MISSISSIPPI DIVISION OF MEDICAID
UNIVERSAL PREFERRED DRUG LIST
(For All Medicaid, MSCAN and CHIP Beneficiaries)

MISSISSIPPI DIVISION OF MEDICAID

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ACNE AGENTS			
	ANTI-INFECTIVE		**Maximum Age Limit** • **21 years** – all agents
	clindamycin (gel, lotion, solution) erythromycin	ACZONE (dapsone) 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	
	RETINOIDS		
	RETIN-A (tretinoin) tretinoin cream	adapalene AVITA (tretinoin) ATRALIN (tretinoin) DIFFERIN (adapalene) FABIOR (tazarotene) RETIN-A MICRO (tretinoin) TAZORAC (tazarotene) tretinoin gel tretinoin micro	
	COMBINATION DRUGS/OTHERS		
	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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		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)	
KERATOLYTICS (BENZOYL PEROXIDES)			
	benzoyl peroxide	BPO (benzoyl peroxide)	
		INOVA (benzoyl peroxide)	
		LAVOCLEN (benzoyl peroxide)	
ISOTRETINOIN			
	Amnesteem (isotretinoin)	ABSORICA (isotretinoin)	
	Claravis (isotretinoin)		
	Myorisan (isotretinoin)		
	Zenatane (isotretinoin)		
ALPHA-1 PROTEINASE INHIBITORS			
	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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ALZHEIMER'S AGENTS SmartPA			
	CHOLINESTERASE INHIBITORS		
	donepezil (Tablets and ODT) 5mg, 10mg EXELON PATCHES (rivastigmine) galantamine rivastigmine capsules	ARICEPT (donepezil) ARICEPT 23 MG (donepezil) ARICEPT ODT (donepezil) donepezil 23mg EXELON Capsules (rivastigmine) EXELON Solution (rivastigmine) galantamine ER RAZADYNE (galantamine) RAZADYNE ER (galantamine) rivastigmine patches	**All Agents** • Documented diagnosis for both preferred and non-preferred **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months
	NMDA RECEPTOR ANTAGONIST		
	memantine – Effective 4/15/16	NAMENDA TABS (memantine) – Effective 4/15/16 NAMENDA SOLUTION(memantine) NAMENDA XR (memantine)	
	COMBINATION AGENTS		
		NAMZARIC (memantine/donepezil)	**Namzaric** • Documented diagnosis **AND** • 30 days of concurrent therapy with donepezil + memantine
ANALGESICS, NARCOTIC - SHORT ACTING			
	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	**Quantity Limits** Applicable quantity limit in 31 rolling days. • **62 tablets** – codeine, oxycodone/ibuprofen, meperidine, hydromorphone, fentanyl, bultalbital/codeine combinations, morphine, tapentadol, dihydrocodeine combinations, tramadol, pentazocine

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	oxycodone capsules 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) oxycodone tablets pentazocine/naloxone PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) REPREXAINE (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)	• **62 tablets CUMULATIVE** – hydrocodone combinations, oxycodone combinations • **124 tablets** – butalbital/APAP 750 • **145 tablets** – butalbital/APAP 650 • **186 tablets** – butalbital/APAP 325, butalbital/ASA 325 • **5mL (2 x 2.5 bottles)** – butorphanol nasal • **180 mL CUMULATIVE** – oxycodone liquids • **480 mL CUMULATIVE** – hydrocodone liquids

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		ZYDONE (hydrocodone/acetaminophen)	
ANALGESICS, NARCOTIC - LONG ACTING SmartPA			
	BUTRANS (buprenorphine) EMBEDA (morphine/naltrexone) fentanyl patches morphine ER tablets	BELBUCA (buprenorphine)[NR] CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EXALGO (hydromorphone) hydromorphone ER HYSINGLA ER (hydrocodone) KADIAN (morphine) Methadone MS CONTIN (morphine) morphine ER capsules NUCYNTA ER (tapentadol) OPANA ER (oxymorphone) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol) XARTEMIS XR (oxycodone/APAP) ZOHYDRO ER (hydrocodone bitartrate)	**Minimum Age Limit** • **18 years** – Xartemis XR, Zohydro ER **Quantity Limits** Applicable quantity limit per rolling days • **31 tablets/31 days** - Conzip ER, Exalgo ER, Hysingla ER, Ryzolt , Ultram ER • **62 tablets/31 days** – Embeda, Kadian, Methadone, Morphine ER, Opana ER, oxycodone ER, Oxycontin, Zohydro ER • **10 patches/31 days** – Duragesic • **4 patches/31 days** – Butrans • **40 tablets/10 days** – Xartemis XR **Non-Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **OR** • Documented diagnosis of cancer **OR** Antineoplastic therapy **AND** 90 consecutive days on the requested agent in the past 105 days **OxyContin** • Documented diagnosis of cancer **OR** Antineoplastic therapy **AND** • Trial of fentanyl patch, Kadian, morphine ER, or Opana ER in the past 6 months **OR** • 90 consecutive days on the requested

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			agent in the past 105 days **Xartemis XR – MANUAL PA** • Have tried 2 different preferred agents in the past 30 days • Maximum duration of therapy = 20 days per calendar year
ANALGESICS/ANAESTHETICS (Topical)			
	VOLTAREN Gel (diclofenac sodium) [SmartPA]	capsaicin diclofenac sodium 1% gel[NR] diclofenac sodium solution FLECTOR (diclofenac epolamine) [SmartPA] LIDAMANTLE HC (lidocaine/hydrocortisone) lidocaine lidocaine/prilocaine LIDODERM (lidocaine) [SmartPA] PENNSAID Solution (diclofenac sodium) [SmartPA] xylocaine SYNERA (lidocaine/tetracaine) ZOSTRIX (capsaicin)	**Non Preferred Criteria** • Have tried 1 preferred agent in the past 6 months **Lidoderm** • Documented diagnosis of Herpetic Neuralgia **OR** • Documented diagnosis of Diabetic Neuropathy
ANDROGENIC AGENTS [SmartPA]			
	ANDROGEL (testosterone gel) TESTIM (testosterone gel)	ANDRODERM (testosterone patch) AXIRON (testosterone gel) FORTESTSA (testosterone gel) NATESTO (testosterone) STRIANT (testosterone) testosterone gel testosterone pump VOGELXO (testosterone)	**All Agents** • Limited to male gender **Non Preferred Criteria** • Have tried 2 preferred agents in the past 6 months

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ANGIOTENSIN MODULATORS SmartPA			
ACE INHIBITORS			
	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)	**Minimum Age Limit** • ≤ 6 years – Epaned *Smart PA will automatically be issued for this age* **Non Preferred Criteria** • Have tried 2 different preferred *single entity* agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
ACE INHIBITOR COMBINATIONS			
	==benazepril/amlodipine – Effective 4/15/16== benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ quinapril/HCTZ TARKA (trandolapril/verapamil)	ACCURETIC (quinapril/HCTZ) LOTENSIN HCT (benazepril/HCTZ) ==LOTREL(benazepril/amlodipine) –Effective 4/15/16== moexipril/HCTZ PRESTALIA (perindopril/amlodipine)[NR] trandolapril/verapamil UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	**Non Preferred Criteria** **ACE Inhibitor/CCB** • Have tried 2 different preferred *ACEI/CCB* agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days **ACE Inhibitor/Diuretic** • Have tried 2 different preferred *ACEI/Diuretic* agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days

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ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)			
	DIOVAN (valsartan) irbesartan – Effective 4/15/16 losartan MICARDIS (telmisartan) telmisartan	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) candesartan COZAAR (losartan) EDARBI (azilsartan) eprosartan TEVETEN (eprosartan) valsartan	**Non Preferred Criteria** • Have tried 2 different preferred _single entity_ agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
ARB COMBINATIONS			
	DIOVAN-HCT (valsartan/HCTZ) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) irbesartan/HCTZ – Effective 4/15/16 losartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ) telmisartan/HCTZ	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) candesartan/HCTZ EDARBYCLOR (azilsartan/chlorthalidone) ENTRESTO (valsartan/sacubitril) HYZAAR (losartan/HCTZ) telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine) valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/HCTZ	**Non Preferred Criteria ARB/CCB or ARB/CCB/Diuretic** • Have tried 1 preferred _ARB/CCB_ agent in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days **ARB/Diuretic** • Have tried 2 different preferred _ARB/Diuretic_ products in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days **Entresto – MANUAL PA** • Age ≥ 18 years • HF (NYHA Class II-IV) • EF ≤ 40% • No concurrent therapy with an ACEI or ARB

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DIRECT RENIN INHIBITORS			**Non Preferred Criteria** • Documented diagnosis of hypertension **AND** • Have tried 2 different preferred _ACEI or ARB single-entity_ products in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
		TEKTURNA (aliskiren)	
DIRECT RENIN INHIBITOR COMBINATIONS			**Non Preferred Criteria** • Documented diagnosis of hypertension **AND** • Have tried 2 different preferred _ACEI or ARB diuretic agents_ in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz) VALTURNA (aliskiren/valsartan)	
ANTIBIOTICS (GI)			
	ALINIA (nitazoxanide) metronidazole neomycin tinidazole	DIFICID (fidaxomicin) FLAGYL ER (metronidazole) TINDAMAX (tinidazole) VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)	**Xifaxan – MANUAL PA** • Documented diagnosis of Hepatic Encephalopathy **AND** • One trial of Lactulose **OR** • Failure or intolerance to lactulose **OR** • Hospital discharge on Xifaxan **OR** • One claim in the past 365 days
ANTIBIOTICS (MISCELLANOUS)			

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KETOLIDES			
		KETEK (telithromycin)	
LINCOSAMIDE ANTIBIOTICS			
	clindamycin capsules clindamycin solution	CLEOCIN (clindamycin) CLEOCIN SOLUTION (clindamycin)	
MACROLIDES			
	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) ZMAX (azithromycin)	
NITROFURAN DERIVATIVES			
	nitrofurantoin nitrofurantoin monohydrate macrocyrstals	FURADANTIN (nitrofurantoin) MACROBID (nitrofurantoin monohydrate macrocyrstals) MACRODANTIN (nitrofurantoin)	
Oxazolidinones			
		SIVEXTRO (tedizolid) ZYVOX (linezolid)	**Sivextro, Zyvox - <u>MANUAL PA</u>** **Quantity Limit**

