyclosporine, modified in the past 2 years o Diagnosis of Kimura's disease or multifocal motor neuropathy in the past 2 years • Tacrolimus o Diagnosis of heart transplant, kidney transplant, liver transplant or an

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			approvable diagnosis for tacrolimus in the past 2 years • Cellcept (mycophenolate mofetil) o Diagnosis of heart transplant, kidney transplant, liver transplant or an approvable diagnosis for Cellcept in the past 2 years • Myfortic (mycophenolate sodium) o Diagnosis of kidney transplant or psoriasis in the past 2 years • Age >/= 18 years o Diagnosis of kidney transplant in the past 2 years • Sirolimus o Age >/= 13 years
INTRANASAL RHINITIS AGENTS			
	ANTICHOLINERGICS		
	ipratropium	ATROVENT (ipratropium)	
	ANTIHISTAMINES		
	PATANASE (olopatadine)	ASTELIN (azelastine) ASTEPRO (azelastine) azelastine	
	ANTIHISTAMINE/CORTICOSTEROID COMBINATION		
		DYMISTA (azelastine/fluticasone)[NR]	
	CORTICOSTEROIDS SmartPA		
	BECONASE AQ (beclomethasone) flunisolide NASACORT AQ (triamcinolone) NASAREL (flunisolide)	FLONASE (fluticasone) fluticasone OMNARIS (ciclesonide) QNASL (beclomethasone)[NR]	SmartPA Criteria: • History of allergic rhinitis in the past 2 years • History of at least 1 claim for two

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	NASONEX (mometasone)	RHINOCORT AQUA (budesonide) triamcinolone VERAMYST (fluticasone) * ZETONNA (ciclesonide)NR	different preferred intranasal corticosteroid in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
LEUKOTRIENE MODIFIERS SmartPA			
	ACCOLATE (zafirlukast) SINGULAIR (montelukast)	ZYFLO CR (zileuton) * zafirlukast	SmartPA Criteria: • History of at least 30 days of therapy with two different preferred leukotriene modifiers in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • Zyflo or Zyflo CR o Age >/= 12 years
LIPOTROPICS, OTHER (Non-statins) SmartPA			
	BILE ACID SEQUESTRANTS		
	cholestyramine colestipol	COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)	SmartPA Criteria: • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • History of at least 30 days of therapy with a statin or statin combination product in the past year • Female Patient o History of a pregnancy code in the past 280 days • History of liver disease in the past 2 years • History of hypertriglyceridemia in the past 2 years • Current claim for a bile acid sequestrant • Does the physician provide a clinical reason the patient is unable to take a statin or that statin therapy is inappropriate

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			• Welchol o Female Patient o History of a pregnancy code in the past 280 days o History of at least 30 days of therapy with two different preferred bile acid sequestrants in the past 6 months • History of at least 30 days of therapy with two different preferred non-statin lipotropics in the past 6 months
OMEGA-3 FATTY ACIDS			
	LOVAZA (omega-3-acid ethyl esters)		
CHOLESTEROL ABSORPTION INHIBITORS			
		ZETIA (ezetimibe)	
FIBRIC ACID DERIVATIVES			
	fenofibrate gemfibrozil TRICOR (fenofibrate nanocrystallized) TRILIPIX (fenofibric acid)	ANTARA (fenofibrate) * fenofibrate nanocrystallized 145mg FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate)	• Fibric Acid Derivative o History of at least 30 days of therapy with two different preferred fibric acid derivatives in the past 6 months
NIACIN			
	NIACOR (niacin) NIASPAN (niacin)		
LIPOTROPICS, STATINS SmartPA			
STATINS			
	CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin)	atorvastatin ALTOPREV (lovastatin) LIVALO (pitavastatin)	SmartPA Criteria: • History of at least 30 days of therapy with two different preferred statins/statin combinations in the past 6 months

