



# MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2015

Version 2015.21

Updated: 09-16-2015

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
<b>ACNE AGENTS</b>			
	<b>ANTI-INFECTIVE</b>		<b>Maximum Age Limit</b> <ul style="list-style-type: none"> <li>• 21 years – all agents</li> </ul>
	clindamycin (gel, lotion, solution) erythromycin	ACZONE (dapson) AKNE-MYCIN (erythromycin) AZELEX (azelaic acid) CLEOCIN-T (clindamycin) CLINDAGEL (clindamycin) clindamycin foam ERY (erythromycin) ERYGEL (erythromycin) EVOCLIN (clindamycin) FINACEA (azelaic acid) KLARON (sulfacetamide) sulfacetamide	
	<b>RETINOIDS</b>		
	RETIN-A (tretinoin) tretinoin cream	adapalene AVITA (tretinoin) ATRALIN (tretinoin) DIFFERIN (adapalene) FABIOR (tazarotene) RETIN-A MICRO (tretinoin) TAZORAC (tazarotene) tretinoin gel tretinoin micro	
	<b>COMBINATION DRUGS/OTHERS</b>		
	EPIDUO (adapalene/benzoyl peroxide) erythromycin/benzoyl peroxide sodium sulfacetamide/sulfur cream/foam/gel	ACANYA (benzoyl peroxide/clindamycin) BENZACLIN GEL (benzoyl peroxide/clindamycin) BENZACLIN KIT (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) benzoyl peroxide/clindamycin	

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**PREFERRED BRANDS will not count toward the two brand monthly Rx limit.**

Drugs highlighted in yellow denote a change in PDL status.

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		DUAC (benzoyl peroxide/clindamycin) INOVA 4/1 (benzoyl peroxide/salicylic acid) INOVA 8/2 (benzoyl peroxide/salicylic acid) ONEXTON (benzoyl peroxide/clindamycin) PRASCION (sulfacetamide sodium/sulfur) ROSANIL (sulfacetamide sodium/sulfur) SE BPO (benzoyl peroxide) sodium sulfacetamide/sulfur lotion/suspension/cleanser/pads sodium sulfacetamide/sulfur/meratan sulfacetamide sodium/sulfur/urea VELTIN (clindamycin/tretinoin) ZENCIA WASH (sulfacetamide sodium/sulfur) ZIANA (clindamycin/tretinoin)	
<b>KERATOLYTICS (BENZOYL PEROXIDES)</b>			
	benzoyl peroxide	BPO (benzoyl peroxide) INOVA (benzoyl peroxide) LAVOCLEN (benzoyl peroxide)	
<b>ISOTRETINOIN</b>			
	Amnesteem Claravis Myorisan Zenatane	ABSORICA (isotretinoin)	
<b>ALPHA-1 PROTEINASE INHIBITORS</b>			
	ARALAST (alpha-1 proteinase inhibitor) GLASSIA (alpha-1 proteinase inhibitor) PROLASTIN C (alpha-1 proteinase inhibitor) ZEMAIRA (alpha-1 proteinase inhibitor)		

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<b>ALZHEIMER'S AGENTS</b> <small>SmartPA</small>				
<b>CHOLINESTERASE INHIBITORS</b>				
	ARICEPT ODT (donepezil) donepezil (Tablets and ODT) 5mg, 10mg EXELON PATCHES (rivastigmine) galantamine rivastigmine	ARICEPT (donepezil) ARICEPT 23 MG (donepezil) donepezil 23mg EXELON Capsules (rivastigmine) EXELON Solution (rivastigmine) galantamine ER RAZADYNE (galantamine) RAZADYNE ER (galantamine)	<p><b>All Agents</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis for both preferred and non-preferred</li> </ul> <p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on same agent in the past 105 days</li> </ul>	
<b>NMDA RECEPTOR ANTAGONIST</b>				
	NAMENDA TABS (memantine)	NAMENDA SOLUTION(memantine) NAMENDA XR (memantine)		
<b>COMBINATION AGENTS</b>				
		NAMZARIC (memantine/donepezil)	<p><b>Namzarcic</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis <b>AND</b></li> <li>30 days of concurrent therapy with donepezil + memantine <b>OR</b></li> <li>90 consecutive days on same agent in the past 105 days</li> </ul>	
<b>ANALGESICS, NARCOTIC - SHORT ACTING</b>				
	acetaminophen/codeine codeine dihydrocodeine/ APAP/caffeine hydrocodone/APAP hydromorphone IBUDONE (hydrocodone/ibuprofen) meperidine morphine	ABSTRAL (fentanyl) ACTIQ (fentanyl) butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine butorphanol tartrate (nasal) DEMEROL (meperidine) DILAUDID (hydromorphone) fentanyl	<p><b>Quantity Limits</b></p> <p>Applicable <u>quantity limit</u> in 31 rolling days.</p> <ul style="list-style-type: none"> <li><b>62 tablets</b> – codeine, oxycodone/ibuprofen, meperidine, hydromorphone, fentanyl, butalbital/codeine combinations, morphine, tapentadol, dihydrocodeine combinations, tramadol, pentazocine</li> </ul>	

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	oxycodone oxycodone/APAP oxycodone/aspirin oxycodone/ibuprofen pentazocine/APAP tramadol tramadol/APAP	FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine) hydrocodone/ibuprofen levorphanol LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAGNACET (oxycodone/APAP) NORCO (hydrocodone/APAP) NUCYNTA (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXECTA (oxycodone) pentazocine/naloxone PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) REPRESAINE (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) RYBIX (tramadol) SUBSYS (fentanyl) SYNALGOS-DC (dihydrocodeine/ aspirin/caffeine) TYLENOL W/CODEINE (APAP/codeine) TYLOX (oxycodone/APAP) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) VICOPROFEN (hydrocodone/ibuprofen) XODOL (hydrocodone/acetaminophen) ZAMICET (hydrocodone/APAP) ZOLVIT (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen)	<ul style="list-style-type: none"> <li>• <b>62 tablets CUMULATIVE</b> – hydrocodone combinations, oxycodone combinations</li> <li>• <b>124 tablets</b> – butalbital/APAP 750</li> <li>• <b>145 tablets</b> – butalbital/APAP 650</li> <li>• <b>186 tablets</b> – butalbital/APAP 325, butalbital/ASA 325</li> <li>• <b>5mL (2 x 2.5 bottles)</b> – butorphanol nasal</li> <li>• <b>180 mL CUMULATIVE</b> – oxycodone liquids</li> <li>• <b>480 mL CUMULATIVE</b> – hydrocodone liquids</li> </ul>

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<b>ANALGESICS, NARCOTIC - LONG ACTING</b> <small>SmartPA</small>			
	<p><b>EMBEDA (morphine/naltrexone)</b> fentanyl patches morphine ER tablets OPANA ER (oxymorphone)</p>	<p>AVINZA (morphine) BUTRANS (buprenorphine) CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EXALGO (hydromorphone) hydromorphone ER HYSINGLA ER (hydrocodone) IONSYS (fentanyl)<sup>NR</sup> KADIAN (morphine) <b>methadone*</b> MS CONTIN (morphine) morphine ER capsules NUCYNTA ER (tapentadol) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol) XARTEMIS XR (oxycodone/APAP) ZOHYDRO ER (hydrocodone bitartrate)</p>	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>18 years</b> – Xartemis XR, Zohydro ER</li> </ul> <p><b>Quantity Limits</b> Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> <li>• <b>31 tablets/31 days</b> Avinza, Conzip ER, Exalgo ER, Hysingla ER, Ryzolt , Ultram ER</li> <li>• <b>62 tablets/31 days</b> – Embeda, Kadian, Methadone, Morphine ER, Opana ER, oxycodone ER, Oxycontin, Zohydro ER</li> <li>• <b>10 patches/31 days</b> – Duragesic</li> <li>• <b>4 patches/31 days</b> – Butrans</li> <li>• <b>40 tablets/10 days</b> – Xartemis XR</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• Documented diagnosis of cancer <b>OR</b> Antineoplastic therapy <b>AND</b></li> <li>• 90 consecutive days on same agent in the past 105 days</li> </ul> <p><b>Avinza</b></p> <ul style="list-style-type: none"> <li>• Trial of Opana ER or morphine ER in the past 6 months <b>OR</b></li> <li>• Documented diagnosis of cancer <b>OR</b> Antineoplastic therapy <b>AND</b></li> <li>• 90 consecutive days on same agent in the past 105 days</li> </ul> <p><b>Hysingla ER - <u>MANUAL PA</u></b></p>

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			<ul style="list-style-type: none"> <li>• Documented diagnosis of cancer</li> <li>• Have tried 2 different preferred agents in the past 12 months AND</li> <li>• Have tried 2 different non-preferred agents in the past 12 months</li> </ul> <p><b>OxyContin</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of cancer <b>OR</b> Antineoplastic therapy <b>AND</b></li> <li>• Trial of Avinza, fentanyl patch, Kadian, morphine ER, or Opana ER in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on same agent in the past 105 days</li> </ul> <p><b>Xartemis XR – <u>MANUAL PA</u></b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 30 days</li> <li>• Maximum duration of therapy = 20 days per calendar year</li> </ul> <p><b>Zohydro ER - <u>MANUAL PA</u></b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of cancer</li> <li>• Have tried 3 different preferred agents in the past 12 months AND</li> <li>• Have tried 2 different non-preferred agents in the past 12 months</li> </ul>
<b>ANALGESICS/ANAESTHETICS (Topical)</b>			
	VOLTAREN Gel (diclofenac sodium) <sup>SmartPA</sup>	capsaicin diclofenac sodium solution FLECTOR (diclofenac epolamine) <sup>SmartPA</sup>	<p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 1 preferred agent in the past 6 months</li> </ul>

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		LIDAMANTLE HC (lidocaine/hydrocortisone) lidocaine lidocaine/prilocaine LIDODERM (lidocaine) <sup>SmartPA</sup> PENNSAID Solution (diclofenac sodium ) <sup>SmartPA</sup> xylocaine SYNERA (lidocaine/tetracaine) ZOSTRIX (capsaicin)	<b>Lidoderm</b> • Documented diagnosis of Herpetic Neuralgia <b>OR</b> • Documented diagnosis of Diabetic Neuropathy
<b>ANDROGENIC AGENTS</b> <sup>SmartPA</sup>			
	ANDROGEL (testosterone gel) TESTIM (testosterone gel)	ANDRODERM (testosterone patch) AXIRON (testosterone gel) FORTESTSA (testosterone gel) <b>NATESTO (testosterone)</b> STRIANT (testosterone) VOGELXO (testosterone)	<b>All Agents</b> • Limited to male gender  <b>Non Preferred Criteria</b> • Have tried 2 preferred agents in the past 6 months
<b>ANGIOTENSIN MODULATORS</b> <sup>SmartPA</sup>			
<b>ACE INHIBITORS</b>			
	benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril	ACCUPRIL (quinapril) ALTACE (ramipril) EPANED (epalapril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril perindopril PRINIVIL (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	<b>Minimum Age Limit</b> • ≤ 6 years – Epaned <i>Smart PA will automatically be issued for this age</i>  <b>Non Preferred Criteria</b> • Have tried 2 different preferred <i>single entity</i> agents in the past 6 months <b>OR</b> • 90 consecutive days on same agent in the past 105 days

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<b>ACE INHIBITOR COMBINATIONS</b>			
	benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ LOTREL (benazepril/amlodipine) quinapril/HCTZ TARKA (trandolapril/verapamil)	ACCURETIC (quinapril/HCTZ) benazepril/amlodipine LOTENSIN HCT (benazepril/HCTZ) moexipril/HCTZ PRESTALIA (perindopril/amlodapine) <sup>NR</sup> trandolapril/verapamil UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	<p><b>Non Preferred Criteria</b> <b>ACE Inhibitor/CCB</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred <u>ACEI/CCB</u> agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on same agent in the past 105 days</li> </ul> <p><b>ACE Inhibitor/Diuretic</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred <u>ACEI/Diuretic</u> agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on same agent in the past 105 days</li> </ul>
<b>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)</b>			
	DIOVAN (valsartan) losartan MICARDIS (telmisartan)	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) candesartan COZAAR (losartan) EDARBI (azilsartan) eprosartan irbesartan telmisartan TEVETEN (eprosartan) valsartan	<p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred <u>single entity</u> agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on same agent in the past 105 days</li> </ul>
<b>ARB COMBINATIONS</b>			
	DIOVAN-HCT (valsartan/HCTZ) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ)	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine)	<p><b>Non Preferred Criteria</b> <b>ARB/CCB or ARB/CCB/Diuretic</b></p> <ul style="list-style-type: none"> <li>Have tried 1 preferred <u>ARB/CCB</u> agent in the past 6 months <b>OR</b></li> </ul>