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			• **6 tablets/month -** Sivextro
ANTIBIOTICS (Topical)			
	bacitracin bacitracin/polymixin BACTROBAN cream (mupirocin) gentamicin sulfate mupirocin ointment	ALTABAX (retapamulin) BACTROBAN OINTMENT (mupirocin) CORTISPORIN (bacitracin/neomycin/ polymyxin/HC) mupirocin cream	
ANTIBIOTICS (VAGINAL)			
	CLEOCIN OVULES (clindamycin) clindamycin – Effective 4/15/16 CLINDESSE (clindamycin) metronidazole vaginal – Effective 4/15/16 VANDAZOLE (metronidazole)	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) METROGEL (metronidazole) – Effective 4/15/16 NUVESSA (metronidazole)	
ANTICOAGULANTS SmartPA			
		ORAL	
	COUMADIN (warfarin) warfarin XARELTO 10mg (rivaroxaban) **Clinical Edit**	ELIQUIS (apixaban) PRADAXA (dabigatran) SAVAYSA (edoxaban tosylate) XARELTO 15 & 20mg (rivaroxaban)	**DVT Prophylaxis - following hip replacement** XARELTO 10MG, ELIQUIS, PRADAXA 110MG • 70 total days of therapy per calendar year • Documented diagnosis of hip replacement **AND** duration of therapy limited to 35 days **DVT Prophylaxis - following knee replacement** XARELTO 10MG & ELIQUIS • 70 total days of therapy per calendar year • Documented diagnosis of knee

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			replacement **AND** duration of therapy limited to 12 days **DVT and PE Treatment** ELIQUIS, PRADAXA 75 & 150MG, SAVAYSA, XARELTO 15 & 20MG • Documented diagnosis of DVT or PE **Nonvalvular Atrial Fibrillation** ELIQUIS, PRADAXA 75 & 150MG, SAVAYSA, XARELTO 15 & 20MG • Documented diagnosis of atrial fibrillation **AND** • NO contraindication of cardiac valve disease **AND** • 60 days prior therapy with warfarin in the past 6 months **OR** • 1 claim with the requested agent in the past 90 days
LOW MOLECULAR WEIGHT HEPARIN (LMWH)			

	LOVENOX (enoxaparin) Prefilled Syringe	ARIXTRA (fondaparinux)
		enoxaparin
		FRAGMIN (dalteparin)
		fondaparinux
			LMWH – All Agents
			• LMWH therapy in the past 3months **AND**
			   o Documented diagnosis of cancer **OR**
			   o Pregnant female
			OR
			• NO LMWH therapy in the past 3months **AND**
			   o Duration of therapy is < 17 days **OR**
			   o Documented diagnosis of cancer **OR**
			   o Pregnant female **OR**

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			o Total hip/knee replacement or hip fracture surgery in the past 6 months **AND** duration of therapy < 35 days **LMWH Non Preferred Criteria** • Have tried 1 different preferred agent in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
ANTICONVULSANTS SmartPA			
	ADJUVANTS		
	carbamazepine carbamazepine XR CARBATROL (carbamazepine) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EPITOL (carbamazepine) FYCOMPA (perampanel) gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam oxcarbazepine oxcarbazepine suspension TEGRETOL XR (carbamazepine) TOPAMAX Sprinkle (topiramate) topiramate tablet	APTIOM (eslicarbazepine) BANZEL (rufinamide) DEPAKENE (valproic acid) DEPAKOTE (divalproex) EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) GRALISE (gabapentin) HORIZANT (gabapentin) LAMICTAL XR (lamotrigine) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) levetiracetam ER NEURONTIN (gabapentin) OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine)	**Minimum Age Limit** • **1 year** - Banzel • **2 years** – Onfi **Quantity Limit** • **3 Twin Packs/31 days** - Diastat **Topiramate ER – Step Edit** • 90 consecutive days on the requested agent in the past 105 days **AND** documented diagnosis of seizure **OR** • 30 day trial with topiramate IR in the past 6 months **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **OR**

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	topiramate ER (generic Qudexy XR) Step Edit topiramate sprinkle capsule valproic acid VIMPAT (lacosamide) zonisamide	QUDEXY XR (topiramate) SABRIL (vigabatrin) SPRITAM (levetiracetam)[NR] STAVZOR (valproic acid) TEGRETOL (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) TRILEPTAL Suspension (oxcarbazepine) TRILEPTAL Tablets (oxcarbazepine) TROKENDI XR (topiramate) ZONEGRAN (zonisamide)	• 90 consecutive days on the requested agent in the past 105 days days **AND** documented diagnosis of seizure **Banzel/Onfi** • Documented diagnosis of Lennox-Gastaut **AND** • Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days days **AND** documented diagnosis of seizure
	SELECTED BENZODIAZEPINES		
	DIASTAT (diazepam rectal)	diazepam rectal gel ONFI (clobazam)	
	HYDANTOINS		
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
	SUCCINIMIDES		
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
ANTIDEPRESSANTS, OTHER SmartPA			
	bupropion bupropion SR bupropion XL BRINTELLIX (vortioxetine) mirtazapine	APLENZIN (bupropion HBr) desvenlafaxine DESYREL (trazodone) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine)	**Minimum Age Limit** • **18 years** - all drugs • **Cymbalta** – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder)

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	trazodone venlafaxine venlafaxine ER capsules – Effective 4/15/16 VIIBRYD (vilazodone)	EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion) IRENKA (duloxetine) KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine venlafaxine XR venlafaxine ER tablets – Effective 4/15/16 WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion HCl)	**Non Preferred Criteria** • Have tried 2 different preferred '*Antidepressants, Other*' Class in the past 6 months **OR** • Have tried BOTH a preferred '*Antidepressant, SSRI*' and '*Antidepressants, Other*' in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days **Cymbalta (see Fibromyalgia Agents)**
ANTIDEPRESSANTS, SSRIs ^{SmartPA}			
	citalopram escitalopram fluoxetine fluvoxamine paroxetine CR paroxetine IR sertraline	CELEXA (citalopram) fluoxetine DR fluvoxamine ER LEXAPRO (escitalopram) LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine suspension PAXIL CR (paroxetine) PAXIL SUPENSION (paroxetine) PAXIL Tablets (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine)	**Minimum Age Limits** • **6 years** - Zoloft • **7 years** – Prozac • **8 years** - Luvox • **9 years** - Celexa • **12 years** - Lexapro • **18 years** - Luvox CR, Paxil, Prozac 90 mg **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on the requested

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		ZOLOFT (sertraline)	agent in the past 105 days
ANTIEMETICS SmartPA			
5HT3 RECEPTOR BLOCKERS			
	ondansetron ondansetron ODT - Effective 4/15/16 ondansetron solution	ANZEMET (dolasetron) granisetron SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) ZUPLENZ (ondansetron)	**Quantity Limits** • **4 tablets/31 days** - Varubi • **6 tablets/31 days –** Akynzeo • **30 tablets/31 days –** Zofran tablets/ODT • **100 ml/31 days** – Zofran solution **Non Preferred Agents** • Have tried 1 preferred agent in the past 6 months Injectables in this class closed to point of sale. PA required if not administered in clinic/hospital.
ANTIEMETIC COMBINATIONS			
		AKYNZEO (netupitant/palonosetron) DICLEGIS (doxylamine/pyridoxine)	**Akynzeo - MANUAL PA** • Documented diagnosis of cancer OR Antineoplastic history **AND** • Chemotherapy regimen includes use of a highly or moderately emetogenic chemotherapeutic agent **AND** • History of prior use of preferred combination antiemetic therapy **AND** • Concurrent use of dexamethasone per PI
CANNABINOIDS			

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		CESAMET (nabilone) MARINOL (dronabinol) dronabinol	
	NMDA RECEPTOR ANTAGONIST		
	EMEND (aprepitant)		**Varubi -** <u>**MANUAL PA**</u> • Documented diagnosis of cancer OR Antineoplastic history **AND** • Chemotherapy regimen includes use of a highly or moderately emetogenic chemotherapeutic agent **AND** • History of prior use of preferred combination antiemetic therapy **AND** Concurrent use of dexamethasone per PI
ANTIFUNGALS (Oral) ^{SmartPA}			
	clotrimazole fluconazole griseofulvin microsize suspension nystatin terbinafine	ANCOBON (flucytosine) ^ CRESEMBA (isavuconazonium) DIFLUCAN (fluconazole) GRIFULVIN V (griseofulvin, microsize) griseofulvin microsize tablets griseofulvin ultramicrosize tablet GRIS-PEG (griseofulvin) itraconazole ^ ketoconazole LAMISIL (terbinafine) NOXAFIL (posaconazole) ^ ONMEL (itraconazole) ^ SPORANOX (itraconazole) ^ TERBINEX Kit (terbinafine/ciclopirox) VFEND (voriconazole) ^	**Minimum Age Limit** • **4-12 years** – Lamisil Granules *Smart PA will automatically be issued for this age range* • **12-17 years** – griseofulvin tablets *Smart PA will automatically be issued for this age range* **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **HIV opportunistic infection** • Non Preferred agent indicated for treatment (^) **AND** • Documented diagnosis of HIV

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		voriconazole ^	**Cresemba - MANUAL PA** • Minimum age limit ≥ 18 years **AND** • Documented diagnosis of invasive aspergillosis **OR** invasive mucormycosis **AND** • Prescriber is an oncologist/hematologist or infectious disease specialist **Sporanox** • HIV opportunistic infection criteria **OR** • Documented diagnosis of a transplant **OR** • History of an immunosuppressant in the past 6 months **OR** • Have tried 2 different preferred agents in the past 6 months
ANTIFUNGALS (Topical) SmartPA			
	ANTIFUNGALS		
	ciclopirox cream/gel/solution/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) ciclopirox kit/shampoo CNL 8 (ciclopirox) ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) JUBLIA (efinaconazole) KERYDIN (tavaborole) ketoconazole foam LAMISIL (terbinafine) solution LOPROX (ciclopirox) LUZU (luliconazole)	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months