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	LIPITOR (atorvastatin) lovastatin pravastatin simvastatin	MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin)	• History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
	STATIN COMBINATIONS		
	atorvastatin/amlodipine	ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine) * SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)	Prior to consideration of a non-preferred statin combination, the patient must first have an unsuccessful trial with the preferred statin combination plus an unsuccessful trial with a preferred statin and calcium channel blocker (single agents) used together.
MACROLIDES/KETOLIDES (Oral)			
	KETOLIDES		
		KETEK (telithromycin)	
	MACROLIDES		
	azithromycin clarithromycin IR E.E.S. Suspension (erythromycin ethylsuccinate) ERYPED Suspension (erythromycin ethylsuccinate) erythromycin	BIAXIN (clarithromycin) BIAXIN XL (clarithromycin) clarithromycin ER E.E.S. (erythromycin ethylsuccinate) E-MYCIN (erythromycin) ERYC (erythromycin) ERY-TAB (erythromycin) ERYTHROCIN (erythromycin stearate) erythromycin estolate PCE (erythromycin) ZITHROMAX (azithromycin) ZMAX (azithromycin)	
MULTIPLE SCLEROSIS AGENTS SmartPA			
	AVONEX (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE (glatiramer)	AMPYRA (dalfampridine)* EXTAVIA (interferon beta-1b) GILENYA (fingolimod)	SmartPA Criteria: • Diagnosis of multiple sclerosis (340.XX) in the past 2 years

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	REBIF (interferon beta-1a)		• History of at least 1 claim for two different preferred multiple sclerosis agents in the past 6 months • History of at least 3 claims for the same agent as on the incoming claim in the past 105 days *Ampyra – Requires Manual PA: 1. For patients that have a gait disorder associated with MS; *and* 2. Initial authorizations will be approved for 12 weeks with a baseline Timed 25-foot Walk (T25FW) assessment; *and* 3. Additional prior authorizations will be considered at 6 month intervals after assessing the benefit to the patient as measured by a 20% improvement in the T25FW from baseline. Renewal will not be approved if the 20% improvement is not maintained; *and* 4. Prior authorizations will not be considered for patients with a seizure diagnosis or in patients will moderate to severe renal impairment. 5. Max dose of 20 mg daily; and #60 units in 30 days; approved for ages 18 and above
NSAIDS			
	NON-SELECTIVE		
	diclofenac EC etodolac tab flurbiprofen ibuprofen indomethacin	ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac) CATAFLAM (diclofenac) CLINORIL (sulindac) DAYPRO (oxaprozin)	• Non-Selective agents oHistory of at least 30 days of therapy with two different preferred NSAIDs in the past 6 months

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	ketoprofen ketorolac naproxen piroxicam sulindac	diclofenac SR etodolac cap etodolac tab SR FELDENE (piroxicam) fenoprofen INDOCIN (indomethacin) indomethacin cap ER ketoprofen ER meclofenamate mefenamic acid MOTRIN (ibuprofen) nabumetone NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) NUPRIN (ibuprofen) oxaprozin PONSTEL (mefenamic acid) SPRIX NASAL SPRAY (ketorolac) tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac)	
	NSAID/GI PROTECTANT COMBINATIONS		
		ARTHROTEC (diclofenac/misoprostol) DUEXIS (ibuprofen/famotidine) * VIMOVO (naproxen/esomeprazole)	
	COX II SELECTIVE SmartPA		
	meloxicam	CELEBREX (celecoxib) MOBIC (meloxicam)	SmartPA Criteria: • Is the incoming claim for a COX-II selective agent • History of one of the following in the past 2 years: osteoarthritis (OA), rheumatoid arthritis (RA), familial adenomatous polyposis (FAP) or