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	losartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ)	BENICAR-HCT (olmesartan/HCTZ) candesartan/HCTZ EDARBYCLOR (azilsartan/chlorthalidone) ENTRESTO (valsartan/sucubitril) <sup>NR</sup> HYZAAR (losartan/HCTZ) irbesartan/HCTZ telmisartan/amlodipine telmisartan/HCTZ TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine) valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/HCTZ	<ul style="list-style-type: none"> <li>90 consecutive days on same agent in the past 105 days</li> </ul> <p><b>ARB/Diuretic</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred <u>ARB/Diuretic</u> products in the past 6 months <b>OR</b></li> <li>90 consecutive days on same agent in the past 105 days</li> </ul>
<b>DIRECT RENIN INHIBITORS</b>			
		TEKTURNA (aliskiren)	<p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of hypertension <b>AND</b></li> <li>Have tried 2 different preferred <u>ACEI or ARB single-entity</u> products in the past 6 months <b>OR</b></li> <li>90 consecutive days on same agent in the past 105 days</li> </ul>
<b>DIRECT RENIN INHIBITOR COMBINATIONS</b>			
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz) VALTURNA (aliskiren/valsartan)	<p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of hypertension <b>AND</b></li> <li>Have tried 2 different preferred <u>ACEI or ARB diuretic agents</u> in the past 6 months <b>OR</b></li> <li>90 consecutive days on same agent in the past 105 days</li> </ul>

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<b>ANTIBIOTICS (GI)</b>			
	ALINIA (nitazoxanide) metronidazole neomycin TINDAMAX (tinidazole)	DIFICID (fidaxomicin) FLAGYL ER (metronidazole) tinidazole VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)	<b>Xifaxan – <u>MANUAL PA</u></b> <ul style="list-style-type: none"> <li>• Documented diagnosis of Hepatic Encephalopathy <b>AND</b></li> <li>• One trial of Lactulose <b>OR</b></li> <li>• Failure or intolerance to lactulose <b>OR</b></li> <li>• Hospital discharge on Xifaxan <b>OR</b></li> <li>• One claim in the past 365 days</li> </ul>
<b>ANTIBIOTICS (MISCELLANEOUS)</b>			
<b>KETOLIDES</b>			
		KETEK (telithromycin)	
<b>LINCOSAMIDE ANTIBIOTICS</b>			
	clindamycin capsules clindamycin solution	CLEOCIN (clindamycin) CLEOCIN SOLUTION (clindamycin)	
<b>MACROLIDES</b>			
	azithromycin clarithromycin ER clarithromycin IR E.E.S. Suspension 200 (erythromycin ethylsuccinate) ERY-TAB (erythromycin)	BIAXIN (clarithromycin) BIAXIN XL (clarithromycin) E.E.S. (erythromycin ethylsuccinate) E.E.S. Suspension 400 (erythromycin ethylsuccinate) E-MYCIN (erythromycin) ERYC (erythromycin) ERYPED Suspension (erythromycin ethylsuccinate) ERYTHROCIN (erythromycin stearate) erythromycin erythromycin estolate PCE (erythromycin) ZITHROMAX (azithromycin)	

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		ZMAX (azithromycin)	
	<b>NITROFURAN DERIVATIVES</b>		
	nitrofurantoin nitrofurantoin monohydrate macrocrystals	FURADANTIN (nitrofurantoin) MACROBID (nitrofurantoin monohydrate macrocrystals) MACRODANTIN (nitrofurantoin)	
	<b>Oxazolidinones</b>		
		SIVEXTRO (tedizolid) ZYVOX (linezolid)	<b>Sivextro, Zyvox - <a href="#">MANUAL PA</a></b>  <b>Quantity Limit</b> • 6 tablets/month - Sivextro
<b>ANTIBIOTICS (Topical)</b>			
	bacitracin bacitracin/polymixin BACTROBAN cream (mupirocin) gentamicin sulfate mupirocin ointment	ALTABAX (retapamulin) BACTROBAN OINTMENT (mupirocin) CORTISPORIN (bacitracin/neomycin/polymyxin/HC) mupirocin cream	
<b>ANTIBIOTICS (VAGINAL)</b>			
	CLEOCIN OVULES (clindamycin) CLINDESSE (clindamycin) METROGEL (metronidazole) VANDAZOLE (metronidazole)	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) clindamycin metronidazole vaginal <b>NUVESSA (metronidazole)</b>	
<b>ANTICOAGULANTS</b> <small>SmartPA</small>			
	<b>ORAL</b>		
	COUMADIN (warfarin) warfarin XARELTO 10mg (rivaroxaban) <small>Clinical Edit</small>	ELIQUIS (apixaban) PRADAXA (dabigatran) SAVAYSA (edoxaban tosylate)	<b>DVT Prophylaxis - following hip or knee replacement</b> <b>XARELTO 10MG &amp; ELIQUIS</b>

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		XARELTO 15 & 20mg (rivaroxaban)	<ul style="list-style-type: none"> <li>• 70 total days of therapy per calendar year</li> <li>• Documented diagnosis of knee replacement <b>AND</b> duration of therapy limited to 12 days <b>OR</b></li> <li>• Documented diagnosis of hip replacement <b>AND</b> duration of therapy limited to 35 days</li> </ul> <p><b>DVT and PE Treatment</b> ELIQUIS, PRADAXA, AND XARELTO 15 &amp; 20MG</p> <ul style="list-style-type: none"> <li>• Documented diagnosis of DVT or PE</li> </ul> <p><b>Nonvalvular Atrial Fibrillation</b> ELIQUIS, PRADAXA, XARELTO 15 &amp; 20MG</p> <ul style="list-style-type: none"> <li>• Documented diagnosis of atrial fibrillation <b>AND</b></li> <li>• NO contraindication of cardiac valve disease <b>AND</b></li> <li>• 60 days prior therapy with warfarin in the past 6 months <b>OR</b></li> <li>• 1 claim with the same agent in the past 90 days</li> </ul>
<b>LOW MOLECULAR WEIGHT HEPARIN (LMWH)</b>			
	FRAGMIN (dalteparin) LOVENOX (enoxaparin) Prefilled Syringe	ARIXTRA (fondaparinux) enoxaparin fondaparinux	<p><b>LMWH – All Agents</b></p> <ul style="list-style-type: none"> <li>• LMWH therapy in the past 3months <b>AND</b> <ul style="list-style-type: none"> <li>○ Documented diagnosis of cancer <b>OR</b></li> <li>○ Pregnant female</li> </ul> </li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• NO LMWH therapy in the past</li> </ul>

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			<p>3months <b>AND</b></p> <ul style="list-style-type: none"> <li>o Duration of therapy is &lt; 17 days</li> <li><b>OR</b></li> <li>o Documented diagnosis of cancer</li> <li><b>OR</b></li> <li>o Pregnant female <b>OR</b></li> <li>o Total hip/knee replacement or hip fracture surgery in the past 6 months <b>AND</b> duration of therapy &lt; 35 days</li> </ul> <p><b>LMWH Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on same agent in the past 105 days</li> </ul>
<b>ANTICONVULSANTS</b>	<b>ADJUVANTS</b>		
	carbamazepine CARBATROL (carbamazepine) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) LAMICTAL XR (lamotrigine) lamotrigine levetiracetam oxcarbazepine	APTIOM (eslicarbazepine) BANZEL (rufinamide) carbamazepine XR DEPAKENE (valproic acid) DEPAKOTE (divalproex) EQUETRO (carbamazepine) FANATREX SUSPENSION (gabapentin) <sup>NR</sup> felbamate FELBATOL (felbamate) FYCOMPA (perampanel) GRALISE (gabapentin) HORIZANT (gabapentin) KEPPRA (levetiracetam)	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>1 year</b> - Banzel</li> <li>• <b>2 years</b> – Onfi</li> </ul> <p><b>Quantity Limit</b></p> <ul style="list-style-type: none"> <li>• <b>3 Twin Packs/31 days</b> - Diastat</li> </ul> <p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on same agent in the past 105 days</li> </ul> <p><b>Banzel/Onfi</b></p>

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	TEGRETOL XR (carbamazepine) TOPAMAX Sprinkle (topiramate) topiramate tablet TRILEPTAL Suspension (oxcarbazepine) valproic acid VIMPAT (lacosamide) zonisamide	KEPBRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) levetiracetam ER NEURONTIN (gabapentin) oxcarbazepine suspension OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine) QUDEXY XR (topiramate) <sup>NR</sup> SABRIL (vigabatrin) STAVZOR (valproic acid) TEGRETOL (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) topiramate sprinkle capsule TRILEPTAL Tablets (oxcarbazepine) TROKENDI XR (topiramate) ZONEGRAN (zonisamide)	<ul style="list-style-type: none"> <li>• Documented diagnosis of Lennox-Gastaut <b>AND</b></li> <li>• Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on same agent in the past 105 days</li> </ul>
<b>SELECTED BENZODIAZEPINES</b>			
	DIASTAT (diazepam rectal)	diazepam rectal gel ONFI (clobazam)	
<b>HYDANTOINS</b>			
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
<b>SUCCINIMIDES</b>			
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	

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<b>ANTIDEPRESSANTS, OTHER</b> <small>SmartPA</small>			
	bupropion bupropion SR bupropion XL BRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules VIIBRYD (vilazodone)	APLENZIN (bupropion HBr) desvenlafaxine DESYREL (trazodone) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion) KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine venlafaxine ER tablets venlafaxine XR WELLBUTRIN (bupropion) WELLBUTRIN SR WELLBUTRIN XL (bupropion HCl)	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>18 years</b> - all drugs</li> </ul> <p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred <u>Antidepressants, Other class</u> in the past 6 months <b>OR</b></li> <li>• Have tried BOTH a preferred <u>SSRI and Antidepressants, Other</u> in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on same agent in the past 105 days</li> </ul> <p><b>Cymbalta (see Fibromyalgia Agents)</b></p>
<b>ANTIDEPRESSANTS, SSRIs</b> <small>SmartPA</small>			
	citalopram escitalopram fluoxetine fluvoxamine paroxetine CR paroxetine IR sertraline	CELEXA (citalopram) LEXAPRO (escitalopram) LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine suspension PAXIL CR (paroxetine) PAXIL SUSPENSION	<p><b>Minimum Age Limits</b></p> <ul style="list-style-type: none"> <li>• <b>6 years</b> - Zoloft</li> <li>• <b>7 years</b> – Prozac</li> <li>• <b>8 years</b> - Luvox</li> <li>• <b>9 years</b> - Celexa</li> <li>• <b>12 years</b> - Lexapro</li> <li>• <b>18 years</b> - Luvox CR, Paxil, Prozac 90 mg</li> </ul>

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		PAXIL Tablets (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on same agent in the past 105 days</li> </ul>
<b>ANTIEMETICS</b> <small>SmartPA</small>			
<b>5HT3 RECEPTOR BLOCKERS</b>			
	ondansetron ondansetron solution	ANZEMET (dolasetron) granisetron ondansetron ODT SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) ZUPLENZ (ondansetron)	<b>Quantity Limits</b> <ul style="list-style-type: none"> <li><b>6 tablets/31 days</b> – Akynzeo</li> <li><b>30 tablets/31 days</b> – Zofran tablets/ODT</li> <li><b>100 ml/31 days</b> – Zofran solution</li> </ul> <b>Age Limit</b> <ul style="list-style-type: none"> <li><b>4-11 years</b> - Zofran ODT 4mg, Zuplenz 4mg <i>Smart PA will automatically be issued for this age range</i></li> </ul> <b>Non Preferred Agents</b> <ul style="list-style-type: none"> <li>Have tried 1 preferred agent in the past 6 months</li> </ul> <p>Injectables in this class closed to point of sale. PA required if not administered in clinic/hospital.</p>
<b>ANTIEMETIC COMBINATIONS</b>			
		AKYNZEO (netupitant/palonosetron) DICLEGIS (doxylamine/pyridoxine)	<b>Akynzeo - <u>MANUAL PA</u></b> <ul style="list-style-type: none"> <li>Documented diagnosis of cancer OR Antineoplastic history <b>AND</b></li> <li>Chemotherapy regimen includes use</li> </ul>

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			of a highly or moderately emetogenic chemotherapeutic agent <b>AND</b> <ul style="list-style-type: none"> <li>History of prior use of preferred combination antiemetic therapy <b>AND</b></li> <li>Concurrent use of dexamethasone per PI</li> </ul>
<b>CANNABINOIDS</b>			
		CESAMET (nabilone) MARINOL (dronabinol) dronabinol	
<b>NMDA RECEPTOR ANTAGONIST</b>			
	EMEND (aprepitant)		
<b>ANTIFUNGALS (Oral)</b>	SmartPA		
	clotrimazole fluconazole GRIFULVIN V (griseofulvin, microsize) griseofulvin microsize tablets/capsules/susp GRIS-PEG (griseofulvin) nystatin terbinafine	ANCOBON (flucytosine) ^ CRESEMBA (isavuconazonium) DIFLUCAN (fluconazole) griseofulvin ultramicrosize tablet itraconazole ^ ketoconazole LAMISIL (terbinafine) NOXAFIL (posaconazole) ^ ONMEL (itraconazole) ^ SPORANOX (itraconazole) ^ TERBINEX Kit (terbinafine/ciclopirox) VFEND (voriconazole) ^ voriconazole ^	<p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul> <p><b>HIV opportunistic infection</b></p> <ul style="list-style-type: none"> <li>Non Preferred agent indicated for treatment (^) <b>AND</b></li> <li>Documented diagnosis of HIV</li> </ul> <p><b>Cresemba - MANUAL PA</b></p> <ul style="list-style-type: none"> <li>Minimum age limit <math>\geq</math> 18 years <b>AND</b></li> <li>Documented diagnosis of invasive aspergillosis <b>OR</b> invasive mucormycosis <b>AND</b></li> <li>Prescriber is an oncologist/hematologist or infectious disease specialist</li> </ul> <p><b>Sporanox</b></p>