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		MENTAX (butenafine) NAFTIN (naftifine) NIZORAL (ketoconazole) OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide)	
	ANTIFUNGAL/STEROID COMBINATIONS		
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)	
ANTIFUNGALS (VAGINAL)			
	clotrimazole vaginal cream miconazole 1, 3 cream, 7cream, TERAZOL 3 Cream (terconazole) tioconzaole VAGISTAT 3 (miconazole) VAGISTAT 1 (tioconazole)	GYNAZOLE 1 (butoconazole) miconazole 3 vaginal suppository TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole	
ANTIHISTAMINES, MINIMALLY SEDATING AND COMBINATIONS SmartPA			
	MINIMALLY SEDATING ANTIHISTAMINES		
	cetirizine loratadine	ALLEGRA (fexofenadine) CLARINEX (desloratadine) fexofenadine RX levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	**Non Preferred Criteria** • Documented diagnosis of allergy or urticaria **AND** • Have tried 2 different preferred agents in the past 12 months
	MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS		

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	cetirizine/pseudoephedrine loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)	

ANTIMIGRAINE AGENTS, TRIPTANS [SmartPA]

	ORAL		
	RELPAX (eletriptan) rizatriptan – Effective 4/15/16 rizatriptan ODT – Effective 4/15/16 sumatriptan tablets– Effective 4/15/16	almotriptan AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT(rizatriptan) naratriptan TREXIMET (sumatriptan/naproxen) zolmitriptan ZOMIG (zolmitriptan)	**Minimum Age Limit – ALL FORMULATIONS** • **6 years** – Maxalt • **12-17 years** – Axert, Treximet, Zomig nasal spray *Smart PA will automatically be issued for this age range* • **18 years** – Amerge, Frova, Imitrex, Relpax, Zembrace Symtouch, Zomig tablets **Quantity Limit - ORAL** • **6 tablets/31 days** - Axert, Relpax Zomig • **9 tablets/31 days** - Amerge, Frova, Imitrex, Treximet • **12 tablets/31 days** – Maxalt **Non Preferred Criteria** • Have tried 2 preferred oral agents in the past 90 days
	NASAL		
	IMITREX (sumatriptan)	sumatriptan ZOMIG (zolmitriptan)	**Quantity Limit - NASAL** • **1 box/31 days** **Non Preferred Criteria**

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			Have tried 1 preferred nasal agent in the past 90 days
	INJECTABLES		
	IMITREX (sumatriptan)	sumatriptan SUMAVEL (sumatriptan)	**CUMULATIVE Quantity Limit - INJECTION** • 4 injections/31 days
	OTHER		
		ZECUITY PATCH (sumatriptan)	**Quantity Limit** • 4 patches/31 days **Zecuity** • Have tried 2 preferred agents (oral, nasal, or injectable) in the past 90 days

ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) GILOTRIF (afatanib) GLEEVEC (imatinib mesylate) ICLUSIG (ponatinib) IMBRUVICA (ibrutnib) INLYTA (axitinib) IRESSA (gefitinib) JAKAFI (ruxolitinib) MEKINIST (trametinib dimethyl sulfoxide) NEXAVAR (sorafenib) SPRYCEL (dasatinib) STIVARGA (regorafenib) SUTENT (sunitinib) TAFINLAR (dabrafenib)	FARYDAK (panobinostat) GLEOSTINE (lomustine) IBRANCE (palbociclib) SmartPA LENVIMA (lenvatinib) SmartPA LYNPARZA (olaparib) SmartPA	**Farydak - MANUAL PA** • Documented diagnosis of multiple myeloma **AND** • Used in combination with bortezomib and dexamethasone per PI **AND** • History of 2 prior regimens including bortezomib and an immunomodulatory agent **Ibrance** • Documented diagnosis of breast cancer **AND** • Concurrent therapy with letrozole **Lenvima**

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	TARCEVA (erlotinib) TASIGNA (nilotinib) TYKERB (lapatinib ditosylate) vandetanib VOTRIENT (pazopanib) XALKORI (crizotinib) ZELBORAF (vemurafenib) ZYDELIG (idelalisib) ZYKADIA (ceritnib)		• Documented diagnosis of thyroid cancer **Lynparza** • Documented diagnosis of ovarian cancer **AND** • History of 3 prior chemotherapy agents in the past 2 years
ANTIPARASITICS (Topical) ^{SmartPA}			
PEDICULICIDES			
	permethrin 1% NATROBA (spinosad)	lindane malathion OVIDE (malathion) SKLICE (ivermectin) ULESFIA (benzyl alcohol)	**Minimum Age/Weight Limit for Pediculicides** • **50 kg** - lindane shampoo • **2 months** – permethrin 1%(OTC) • **6 months** – Natroba, SKLICE, Ulesfia • **2 years** – piperonyl/pyrethrins (OTC) • **6 years** – Ovide **Non Preferred Criteria** • History of permethrin 1% topical lotion **OR** piperonyl/pyrethrin in the past 90 days **AND** • History of Natroba in the past 90 days **Ulesfia** Ulesfia is no longer covered due to no longer being rebated.
SCABICIDES			
	permethrin 5% STROMECTOL Tablet (ivermectin)	ELIMITE (permethrin) EURAX CREAM (crotamiton) EURAX LOTION (crotamiton)	**Minimum Age/Weight Limit for Topical Scabicides** • **50 kg** - lindane lotion

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			• **2 months** – permethrin 5% • **18 years** – Eurax **Non Preferred Criteria** • History of permethrin 5% in the past 90 days

ANTIPARKINSON'S AGENTS (Oral) ^{SmartPA}

		ANTICHOLINERGICS	
	benztropine trihexyphenidyl	COGENTIN (benztropine)	**Non Preferred Criteria** • Documented diagnosis of Parkinson's disease **AND** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
		COMT INHIBITORS	
		COMTAN (entacapone) TASMAR (tolcapone) tolcapone	
		DOPAMINE AGONISTS	
	ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole pramipexole ER REQUIP (ropinirole) REQUIP XL (ropinirole) ropinerole ER	
		MAO-B INHIBITORS	

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) ZELAPAR (selegiline)	
	OTHERS		
	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)	**Lodosyn** • Documented diagnosis of Parkinson's disease **AND** • History of a carbidopa/levodopa combination product in the past 45 days
ANTIPSYCHOTICS SmartPA			
	ORAL		
	ABILIFY (aripiprazole) SmartPA amitriptyline/perphenazine aripiprazole SmartPA chlorpromazine clozapine SmartPA fluphenazine haloperidol SmartPA olanzapine SmartPA perphenazine risperidone SmartPA quetiapine SmartPA **– Effective 4/15/16** SEROQUEL XR (quetiapine) SmartPA thioridazine thiothixene trifluoperazine	CLOZARIL (clozapine) SmartPA FANAPT (iloperidone) SmartPA FAZACLO (clozapine) SmartPA GEODON (ziprasidone) SmartPA HALDOL (haloperidol) SmartPA INVEGA (paliperidone) SmartPA LATUDA (lurasidone) SmartPA NAVANE (thiothixene) olanzapine/fluoxetine SmartPA paliperidone SmartPA SEROQUEL (quetiapine) SmartPA **- Effective 4/15/16** REXULTI (brexpiprazole) RISPERDAL (risperidone) SmartPA SAPHRIS (asenapine) SmartPA SYMBYAX (olanzapine/fluoxetine) SmartPA	**Minimum Age Limits** • **3 years** - Haldol • **5 years** – Risperdal • **6 years** – Abilify • **10 years** – Saphris, Seroquel, Symbyax • **13 years** – Zyprexa • **18 years** – Clozaril, Fanapt, Geodon, Invega, Latuda, Rexulti, Vraylar **Concurrent Therapy Limits – All Agents** • Limited to 2 products concurrently • 60 days with ≥ 3 atypical antipsychotics in the last 90 days will require a manual PA

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	ziprasidone [SmartPA]	ZYPREXA (olanzapine) [SmartPA]
		 VRAYLAR (cariprazine) [NR] [SmartPA]
			Abilify Tablets (excluding ODT)
			 • Detailed Abilify Tablet Splitting found here:
			 • Use ½ tablet of the higher strength.
			 • 1 tablet splitter/ year
			
			 Non Preferred Criteria
			 • Have tried 2 preferred atypical antipsychotic agents in the past 12 months **OR**
			 • 30 consecutive days on the requested agent in the past 180 days
			
			 Latuda
			 • Females of childbearing age
			   ○ $\geq$ 18 years will approve automatically
			   ○ < 18 years will need an age waiver by manual PA **OR**
			 • Males see Non Preferred Criteria noted above

	INJECTABLE, ATYPICALS [SmartPA]		
		ABILIFY (aripiprazole) ARISTADA ER (aripiprazole lauroxil) 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. **LTC Long Acting Injectable Criteria** • Minimum Age **AND** • Documented diagnosis **AND** • Non-Compliant with the oral formulation **OR**

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			• History of the requested injectable agent in the past 90 days 　○ **3 claims** - Abilify Maintena, Aristada, Invega Sustenna, Zyprexa Relprevv 　○ **6 claims** - Risperdal Consta **Invega Trinza** • Minimum Age **AND** • Documented diagnosis **AND** • History of 4 claims of Invega Sustenna in the past 180 days
ANTIRETROVIRALS SmartPA			
	INTEGRASE STRAND TRANSFER INHIBITORS		
	ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium)	VITEKTA (elvitegravir)	**Non Preferred Criteria** • 1 claim with the requested agent in the past 105 days
	NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
	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)	
	NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)		