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			ankylosing spondylitis • History of at least 30 days of therapy with a preferred COX-II selective NSAID in the past 6 months • History of at least 30 days of therapy with a preferred non-selective NSAID in the past 6 months • History of one of the following in the past 2 years o GI Bleed o GERD o PUD o GI Perforation o Coagulation Disorder • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • History of at least 30 days of therapy with two different preferred NSAIDs in the past 6 months
OPHTHALMIC ANTIBIOTICS			
	bacitracin bacitracin/polymyxin erythromycin gentamicin IQUIX (levofloxacin) MOXEZA (moxifloxacin) polymyxin/trimethoprim sulfacetamide tobramycin triple antibiotic VIGAMOX (moxifloxacin)	AZASITE (azithromycin) BESIVANCE (besifloxacin) CILOXAN (ciprofloxacin) ciprofloxacin levofloxacin NATACYN (natamycin) NEO-POLYCIN (neomy/baci/polymyxin b) TERRAMYCIN-POLYMYX B (oxy-tcn/polymyx sul) TOBREX (tobramycin) oint OCUFLOX (ofloxacin) ofloxacin QUIXIN (levofloxacin) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	ANTIBIOTIC STEROID COMBINATIONS		
	neomycin/bacitracin/polymyxin/hc neomycin//polymyxin/dexamethasone neomycin/polymyxin/hc POLY-PRED (prednisolone/neomycin/polymyxin) PRED-G (gentamicin/prednisolone) sulfacetamide/prednisolone TOBRADEX OINTMENT (tobramycin/dexamethasone) tobramycin/dexamethasone ZYLET (loteprednol/tobramycin)		
OPHTHALMIC ANTI-INFLAMMATORIES SmartPA			
	dexamethasone diclofenac FLAREX (fluorometholone) flurbiprofen FML FORTE (fluorometholone) FML SOP (fluorometholone) LOTEMAX (loteprednol) MAXIDEX (dexamethasone) NEVANAC (nepafenac) prednisolone acetate prednisolone NA phosphate VEXOL (rimexolone)	ACULAR LS (ketorolac) ACULAR PF (ketorolac) BROMDAY (bromfenac) bromfenac DUREZOL (difluprednate) PRED MILD (prednisolone) PRED FORTE (prednisolone) XIBROM (bromfenac)	SmartPA Criteria: • History of at least 1 claim for two different preferred ophthalmic antiinflammatory agents in the past 6 months
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS SmartPA			
	cromolyn ELESTAT (epinastine) EMADINE (emedastine) ketotifen OTC OPTIVAR (azelastine) PATADAY (olopatadine)	ACULAR (ketorolac) ACUVAIL (ketorolac) ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (lodoxamide) ALREX (loteprednol)	SmartPA Criteria: • History of at least 30 days of therapy with two different preferred Ophthalmic Allergy Agents in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	PATANOL (olopatadine)	azelastine BEPREVE (bepotastine) CROLOM (cromolyn) DUREZOL (difluprednate) epinastine LASTACAFT (alcaftadine) OPTICROM (cromolyn)	claim in the past 105 days
OPHTHALMICS, GLAUCOMA AGENTS SmartPA			
	BETA BLOCKERS		
	betaxolol BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol	BETAGAN (levobunolol) BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) TIMOPTIC (timolol)	SmartPA Criteria: • History of glaucoma in the past 2 years • History of at least 30 days of therapy with two different preferred glaucoma agents in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
	CARBONIC ANHYDRASE INHIBITORS		
	AZOPT (brinzolamide) dorzolamide TRUSOPT (dorzolamide)		
	COMBINATION AGENTS		
	COMBIGAN (brimonidine/timolol) COSOPT (dorzolamide/timolol) dorzolamide/timolol		
	PARASYMPATHOMIMETICS		
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)	