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			<ul style="list-style-type: none"> <li>• HIV opportunistic infection criteria <b>OR</b></li> <li>• Documented diagnosis of a transplant <b>OR</b></li> <li>• History of an immunosuppressant in the past 6 months <b>OR</b></li> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>
<b>ANTIFUNGALS (Topical)</b> <small>SmartPA</small>			
	<b>ANTIFUNGALS</b>		
	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) JUBLIA (efinaconazole) <sup>NR</sup> KERYDIN (tavaborole) ketoconazole foam LAMISIL (terbinafine) solution LOPROX (ciclopirox) LUZU (luliconazole) MENTAX (butenafine) NAFTIN (naftifine) NIZORAL (ketoconazole) OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>

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<b>ANTIFUNGAL/STEROID COMBINATIONS</b>			
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)	
<b>ANTIFUNGALS (VAGINAL)</b>			
	clotrimazole vaginal cream miconazole 1, 3 cream, 7cream, TERAZOL 3 Cream (terconazole) tioconazole VAGISTAT 3 (miconazole) VAGISTAT 1 (tioconazole)	GYNAZOLE 1 (butoconazole) miconazole 3 vaginal suppository TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole	
<b>ANTI-HISTAMINES, MINIMALLY SEDATING AND COMBINATIONS <sup>SmartPA</sup></b>			
<b>MINIMALLY SEDATING ANTI-HISTAMINES</b>			
	cetirizine loratadine	ALLEGRA (fexofenadine) CLARINEX (desloratadine) fexofenadine RX levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of allergy or urticaria <b>AND</b></li> <li>• Have tried 2 different preferred agents in the past 12 months</li> </ul>
<b>MINIMALLY SEDATING ANTI-HISTAMINE/DECONGESTANT COMBINATIONS</b>			
	cetirizine/pseudoephedrine loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)	
<b>ANTIMIGRAINE AGENTS, TRIPTANS <sup>SmartPA</sup></b>			
<b>ORAL</b>			
	RELPAK (eletriptan)	AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) IMITREX (sumatriptan)	<b>Minimum Age Limit – ALL FORMULATIONS</b> <ul style="list-style-type: none"> <li>• <b>6-17 years</b> – Maxalt <i>Smart PA will automatically be issued for this age</i></li> </ul>

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EFFECTIVE 10/01/2015

Version 2015.21

Updated: 09-16-2015

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		MAXALT (rizatriptan) MAXALT MLT(rizatriptan) naratriptan rizatriptan sumatriptan TREXIMET (sumatriptan/naproxen) zolmitriptan ZOMIG (zolmitriptan)	<i>range</i> <ul style="list-style-type: none"> <li>• <b>12-17 years</b> – Axert, Treximet, Zomig nasal spray <i>Smart PA will automatically be issued for this age range</i></li> <li>• <b>18 years</b> – Amerge, Frova, Imitrex, Relpax, Zomig tablets</li> </ul> <p><b>Quantity Limit - ORAL</b></p> <ul style="list-style-type: none"> <li>• <b>6 tablets/31 days</b> - Axert, Relpax Zomig</li> <li>• <b>9 tablets/31 days</b> - Amerge, Frova, Imitrex, Treximet</li> <li>• <b>12 tablets/31 days</b> – Maxalt</li> </ul> <p><b>Non Preferred Criteria – ORAL &amp; NASAL</b></p> <ul style="list-style-type: none"> <li>• Have tried 1 preferred agent in the past 90 days</li> </ul>
	<b>NASAL</b>		
	IMITREX (sumatriptan)	sumatriptan ZOMIG (zolmitriptan)	<p><b>Quantity Limit - NASAL</b></p> <ul style="list-style-type: none"> <li>• <b>1 box/31 days</b></li> </ul>
	<b>INJECTABLES</b>		
	IMITREX (sumatriptan)	sumatriptan SUMAVEL (sumatriptan) <sup>NR</sup>	<p><b>CUMULATIVE Quantity Limit - INJECTION</b></p> <ul style="list-style-type: none"> <li>• <b>4 injections/31 days</b></li> </ul>
	<b>OTHER</b>		
		ZECUITY PATCH (sumatriptan) <sup>NR</sup>	
<b>ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS</b>			
	AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib)	FARYDAK (panobinostat) GLEOSTINE (lomustine) IBRANCE (palbociclib) <sup>SmartPA</sup>	<p><b>Farydak - MANUAL PA</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of multiple</li> </ul>

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	COMETRIQ (cabozantinib) GILOTRIF (afatinib) GLEEVEC (imatinib mesylate) ICLUSIG (ponatinib) IMBRUVICA (ibrutinib) INLYTA (axitinib) IRESSA (gefitinib) JAKAFI (ruxolitinib) MEKINIST (trametinib dimethyl sulfoxide) NEXAVAR (sorafenib) SPRYCEL (dasatinib) STIVARGA (regorafenib) SUTENT (sunitinib) TAFINLAR (dabrafenib) TARCEVA (erlotinib) TASIGNA (nilotinib) TYKERB (lapatinib ditosylate) vandetanib VOTRIENT (pazopanib) XALKORI (crizotinib) ZELBORAF (vemurafenib) ZYDELIG (idelalisib) ZYKADIA (ceritinib)	LENVIMA (lenvatinib) <sup>SmartPA</sup> LYNPARZA (olaparib) <sup>SmartPA</sup>	myeloma <b>AND</b> <ul style="list-style-type: none"> <li>Used in combination with bortezomib and dexamethasone per PI <b>AND</b></li> <li>History of 2 prior regimens including bortezomib and an immunomodulatory agent</li> </ul> <b>Ibrance</b> <ul style="list-style-type: none"> <li>Documented diagnosis of breast cancer <b>AND</b></li> <li>Concurrent therapy with letrozole</li> </ul> <b>Lenvima</b> <ul style="list-style-type: none"> <li>Documented diagnosis of thyroid cancer</li> </ul> <b>Lynparza</b> <ul style="list-style-type: none"> <li>Documented diagnosis of ovarian cancer <b>AND</b></li> <li>History of 3 prior chemotherapy agents in the past 2 years</li> </ul>
<b>ANTIPARASITICS (Topical)</b> <sup>SmartPA</sup>			
<b>PEDICULICIDES</b>			
	permethrin 1% ULESFIA (benzyl alcohol)	lindane malathion NATROBA (spinosad) OVIDE (malathion) SKLICE (ivermectin)	<b>Minimum Age/Weight Limit for Pediculicides</b> <ul style="list-style-type: none"> <li><b>50 kg</b> - lindane shampoo</li> <li><b>2 months</b> – permethrin 1%(OTC)</li> <li><b>6 months</b> – Natroba, SKLICE, Ulesfia</li> <li><b>2 years</b> – piperonyl/pyrethrins (OTC)</li> <li><b>6 years</b> – Ovide</li> </ul>

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			<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>History of permethrin 1% topical lotion <b>OR</b> piperonyl/pyrethrin in the past 90 days <b>AND</b></li> <li>History of Ulesfia in the past 90 days</li> </ul>	
<b>SCABICIDES</b>				
	EURAX CREAM (crotamiton) STROMEKTOL Tablet (ivermectin)	ELIMITE (permethrin) EURAX LOTION (crotamiton) permethrin 5%	<b>Generic permethrin 5% age exception</b> <ul style="list-style-type: none"> <li><b>2 months to 17 years</b> – will approve</li> </ul>	
<b>ANTIPARKINSON'S AGENTS (Oral)</b> <small>SmartPA</small>				
<b>ANTICHOLINERGICS</b>				
	benztropine trihexyphenidyl	COGENTIN (benztropine)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Documented diagnosis of Parkinson’s disease <b>AND</b></li> <li>Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on same agent in the past 105 days</li> </ul>	
<b>COMT INHIBITORS</b>				
		COMTAN (entacapone) TASMAR (tolcapone) tolcapone		
<b>DOPAMINE AGONISTS</b>				
	ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole REQUIP (ropinirole) REQUIP XL (ropinirole) ropinerole ER		

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<b>MAO-B INHIBITORS</b>			
	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) ZELAPAR (selegiline)	
<b>OTHERS</b>			
	amantadine bromocriptine levodopa/carbidopa	levodopa/carbidopa ODT levodopa/carbidopa/entacapone LODOSYN (carbidopa) PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine) RYTARY ER (levodopa/carbidopa) SINEMET (levodopa/carbidopa) SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)	<b>Lodosyn</b> <ul style="list-style-type: none"> <li>Documented diagnosis of Parkinson’s disease <b>AND</b></li> <li>History of a carbidopa/levodopa combination product in the past 45 days</li> </ul>
<b>ANTIPSYCHOTICS</b> <small>SmartPA</small>			
<b>ORAL</b>			
	ABILIFY (aripiprazole) <small>SmartPA</small> amitriptyline/perphenazine chlorpromazine clozapine <small>SmartPA</small> FANAPT (iloperidone) <small>SmartPA</small> fluphenazine haloperidol <small>SmartPA</small> olanzapine <small>SmartPA</small> perphenazine risperidone <small>SmartPA</small> SAPHRIS (asenapine) <small>SmartPA</small> SEROQUEL (quetiapine) <small>SmartPA</small> SEROQUEL XR (quetiapine) <small>SmartPA</small> thioridazine	aripiprazole CLOZARIL (clozapine) <small>SmartPA</small> FAZACLO (clozapine) <small>SmartPA</small> GEODON (ziprasidone) <small>SmartPA</small> HALDOL (haloperidol) <small>SmartPA</small> INVEGA (paliperidone) <small>SmartPA</small> LATUDA (lurasidone) <small>SmartPA</small> NAVANE (thiothixene) olanzapine/fluoxetine <small>SmartPA</small> quetiapine <small>SmartPA</small> RISPERDAL (risperidone) <small>SmartPA</small> SYMBYAX (olanzapine/fluoxetine) <small>SmartPA</small> VERSACLOZ (clozapine) <sup>NR</sup> ZYPREXA (olanzapine) <small>SmartPA</small>	<b>Minimum Age Limits</b> <ul style="list-style-type: none"> <li><b>3 years</b> - Haldol</li> <li><b>5 years</b> – Risperdal</li> <li><b>6 years</b> – Abilify</li> <li><b>10 years</b> – Saphris, Seroquel, Symbyax</li> <li><b>13 years</b> – Zyprexa</li> <li><b>18 years</b> – Clozaril, Fanapt, Geodon, Invega, Latuda</li> </ul> <b>Abilify Tablets (excluding ODT)</b> <ul style="list-style-type: none"> <li><a href="#">Detailed Abilify Tablet Splitting found here:</a></li> <li>Use ½ tablet of the higher strength.</li> <li>1 tablet splitter/ year</li> </ul>

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	thiothixene trifluoperazine ziprasidone <sup>SmartPA</sup>		<p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 preferred atypical antipsychotic agents in the past 12 months <b>OR</b></li> <li>• 30 consecutive days on the same agent in the past 180 days</li> </ul> <p><b>Latuda</b></p> <ul style="list-style-type: none"> <li>• Females of childbearing age <ul style="list-style-type: none"> <li>○ ≥ 18 years will approve automatically</li> <li>○ &lt; 18 years will need an age waiver by <a href="#">manual PA</a> <b>OR</b></li> </ul> </li> <li>• Males see Non Preferred Criteria noted above</li> </ul>
<b>INJECTABLE, ATYPICALS <sup>SmartPA</sup></b>			
		ABILIFY (aripiprazole) GEODON (ziprasidone) INVEGA SUSTENNA (paliperidone palmitate) INVEGA TRINZA (paliperidone) RISPERDAL CONSTA (risperidone) ZYPREXA (olanzapine) ZYPREXA RELPREVV (olanzapine)	Effective 11-1-2012, injectable antipsychotics are closed to POS except for Long Term Care (LTC) beneficiaries. <p><b>LTC Long Acting Injectable Criteria</b></p> <ul style="list-style-type: none"> <li>• Minimum Age <b>AND</b></li> <li>• Documented diagnosis <b>AND</b></li> <li>• Non-Compliant with the oral formulation <b>OR</b></li> <li>• History of the same injectable agent in the past 90 days <ul style="list-style-type: none"> <li>○ <b>3 claims</b> - Abilify Maintena, Invega Sustenna, Zyprexa Relprevv</li> <li>○ <b>6 claims</b> - Risperdal Consta</li> </ul> </li> </ul>