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	EDURANT (rilpivirine) nevirapine nevirapine ER SUSTIVA (efavirenz)	INTELENCE (etravirine) RESCRIPTOR (delavirdine mesylate) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)	
PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR			
		TYBOST (cobicistat)	**Tybost - MANUAL PA**
PROTEASE INHIBITORS (PEPTIDIC)			
	EVOTAZ (atazanavir/cobicistat) NORVIR (ritonavir) REYATAZ (atazanavir) VIRACEPT (nelfinavir mesylate)	CRIXIVAN (indinavir) LEXIVA (fosamprenavir) INVIRASE (saquinavir mesylate)	
PROTEASE INHIBITORS (NON-PEPTIDIC)			
	PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir) PREZCOBIX (darunavir/cobicistat)	
ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS			
		SELZENTRY (maraviroc)	
ENTRY INHIBITORS – FUSION INHIBITORS			
		FUZEON (enfuvirtide)	
COMBINATION PRODUCTS - NRTIs			
	abacavir/lamivudine/zidovudine EPZICOM (abacavir/lamivudine) lamivudine/zidovudine TRIZIVIR (abacavir/lamivudine/zidovudine)	COMBIVIR (lamivudine/zidovudine)	
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOG RTIs			
	TRUVADA (emtricitabine/tenofovir)		

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	COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & INTEGRASE INHIBITORS		**Stribild – MANUAL PA** • Genotype testing supporting resistance to other regimens **OR** • Intolerance or contraindication to preferred combination of drugs **AND** • Medical reasoning beyond convenience or enhanced compliance over preferred agents **AND** • CrCl > 70mL/min to initiate therapy **OR** CrCl >50mL/min to continue therapy **Triumeq – MANUAL PA** • Medical reasoning beyond convenience or enhanced compliance over the preferred agents (Epzicom + Tivicay)
	GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir)	STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) TRIUMEQ (abacavir/lamivudine/ dolutegravir)	
	COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & NON-NUCLEOSIDE RTIs		
	ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir)	ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)[NR]	
	COMBINATION PRODUCTS – PROTEASE INHIBITORS		
	KALETRA (lopinavir/ritonavir)		
ANTIVIRALS (Oral) – ANTIHERPETIC AGENTS			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) SITAVIG (acyclovir)	

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		VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
ANTIVIRALS (Topical)			
	ZOVIRAX Cream (acyclovir)	DENAVIR (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir)	
AROMATASE INHIBITORS			
	anastrozole ARIMIDEX (anastrozole) exemestane letrozole	AROMASIN (exemestane) FEMARA (letrozole)	
ATOPIC DERMATITIS SmartPA			
	ELIDEL (pimecrolimus)	PROTOPIC (tacrolimus) tacrolimus	**Minimum Age Limit** • **2 years** – Elidel, Protopic 0.03% • **6 years** – Protopic 0.1% **Non Preferred Criteria** • Have tried 1 preferred agent in the past 6 months

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BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS SmartPA			
	acebutolol atenolol bisoprolol BYSTOLIC (nebivolol) Step Edit metoprolol metoprolol XL nadolol pindolol propranolol sotalol timolol	BETAPACE (sotalol) betaxolol CORGARD (nadolol) HEMANGEOL (propranolol) INDERAL LA (propranolol) INNOPRAN XL (propranolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) SOTYLIZE (sotalol) TENORMIN (atenolol) TOPROL XL (metoprolol) ZEBETA (bisoprolol)	**Bystolic – Step Edit** • 90 consecutive days on the requested agent in the past 105 days **OR** • Have tried 1 preferred agent in the past 6 months **Non Preferred Criteria – All Agents** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
BETA- AND ALPHA-BLOCKERS			
	carvedilol labetalol	COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	**Coreg CR** • Documented diagnosis for hypertension **AND** • Have tried generic carvedilol **AND** 1 preferred agent in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
BETA BLOCKER/DIURETIC COMBINATIONS			
	atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ timolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	

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ANTIANGINALS			
		RANEXA (ranolazine)	**Ranexa** • Documented diagnosis of angina **AND** • 1 claim for a calcium channel blocker, beta-blocker, nitrate, or combination agent in the past 30 days **OR** • 90 consecutive days on the requested agent in the past 105 days
SINUS NODE AGENTS			
		CORLANOR (ivabradine)	**Corlanor - MANUAL PA**
BILE SALTS			
	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) URSO (ursodiol) URSO FORTE (ursodiol)	
BLADDER RELAXANT PREPARATIONS SmartPA			
	oxybutynin ER, IR VESICARE (solifenacin)	DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN XL (oxybutynin) ENABLEX (darifenacin) GELNIQUE (oxybutynin) MYRBETRIQ (mirabegron) OXYTROL (oxybutynin) SANCTURA (trospium) SANCTURA XR (trospium) tolterodine tolterodine ER TOVIAZ (fesoterodine fumarate) Trospium	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months

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BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA			
	BISPHOSPHONATES		
	ACTONEL (risedronate) alendronate BINOSTO (alendronate) FOSAMAX PLUS D (alendronate/vitamin D) risedronate	alendronate solution ATELVIA (risedronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) ibandronate PROLIA (denosumab)	**Non Preferred Criteria** • Documented diagnosis for osteoporosis or osteopenia **AND** • Have tried 2 different preferred agents in the past 6 months
	OTHERS		
	FORTICAL (calcitonin) calcitonin salmon	EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) raloxifene	
BPH AGENTS SmartPA			
	ALPHA BLOCKERS		
	alfuzosin – Effective 4/15/16 doxazosin tamsulosin terazosin	CARDURA (doxazosin) CARDURA XL (doxazosin) dutasteride/tamsulosin FLOMAX (tamsulosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) UROXATRAL (alfuzosin)	**Female** • Cardura, Flomax, Proscar, terazosin, or Uroxatral **AND** a documented diagnosis based on a state accepted diagnosis **Non Preferred Criteria - MALE** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days

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5-ALPHA-REDUCTASE (5AR) INHIBITORS			
	finasteride	AVODART (dutasteride) PROSCAR (finasteride)	
PDE5 INHIBITORS			
		CIALIS (tadalafil)	**Cialis – MANUAL PA** • Male gender **AND** • Documented diagnosis for Benign Prostatic Hypertrophy **AND** • NO history of Erectile Dysfunction **AND** • Signed waiver stating treatment is NOT for Erectile Dysfunction **AND** • Have tried 2 different preferred agents in the past 6 months
BRONCHODILATORS & COPD AGENTS			
ANTICHOLINERGICS & COPD AGENTS			
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA HANDIHALER (tiotropium)	DALIRESP (roflumilast) INCRUSE ELLIPTA (umeclidinium) SPIRIVA RESPIMAT (tiotropium) TUDORZA PRESSAIR (aclidinium)	
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS			
	albuterol/ipratropium COMBIVENT RESPIMAT (albuterol/ipratropium)	ANORO ELLIPTA (umeclidinium/vilanterol) STIOLTO RESPIMAT (tiotropium/olodaterol)	

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BRONCHODILATORS, BETA AGONIST			
	INHALERS, SHORT-ACTING		
	PROAIR HFA (albuterol) PROAIR RESPICLICK (albuterol) PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol)	XOPENEX HFA (levalbuterol) ^{SmartPA}	**Minimum Age Limit** • **4 years** - Xopenex HFA **Non Preferred Criteria** • 1 claim for a preferred agent in the past 6 months
	INHALERS, LONG ACTING ^{SmartPA}		
	FORADIL (formoterol) SEREVENT (salmeterol)	ARCAPTA (indacaterol) STRIVERDI RESPIMAT (olodaterol)	**Minimum Age Limit** • **4 years** – Serevent • **18 years** – Arcapta, Striverdi Respimat **Non Preferred Criteria - Arcapta & Striverdi Respimat** • Documented diagnosis of COPD **AND** • Have tried 1 preferred agent in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
	INHALATION SOLUTION ^{SmartPA}		
	albuterol	ACCUNEB (albuterol) BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	**Minimum Age Limit** • **6 years** – Xopenex • **18 years** – Brovana, Perforomist **Non Preferred Criteria** • 1 claim for a different preferred agent

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			in the past 6 months **OR** • 3 claims with the requested agent in the past 105 days **Xopenex** • 1 claim for a albuterol in the past 30 days
ORAL			
	albuterol metaproterenol terbutaline	VOSPIRE ER (albuterol)	
CALCIUM CHANNEL BLOCKERS SmartPA			
SHORT-ACTING			
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine PROCARDIA (nifedipine)	**Quantity Limit - nimodipine** • **252 tablets/ 21 days** • **2520 mL/21 days** **Non Preferred Criteria** • Have tried 2 different preferred _Short Acting_ CCB agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days **nimodipine** • Documented diagnosis of subarachnoid hemorrhage in the past 45 days **AND** • Duration of therapy = 21 days

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
LONG-ACTING			
	amlodipine diltiazem ER felodipine ER nifedipine ER verapamil ER	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) 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)	**Non Preferred Criteria** • Have tried 2 different preferred _Long Acting_ CCB agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
CALORIC AGENTS			
	BOOST (includes all Boost) BRIGHT BEGINNINGS CARNATION INSTANT BREAKFAST DUOCAL ENSURE JUVEN GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE PROMOD RESOURCE SCANDISHAKE	COMPLEAT EO28 SPLASH FIBERSOURCE ISOSOURCE JEVITY KINDERCAL PEPTAMEN PROMOTE SIMPLY THICK TOLEREX VITAL VIVONEX	**Non Preferred Agents - MANUAL PA**

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	SOLCARB TWOCAL HN		
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)			
	BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS		
	amoxicillin/clavulanate amoxicillin/clavulanate XR	AUGMENTIN 125 and 250 (amoxicillin/clavulanate) Suspension AUGMENTIN (amoxicillin/clavulanate) Tablets AUGMENTIN XR (amoxicillin/clavulanate) MOXATAG (amoxicillin)	
	CEPHALOSPORINS – First Generation SmartPA		**Non Preferred Criteria – all generations** • Have tried 2 different preferred agents in the past 6 months
	cefadroxil cephalexin capsules	cephalexin tablets KEFLEX (cephalexin)	
	CEPHALOSPORINS – Second Generation SmartPA		
	cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)	
	CEPHALOSPORINS – Third Generation SmartPA		**Maximum Age Limit** • **18 years** – cefdinir suspension
	cefdinir suspension cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	