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	PROSTAGLANDIN ANALOGS		
	TRAVATAN Z (travoprost) XALATAN (latanoprost)	latanoprost LUMIGAN (bimatoprost)	
	SYMPATHOMIMETICS		
	ALPHAGAN P 0.1% (brimonidine) brimonidine	ALPHAGAN P 0.15% (brimonidine) dipivefrin PROPINE (dipivefrin)	
OTIC ANTIBIOTICS			
	CIPRODEX (ciprofloxacin/dexamethasone) COLY-MYCIN S (colistin/neomycin/ hydrocortisone) CORTISPORIN-TC (colistin/neomycin/ hydrocortisone) neomycin/polymyxin/hydrocortisone	CETRAXAL (ciprofloxacin) * CIPRO HC (ciprofloxacin/hydrocortisone) FLOXIN (ofloxacin) ofloxacin	
PANCREATIC ENZYMES SmartPA			
	CREON (pancreatin) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) PANCRELIPASE* PERTZYE	SmartPA Criteria: • History of at least 30 days of therapy with two different preferred pancreatic enzymes products in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
PHOSPHATE BINDERS			
	ELIPHOS (calcium acetate) RENAGEL (sevelamer HCl)	calcium acetate* FOSRENOL (lanthanum) PHOSLYRA (CALCIUM ACETATE) * RENVELA (sevelamer carbonate)	
PLATELET AGGREGATION INHIBITORS SmartPA			

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	AGGRENOX (dipyridamole/aspirin) dipyridamole PLAVIX (clopidogrel)	BRILINTA (ticagrelor) * cilostazol clopidogrel* EFFIENT (prasugrel) PERSANTINE (dipyridamole) PLETAL (cilostazol) ticlopidine	• Brilinta oHistory of Acute Coronary Syndrome or Percutaneous Coronary Intervention in the past 2 years oHistory of at least 30 days of therapy with Brilinta in the past 6 months • Pletal oHistory of an approvable indication in the past 2 years oHistory of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days. • Effient oHistory of Acute Coronary Syndrome or Percutaneous Coronary Intervention in the past 2 years • Non Preferred Drugs not listed above: oHistory of an approvable indication in the past 2 years oHistory of at least 30 days of therapy with two different preferred products in the past 6 months oHistory of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
PROTON PUMP INHIBITORS SmartPA			
	DEXILANT (dexlansoprazole) omeprazole RX	ACIPHEX (rabeprazole) lansoprazole RX NEXIUM (esomeprazole) omeprazole sod. bicarb. pantoprazole PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole)* PRILOSEC RX (omeprazole)	SmartPA Criteria: • Prevacid Solu-Tab oAge </= 12 years • History of an approvable indication in the past 2 years • History of at least 30 days of therapy

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		ZEGERID RX (omeprazole sod bicar)	with two different preferred Proton Pump Inhibitors in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
PULMONARY ANTIHYPERTENSIVES – ENDOTHELIN RECEPTOR ANTAGONISTS			
	LETAIRIS (ambrisentan) TRACLEER (bosentan)		SmartPA Criteria: • Diagnosis of pulmonary hypertension (416.0) in the past 2 years • History of at least 30 days of therapy with two different preferred PAH agents in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
PULMONARY ANTIHYPERTENSIVES – PDE5s SmartPA			
	ADCIRCA (tadalafil)	REVATIO (sildenafil)	SmartPA Criteria: • Sildenafil o Age <12 years o Diagnosis of pulmonary hypertension (416.0) or patent ductus arteriosus (747.0) in the past 2 years o History of a heart transplant in the past 2 years • Diagnosis of pulmonary hypertension (416.0) in the past 2 years • History of at least 30 days of therapy with two different preferred PAH agents in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
PULMONARY ANTIHYPERTENSIVES – PROSTACYCLINS			
		TYVASO (treprostinil)	SmartPA Criteria:

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		VENTAVIS (iloprost)	• Diagnosis of pulmonary hypertension (416.0) in the past 2 years • History of at least 30 days of therapy with two different preferred PAH agents in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
SEDATIVE HYPNOTICS			
	BENZODIAZEPINES		
	estazolam flurazepam temazepam (15mg and 30mg) triazolam	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) RESTORIL (temazepam) temazepam (7.5mg and 22.5mg)	Single source benzodiazepines and barbiturates are NOT covered; PAs will not be issued for these drugs. Sedative/Hypnotics are limited to 31 cumulative units of all/any strengths per month. Any quantity required above these limits requires a PA.
	OTHERS SmartPA		
	LUNESTA (eszopiclone) zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) EDLUAR (zolpidem) INTERMEZZO (zolpidem)NR ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER ZOLPIMIST (zolpidem)	SmartPA Criteria: • ZolpiMist o Is the total quantity of the incoming claim plus history of all Zolpimist claims </= 1 canister in the past 25 days • Is the total quantity of the incoming claim plus history of all Sedative Hypnotics </= 31 units in the past 25 days • History of at least 1 claim for two different preferred Sedative Hypnotics in the past 6 months
SKELETAL MUSCLE RELAXANTS SmartPA			

This is not an all-inclusive list of available covered drugs and includes only managed categories. Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. NR indicates a new drug that has not yet been reviewed by the P&T Committee.

PREFERRED BRANDS will not count toward the two brand monthly Rx limit. Existing Lamictal XR, Bystolic, Jalyn, and Revatio, users will be grandfathered.

*All other new, non-preferred products will not be approved unless two preferred agents have been tried; stable therapy check will not apply until 1-1-2013.

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	baclofen chlorzoxazone cyclobenzaprine methocarbamol tizanidine tablets	AMRIX (cyclobenzaprine ER) carisoprodol carisoprodol compound cyclobenzaprine ER dantrolene FEXMID (cyclobenzaprine) FLEXERIL (cyclobenzaprine) metaxalone methocarbamol/ASA orphenadrine orphenadrine compound PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) SOMA COMPOUND (carisoprodol /ASA) SOMA COMP w/ COD (carisoprodol/ASA/ codeine) tizanidine capsules* ZANAFLEX (tizanidine)	SmartPA Criteria: • Carisoprodol o Diagnosis of an acute musculoskeletal condition in the past 3 months o History absent of therapy with meprobamate in the past 90 days o History of at least 1 claim for cyclobenzaprine in the past 21 days o Does the patient have a documented intolerance to cyclobenzaprine o Is the total quantity of the current claim plus history of carisoprodol in the past 6 months </= 84 tablets o Is the request for 1 claim of 18 tablets to allow for the tapering schedule • History of an approvable diagnosis in the past 2 years • History of at least 1 claim for two different preferred skeletal muscle relaxants in the past 6 months • Diagnosis of a chronic musculoskeletal disorder in the past 2 years • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
STEROIDS (Topical) SmartPA			
	LOW POTENCY		
	CAPEX (fluocinolone) DESOWEN (desonide) lotion desonide cr, oint. hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTHE-FS (fluocinolone) DESONATE (desonide) desonide lotion DESONIL PLUS (desonide) DESOWEN (desonide) fluocinolone oil	SmartPA Criteria: • Low potency product o History of at least 1 claim for two different preferred low potency products in the past 6 months o History of at least 90 days of therapy with the same agent at the same brand/generic status as on the

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) SCALACORT DK (hydrocortisone) VERDESO (desonide)	incoming claim in the past 105 days
	MEDIUM POTENCY		
	fluocinolone hydrocortisone mometasone cr, oint. prednicarbate cr PANDEL (hydrocortisone probutate)	CLODERM (clocortolone) CORDRAN (flurandrenolide) CUTIVATE (fluticasone) fluticasone LOCOID (hydrocortisone butyrate) LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint	SmartPA Criteria: • Medium potency product o History of at least 1 claim for two different preferred medium potency products in the past 6 months o History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
	HIGH POTENCY		
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. CAPEX (fluocinolone) fluocinolone fluocinonide triamcinolone halcinonide	amcinonide oint betameth diprop/prop gly cr, lot, oint betamethasone dipropionate oint. desoximetasone diflorasone HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) VANOS (fluocinonide)	SmartPA Criteria: • High potency product o History of at least 1 claim for two different preferred high potency products in the past 6 months o History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days • History of at least 1 claim for two different preferred very high potency products in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
	VERY HIGH POTENCY		
	clobetasol emollient clobetasol propionate cr, gel, oint, sol	clobetasol propionate foam CLOBEX (clobetasol) HALONATE	