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<b>ANTIRETROVIRALS</b> <sup>SmartPA</sup>				
<b>INTEGRASE STRAND TRANSFER INHIBITORS</b>				
	ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium)	VITEKTA (elvitegravir)	<p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• 1 claim with the same agent in the past 105 days</li> </ul> <p><b>Tybost - <a href="#">MANUAL PA</a></b></p>	
<b>NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>				
	abacavir sulfate didanosine DR capsule EMTRIVA (emtricitabine) lamivudine stavudine VIDEX SOLUTION (didanosine) VIREAD (tenofovir disoproxil fumarate) ZIAGEN (abacavir sulfate) zidovudine	RETROVIR (zidovudine) VIDEX EC (didanosine) EPIVIR (butransine) ZERIT (stavudine)		
<b>NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)</b>				
	EDURANT (rilpivirine) nevirapine nevirapine ER SUSTIVA (efavirenz)	INTELENCE (etravirine) RESCRIPTOR (delavirdine mesylate) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)		
<b>PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR</b>				
		TYBOST (cobicistat)		
<b>PROTEASE INHIBITORS (PEPTIDIC)</b>				
	EVOTAZ (atazanavir/cobicistat) NORVIR (ritonavir) REYATAZ (atazanavir) VIRACEPT (nelfinavir mesylate)	CRIXIVAN (indinavir) LEXIVA (fosamprenavir) INVIRASE (saquinavir mesylate)		
<b>PROTEASE INHIBITORS (NON-PEPTIDIC)</b>				
	PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir) PREZCOBIX (darunavir/cobicistat)		

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	<b>ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS</b>		
		SELZENTRY (maraviroc)	
	<b>ENTRY INHIBITORS – FUSION INHIBITORS</b>		
		FUZEON (enfuvirtide)	
	<b>COMBINATION PRODUCTS - NRTIs</b>		
	abacavir/lamivudine/zidovudine EPZICOM (abacavir/lamivudine) lamivudine/zidovudine TRIZIVIR (abacavir/lamivudine/zidovudine)	COMBIVIR (lamivudine/zidovudine)	
	<b>COMBINATION PRODUCTS – NUCLEOSIDE &amp; NUCLEOTIDE ANALOG RTIs</b>		
	TRUVADA (emtricitabine/tenofovir)		
	<b>COMBINATION PRODUCTS – NUCLEOSIDE &amp; NUCLEOTIDE ANALOGS &amp; INTEGRASE INHIBITORS</b>		
		STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) TRIUMEQ (abacavir/lamivudine/ dolutegravir)	<p><b>Stribild – <a href="#">MANUAL PA</a></b></p> <ul style="list-style-type: none"> <li>• Genotype testing supporting resistance to other regimens <b>OR</b></li> <li>• Intolerance or contraindication to preferred combination of drugs <b>AND</b></li> <li>• Medical reasoning beyond convenience or enhanced compliance over preferred agents <b>AND</b></li> <li>• CrCl &gt; 70mL/min to initiate therapy <b>OR</b> CrCl &gt;50mL/min to continue therapy</li> </ul> <p><b>Triumeq – <a href="#">MANUAL PA</a></b></p> <ul style="list-style-type: none"> <li>• Medical reasoning beyond convenience or enhanced compliance</li> </ul>

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			over the preferred agents (Epzicom + Tivicay)
<b>COMBINATION PRODUCTS – NUCLEOSIDE &amp; NUCLEOTIDE ANALOGS &amp; NON-NUCLEOSIDE RTIs</b>			
	ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir)		
<b>COMBINATION PRODUCTS – PROTEASE INHIBITORS</b>			
	KALETRA (lopinavir/ritonavir)		
<b>ANTIVIRALS (Oral) – ANTIHERPETIC AGENTS</b>			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) SITAVIG (acyclovir) VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
<b>ANTIVIRALS (Topical)</b>			
	ZOVIRAX Cream (acyclovir)	DENAVIR (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir)	
<b>AROMATASE INHIBITORS</b>			
	anastrozole ARIMIDEX (anastrozole) exemestane letrozole	AROMASIN (exemestane) FEMARA (letrozole)	
<b>ATOPIC DERMATITIS</b> <small>SmartPA</small>			
	ELIDEL (pimecrolimus)	PROTOPIC (tacrolimus) tacrolimus	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>• 2 years – Elidel, Protopic 0.03%</li> <li>• 6 years – Protopic 0.1%</li> </ul>

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			<p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 1 preferred agent in the past 6 months</li> </ul>
<b>BETA BLOCKERS &amp; ANTIANGINALS</b> <small>SmartPA</small>			
	acebutolol atenolol bisoprolol BYSTOLIC (nebivolol) <small>Step Edit</small> metoprolol metoprolol XL nadolol pindolol propranolol sotalol timolol	BETAPACE (sotalol) betaxolol CORGARD (nadolol) HEMANSEOL (propranolol) <sup>NR</sup> INDERAL LA (propranolol) INNOPRAN XL (propranolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) SOTYLIZE (sotalol) TENORMIN (atenolol) TOPROL XL (metoprolol) ZEBETA (bisoprolol)	<p><b>Bystolic</b></p> <ul style="list-style-type: none"> <li>90 consecutive days on same agent in the past 105 days <b>OR</b></li> <li>Have tried 1 preferred agent in the past 6 months</li> </ul> <p><b>Non Preferred Criteria – All Agents</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on same agent in the past 105 days</li> </ul>
<b>BETA- AND ALPHA-BLOCKERS</b>			
	carvedilol labetalol	COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	<p><b>Coreg CR</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis for hypertension <b>AND</b></li> <li>Have tried generic carvedilol <b>AND</b> 1 preferred agent in the past 6 months <b>OR</b></li> <li>90 consecutive days on same agent in the past 105 days</li> </ul>
<b>BETA BLOCKER/DIURETIC COMBINATIONS</b>			
	atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	

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	propranolol/HCTZ timolol/HCTZ		
<b>ANTIANGINALS</b>			
		RANEXA (ranolazine)	<b>Ranexa</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of angina <b>AND</b></li> <li>• 1 claim for a calcium channel blocker, beta-blocker, nitrate, or combination agent in the past 30 days <b>OR</b></li> <li>• 90 consecutive days on same agent in the past 105 days</li> </ul>
<b>BILE SALTS</b>			
	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) URSO (ursodiol) URSO FORTE (ursodiol)	
<b>BLADDER RELAXANT PREPARATIONS</b> <small>SmartPA</small>			
	oxybutynin ER, IR OXYTROL (oxybutynin) TOVIAZ (fesoterodine fumarate)	DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN XL (oxybutynin) ENABLEX (darifenacin) GELNIQUE (oxybutynin) MYRBETRIQ (mirabegron) SANCTURA (trospium) SANCTURA XR (trospium) tolterodine tolterodine ER trospium VESICARE (solifenacin)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>

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<b>BONE RESORPTION SUPPRESSION AND RELATED AGENTS</b> <small>SmartPA</small>			
<b>BISPHOSPHONATES</b>			
	ACTONEL (risedronate) alendronate BINOSTO (alendronate) FOSAMAX PLUS D (alendronate/vitamin D)	alendronate solution ATELVIA (risedronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) ibandronate PROLIA (denosumab) risedronate	<p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis for osteoporosis or osteopenia <b>AND</b></li> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>
<b>OTHERS</b>			
	FORTICAL (calcitonin)	calcitonin salmon EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) raloxifene	
<b>BPH AGENTS</b> <small>SmartPA</small>			
<b>ALPHA BLOCKERS</b>			
	doxazosin tamsulosin terazosin	alfuzosin CARDURA (doxazosin) CARDURA XL (doxazosin) FLOMAX (tamsulosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) UROXATRAL (alfuzosin)	<p><b>Female</b></p> <ul style="list-style-type: none"> <li>• Cardura, Flomax, Proscar, terazosin, or Uroxatral <b>AND</b> a documented diagnosis based on a state accepted diagnosis</li> </ul> <p><b>Non Preferred Criteria - MALE</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on same agent in the past 105 days</li> </ul>

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<b>5-ALPHA-REDUCTASE (5AR) INHIBITORS</b>			
	finasteride	AVODART (dutasteride) PROSCAR (finasteride)	
<b>PDE5 INHIBITORS</b>			
		CIALIS (tadalafil)	<b>Cialis – <u>MANUAL PA</u></b> <ul style="list-style-type: none"> <li>• Male gender <b>AND</b></li> <li>• Documented diagnosis for Benign Prostatic Hypertrophy <b>AND</b></li> <li>• NO history of Erectile Dysfunction <b>AND</b></li> <li>• Signed waiver stating treatment is NOT for Erectile Dysfunction <b>AND</b></li> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>
<b>BRONCHODILATORS &amp; COPD AGENTS</b>			
<b>ANTICHOLINERGICS &amp; COPD AGENTS</b>			
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA HANDIHALER (tiotropium)	DALIRESP (roflumilast) <b>INCRUSE ELLIPTA (umeclidinium)</b> <b>SPIRIVA RESPIMAT (tiotropium)</b> TUDORZA PRESSAIR (aclidinium)	
<b>ANTICHOLINERGIC-BETA AGONIST COMBINATIONS</b>			
	albuterol/ipratropium COMBIVENT RESPIMAT (albuterol/ipratropium)	ANORO ELLIPTA (umeclidinium/vilanterol) STIOLTO RESPIMAT (tiotropium/olodaterol) <sup>NR</sup>	
<b>BRONCHODILATORS, BETA AGONIST</b>			
<b>INHALERS, SHORT-ACTING</b>			
	PROAIR HFA (albuterol) <b>PROAIR RESPICLICK (albuterol)</b> PROVENTIL HFA (albuterol)	XOPENEX HFA (levalbuterol) <sup>SmartPA</sup>	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>• <b>4 years</b> - Xopenex HFA</li> </ul>

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	VENTOLIN HFA (albuterol)		<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>1 claim for a preferred agent in the past 6 months</li> </ul>
<b>INHALERS, LONG ACTING</b> <small>SmartPA</small>			
	FORADIL (formoterol)	ARCAPTA (indacaterol) SEREVENT (salmeterol) STRIVERDI RESPIMAT (olodaterol)	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>4 years – Serevent</li> <li>5 years – Foradil</li> <li>18 years – Arcapta, Striverdi Respimat</li> </ul> <b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 1 preferred agent in the past 6 months <b>OR</b></li> <li>90 consecutive days on same agent in the past 105 days</li> </ul> <b>Arcapta &amp; Striverdi Respimat</b> <ul style="list-style-type: none"> <li>Documented diagnosis of COPD <b>AND</b></li> <li>Have tried 1 preferred agent in the past 6 months <b>OR</b></li> <li>90 consecutive days on same agent in the past 105 days</li> </ul>
<b>INHALATION SOLUTION</b> <small>SmartPA</small>			
	albuterol	ACCUNEB (albuterol) BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>6 years – Xopenex</li> <li>18 years – Brovana, Perforomist</li> </ul> <b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>1 claim for a different preferred agent in the past 6 months <b>OR</b></li> <li>3 claims with the same agent in the</li> </ul>

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			past 105 days  <b>Xopenex</b> • 1 claim for a albuterol in the past 30 days
<b>ORAL</b>			
	albuterol metaproterenol terbutaline	VOSPIRE ER (albuterol)	
<b>CALCIUM CHANNEL BLOCKERS</b> <small>SmartPA</small>			
<b>SHORT-ACTING</b>			
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine PROCARDIA (nifedipine)	<b>Quantity Limit - nimodipine</b> • 252 tablets/ 21 days • 2520 mL/21 days  <b>Non Preferred Criteria</b> • Have tried 2 different preferred <u>Short Acting</u> CCB agents in the past 6 months OR • 90 consecutive days on same agent in the past 105 days  <b>nimodipine</b> • Documented diagnosis of subarachnoid hemorrhage in the past 45 days <b>AND</b> • Duration of therapy = 21 days
<b>LONG-ACTING</b>			
	amlodipine diltiazem ER felodipine ER	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine)	<b>Non Preferred Criteria</b> • Have tried 2 different preferred <u>Long Acting</u> CCB agents in the past 6

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	nifedipine ER verapamil ER	CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem) DILACOR XR (diltiazem) nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	months OR • 90 consecutive days on same agent in the past 105 days
<b>CALORIC AGENTS</b>			
	BOOST (includes all Boost) BRIGHT BEGINNINGS CARNATION INSTANT BREAKFAST DUOCAL ENSURE JUVEN GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE PROMOD RESOURCE SCANDISHAKE SOLCARB TWOCAL HN	COMPLEAT EO28 SPLASH FIBERSOURCE ISOSOURCE JEVITY KINDERCAL PEPTAMEN PROMOTE SIMPLY THICK TOLEREX VITAL VIVONEX	

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<b>CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)</b>			
<b>BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS</b>			
	amoxicillin/clavulanate amoxicillin/clavulanate XR	AUGMENTIN 125 and 250 (amoxicillin/clavulanate) Suspension AUGMENTIN (amoxicillin/clavulanate) Tablets AUGMENTIN XR (amoxicillin/clavulanate) MOXATAG (amoxicillin)	
<b>CEPHALOSPORINS – First Generation <span style="color: blue;">SmartPA</span></b>			
	cefadroxil cephalexin capsules	cephalexin tablets KEFLEX (cephalexin)	<b>Non Preferred Criteria – all generations</b> • Have tried 2 different preferred agents in the past 6 months
<b>CEPHALOSPORINS – Second Generation <span style="color: blue;">SmartPA</span></b>			
	cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)	
<b>CEPHALOSPORINS – Third Generation <span style="color: blue;">SmartPA</span></b>			
	cefdinir suspension cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	<b>Maximum Age Limit</b> • <b>18 years</b> – cefdinir suspension
<b>COLONY STIMULATING FACTORS <span style="color: blue;">SmartPA</span></b>			
	LEUKINE (sargramostim) NEUPOGEN Vial (filgrastim)	GRANIX (tbo-filgrastim) NEULASTA (pegfilgrastim) NEUPOGEN Syringe (filgrastim)	<b>Neulasta</b> • 1 claim in the past 105 days  <b>Neupogen Syringe – <span style="color: blue;">MANUAL PA</span></b> • Valid reason why the preferred vial cannot be used.