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COLONY STIMULATING FACTORS SmartPA			
	LEUKINE (sargramostim) NEUPOGEN Vial (filgrastim)	GRANIX (tbo-filgrastim) NEULASTA (pegfilgrastim) NEUPOGEN Syringe (filgrastim) ZARXIO (filgrastim)	**Neulasta** • 1 claim in the past 105 days **Neupogen Syringe – MANUAL PA** • Valid reason why the preferred vial cannot be used.
CYSTIC FIBROSIS AGENTS SmartPA			
	BETHKIS (tobramycin) KITABIS (tobramycin)	CAYSTON (aztreonam) COLY-MYCIN M (colistimethate sodium) KALYDECO (ivacaftor) ORKAMBI (lumacaftor/ivacaftor) PULMOZYME (dornase alfa) TOBI (tobramycin) TOBI PODHALER (tobramycin) tobramycin	**Age Limits** • **3 months** - Pulmozyme • **2 years** – Coly-Mycin M, Kalydeco • **6 years** – Bethkis, Kitabis, TOBI, TOBI Podhaler • **7 years** – Cayston • **12 years** - Orkambi **All Agents** • Documented diagnosis Cystic Fibrosis **Kalydeco** • Requires 1 claim with Kalydeco in the past 105 days **OR** • **NEW STARTS – MANUAL PA** o Diagnosis of cystic fibrosis with a *G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N,* or *S549R* mutation in the CFTR gene **AND** o Prescriber is a CF specialist or

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			pulmonologist **AND** ○ Negative for one of the following infections: Burkholderia cenocepacia, dolosa, or Mycobacterium abcessus **Orkambi – MANUAL PA** **TOBI Podhaler – MANUAL PA** • Therapy with a preferred tobramycin nebulizer solution in the past 90 days **AND** • Documented significant impairment with valid clinical reasoning the preferred agent cannot be used
CYTOKINE & CAM ANTAGONISTS			
	COSENTYX (secukinumab) ^{SmartPA} ENBREL (etanercept) HUMIRA (adalimumab) methotrexate	ACTEMRA (tocilizumab) CIMZIA (certolizumab) 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) XELJANZ XR (tofacitinib)[NR]	Orencia, Remicade and Stelara are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification. **Cosentyx** • $\geq$ **18 years** = Minimum Age • Documented diagnosis of plaque psoriasis, psoriatic arthritis or ankylosing spondylitis in the past 2 years **AND** • 90 consecutive days of Humira in the past year

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ERYTHROPOIESIS STIMULATING PROTEINS SmartPA			
	ARANESP (darbepoetin) EPOGEN (rHuEPO) PROCRIT (rHuEPO)	MIRCERA (methoxy polyethylene glycol-epoetin-beta)	**Mircera** • Documented diagnosis chronic renal failure in the past 2 years **AND** • Trial of a preferred agent in the past 6 months **OR** • 1 claim for the requested agent in past 105 days
FIBROMYALGIA AGENTS			
	duloxetine – Effective 4/15/16 SmartPA LYRICA (pregabalin) SAVELLA (milnacipran)	CYMBALTA (duloxetine) SmartPA	**Cymbalta (see Antidepressant, Other)** **Minimum Age Limit** – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder)
FLUOROQUINOLONES (Oral) SmartPA			
	AVELOX (moxifloxacin) ciprofloxacin tablets	ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin moxifloxacin NOROXIN (norfloxacin) ofloxacin	**Non Preferred Criteria** • 1 claim for a preferred agent in past 30 days **Cipro suspension age > 12 years** • 1 claim for a preferred agent in past 30 days **Cipro Suspension for age < 12 years** • Anthrax infection or exposure **OR** • Cystic Fibrosis **OR** • Pneumonic plague **OR** tularemia **AND** history of doxycycline in the past 3 months **OR** • 7 days of therapy with a preferred

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			agent from 2 of the classes below in the past 3 months ○ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide **Levaquin Tablets & Levaquin solution age > 12 years** • 1 claim for preferred agent or SMZ/TMP in past 14 days **OR** • 1 claim for a preferred agent in past 30 days **Levaquin solution for age < 12 years** • Anthrax infection or exposure OR • 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months **AND** ○ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide • Cipro suspension in the past 3 months
GAUCHER'S DISEASE			
	ELELYSO (taliglucerase alfa) ZAVESCA (miglustat)	CERDELGA (eliglustat) CEREZYME(imiglucerase) VPRIV (velaglucerase alfa)	
GENITAL WARTS & ACTINIC KERATOSIS AGENTS			
	ALDARA (imiquimod) ^{Age Edit} — ALDARA (imiquimod) Age Edit CONDYLOX (podofilox) Age Edit podofilox Age Edit	CARAC (fluorouracil) diclofenac 3% gel imiquimod Age Edit EFUDEX (fluorouracil)	**Minimum Age Limit** • **12 years** – Aldara • **18 years** – Condylox, Picato, Veregen

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		fluorouracil 0.5% cream fluorouracil 5% cream PICATO (ingenol) [Age Edit] SOLARAZE (diclofenac) VEREGEN (sinecatechins) [Age Edit] ZYCLARA (imiquimod) [Age Edit]	

GLUCOCORTICOIDS (Inhaled) [SmartPA]

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
GLUCOCORTICOIDS			
	ASMANEX TWISTHALER (mometasone) QVAR (beclomethasone) PULMICORT (budesonide) Respules, 0.25mg & 0.5mg	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) budesonide FLOVENT Diskus (fluticasone) FLOVENT HFA (fluticasone) PULMICORT (budesonide) Flexhaler PULMICORT (budesonide) Respules, 1mg	**Non Preferred Criteria** • 90 consecutive days on the requested agent in the past 105 days **OR** • Have tried 2 different preferred agents in the past 6 months _NOTE:_ Institutional sized products are Non Preferred
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS			
	ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	ADVAIR Diskus (fluticasone/salmeterol) BREO ELLIPTA (fluticasone/vilanterol)	**Minimum Age Limit** • **4-11 years** – Advair 100-50 Diskus - _Smart PA will automatically be issued for this age range_

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			Non Preferred Criteria • 90 consecutive days on the requested agent in the past 105 days **OR** • Have tried 2 different preferred agents in the past 6 months

GI ULCER THERAPIES

H2 RECEPTOR ANTAGONISTS

	cimetidine famotidine tablet PEPCID (famotidine) ranitidine syrup ranitidine tablet ZANTAC (ranitidine)	AXID (nizatidine) famotidine suspension nizatidine ranitidine capsule	

PROTON PUMP INHIBITORS

	NEXIUM (esomeprazole) omeprazole Rx pantoprazole – Effective 4/15/16 PROTONIX PACKET (pantoprazole) esomeprazole DR	ACIPHEX SPRINKLE (rabeprazole) ACIPHEX Tablet (rabeprazole) DEXILANT (dexlansoprazole) lansoprazole Rx omeprazole sod. bicarb. PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole) PROTONIX (pantoprazole) Rabeprazole	

OTHER

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	CARAFATE SUSPENSION (sucralfate) misoprostol sucralfate tablet	CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) sucralfate suspension	
GROWTH HORMONE SmartPA			
	NORDITROPIN (somatropin) NUTROPIN AQ (somatropin) OMNITROPE (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin)	**All Agents for Age > 18 years** • Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome or an approvable indication **OR** • Documented procedure of cranial irradiation **Non Preferred Criteria** • Have tried 1 preferred agent in the past 6 months **OR** • 84 consecutive days on the requested agent in the past 105 days
***H. PYLORI* COMBINATION TREATMENTS**			
	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)	OMECLAMOX (omeprazole, clarithromycin, amoxicillin) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	**Quantity Limit** • 1 treatment course/ year
HEPATITIS C TREATMENTS			
	HARVONI (ledipasvir/sofosbuvir)∞ PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets SOVALDI (sofosbuvir)∞ TECHNIVIE (ombitasvir/paritaprevir/ritonavir) ∞	DAKLINZA (daclatasvir) ∞ OLYSIO (simeprevir)∞ REBETOL (ribavirin) RIBAPAK DOSEPACK (ribavirin) ribavirin capsules RIBASPHERE (ribavirin) ZEPATIER (elbasvir/grazoprevir)∞NR	**∞ Daklinza, Harvoni, Olysio, Sovaldi, Technivie, Viekira, Zepatier –** **MANUAL PA**

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	VIEKIRA (ombitasvir/paritaprevir/ritonavir)∞		
HYPERURICEMIA & GOUT SmartPA			
	allopurinol colchicine – Effective 4/15/16 probenecid probenecid/colchicines	COLCRYS (colchicine) – Effective 4/15/16 MITIGARE (colchicines) ULORIC (febuxostat) ZYLOPRIM (allopurinol)	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS			
	BYDUREON (exenatide) JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin) TANZEUM (albiglutide) TRADJENTA (linagliptin) ONGLYZA (saxagliptin)	alogliptin[NR] alogliptin/metformin[NR] alogliptin/pioglitazone[NR] BYETTA (exenatide) KAZANO (alogliptin/metformin) NESINA (alogliptin) OSENI (alogliptin/pioglitazone) SYMLIN (pramlintide) TRULICITY (dulaglutide) VICTOZA (liraglutide)	
HYPOGLYCEMICS, INSULINS AND RELATED AGENTS SmartPA			
	HUMALOG VIAL (insulin lispro) HUMALOG MIX VIAL (insulin lispro/ lispro protamine) HUMULIN VIAL (insulin) LANTUS SOLOSTAR & VIAL (insulin glargine) LEVEMIR FLEXPEN & VIAL (insulin detemir) NOVOLOG FLEXPEN & VIAL (insulin aspart) NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/	AFREZZA (insulin) APIDRA (insulin glulisine) HUMALOG KWIKPEN (insulin lispro) HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine) HUMULIN KWIKPEN (insulin) NOVOLIN FLEXPEN (insulin) NOVOLIN VIAL (insulin)	**Non Preferred Criteria** • Documented diagnosis of Diabetes Mellitus **AND** • Have tried 1 preferred product in the past 6 months