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	halobetasol	(halobetasol/ammonium lactate) HALAC (halobetasol/ammoium lac) OLUX-E (clobetasol) OLUX-OLUX-E (clobetasol) ULTRAVATE (halobetasol)	
STIMULANTS AND RELATED AGENTS SmartPA			
	SHORT-ACTING		
	amphetamine salt combination dexmethylphenidate IR dextroamphetamine IR FOCALIN (dexmethylphenidate) METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) DEXTROSTAT (dextroamphetamine) methamphetamine methylphenidate solution	Prior authorization required for patients >21 years of age. Procentra is preferred for patients age 3-6 only. SmartPA Criteria : • Age >/= 6 years o Is the incoming claim for dextroamphetamine IR or mixed amphetamine salts IR ▪ Age >/= 3 years • Age <21 years o Diagnosis of ADD/ADHD in the past 2 years • Short-acting stimulant o History of at least 30 days of therapy with two different preferred SA stimulants in the past 6 months o History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days • History of at least 30 days of therapy with a preferred non-stimulant in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			claim in the past 105 days
	LONG-ACTING		
	ADDERALL XR (amphetamine salt combination) DAYTRANA (methylphenidate) FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate ER (generic Concerta) VYVANSE (lisdexamfetamine)	amphetamine salt combination ER CONCERTA (methylphenidate) DEXEDRINE (dextroamphetamine) dextroamphetamine ER NUVIGIL (armodafinil) PROVIGIL (modafinil) RITALIN LA (methylphenidate)	SmartPA Criteria: • Age >/= 6 years • Age <21 years o Diagnosis of ADD/ADHD in the past 2 years • Long-acting stimulant o History of at least 30 days of therapy with two different preferred LA stimulants in the past 6 months • History of at least 30 days of therapy with a preferred non-stimulant in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days • Nuvigil or Provigil o One of the following diagnoses in the past 2 years (Narcolepsy, Obstructive Sleep Apnea, Shift Work Sleep Disorder) o History of at least 30 days of therapy with a stimulant in the past 6 months o History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days o Age >/= 17 years o Provigil o Age >/= 16 years
	NON-STIMULANTS		
	INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release)*		Edit limited to patients ages 6-17 years only.

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	STRATTERA (atomoxetine)		SmartPA Criteria : • Kapvay o Age 6-17 years o Diagnosis of ADD/ADHD in the past 2 years o History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
TETRACYCLINES SmartPA			
	doxycycline hyclate caps/tabs minocycline caps IR tetracycline	ADOXA CK (doxycycline) ADOXA TT (doxycycline) demeclocycline doxycycline monohydrate caps (75mg, 100mg, 150mg) doxycycline monohydrate tabs minocycline ER minocycline tabs NUTRIDOX (doxycycline) ORACEA (doxycycline) SOLODYN (minocycline) VIBRAMYCIN cap/susp/syrup	SmartPA Criteria: • History of at least 1 claim for two different preferred agents in the past 6 months • Demeclocycline o History of Diabetes Insipidus or SIADH in the past 2 years
ULCERATIVE COLITIS AGENTS			
	ORAL		
	APRISO (mesalamine) ASACOL (mesalamine) balsalazide DIPENTUM (olsalazine) PENTASA 250mg (mesalamine) sulfasalazine	ASACOL HD (mesalamine) COLAZAL (balsalazide) LIALDA (mesalamine) PENTASA 500mg (mesalamine) *	• History of at least 30 days of therapy with a preferred non-stimulant in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
	RECTAL		
	CANASA (mesalamine) mesalamine	SFROWASA (mesalamine) *	• History of at least 30 days of therapy with a preferred non-stimulant in the

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days