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<b>CYSTIC FIBROSIS AGENTS</b> <sup>SmartPA</sup>	BETHKIS (tobramycin) <b>KITABIS (tobramycin)</b>	CAYSTON (aztreonam) COLY-MYCIN M (colistimethate sodium) KALYDECO (ivacaftor) ORKAMBI (lumacaftor/ivacaftor) <sup>NR</sup> PULMOZYME (dornase alfa) TOBI (tobramycin) TOBI PODHALER (tobramycin) tobramycin	<p><b>Age Limits</b></p> <ul style="list-style-type: none"> <li>• <b>3 months</b> - Pulmozyme</li> <li>• <b>2 years</b> – Coly-Micyin, Kalydeco</li> <li>• <b>6 years</b> – Bethkis, Kitabis, TOBI, TOBI Podhaler</li> <li>• <b>7 years</b> – Cayston</li> <li>• <b>12 years</b> - Orkambi</li> </ul> <p><b>All Agents</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis Cystic Fibrosis</li> </ul> <p><b>Kalydeco</b></p> <ul style="list-style-type: none"> <li>• Requires 1 claim with the same agent in the past 105 days <b>OR</b></li> <li>• <b>NEW STARTS – MANUAL PA</b> <ul style="list-style-type: none"> <li>○ Diagnosis of cystic fibrosis with a <i>G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, or S549R</i> mutation in the CFTR gene <b>AND</b></li> <li>○ Prescriber is a CF specialist or pulmonologist <b>AND</b></li> <li>○ Negative for one of the following infections: Burkholderia cenocepacia, dolosa, or Mycobacterium abscessus</li> </ul> </li> </ul> <p><b>Orkambi – MANUAL PA</b></p> <p><b>TOBI Podhaler – MANUAL PA</b></p> <ul style="list-style-type: none"> <li>• Therapy with a preferred tobramycin nebulizer solution in the past 90 days</li> </ul>

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			<b>AND</b> <ul style="list-style-type: none"> <li>Documented significant impairment with valid clinical reasoning the preferred agent cannot be used</li> </ul>
<b>CYTOKINE &amp; CAM ANTAGONISTS</b>			
	ENBREL (etanercept) HUMIRA (adalimumab) methotrexate	ACTEMRA (tocilizumab) <sup>NR</sup> CIMZIA (certolizumab) COSENTYX (secukinumab) ENTYVIO (vedolizumab) ILARIS (canakinumab) KINERET (anakinra) ORENCIA (abatacept) OTEZLA (apremilast) OTREXUP (methotrexate) RASUVO (methotrexate) REMICADE (infliximab) RHEUMATREX (methotrexate) SIMPONI (golimumab) STELARA (ustekinumab) TREXALL (methotrexate) XELJANZ (tofacitinib)	Orencia, Remicade and Stelara are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification.
<b>ERYTHROPOIESIS STIMULATING PROTEINS</b> <small>SmartPA</small>			
	EPOGEN (rHuEPO) PROCIT (rHuEPO)	ARANESP (darbepoetin) MIRCERA (methoxy polyethylene glycol-epoetin-beta)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Documented diagnosis of cancer <b>OR</b> chronic renal failure in the past 2 years <b>OR</b> antineoplastic therapy in the past 6 months <b>AND</b></li> <li>Trial of Epogen or Procrit in the past 6 months <b>OR</b></li> <li>1 claim for the same agent in past 105 days</li> </ul>

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			<p><b>Mircera</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis chronic renal failure in the past 2 years <b>AND</b></li> <li>• Trial of Epogen or Procrit in the past 6 months <b>OR</b></li> <li>• 1 claim for the same agent in past 105 days</li> </ul>
<b>FIBROMYALGIA AGENTS</b>			
	LYRICA (pregabalin) SAVELLA (milnacipran)	CYMBALTA (duloxetine) <sup>SmartPA</sup> duloxetine	<p><b>Cymbalta</b>  <b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>18 years</b></li> </ul> <p><b>Fibromyalgia</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis <b>AND</b></li> <li>• Have tried BOTH Lyrica and Savella in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on same agent in the past 105 days</li> </ul> <p><b>Anxiety</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis <b>AND</b></li> <li>• Have tried 2 of the following preferred agents: Effexor, Effexor XR, Paxil, or Zoloft in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on same agent in the past 105 days</li> </ul> <p><b>Depression</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis <b>AND</b></li> <li>• Have tried 2 different preferred Antidepressant, Other products in the past 6 months <b>OR</b></li> <li>• Have tried BOTH a preferred SSRI and Antidepressant ,Other in the past</li> </ul>

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Version 2015.21

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			6 months <b>OR</b> <ul style="list-style-type: none"> <li>90 consecutive days on same agent in the past 105 days</li> </ul> <b>Diabetic Peripheral Neuropathy</b> <ul style="list-style-type: none"> <li>Documented diagnosis <b>AND</b></li> <li>Have tried Lyrica in the past 6 months <b>OR</b></li> <li>90 consecutive days on same agent in the past 105 days</li> </ul>
<b>FLUOROQUINOLONES (Oral) <sup>SmartPA</sup></b>			
	AVELOX (moxifloxacin) ciprofloxacin tablets	ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin moxifloxacin NOROXIN (norfloxacin) ofloxacin	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>1 claim for a preferred agent in past 30 days</li> </ul> <b>Cipro suspension age &gt; 12 years</b> <ul style="list-style-type: none"> <li>1 claim for a preferred agent in past 30 days</li> </ul> <b>Cipro Suspension for age &lt; 12 years</b> <ul style="list-style-type: none"> <li>Anthrax infection or exposure <b>OR</b></li> <li>Cystic Fibrosis <b>OR</b></li> <li>Pneumonic plague <b>OR</b> tularemia <b>AND</b> history of doxycycline in the past 3 months <b>OR</b></li> <li>7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months               <ul style="list-style-type: none"> <li>Penicillin, 2nd or 3rd generation cephalosporin, or macrolide</li> </ul> </li> </ul> <b>Levaquin Tablets &amp; Levaquin solution age &gt; 12 years</b> <ul style="list-style-type: none"> <li>1 claim for preferred agent or</li> </ul>

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			SMZ/TMP in past 14 days <b>OR</b> <ul style="list-style-type: none"> <li>1 claim for a preferred agent in past 30 days</li> </ul> <b>Levaquin solution for age &lt; 12 years</b> <ul style="list-style-type: none"> <li>Anthrax infection or exposure <b>OR</b></li> <li>7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months <b>AND</b> <ul style="list-style-type: none"> <li>Penicillin, 2nd or 3rd generation cephalosporin, or macrolide</li> </ul> </li> <li>Cipro suspension in the past 3 months</li> </ul>
<b>GAUCHER'S DISEASE</b>			
	ELELYSO (taliglucerase alfa) ZAVESCA (miglustat)	CERDELGA (eliglustat) CEREZYME(imiglucerase) VPRIV (velaglucerase alfa)	
<b>GENITAL WARTS &amp; RELATED AGENTS</b>			
	ALDARA (imiquimod) <sup>Age Edit</sup> CONDYLOX (podofilox) <sup>Age Edit</sup>	Imiquimod <sup>Age Edit</sup> PICATO (ingenol) <sup>Age Edit</sup> podofilox <sup>Age Edit</sup> VEREGEN (sinecatechins) <sup>Age Edit</sup> ZYCLARA (imiquimod) <sup>Age Edit</sup>	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li><b>12 years</b> – Aldara</li> <li><b>18 years</b> – Condylox, Picato, Veregen</li> </ul>
<b>GLUCOCORTICOIDS (Inhaled)</b>			
<b>GLUCOCORTICOIDS</b> <sup>SmartPA</sup>			
	ASMANEX TWISTHALER (mometasone) QVAR (beclomethasone) PULMICORT (budesonide) Flexhaler PULMICORT (budesonide) Respules, 0.25mg & 0.5mg	AEROSPAN (flunisolide) ALVESCO (ciclesonide) <b>ARNUITY ELLIPTA (fluticasone)</b> <b>ASMANEX HFA (mometasone)</b> budesonide	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li><b>1 year</b> – Pulmicort Respules</li> <li><b>4 years</b> – Asmanex Twisthaler, Flovent Diskus, Flovent HFA</li> <li><b>5 years</b> – QVAR</li> <li><b>6 years</b> – Aerospan, Pulmicort</li> </ul>

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		FLOVENT Diskus (fluticasone) FLOVENT HFA (fluticasone) PULMICORT (budesonide) Respules, 1mg	Flexhaler • <b>12 years</b> – Alvesco, Arnuity Ellipta, Asmanex HFA  <b>Non Preferred Criteria</b> • Have tried 2 different preferred agents in the past 6 months  <i>NOTE:</i> Institutional sized products are Non Preferred
<b>GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS</b>			
	ADVAIR Diskus (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	BREO ELLIPTA (fluticasone/vilanterol)	
<b>GI ULCER THERAPIES</b>			
<b>H2 RECEPTOR ANTAGONISTS</b>			
	cimetidine famotidine tablet PEPCID (famotidine) ranitidine syrup ranitidine tablet ZANTAC (ranitidine)	AXID (nizatidine) famotidine suspension nizatidine ranitidine capsule	
<b>PROTON PUMP INHIBITORS</b>			
	NEXIUM (esomeprazole) omeprazole Rx PROTONIX PACKET (pantoprazole)	ACIPHEX SPRINKLE (rabeprazole) ACIPHEX Tablet (rabeprazole) DEXILANT (dexlansoprazole) lansoprazole Rx omeprazole sod. bicarb. pantoprazole	

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		PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole) PROTONIX (pantoprazole) rabeprazole	
	<b>OTHER</b>		
	CARAFATE SUSPENSION (sucralfate) misoprostol sucralfate tablet	CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) sucralfate suspension	
<b>GROWTH HORMONE</b>			
	NORDITROPIN (somatropin) OMNITROPE (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) NUTROPIN AQ (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin)	<b>All Agents for Age &gt; 18 years</b> <ul style="list-style-type: none"> <li>Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome <b>OR</b></li> <li>Documented procedure of cranial irradiation</li> </ul> <b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 1 preferred agent in the past 6 months <b>OR</b></li> <li>84 consecutive days on same agent in the past 105 days</li> </ul>
<b>H. PYLORI COMBINATION TREATMENTS</b>			
	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)	HELIDAC (bismuth subsalicylate, metronidazole, tetracycline) OMECLAMOX (omeprazole, clarithromycin, amoxicillin) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	<b>Quantity Limit</b> <ul style="list-style-type: none"> <li>1 treatment course/ year</li> </ul>

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<b>HEPATITIS C TREATMENTS</b>			
	HARVONI (ledipasvir/sofosbuvir) <sup>∞</sup> PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets SOVALDI (sofosbuvir) <sup>∞</sup> VICTRELIS (boceprevir) <sup>∞</sup> VIEKIRA (ombitasvir/paritaprevir/ritonavir) <sup>∞</sup>	INFERGEN (interferon alfacon-1) <sup>Smart PA</sup> OLYSIO (simeprevir) <sup>∞</sup> REBETOL (ribavirin) RIBAPAK DOSEPACK (ribavirin) ribavirin capsules RIBASPHERE (ribavirin)	<b>Infergen</b> • 1 claim for a preferred interferon agent in the past 6 months <b>OR</b> • 1 claim with the same agent in the past 12 months  <sup>∞</sup> Harvoni, Olysio, Sovaldi, Viekira or Victrelis – <a href="#">MANUAL PA</a>
<b>HYPERURICEMIA &amp; GOUT</b> <sup>SmartPA</sup>			
	allopurinol COLCRYS (colchicine) probenecid probenecid/colchicines	MITIGARE (colchicines) <sup>NR</sup> ULORIC (febuxostat) ZYLOPRIM (allopurinol)	<b>Non Preferred Criteria</b> • Have tried 2 different preferred agents in the past 6 months
<b>HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS</b>			
	BYDUREON (exenatide) JANUMET (sitagliptin/metformin) JANUVIA (sitagliptin) KOMBIGLYZE XR (saxagliptin/metformin) <b>TANZEUM (albiglutide)</b> ONGLYZA (saxagliptin)	BYETTA (exenatide) JANUMET XR (sitagliptin/metformin) JENTADUETO (linagliptin/metformin) KAZANO (alogliptin/metformin) NESINA (alogliptin) OSENI (alogliptin/pioglitazone) SYMLIN (pramlintide) TRADJENTA (linagliptin) TRULICITY (dulaglutide) VICTOZA (liraglutide)	
<b>HYPOGLYCEMICS, INSULINS AND RELATED AGENTS</b> <sup>SmartPA</sup>			
	HUMALOG VIAL (insulin lispro) HUMALOG MIX VIAL (insulin lispro/ lispro protamine)	AFREZZA (insulin) APIDRA (insulin glulisine) HUMALOG KWIKPEN (insulin lispro)	<b>Non Preferred Criteria</b> • Documented diagnosis of Diabetes Mellitus <b>AND</b>