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	aspart protamine)	TOUJEO (insulin glargine) TRESIBA (insulin degludec)[NR]	
HYPOGLYCEMICS, MEGLITINIDES			
	repaglinide	nateglinide PRANDIMET (repaglinide/metformin) PRANDIN (repaglinide) repaglinide/metformin STARLIX (nateglinide)	
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS			
	HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS		
		FARXIGA (dapaglifozin) INVOKANA (canagliflozin) JARDIACE (empagliflozin)	
	HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS		
		GLYXAMBI (empagliflozin/linagliptin) INVOKAMET (canaglifozin/metformin) SYNJARDY (empagliflozin/meformin) XIGDUO (dapaglifozin/metformin)	
HYPOGLYCEMICS, TZDS			
	THIAZOLIDINEDIONES		
	pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	
	TZD COMBINATIONS		

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	ACTOPLUS MET (pioglitazone/metformin) DUETACT (pioglitazone/glimepiride) pioglitazone/metformin	ACTOPLUSMET XR (pioglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) AVANDAMET (rosiglitazone/metformin)	
IDIOPATHIC PULMONARY FIBROSIS SmartPA			
	ESBRIET (pirfenidone) OFEV (nintedanib)		**Esbriet & OFEV** • No concurrent therapy with either agent
IMMUNOSUPPRESSIVE (ORAL) SmartPA			
	AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine) mycophenolate mofetil MYFORTIC (mycophenolic acid) NEORAL (cyclosporine) PROGRAF (tacrolimus) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) sirolimus tacrolimus ZORTRESS (everolimus)	ASTAGRAF XL (tacrolimus) ENVARSUS XR (tacrolimus)[NR] HECORIA (tacrolimus)	**Minimum Age Limit** • **13 years** - Rapamune • **18 years** - Zortress **Astagraf, Cellcept, Envarsus XR, Hecoria, Prograf** • Documented diagnosis for heart transplant, kidney transplant, liver transplant, or a State accepted diagnosis **Azasan** • Documented diagnosis of kidney transplant, RA, or a State accepted diagnosis **Gengraf, Neoral, Sandimmune** • Documented diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA, or a State –

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			accepted diagnosis **OR** • A **MANUAL PA** review for a diagnosis of Kimura's disease or multifocal motor neuropathy **Myfortic** • Documented diagnosis of kidney transplant or psoriasis **Rapamune & Zortress** • Documented diagnosis of kidney transplant
IMMUNE GLOBULINS			
	CARIMUNE NF FLEBOGAMMA DIF GAMASTAN SD GAMMAGARD GAMMAKED GAMUNEX-C HIZENTRA HYQVIA OCTAGAM	BIVIGAM GAMMAGARD SD GAMMAPLEX PRIVIGEN	
INTRANASAL RHINITIS AGENTS			
	ANTICHOLINERGICS		
	Ipratropium	ATROVENT (ipratropium)	
	ANTIHISTAMINES		

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	PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine olopatadine	
	ANTIHISTAMINE/CORTICOSTEROID COMBINATION SmartPA		
		DYMISTA (azelastine/fluticasone)	**Non Preferred Criteria** • Documented diagnosis for allergic rhinitis **AND** • Have tried 2 different preferred agents in the past 6 months **Rhinocort Aqua** *Smart PA will be issued for pregnant women.* • A documented diagnosis of pregnancy **OR** a pregnancy indicator submitted on the pharmacy claim at Point of Sale
	CORTICOSTEROIDS SmartPA		
	FLONASE (fluticasone) fluticasone QNASL (beclomethasone)	BECONASE AQ (beclomethasone) budesonide FLONASE ALLERGY OTC (fluticasone) flunisolide NASONEX (mometasone) OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide) TICANASE KIT (flonase kit) triamcinolone VERAMYST (fluticasone) ZETONNA (ciclesonide)	
IRON CHELATING AGENTS			
	FERRIPROX (deferiprone) EXJADE (deferasirox)	JADENU (deferasirox)	
IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS SmartPA			
	IRRITABLE BOWL SYNDROME/SHORT BOWEL SYNDROME AGENTS		
	dicyclomine hyoscyamine	alosetron∞ AMITIZA (lubiprostone)∞ BENTYL (dicyclomine) GATTEX (teduglutide) LEVSIN (hyoscyamine)	**∞ Amitiza, Fulyzaq, Gattex, Linzess, Lotronex, Relistor, or Zorbtive** • 1 claim for the requested agent in the past 105 days **OR** • **MANUAL PA** - All new patients

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		LEVSIN-SL (hyoscyamine) LINZESS (linaclotide) ∞ LOTRONEX (alosetron) ∞ NUTRESTORE POWDER PACK (glutamine) RELISTOR (methylnaltrexone) ZORBTIVE (somatropin) ∞	require manual review.
SELECTED GI AGENTS			
		FULYZAQ (crofelemer) ∞ MOVANTIK (naloxegol) VIBERZI (eluxadoline)[NR]	**Movantik & Viberzi - <u>MANUAL PA</u>**
LEUKOTRIENE MODIFIERS [SmartPA]			
	ACCOLATE (zafirlukast) montelukast granules montelukast tablets – Effective 4/11/16	SINGULAIR Tabs (montelukast) – Effective 4/11/16 SINGULAR GRANULES (montelukast granules) ZYFLO CR (zileuton) zafirlukast	**Minimum Age Limit** • **12 years** – Zyflo & Zyflo CR **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months
LIPOTROPICS, OTHER (Non-statins) [SmartPA]			
BILE ACID SEQUESTRANTS			

	cholestyramine
	colestipol
		COLESTID (colestipol)
		QUESTRAN (cholestyramine)
		WELCHOL (colesevelam)
			All Agents, All Sub-Classes both Preferred (exception is Zetia) and Non Preferred
			• 90 consecutive days on the requested agent in the past 105 days**OR**
			• Have tried 1 statin or statin combination agent in the past year **OR**
			• One of the following exceptions:
			  ○ Welchol **AND** Type 2 diabetes **AND** 1 preferred oral antidiabetic agent in the past 180 days **OR**
			  ○ Pregnant female **OR**

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			o Documented diagnosis of liver disease **OR** o Documented diagnosis for hypertriglyceridemia **OR** o Clinical justification a statin or statin combination product cannot be used **Non Preferred Criteria** • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
OMEGA-3 FATTY ACIDS			
	LOVAZA (omega-3-acid ethyl esters)	VASCEPA (icosapent ethyl)	**Non Preferred Criteria** • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
CHOLESTEROL ABSORPTION INHIBITORS			
	ZETIA (ezetimibe)		Zetia does not have to meet the trial of 1 statin or statin combination agent in the past year
FIBRIC ACID DERIVATIVES			
	fenofibrate nanocrystallized 145mg gemfibrozil TRICOR (fenofibrate nanocrystallized) TRILIPIX (fenofibric acid)	ANTARA (fenofibrate, micronized) fenofibrate 40mg tablet fenofibrate, micronized fenofibric acid FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate)	**Fibric Acid Derivative Non Preferred Criteria** • Have tried 2 different fibric acid derivatives in the past 6 months

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		LOPID (gemfibrozil) TRIGLIDE (fenofibrate)	
MTP INHIBITOR			
		JUXTAPID (lomitapide)	**MANUAL PA**
APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR			
		KYNAMRO (mipomersen)	**MANUAL PA**
NIACIN			
	niacin ER NIACOR (niacin) NIASPAN (niacin)		**Non Preferred Criteria** • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
PCSK-9 INHIBITOR			
		PRALUENT (alirocumab) REPATHA (evolocumab)	**MANUAL PA**
LIPOTROPICS, STATINS SmartPA			
STATINS			
	atorvastatin CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin) lovastatin pravastatin simvastatin	ALTOPREV (lovastatin) fluvastatin ER LIPITOR (atorvastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin)	**Simvastatin 80mg** • 12 months of therapy with simvastatin 80mg **AND** • NO myopathy contraindication **Non Preferred Criteria** • Have tried 2 different preferred statin or statin combination agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
STATIN COMBINATIONS			

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	atorvastatin/amlodipine SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)	ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine) LIPTRUZET (atorvastatin/ezetimibe)	**Non Preferred Criteria** • Have tried 2 different preferred statin or statin combination agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
MISCELLANEOUS BRAND/GENERIC			
	CLONIDINE		
	CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)	
	EPINEPHRINE		
	EPIPEN (epinephrine) EPIPEN JR (epinephrine)	ADRENACLICK (epinephrine) AUVI-Q (epinephrine)	
	MISCELLANEOUS		
	alprazolam hydroxyzine hcl syrup hydroxyzine pamoate megestrol suspension 625mg/5mL SUBOXONE (buprenorphine/naloxone)[SmartPA]	alprazolam ER[SmartPA] BUNAVAIL (buprenorphine/naloxone) buprenorphine/naloxone hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) VISTARIL (hydroxyzine pamoate) ZUBSOLV (buprenorphine/naloxone)	**Alprazolam ER CUMULATIVE quantity limit** • **31 tablets/31 days** • **Exception** –previously stable on 2 tablets/day in the past 90 days **Buprenorphine/Naloxone and buprenorphine:** **Suboxone** • Detailed buprenorphine/naloxone and buprenorphine criteria found here **Non Preferred Criteria:** • Bunavail is preferred over Zubsolv and other generic forms of buprenorphine/naloxone

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			Bunavail • History of Suboxone therapy within the past 6 months **OR** • History of Bunavail therapy within the past 3 months **AND** • All other buprenorphine/naloxone criteria found here **Hydroxyzine hcl 10mg tablets** • **6-12 years** - *Smart PA will automatically be issued for this age range*
SUBLINGUAL ALLERGEN EXTRACT IMMUNOTHERAPY			
		GRASTEK ORALAIR RAGWITEK	
SUBLINGUAL NITROGLYCERIN			
	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)	
MOVEMENT DISORDER AGENTS SmartPA			
		tetrabenazine XENAZINE (tetrabenazine)	**Xenazine** • Documented diagnosis of Huntington's Chorea
MULTIPLE SCLEROSIS AGENTS SmartPA			