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	HUMULIN VIAL (insulin) LANTUS SOLOSTAR & VIAL (insulin glargine) LEVEMIR FLEXPEN & VIAL (insulin detemir) NOVOLOG FLEXPEN & VIAL (insulin aspart) NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine)	HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine) HUMULIN KWIKPEN (insulin) NOVOLIN FLEXPEN (insulin) <b>NOVOLIN VIAL (insulin)</b> <b>TOUJEO (insulin glargine)</b>	<ul style="list-style-type: none"> <li>Have tried 1 preferred product in the past 6 months</li> </ul>
<b>HYPOGLYCEMICS, MEGLITINIDES</b>			
	repaglinide	nateglinide PRANDIMET (repaglinide/metformin) PRANDIN (repaglinide) STARLIX (nateglinide)	
<b>HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS</b>			
<b>HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS</b>			
		FARXIGA (dapagliflozin) INVOKANA (canagliflozin) JARDIACE (empagliflozin) <sup>NR</sup>	
<b>HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS</b>			
		GLYXAMBI (empagliflozin/linagliptin) INVOKAMET (canagliflozin/metformin) XIGDUO (dapagliflozin/metformin)	
<b>HYPOGLYCEMICS, TZDS</b>			
<b>THIAZOLIDINEDIONES</b>			
	pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	
<b>TZD COMBINATIONS</b>			
	ACTOPLUS MET (pioglitazone/metformin) DUETACT (pioglitazone/glimepiride)	ACTOPLUSMET XR (pioglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) AVANDAMET (rosiglitazone/metformin)	

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		pioglitazone/metformin	
<b>IDIOPATHIC PULMONARY FIBROSIS</b> <small>SmartPA</small>			
	ESBRIET (pirfenidone) OFEV (nintedanib)		<b>Esbriet &amp; OFEV</b> • No concurrent therapy with either agent
<b>IMMUNOSUPPRESSIVE (ORAL)</b> <small>SmartPA</small>			
	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)	ASTAGRAF XL (tacrolimus) <sup>NR</sup> HECORIA (tacrolimus) <sup>NR</sup> sirolimus	<b>Minimum Age Limit</b> • <b>13 years</b> - Rapamune • <b>18 years</b> - Zortress  <b>Astagraf, Cellcept, Hecoria</b> • Documented diagnosis for heart transplant, kidney transplant, liver transplant, or a State accepted diagnosis  <b>Azasan</b> • Documented diagnosis of kidney transplant, RA, or a State accepted diagnosis  <b>Gengraf, Neoral, Sandimmune</b> • Documented diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA, or a State – accepted diagnosis <b>OR</b> • A <b>MANUAL PA</b> review for a diagnosis of Kimura’s disease or multifocal motor neuropathy  <b>Myfortic</b>

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			<ul style="list-style-type: none"> <li>Documented diagnosis of kidney transplant or psoriasis</li> </ul> <p><b>Rapamune &amp; Zortress</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of kidney transplant</li> </ul>
<b>IMMUNE GLOBULINS</b>			
	CARIMUNE NF FLEBOGAMMA DIF GAMASTAN SD GAMMAGARD GAMMAKED GAMMUNEX-C HIZENTRA HYQVIA OCTAGAM	BIVIGAM GAMMAGARD SD GAMMAPLEX PRIVIGEN	
<b>INTRANASAL RHINITIS AGENTS</b>			
<b>ANTICHOLINERGICS</b>			
	ipratropium	ATROVENT (ipratropium)	
<b>ANTIHISTAMINES</b>			
	PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine olopatadine	
<b>ANTIHISTAMINE/CORTICOSTEROID COMBINATION <span style="color: blue;">SmartPA</span></b>			
		DYMISTA (azelastine/fluticasone)	
<b>CORTICOSTEROIDS <span style="color: blue;">SmartPA</span></b>			
	FLONASE (fluticasone) fluticasone QNASL (beclomethasone)	BECONASE AQ (beclomethasone) budesonide FLONASE ALLERGY OTC (fluticasone)	<p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis for allergic rhinitis <b>AND</b></li> </ul>

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		flunisolide NASONEX (mometasone) OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide) triamcinolone VERAMYST (fluticasone) ZETONNA (ciclesonide)	<ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul> <p><b>Rhinocort Aqua</b>  <u>Smart PA will be issued for pregnant women.</u></p> <ul style="list-style-type: none"> <li>A documented diagnosis of pregnancy <b>OR</b> a pregnancy indicator submitted on the pharmacy claim at Point of Sale</li> </ul>
<b>IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS</b> <small>SmartPA</small>			
<b>IRRITABLE BOWL SYNDROME/SHORT BOWEL SYNDROME AGENTS</b>			
	dicyclomine hyoscyamine	alosetron <sup>∞</sup> AMITIZA (lubiprostone) <sup>∞</sup> BENTYL (dicyclomine) GATTEX (teduglutide) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LINZESS (linaclotide) <sup>∞</sup> LOTRONEX (alosetron) <sup>∞</sup> NUTRESTORE POWDER PACK (glutamine) RELISTOR (methylnaltrexone) <sup>NR</sup> ZORBTIVE (somatropin) <sup>∞</sup>	<p><b>∞ Amitiza, Fulyzaq, Gattex, Linzess, Lotronex, Relistor, or Zorbtive</b></p> <ul style="list-style-type: none"> <li>1 claim for the same agent in the past 105 days <b>OR</b></li> <li><b>MANUAL PA</b> - All new patients require manual review.</li> </ul>
<b>SELECTED GI AGENTS</b>			
		FULYZAQ (crofelemer) MOVANTIK (naloxegol)	<b>Movantik - MANUAL PA</b>
<b>LEUKOTRIENE MODIFIERS</b> <small>SmartPA</small>			
	ACCOLATE (zafirlukast) montelukast granules SINGULAIR Tablets (montelukast)	montelukast tablets SINGULAR GRANULES ZYFLO CR (zileuton) zafirlukast	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li><b>12 years</b> – Zyflo &amp; Zyflo CR</li> </ul> <p><b>Non Preferred Criteria</b></p>

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			<ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul>
<b>LIPOTROPICS, OTHER (Non-statin) <sup>SmartPA</sup></b>			
<b>BILE ACID SEQUESTRANTS</b>			
	cholestyramine colestipol	COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)	<p><b>All Agents, All Sub-Classes both Preferred and Non Preferred</b></p> <ul style="list-style-type: none"> <li>90 consecutive days on same agent in the past 105 days <b>OR</b></li> <li>Have tried 1 statin or statin combination agent in the past year <b>OR</b></li> <li>One of the following exceptions:               <ul style="list-style-type: none"> <li>Welchol <b>AND</b> Type 2 diabetes <b>AND</b> 1 preferred oral antidiabetic agent in the past 180 days <b>OR</b></li> <li>Pregnant female <b>OR</b></li> <li>Documented diagnosis of liver disease <b>OR</b></li> <li>Documented diagnosis for hypertriglyceridemia <b>OR</b></li> <li>Clinical justification a statin or statin combination product cannot be used</li> </ul> </li> </ul> <p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months</li> </ul>
<b>OMEGA-3 FATTY ACIDS</b>			
	LOVAZA (omega-3-acid ethyl esters)	VASCEPA (icosapent ethyl)	<p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months</li> </ul>

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<b>CHOLESTEROL ABSORPTION INHIBITORS</b>			
		ZETIA (ezetimibe)	<b>Non Preferred Criteria</b> • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
<b>FIBRIC ACID DERIVATIVES</b>			
	fenofibrate nanocrystallized 145mg gemfibrozil TRICOR (fenofibrate nanocrystallized) TRILIPIX (fenofibric acid)	ANTARA (fenofibrate, micronized) fenofibrate, micronized fenofibric acid FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate)	<b>Fibric Acid Derivative Non Preferred Criteria</b> • Have tried 2 different fibric acid derivatives in the past 6 months
<b>MTP INHIBITOR</b>			
		JUXTAPID (lomitapide)	<a href="#"><u>MANUAL PA</u></a>
<b>APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR</b>			
		KYNAMRO (mipomersen)	<a href="#"><u>MANUAL PA</u></a>
<b>NIACIN</b>			
	niacin ER NIACOR (niacin) NIASPAN (niacin)		<b>Non Preferred Criteria</b> • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
<b>PCSK-9 INHIBITOR</b>			
		PRALUENT (alirocumab) <sup>NK</sup>	

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<b>LIPOTROPICS, STATINS</b> <small>SmartPA</small>			
<b>STATINS</b>			
	atorvastatin CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin) lovastatin pravastatin simvastatin	ALTOPREV (lovastatin) LIPITOR (atorvastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin)	<b>Simvastatin 80mg</b> <ul style="list-style-type: none"> <li>12 months of therapy with simvastatin 80mg <b>AND</b></li> <li>NO myopathy contraindication</li> </ul> <b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred statin or statin combination agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on same agent in the past 105 days</li> </ul>
<b>STATIN COMBINATIONS</b>			
	atorvastatin/amlodipine SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)	ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine) LIPTRUZET (atorvastatin/ezetimibe)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred statin or statin combination agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on same agent in the past 105 days</li> </ul>
<b>MISCELLANEOUS BRAND/GENERIC</b>			
<b>CLONIDINE</b>			
	CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)	
<b>EPINEPHRINE</b>			
	EPIPEN (epinephrine) EPIPEN JR (epinephrine)	ADRENACLICK (epinephrine) AUVI-Q (epinephrine)	

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<b>MISCELLANEOUS</b>			
	alprazolam hydroxyzine hcl syrup hydroxyzine pamoate megestrol suspension 625mg/5mL SUBOXONE (buprenorphine/naloxone) <sup>SmartPA</sup>	alprazolam ER <sup>SmartPA</sup> BUNAVAIL (buprenorphine/naloxone) hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) VISTARIL (hydroxyzine pamoate) ZUBSOLV (buprenorphine/naloxone)	<p><b>Alprazolam ER CUMULATIVE quantity limit</b></p> <ul style="list-style-type: none"> <li>• 31 tablets/31 days</li> <li>• <b>Exception</b> –previously stable on 2 tablets/day in the past 90 days</li> </ul> <p><b><u>Buprenorphine/Naloxone and buprenorphine:</u></b> <b>Suboxone</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Detailed buprenorphine/naloxone and buprenorphine criteria found here</a></li> </ul> <p><b>Non Preferred Criteria:</b></p> <ul style="list-style-type: none"> <li>• Bunavail is preferred over Zubsolv and other generic forms of buprenorphine/naloxone</li> </ul> <p><b>Bunavail</b></p> <ul style="list-style-type: none"> <li>• History of Suboxone therapy within the past 6 months <b>AND</b></li> <li>• All other buprenorphine/naloxone criteria found <a href="#">here</a></li> </ul> <p><b><u>Hydroxyzine hcl 10mg tablets</u></b></p> <ul style="list-style-type: none"> <li>• <b>6-12 years</b> - <i>Smart PA will automatically be issued for this age range</i></li> </ul>
<b>SUBLINGUAL ALLERGEN EXTRACT IMMUNOTHERAPY</b>			
		GRASTEK ORALAIR	

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		RAGWITEK	
<b>SUBLINGUAL NITROGLYCERIN</b>			
	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)	
<b>MOVEMENT DISORDER AGENTS</b> <small>SmartPA</small>			
		tetrabenazine XENAZINE (tetrabenazine)	<b>Xenazine</b> <ul style="list-style-type: none"> <li>Documented diagnosis of Huntington’s Chorea</li> </ul>
<b>MULTIPLE SCLEROSIS AGENTS</b> <small>SmartPA</small>			
	AVONEX (interferon beta-1a) COPAXONE 20mg (glatiramer) REBIF (interferon beta-1a)	AMPYRA (dalfampridine) AUBAGIO (teriflunomide) BETASERON (interferon beta-1b) COPAXONE 40mg (glatiramer) EXTAVIA (interferon beta-1b) GILENYA (fingolimod) PLEGRIDY (interferon beta-1a) TECFIDERA (dimethyl fumarate)	<p><b>All Agents</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of multiple sclerosis</li> </ul> <p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>3 claims with the same agent</li> </ul> <p><b>Ampyra – MANUAL PA</b></p> <ul style="list-style-type: none"> <li><b>18 years</b> – minimum age limit <b>AND</b></li> <li><b>60 tablets/30 days (2 tablets/day)</b> – quantity limit <b>AND</b></li> <li>Documented gait disorder associated with MS <b>AND</b></li> <li>NO seizure diagnosis or moderate to severe renal impairment <b>AND</b></li> <li><i>Initial authorization</i> – requires a</li> </ul>

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			baseline Timed 25-foot Walk (T25FW) assessment and will be approved for 12 weeks <b>OR</b> <ul style="list-style-type: none"> <li><i>Additional prior authorizations</i> - requires a benefit assessment measured by a 20% improvement in the T25FW from baseline. Renewal will not be approved if the 20% improvement is not maintained. A renewal will be issued in a 6 month intervals</li> </ul>
<b>NSAIDS</b> <small>SmartPA</small>			
<b>NON-SELECTIVE</b>			
	diclofenac EC etodolac tab flurbiprofen ibuprofen indomethacin ketorolac naproxen sulindac	ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac) CATAFLAM (diclofenac) DAYPRO (oxaprozin) diclofenac SR etodolac cap etodolac tab SR FELDENE (piroxicam) fenoprofen INDOCIN (indomethacin) indomethacin cap ER ketoprofen ketoprofen ER meclofenamate mefenamic acid nabumetone NALFON (fenoprofen) NAPRELAN (naproxen)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months</li> </ul>

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		NAPROSYN (naproxen) NUPRIN (ibuprofen) oxaprozin piroxicam PONSTEL (mefenamic acid) SPRIX NASAL SPRAY (ketorolac) TIVORBEX (indomethacin) <sup>NR</sup> tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac) ZORVOLEX (diclofenac)	
<b>NSAID/GI PROTECTANT COMBINATIONS</b>			
		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months</li> </ul>
<b>COX II SELECTIVE</b>			
	meloxicam	CELEBREX (celecoxib) celecoxib MOBIC (meloxicam) NULOX (meloxicam) <sup>NR</sup>	<b>Non Preferred Criteria – COX II</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or Ankylosing Spondylitis <b>AND</b></li> <li>• 90 consecutive days on same agent in the past 105 days <b>OR</b></li> <li>• Have tried 1 preferred COX-II Selective and 1 preferred Non-Selective Agent <b>OR</b></li> <li>• Have tried 1 preferred COX-II Selective agent and a documented diagnosis of GI Bleed, GERD, PUD, GI Perforation, or Coagulation Disorder</li> </ul>

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<b>OPHTHALMIC ANTIBIOTICS</b>			
	bacitracin/neomycin/gramicidin bacitracin/polymyxin CILOXAN (ciprofloxacin) ciprofloxacin erythromycin gentamicin levofloxacin MOXEZA (moxifloxacin) ofloxacin polymyxin/trimethoprim sulfacetamide tobramycin TOBEX (tobramycin) oint VIGAMOX (moxifloxacin)	AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) GARAMYCIN (gentamicin) NATACYN (natamycin) neomycin/bacitracin/polymyxin b NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin) (oxy-tcn/polymyx sul) OCUFLOX (ofloxacin) POLYTRIM (polymyxin/trimethoprim) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	
<b>ANTIBIOTIC STEROID COMBINATIONS</b>			
	neomycin/bacitracin/polymyxin/hc neomycin//polymyxin/dexamethasone PRED-G (gentamicin/prednisolone) sulfacetamide/prednisolone TOBRADEX OINTMENT (tobramycin/dexamethasone) tobramycin/dexamethasone ZYLET (loteprednol/tobramycin)	BLEPHAMIDE (sulfacetamide/prednisolone) MAXITROL(neomycin/polymyxin/dexamethasone)	
<b>OPHTHALMIC ANTI-INFLAMMATORIES</b> <small>SmartPA</small>			
	dexamethasone diclofenac FLAREX (fluorometholone) flurbiprofen	ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>

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	FML SOP (fluorometholone) MAXIDEX (dexamethasone) prednisolone acetate prednisolone NA phosphate VEXOL (rimexolone)	DUREZOL (difluprednate) FML FORTE (fluorometholone) ILEVRO (nepafenac) LOTEMAX (loteprednol) NEVANAC (nepafenac) OCUFEN (flurbiprofen) PROLENSA (bromfenac) PRED MILD (prednisolone) PRED FORTE (prednisolone) VOLTAREN (diclofenac)	
<b>OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS</b> <small>SmartPA</small>			
	cromolyn ketotifen OTC PATADAY (olopatadine)	ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (Iodoxamide) ALREX (loteprednol) azelastine BEPREVE (bepotastine) ELESTAT (epinastine) EMADINE (emedastine) epinastine LASTACAFT (alcaftadine) <b>OPTIVAR (azelastine)</b> <b>PATANOL (olopatadine)</b> <b>PAZEO (olopatadine)</b>	<b>Non Preferred Criteria</b> • Have tried 2 different preferred agents in the past 6 months
<b>OPHTHALMICS, GLAUCOMA AGENTS</b> <small>SmartPA</small>			
<b>BETA BLOCKERS</b>			
	betaxolol BETIMOL (timolol) carteolol ISTALOL (timolol)	BETAGAN (levobunolol) BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel	<b>Non Preferred Criteria</b> • Documented diagnosis of glaucoma <b>AND</b> • Have tried 2 different preferred agents in the past 6 months <b>OR</b>

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	levobunolol metipranolol timolol solution	TIMOPTIC (timolol)	<ul style="list-style-type: none"> <li>90 consecutive days on same agent in the past 105 days</li> </ul>
<b>CARBONIC ANHYDRASE INHIBITORS</b>			
	AZOPT (brinzolamide) dorzolamide TRUSOPT (dorzolamide)		
<b>COMBINATION AGENTS</b>			
	COMBIGAN (brimonidine/timolol) COSOPT (dorzolamide/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine)	COSOPT PF(dorzolamide/timolol)	
<b>PARASYMPATHOMIMETICS</b>			
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)	
<b>PROSTAGLANDIN ANALOGS</b>			
	latanoprost TRAVATAN Z (travoprost)	LUMIGAN (bimatoprost) RESCULA (unoprostone) <sup>NR</sup> travoprost XALATAN (latanoprost) ZIOPTAN (tafluprost)	

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2015

Version 2015.21

Updated: 09-16-2015

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<b>SYMPATHOMIMETICS</b>			
	ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine	dipivefrin PROPINE (dipivefrin)	
<b>OTIC ANTIBIOTICS</b>			
	CIPRODEX (ciprofloxacin/dexamethasone) <sup>Age Edit</sup> neomycin/polymyxin/hydrocortisone ofloxacin	CIPRO HC (ciprofloxacin/hydrocortisone) <sup>Age Edit</sup> ciprofloxacin COLY-MYCIN S (colistin/neomycin/ hydrocortisone) CORTISPORIN-TC (colistin/neomycin/ hydrocortisone) DERMOTIC (fluocinolone)	<b>Maximum Age Limit</b> • <b>8 years</b> - Cipro HC • <b>14 years</b> - Ciprodex
<b>PANCREATIC ENZYMES</b> <sup>SmartPA</sup>			
	CREON (pancreatin) PANCRELIPASE ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) PERTZYE ULTRESA VIOKACE	<b>Non Preferred Criteria</b> • Have tried 3 different preferred agents in the past 6 months
<b>PARATHYROID AGENTS</b>			
	calcitriol ergocalciferol ZEMPLAR (paricalcitol)	doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) <b>NATPARA (parathyroid hormone)</b> paricalcitol ROCALTRON (calcitriol) SENSIPAR (cinacalcet)	
<b>PHOSPHATE BINDERS</b>			
	ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) RENAGEL (sevelamer HCl)	<b>AURYXIA (ferric citrate)</b> calcium acetate FOSRENOL (lanthanum) PHOSLO (calcium acetate)	

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		RENVELA (sevelamer carbonate) sevelamer carbonate VELPHORO (sucroferric oxyhydroxide)	
<b>PLATELET AGGREGATION INHIBITORS</b> <small>SmartPA</small>			
	AGGRENEX (dipyridamole/aspirin) cilostazol clopidogrel dipyridamole ZONTIVITY (vorapaxar) <small>Clinical Edit</small>	BRILINTA (ticagrelor) EFFIENT (prasugrel) PERSANTINE (dipyridamole) PLAVIX (clopidogrel) PLETAL (cilostazol) ticlopidine	<b>Zontivity – MANUAL PA</b> <ul style="list-style-type: none"> <li>Documented diagnosis of myocardial infarction or peripheral artery disease <b>AND</b></li> <li>No diagnosis of stroke, transient ischemic attack or intracranial hemorrhage <b>AND</b></li> <li>Concurrent therapy with aspirin and/or clopidogrel</li> </ul> <b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Documented diagnosis <b>AND</b></li> <li>Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on same agent in the past 105 days</li> </ul> <b>Brilinta</b> <ul style="list-style-type: none"> <li>Documented diagnosis for Acute Coronary Syndrome or Percutaneous Coronary Intervention <b>OR</b></li> <li>Therapy with Brilinta in the past 60 days</li> </ul> <b>Effient</b> <ul style="list-style-type: none"> <li>Documented diagnosis for Acute Coronary Syndrome or Percutaneous Coronary Intervention</li> </ul>

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<b>PRENATAL VITAMINS</b>	CONCEPT DHA Capsule FE C PLUS Tablet PRENATAL PLUS Tablet SE-NATAL CHEWABLE Tablet TARON-C DHA Capsule TRICARE PRENATAL Tablet VOL-PLUS Tablet VOL-TAB Rx	B-NEXA Tablet CAVAN-EC SOD DHA VITAMINS CITRANATAL 90 DHA PACK CITRANATAL ASSURE COMBO PACK CITRANATAL B-CALM PACK CITRANATAL DHA PACK CITRANATAL HARMONY Capsule CITRANATAL HARMONY Capsule CITRANATAL RX Tablet COMPLETE NATAL DHA COMPLETENATE Tablet CHEW CONCEPT OB Capsule CORENATE-DHA COMBO PACK DUET DHA BALANCED COMBO PACK DUET DHA BALANCED COMBO PACK ED CYTE F Tablet FOLCAL DHA Capsule FOLCAPS OMEGA-3 Capsule FOLIVANE-EC CALCIUM DHA COMBO FOLIVANE-OB Capsule FOLIVANE-PRX DHA NF Capsule GESTICARE DHA COMBO PACK ICAR-C PLUS SR Capsule ICAR-C PLUS Tablet NATAFORT Tablet NATELLE ONE Capsule NESTABS DHA COMBO PACK NESTABS PRENATAL Tablet NEXA SELECT Capsule PNV-DHA SOFTGEL PNV-SELECT Tablet PAIRE OB PLUS DHA COMBO PACK PR NATAL 400 COMBO PACK	Products not listed here are assumed to be non-preferred.

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		PR NATAL 430 COMBO PACK PR NATAL 430 EC COMBO PACK PREFERA OB Tablet PREFERA-OB ONE SOFTGEL PREFERA-OB PLUS DHA COMBO PACK PREFERA-OB PLUS DHA COMBO PACK PREFERA-OB Tablet PRENATABS FA Tablet PRENATAL 19 Tablet PRENATAL PLUS IRON Tablet PRENATAL VITAMINS Tablet PRENATE DHA SOFTGEL PRENATE ELITE Tablet PRENATE ESSENTIAL SOFTGEL PRENATE PLUS Tablet PRENAVITE Tablet PRENEXA Capsule PREQUE 10 Tablet RELNATE DHA PRENATAL SOFTGEL ROVIN-NV DHA Capsule ROVIN-NV Tablet SE-CARE CHEWABLE Tablet SELECT-OB + DHA PACK SELECT-OB CAPLET SE-NATAL 19 CHEWABLE Tablet SE-NATAL 19 Tablet SE-TAN DHA Capsule TARON-BC Tablet TARON-PREX PRENATAL DHA CAP	

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<b>PSEUDOBLBAR AFFECT AGENTS</b>			
		NUEDEXTA (dextromethorphan/quinidine)	<p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• 90 consecutive days on same agent in the past 105 days <b>OR</b></li> <li>• Documented diagnosis for Pseudobulbar Affect, Multiple Sclerosis, or Amyotrophic Lateral Sclerosis</li> </ul>
<b>PULMONARY ANTIHYPERTENSIVES<sup>SmartPA</sup></b>			
<b>ENDOTHELIN RECEPTOR ANTAGONIST</b>			
	LETAIRIS (ambrisentan) TRACLEER (bosentan)	OPSUMIT (macitentan)	<p><b>All PAH Agents – Preferred and Non Preferred</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of pulmonary hypertension</li> </ul> <p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on same agent in the past 105 days</li> </ul>
<b>PDE5's</b>			
	sildenafil	ADCIRCA (tadalafil) REVATIO (sildenafil)	<p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on same agent in the past 105 days</li> </ul> <p><b>Revatio</b></p> <ul style="list-style-type: none"> <li>• <b>&lt; 1 year</b> of age <b>AND</b> documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation <b>OR</b> 90 consecutive days on the same agent</li> </ul>

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			<ul style="list-style-type: none"> <li>• &gt; 18 years of age <b>AND</b> Non Preferred Criteria</li> <li>• <b>Sildenafil 25mg, 50mg, or 100mg</b></li> <li>• &lt; 12 years of age <b>AND</b> documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation <b>OR</b> history of heart transplant <b>OR</b> 90 consecutive days on the same agent.</li> </ul>
<b>PROSTACYCLINS</b>			
	ORENITRAM ER (treprostinil)	TYVASO (treprostinil) VENTAVIS (iloprost)	<p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on same agent in the past 105 days</li> </ul>
<b>SOLUBLE GUANYLATE CYCLASE STIMULATORS</b>			
		ADEMPAS (riociguat)	<p><b>Adempas</b></p> <ul style="list-style-type: none"> <li>• Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on same agent in the past 105 days <b>OR</b></li> <li>• <b>MANUAL PA</b> for PAH WHO Group 4</li> </ul>
<b>SEDATIVE HYPNOTICS</b>			
<b>BENZODIAZEPINES</b>			
	estazolam flurazepam	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam)	Single source benzodiazepines and barbiturates are NOT covered – NO PA’s will be issued for these drugs.