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	AUBAGIO (teriflunomide) AVONEX (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE 20mg (glatiramer) GILENYA (fingolimod) REBIF (interferon beta-1a)	AMPYRA (dalfampridine) COPAXONE 40mg (glatiramer) EXTAVIA (interferon beta-1b) GLATOPA (glatiramer) PLEGRIDY (interferon beta-1a) TECFIDERA (dimethyl fumarate)	**All Agents** • Documented diagnosis of multiple sclerosis **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **OR** • 3 claims with the requested agent **Ampyra – MANUAL PA** • **18 years** – minimum age limit **AND** • **60 tablets/30 days (2 tablets/day)** – quantity limit **AND** • Documented gait disorder associated with MS **AND** • NO seizure diagnosis or moderate to severe renal impairment **AND** • *Initial authorization* – requires a baseline Timed 25-foot Walk (T25FW) assessment and will be approved for 12 weeks **OR** • *Additional prior authorizations* - 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
NSAIDS SmartPA			
	NON-SELECTIVE		

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	diclofenac EC diclofenac SR – Effective 4/15/16 etodolac tab flurbiprofen ibuprofen indomethacin ketoprofen – Effective 4/15/16 ketorolac nabumetone – Effective 4/15/16 naproxen piroxicam – Effective 4/15/16 sulindac	ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac) CATAFLAM (diclofenac) DAYPRO (oxaprozin) etodolac cap etodolac tab SR FELDENE (piroxicam) fenoprofen INDOCIN (indomethacin) indomethacin cap ER ketoprofen ER meclofenamate mefenamic acid NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) NUPRIN (ibuprofen) oxaprozin PONSTEL (mefenamic acid) SPRIX NASAL SPRAY (ketorolac) TIVORBEX (indomethacin) tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac) ZORVOLEX (diclofenac)	**Non Preferred Criteria** • Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months
NSAID/GI PROTECTANT COMBINATIONS			

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		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	**Non Preferred Criteria** • Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months
COX II SELECTIVE			
	meloxicam	CELEBREX (celecoxib) celecoxib MOBIC (meloxicam) NULOX (meloxicam)	**Non Preferred Criteria – COX II** • Documented diagnosis of Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or Ankylosing Spondylitis **AND** • 90 consecutive days on the requested agent in the past 105 days**OR** • Have tried 1 preferred COX-II Selective and 1 preferred Non-Selective Agent **OR** • Have tried 1 preferred COX-II Selective agent and a documented diagnosis of GI Bleed, GERD, PUD, GI Perforation, or Coagulation Disorder
OPHTHALMIC ANTIBIOTICS			
	bacitracin/neomycin/gramicidin bacitracin/polymyxin CILOXAN Ointment (ciprofloxacin) ciprofloxacin erythromycin gentamicin levofloxacin MOXEZA (moxifloxacin) ofloxacin	AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) CILOXAN Solution (ciprofloxacin) GARAMYCIN (gentamicin) gatifloxacin NATACYN (natamycin) neomycin/bacitracin/polymyxin b	

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	polymyxin/trimethoprim sulfacetamide tobramycin TOBREX (tobramycin) oint VIGAMOX (moxifloxacin)	NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin) (oxy-tcn/polymyx sul) OCUFLOX (ofloxacin) POLYTRIM (polymyxin/trimethoprim) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	
ANTIBIOTIC STEROID COMBINATIONS			
	neomycin//polymyxin/dexamethasone PRED-G (gentamicin/prednisolone) sulfacetamide/prednisolone TOBRADEX SUSPENSION/OINTMENT (tobramycin/dexamethasone)	BLEPHAMIDE (sulfacetamide/prednisolone) MAXITROL(neomycin/polymyxin/dexamethasone) neomycin/bacitracin/polymyxin/hc tobramycin/dexamethasone ZYLET (loteprednol/tobramycin)	

OPHTHALMIC ANTI-INFLAMMATORIES ^{SmartPA}

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	dexamethasone diclofenac FLAREX (fluorometholone) flurbiprofen FML SOP (fluorometholone) MAXIDEX (dexamethasone) prednisolone acetate prednisolone NA phosphate VEXOL (rimexolone)	ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac DUREZOL (difluprednate) FML FORTE (fluorometholone) ILEVRO (nepafenac) LOTEMAX (loteprednol) NEVANAC (nepafenac) OCUFEN (flurbiprofen) PROLENSA (bromfenac) PRED MILD (prednisolone) PRED FORTE (prednisolone) VOLTAREN (diclofenac)	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months

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OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS SmartPA			
	cromolyn ketotifen OTC PATADAY (olopatadine)	ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (lodoxamide) ALREX (loteprednol) azelastine BEPREVE (bepotastine) ELESTAT (epinastine) EMADINE (emedastine) epinastine LASTACAFT (alcaftadine) OPTIVAR (azelastine) PATANOL (olopatadine) PAZEO (olopatadine)	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months
OPHTHALMICS, GLAUCOMA AGENTS SmartPA			
BETA BLOCKERS			
	betaxolol BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol solution	BETAGAN (levobunolol) BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel TIMOPTIC (timolol)	**Non Preferred Criteria** • Documented diagnosis of glaucoma **AND** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
CARBONIC ANHYDRASE INHIBITORS			
	AZOPT (brinzolamide) dorzolamide TRUSOPT (dorzolamide)		

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	COMBINATION AGENTS		
	COMBIGAN (brimonidine/timolol) COSOPT (dorzolamide/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine)	COSOPT PF(dorzolamide/timolol)	
	PARASYMPATHOMIMETICS		
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)	
	PROSTAGLANDIN ANALOGS		
	latanoprost TRAVATAN Z (travoprost)	bimatoprost LUMIGAN (bimatoprost) RESCULA (unoprostone) travoprost XALATAN (latanoprost) ZIOPTAN (tafluprost)	
	SYMPATHOMIMETICS		
	ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) Brimonidine	dipivefrin PROPINE (dipivefrin)	
OTIC ANTIBIOTICS			
	CIPRODEX (ciprofloxacin/dexamethasone) [Age Edit] neomycin/polymyxin/hydrocortisone ofloxacin	CIPRO HC (ciprofloxacin/hydrocortisone) [Age Edit] ciprofloxacin COLY-MYCIN S (colistin/neomycin/ hydrocortisone) CORTISPORIN-TC (colistin/neomycin/ hydrocortisone) DERMOTIC (fluocinolone)	**Maximum Age Limit** • **8 years** - Cipro HC • **14 years** - Ciprodex

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PANCREATIC ENZYMES SmartPA			
	CREON (pancreatin) pancrelipase ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) PERTZYE (pancrelipase) ULTRESA (pancrelipase) VIOKACE (pancrelipase)	**Non Preferred Criteria** • Have tried 3 different preferred agents in the past 6 months
PARATHYROID AGENTS			
	calcitriol ergocalciferol paricalcitol ZEMPLAR (paricalcitol)	doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone) ROCALTROL (calcitriol) SENSIPAR (cinacalcet)	
PHOSPHATE BINDERS			
	calcium acetate ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) RENAGEL (sevelamer HCl)	AURYXIA (ferric citrate) FOSRENOL (lanthanum) PHOSLO (calcium acetate) RENVELA (sevelamer carbonate) sevelamer carbonate VELPHORO (sucroferric oxyhydronxide)	
PLATELET AGGREGATION INHIBITORS SmartPA			
	AGGRENOX (dipyridamole/aspirin) cilostazol clopidogrel dipyridamole pentoxifylline ZONTIVITY (vorapaxar)Clinical Edit	BRILINTA (ticagrelor) EFFIENT (prasugrel) PERSANTINE (dipyridamole) PLAVIX (clopidogrel) PLETAL (cilostazol) ticlopidine	**Zontivity – MANUAL PA** • Documented diagnosis of myocardial infarction or peripheral artery disease **AND** • No diagnosis of stroke, transient ischemic attack or intracranial hemorrhage **AND** • Concurrent therapy with aspirin and/or clopidogrel

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			Non Preferred Criteria • Documented diagnosis **AND** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days **Brilinta** • Documented diagnosis for Acute Coronary Syndrome or Percutaneous Coronary Intervention **OR** • Therapy with Brilinta in the past 60 days **Effient** • Documented diagnosis for Acute Coronary Syndrome or Percutaneous Coronary Intervention
PRENATAL VITAMINS			
	CITRANATAL 90 DHA PACK CITRANATAL ASSURE COMBO PACK CITRANATAL B-CALM PACK CITRANATAL DHA PACK CITRANATAL HARMONY Capsule CITRANATAL RX Tablet CONCEPT DHA Capsule FE C PLUS Tablet PRENATAL PLUS Tablet	B-NEXA Tablet CAVAN-EC SOD DHA VITAMINS 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	Products not listed here are assumed to be non-preferred.

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	SE-NATAL CHEWABLE Tablet TARON-C DHA Capsule TRICARE PRENATAL Tablet VOL-PLUS Tablet VOL-TAB Rx	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 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	

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		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	
PSEUDOBULBAR AFFECT AGENTS			
		NUEDEXTA (dextromethorphan/quinidine)	**Non Preferred Criteria** • 90 consecutive days on the requested agent in the past 105 days **OR** • Documented diagnosis for Pseudobulbar Affect, Multiple Sclerosis, or Amytrophic Lateral Sclerosis
PULMONARY ANTIHYPERTENSIVES^{SmartPA}			
ENDOTHELIN RECEPTOR ANTAGONIST			
	LETAIRIS (ambrisentan) TRACLEER (bosentan)	OPSUMIT (macitentan)	**All PAH Agents – Preferred and Non Preferred** • Documented diagnosis of pulmonary hypertension **Non Preferred Criteria** • Have tried 1 preferred PAH agent in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days

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		PDE5's	
	sildenafil	ADCIRCA (tadalafil) REVATIO (sildenafil)	**Non Preferred Criteria** • Have tried 1 preferred PAH agent in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days **Revatio** • **< 1 year** of age **AND** documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation **OR** 90 consecutive days on the requested agent in the past 105 days • **> 18 years** of age **AND** Non Preferred Criteria **Sildenafil 25mg, 50mg, or 100mg** • **< 12 years** of age **AND** documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation **OR** history of heart transplant **OR** 90 consecutive days on the requested agent in the past 105 days
		PROSTACYCLINS	
	ORENITRAM ER (treprostinil)	TYVASO (treprostinil) VENTAVIS (iloprost)	**Non Preferred Criteria** • Have tried 1 preferred PAH agent in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days