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	temazepam (15mg and 30mg)	RESTORIL (temazepam) temazepam (7.5mg and 22.5mg) <b>triazolam</b>	<b>Quantity Limits – CUMULATIVE</b> Quantity limit per rolling days for all strengths • <b>31 units/31 days</b> - all strengths  <b>Triazolam – CUMULATIVE</b> Quantity limit per rolling days for all strengths • <b>10 units/31 days</b> • <b>60 units/365 days</b>
<b>OTHERS</b> <small>SmartPA</small>			
	zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (sovorexant) EDLUAR (zolpidem) HETLIOZ (tasimelteon) INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER ZOLPIMIST (zolpidem)	<b>Quantity Limits – CUMULATIVE</b> Quantity limit per rolling days for all strengths • <b>31 units/31 days</b> • <b>1 canister/31 days</b> – Zolpimist & male • <b>1 canister/62 days</b> – Zolpimist & female  <b>Gender and Dose Limits for zolpidem</b> • <b>Female</b> - Ambien 5mg, Ambien CR 6.25mg, Intermezzo 1.75 mg • <b>Male</b> – all zolpidem strengths  <b>Non Preferred Criteria</b> • Have tried 2 different preferred agents in the past 6 months  <b>Hetlioz</b> • Circadian rhythm sleep disorder <b>AND</b> • Diagnosis indicating total blindness of the patient

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<b>SELECT CONTRACEPTIVE PRODUCTS</b>			
	<b>INJECTABLE CONTRACEPTIVES</b>		
	medroxyprogesterone acetate IM	DEPO-PROVERA IM (medroxyprogesterone acetate) DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)	
	<b>ORAL CONTRACEPTIVES</b>		
	ALL CONTRACEPTIVES ARE PREFERRED EXCEPT FOR THOSE SPECIFICALLY INDICATED AS NON-PREFERRED	AMETHIA (levonorgestrel/ethinyl estradiol) AMETHYST (levonorgestrel/ethinyl estradiol) BEYAZ (ethinyl estradiol/drospirenone/levomefolate) BRIELLYN (norethindrone/ethinyl estradiol) CAMRESE (levonorgestrel/ethinyl estradiol) CAMRESE LO (levonorgestrel/ethinyl estradiol ethinyl estradiol/drospirenone) GENERESS FE (norethindrone/ethinyl estradiol/fe) Gianvi (ethinyl estradiol/drospirenone) GILDAGIA (norethindrone/ethinyl estradiol) INTROVALE (levonorgestrel/ethinyl estradiol) JOLESSA (levonorgestrel/ethinyl estradiol) LOESTRIN 24 FE (norethindrone/ethinyl estradiol) LO LOESTRIN FE (norethindrone/ethinyl estradiol) LORYNA (ethinyl estradiol/drospirenone) NATAZIA (estradiol valerate/dienogest) norethindrone/ethinyl estradiol/fe chew tab OCELLA (ethinyl estradiol/drospirenone) OVCON-35 (norethindrone/ethinyl estradiol) PHILITH (norethindrone/ethinyl estradiol) QUASENSE (levonorgestrel/ethinyl estradiol) SAFYRAL (ethinyl estradiol/drospirenone/levomefolate) SYEDA (ethinyl estradiol/drospirenone)	<b>Non Preferred Criteria</b> • 1 claim with the same agent in the past 105 days

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		TILIA FE (norethindrone/ethinyl estradiol/fe) TRI-LEGEST FE (norethindrone/ethinyl estradiol/fe) VESTURA (ethinyl estradiol/drospirenone) WYMZYA FE (norethindrone/ethinyl estradiol/fe) ZARAH (ethinyl estradiol/drospirenone) ZENCHENT FE (norethindrone/ethinyl estradiol/fe) ZEOSA (norethindrone/ethinyl estradiol/fe)	
<b>SKELETAL MUSCLE RELAXANTS</b> <small>SmartPA</small>			
	baclofen chlorzoxazone cyclobenzaprine 5mg, 10mg methocarbamol tizanidine tablets	AMRIX (cyclobenzaprine ER) carisoprodol carisoprodol compound cyclobenzaprine 7.5mg, 15mg cyclobenzaprine ER dantrolene FEXMID (cyclobenzaprine) LORZONE (chlorzoxazone) metaxalone orphenadrine orphenadrine compound PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)	<p><b>Non Preferred Agents</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis for an approvable indication <b>AND</b></li> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul> <p><b>Carisoprodol</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of acute musculoskeletal condition <b>AND</b></li> <li>• NO history with meprobamate in the past 90 days <b>AND</b></li> <li>• 1 claim for cyclobenzaprine in the past 21 days <b>OR</b> a documented intolerance to cyclobenzaprine <b>AND</b></li> </ul> <p><b>Quantity Limits</b></p> <ul style="list-style-type: none"> <li>○ 18 tablets - to allow tapering off</li> <li>○ 84 tablets/6 months</li> </ul>

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<b>SMOKING DETERRANTS</b>			
	<b>NICOTINE TYPE</b>		
	nicotine gum nicotine lozenge nicotine patch	NICODERM CQ PATCH NICORETTE LOZENGE NICORETTE GUM NICOTROL INHALER NICOTROL NASAL SPRAY	
	<b>NON-NICOTINE TYPE</b>		
	bupropion ER CHANTIX (varenicline)	ZYBAN (bupropion)	<b>Minimum Age Limit - Chantix</b> • 18 years  <b>Quantity Limits</b> • Chantix 0.5 mg, 1mg tablets and continuing pack – 336 tablets/year • Chantix Starter – 2 treatment courses/year
<b>STERIODS (Topical)</b> <small>SmartPA</small>			
	<b>LOW POTENCY</b>		
	CAPEX (fluocinolone) desonide hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTH-FS (fluocinolone) DESONATE (desonide) DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	<b>Non Preferred Criteria</b> • Have tried 2 different preferred low potency agents in the past 6 months

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<b>MEDIUM POTENCY</b>			
	fluocinolone hydrocortisone mometasone cr, oint. prednicarbate cr PANDEL (hydrocortisone probutate)	CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate) ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint SYNALAR (fluocinolone)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred medium potency agents in the past 6 months</li> </ul>
<b>HIGH POTENCY</b>			
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. CAPEX (fluocinolone) fluocinolone triamcinolone	amcinonide oint betameth diprop/prop gly cr, lot, oint betamethasone dipropionate oint. BETA-VAL (betamethasone valerate) desoximetasone diflorasone DIPROLENE AF (betamethasone diprop/prop gly) ELOCON (mometasone) fluocinonide HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred high potency agents in the past 6 months</li> </ul>
<b>VERY HIGH POTENCY</b>			
	CLOBEX (clobetasol) TEMOVATE (clobetasol propionate) ULTRAVATE (halobetasol)	clobetasol emollient clobetasol propionate cr, foam, gel, oint, sol DIPROLENE (betamethasone diprop/prop gly)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred very high potency agents in the past 6</li> </ul>

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2015  
Version 2015.21  
Updated: 09-16-2015

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		halobetasol HALONATE (halobetasol/ammonium lactate) HALAC (halobetasol/ammonium lac) OLUX (clobetasol) OLUX-E (clobetasol)	months
<b>STIMULANTS AND RELATED AGENTS</b> <small>SmartPA</small>			
<b>SHORT-ACTING</b>			
	amphetamine salt combination dexamethylphenidate IR dextroamphetamine IR FOCALIN (dexamethylphenidate) METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) dextroamphetamine solution methamphetamine methylphenidate chewable methylphenidate solution ZENZEDI (dextroamphetamine)	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>3 years</b> - Adderall, Procentra, Zenedi</li> <li>• <b>6 years</b> – Desoxyn, Focalin, Methylin</li> </ul> <p><b>Maximum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>21 years</b> – diagnosis of ADD/ADHD is required</li> </ul> <p><b>Quantity Limits</b></p> <p>Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> <li>• <b>62 tablets/ 31 days</b> –Adderall, Desoxyn, Focalin, Methylin, Zenedi</li> <li>• <b>155 mL/ 31 days</b> – Methylin solution, Procentra</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred Short Acting agents in the past 6 months</li> <li><b>OR</b></li> <li>• 1 claim for a 30 day supply with the same agent in the past 180 days</li> </ul>

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<b>LONG-ACTING</b>			
	ADDERALL XR (amphetamine salt combination) DAYTRANA (methylphenidate) FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate ER (generic Concerta) PROVIGIL (modafinil) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine)	amphetamine salt combination ER APTENSIO XR (methylphenidate) <sup>NR</sup> CONCERTA (methylphenidate) DEXEDRINE (dextroamphetamine) dexmethylphenidate XR dextroamphetamine ER methylphenidate CD (generic Metadate CD) NUVIGIL (armodafinil) RITALIN LA (methylphenidate)	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>6 years</b> – Adderall XR, Aptensio XR Concerta, Daytrana, Dexedrine, Focalin XR, Metadate, CD, Quillivant XR, Ritalin LA, Vyvanse</li> <li>• <b>16 years</b> – Provigil</li> <li>• <b>18 years</b> – Nuvigil</li> </ul> <p><b>Maximum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>21 years</b> – diagnosis of ADD/ADHD is required</li> </ul> <p><b>Quantity Limits</b> Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> <li>• <b>31 tablets/ 31 days</b> – Adderall XR, Aptensio XR, Concerta 18, 27, &amp; 54 mg, Daytrana, Dexedrine Spansule, Focalin XR 5 &amp; 10mg, Metadate CD, Methylin ER, Nuvigil 150 &amp; 200 mg, Provigil 200mg, Ritalin LA &amp; SR, Vyvanse</li> <li>• <b>46.5 tablets/ 31 days</b> – Provigil 100 mg</li> <li>• <b>62 tablets/ 31 days</b> – Concerta 36mg, Focalin XR 15 &amp; 20mg, Nuvigil 50mg</li> <li>• <b>372 mL/ 31 days</b> – Quillivant XR</li> </ul> <p><b>Provigil</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder</li> </ul>

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			<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred Long Acting agents in the past 6 months <b>OR</b></li> <li>• 1 claim for a 30 day supply with the same agent in the past 180 days</li> </ul> <p><b>Nuvigil</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder <b>AND</b></li> <li>• 1 claim for a 30 day supply with the same agent in the past 180 days <b>OR</b></li> <li>• 30 days of therapy with Provigil in the past 6 months <b>AND</b> 30 days of therapy in the past 6 months with a preferred stimulant that is indicated for the treatment of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder</li> </ul>
<b>NON-STIMULANTS</b>			
	STRATTERA (atomoxetine)	clonidine ER guanfacine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release)	<p><b>Minimum Age Limit</b> <b>6 years</b> – Intuniv, Kapvay, Strattera</p> <p><b>Maximum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>17 years</b> – Intuniv, Kapvay</li> <li>• <b>21 years</b> – diagnosis of ADD/ADHD is required</li> </ul> <p><b>Quantity Limits</b> Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> <li>• <b>31 tablets/ 31 days</b> – Intuniv, Strattera</li> <li>• <b>124 tablets/ 31 days</b> – Kapvay</li> </ul>

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			<p><b>Kapvay &amp; Intuniv</b></p> <ul style="list-style-type: none"> <li>• 1 claim for a 30 day supply in the past 180 days <b>OR</b></li> <li>• Diagnosis for ADD or ADHD <b>AND</b></li> <li>• Have tried 1 Short or Long Acting stimulant in the past 6 months <b>OR</b></li> <li>• Have tried Strattera in the past 6 months <b>OR</b></li> <li>• Have tried the short acting product in the past 6 months</li> </ul>
<b>TETRACYCLINES</b> <small>SmartPA</small>			
	doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR tetracycline	ACTICLATE (doxycycline) <sup>NR</sup> ADOXA (doxycycline monohydrate) demeclocycline doxycycline monohydrate caps (75mg & 150mg) doxycycline monohydrate tabs DYNACIN (minocycline) minocycline ER minocycline tabs ORACEA (doxycycline) SOLODYN (minocycline) VIBRAMYCIN cap/susp/syrup	<p><b>Non Preferred Agents</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul> <p><b>Demeclocycline</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Diabetes Insipidus or SIADH will allow automatic approval.</li> </ul>
<b>ULCERATIVE COLITIS and CROHN’S AGENTS</b> *See Cytokine & CAM Antagonists Class for additional agents			
<b>ORAL</b>			
	APRISO (mesalamine) ASACOL (mesalamine) balsalazide DIPENTUM (olsalazine) PENTASA 250mg (mesalamine)	ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) budesonide EC COLAZAL (balsalazide)	<p><b>Gender Limits</b></p> <ul style="list-style-type: none"> <li>• <b>Male</b> - Giazio</li> </ul> <p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis for Ulcerative Colitis <b>AND</b></li> </ul>

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	sulfasalazine	DELZICOL (mesalamine) ENTOCORT EC (budesonide) GIAZO (balsalazide) LIALDA (mesalamine) PENTASA 500mg (mesalamine) UCERIS (budesonide)	<ul style="list-style-type: none"> <li>• 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on same agent in the past 105 days</li> </ul>
	<b>RECTAL</b>		
	CANASA (mesalamine) mesalamine	SFROWASA (mesalamine) UCERIS Foam (budesonide)	

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