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SELECTIVE PROSTACYCLIN RECEPTOR AGONISTS			
		UPTRAVI (selexipag)[NR]	**Non Preferred Criteria** • Have tried 1 preferred PAH agent in the past 6 months **OR** 90 consecutive days on the requested agent in the past 105 days
SOLUABLE GUANYLATE CYCLASE STIMULATORS			
		ADEMPAS (riociguat)	**Adempas** • Have tried 1 preferred PAH agent in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days **OR** • **MANUAL PA** for PAH WHO Group 4
SEDATIVE HYPNOTICS			
BENZODIAZEPINES			
	estazolam flurazepam temazepam (15mg and 30mg)	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) RESTORIL (temazepam) temazepam (7.5mg and 22.5mg) triazolam	Single source benzodiazepines and barbiturates are NOT covered – NO PA's will be issued for these drugs. **Quantity Limits – CUMULATIVE** Quantity limit per rolling days for all strengths. *SmartPA will allow an early refill override for one dose or therapy change per year.* • **31 units/31 days** - all strengths **Triazolam – CUMULATIVE** Quantity limit per rolling days for all strengths • **10 units/31 days** • **60 units/365 days**

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		OTHERS SmartPA	
	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 zolpidem SL[NR] ZOLPIMIST (zolpidem)	**Quantity Limits – CUMULATIVE** Quantity limit per rolling days for all strengths. *SmartPA will allow an early refill override for one dose or therapy change per year.* • **31 units/31 days** • **1 canister/31 days** – Zolpimist & male • **1 canister/62 days** – Zolpimist & female **Gender and Dose Limits for zolpidem** • **Female -** Ambien 5mg, Ambien CR 6.25mg, Intermezzo 1.75 mg • **Male** – all zolpidem strengths **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **Hetlioz** • Circadian rhythm sleep disorder **AND** • Diagnosis indicating total blindness of the patient
SELECT CONTRACEPTIVE PRODUCTS			
		INJECTABLE CONTRACEPTIVES	
	medroxyprogesterone acetate IM	DEPO-PROVERA IM (medroxyprogesterone acetate) DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)	

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		ORAL CONTRACEPTIVES SmartPA	
	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) 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)	**Non Preferred Criteria** • 1 claim with the requested agent in the past 105 days

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		ZENCHENT FE (norethindrone/ethinyl estradiol/fe) ZEOSA (norethindrone/ethinyl estradiol/fe)	
SKELETAL MUSCLE RELAXANTS SmartPA			

	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)
			Non Preferred Agents
			 • Documented diagnosis for an approvable indication **AND**
			 • Have tried 2 different preferred agents in the past 6 months
			
			 Carisoprodol
			 • Documented diagnosis of acute musculoskeletal condition **AND**
			 • NO history with meprobamate in the past 90 days **AND**
			 • 1 claim for cyclobenzaprine in the past 21 days **OR** a documented intolerance to cyclobenzaprine **AND**
			 • **Quantity Limits**
			   ○ **18 tablets** - to allow tapering off
			   ○ **84 tablets/6 months**

SMOKING DETERRANTS			
		NICOTINE TYPE	
	nicotine gum nicotine lozenge nicotine patch	NICODERM CQ PATCH NICORETTE LOZENGE NICORETTE GUM NICOTROL INHALER NICOTROL NASAL SPRAY	

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NON-NICOTINE TYPE			
	bupropion ER CHANTIX (varenicline)	ZYBAN (bupropion)	**Minimum Age Limit - Chantix** • **18 years** **Quantity Limits** • **Chantix 0.5 mg, 1mg tablets and continuing pack –** 336 tablets/year • **Chantix Starter –** 2 treatment courses/year
STEROIDS (Topical) SmartPA			
LOW POTENCY			
	CAPEX (fluocinolone) desonide hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTHE-FS (fluocinolone) DESONATE (desonide) DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	**Non Preferred Criteria** • Have tried 2 different preferred low potency agents in the past 6 months
MEDIUM POTENCY			
	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)	**Non Preferred Criteria** • Have tried 2 different preferred medium potency agents in the past 6 months

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	HIGH POTENCY		
	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)	**Non Preferred Criteria** • Have tried 2 different preferred high potency agents in the past 6 months
	VERY HIGH POTENCY		
	CLOBEX (clobetasol) clobetasol shampoo clobetasol propionate ointment halobetasol ointment TEMOVATE Cream (clobetasol propionate) ULTRAVATE Cream, Lotion (halobetasol)	clobetasol emollient clobetasol propionate cr, foam, gel, oint, sol DIPROLENE (betamethasone diprop/prop gly) halobetasol cream HALONATE (halobetasol/ammonium lactate) HALAC (halobetasol/ammoium lac) TEMOVATE Ointment (clobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) ULTRAVATE Ointment (halobetasol)	**Non Preferred Criteria** • Have tried 2 different preferred very high potency agents in the past 6 months

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To search the PDL, press CTRL + F

MISSISSIPPI DIVISION OF MEDICAID
UNIVERSAL PREFERRED DRUG LIST
(For All Medicaid, MSCAN and CHIP Beneficiaries)

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
STIMULANTS AND RELATED AGENTS SmartPA			
	SHORT-ACTING		
	amphetamine salt combination dexmethylphenidate IR dextroamphetamine IR FOCALIN (dexmethylphenidate) METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) dextroamphetamine solution methamphetamine methylphenidate chewable methylphenidate solution ZENZEDI (dextroamphetamine)	**Minimum Age Limit** • **3 years** - Adderall, Procentra, Zenzedi • **6 years** – Desoxyn, Focalin, Methylin **Maximum Age Limit** • **21 years** – diagnosis of ADD/ADHD is required **Quantity Limits** Applicable <u>quantity limit</u> per rolling days • **62 tablets/ 31 days** –Adderall, Desoxyn, Focalin, Methylin, Zenzedi • **310 mL/ 31 days** – Methylin solution, Procentra **Non-Preferred Criteria** • Have tried 2 different preferred Short Acting agents in the past 6 months **OR** • 1 claim for a 30 day supply with the requested agent in the past 180 days
	LONG-ACTING		
	ADDERALL XR (amphetamine salt combination) DAYTRANA (methylphenidate) dexmethylphenidate XR FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate ER (generic Concerta-all labelers) PROVIGIL (modafinil)	ADZENYS XT ODT (amphetamine)[NR] amphetamine salt combination ER APTENSIO XR (methylphenidate) CONCERTA (methylphenidate) DEXEDRINE (dextroamphetamine) dextroamphetamine ER DYANAVEL XR (amphetamine salt combination)[NR]	**Minimum Age Limit** • **6 years** – Adderall XR, Adzenys XT ODT, Aptensio XR, Concerta, Daytrana, Dexedrine, Dyanavel XR, Focalin XR, Metadate, CD, Quillichew, Quillivant XR, Ritalin LA, Vyvanse • **16 years** – Provigil

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine)	methylphenidate CD (generic Metadate CD) NUVIGIL (armodafinil) QUILLICHEW (methylphenidate)[NR] RITALIN LA (methylphenidate)	• **18 years** – Nuvigil **Maximum Age Limit** • **21 years** – diagnosis of ADD/ADHD is required **Quantity Limits** Applicable quantity limit per rolling days • **31 tablets/ 31 days** – Adderall XR, Adzenys XT ODT, Aptensio XR, Concerta 18, 27, & 54 mg, Daytrana, Dexedrine Spansule, Focalin XR 5 & 10mg, Metadate CD, Methylin ER, Nuvigil 150 & 200 mg, Provigil 200mg, Quillichew, Ritalin LA & SR, Vyvanse • **46.5 tablets/ 31 days** – Provigil 100 mg • **62 tablets/ 31 days** – Concerta 36mg, Focalin XR 15 & 20mg, Nuvigil 50mg • **248 mL/31 days** – Dyanavel XR • **372 mL/ 31 days** – Quillivant XR **Provigil** • Documented diagnosis of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder **Non-Preferred Criteria** • Have tried 2 different preferred Long Acting agents in the past 6 months **OR** • 1 claim for a 30 day supply with the

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			requested agent in the past 180 days **Nuvigil** • Documented diagnosis of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder **AND** • 1 claim for a 30 day supply with the requested agent in the past 180 days **OR** • 30 days of therapy with Provigil in the past 6 months **AND** 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
		NON-STIMULANTS	
	STRATTERA (atomoxetine)	clonidine ER guanfacine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release)	**Minimum Age Limit** **6 years** – Intuniv, Kapvay, Strattera **Maximum Age Limit** • **17 years** – Intuniv, Kapvay • **21 years** – diagnosis of ADD/ADHD is required **Quantity Limits** Applicable quantity limit per rolling days • **31 tablets/ 31 days** – Intuniv, Strattera • **124 tablets/ 31 days** – Kapvay **Kapvay & Intuniv** • 1 claim for a 30 day supply with the requested agent in the past 180 days

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			OR • Diagnosis for ADD or ADHD **AND** • Have tried 1 Short or Long Acting stimulant in the past 6 months **OR** • Have tried Strattera in the past 6 months **OR** • Have tried the short acting product in the past 6 months
TETRACYCLINES SmartPA			
	doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR tetracycline	ACTICLATE (doxycycline) 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	**Non Preferred Agents** • Have tried 2 different preferred agents in the past 6 months **Demeclocycline** • Documented diagnosis of Diabetes Insipidus or SIADH will allow automatic approval.
ULCERATIVE COLITIS and CROHN'S AGENTS *See Cytokine & CAM Antagonists Class for additional agents			
	ORAL		

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	APRISO (mesalamine) ASACOL (mesalamine) balsalazide DIPENTUM (olsalazine) PENTASA 250mg (mesalamine) sulfasalazine	ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) budesonide EC COLAZAL (balsalazide) DELZICOL (mesalamine) ENTOCORT EC (budesonide) GIAZO (balsalazide) LIALDA (mesalamine) PENTASA 500mg (mesalamine) UCERIS (budesonide)	**Gender Limits** • **Male** - Giazo **Non Preferred Criteria** • Documented diagnosis for Ulcerative Colitis **AND** • 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
RECTAL			
	CANASA (mesalamine) mesalamine	SFROWASA (mesalamine) UCERIS Foam (budesonide)	

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