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
ACNE AGENTS			
	ANTI-INFECTIVE		**Maximum Age Limit**
	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	• **21 years** – all agents
	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	NAMENDA TABS (memantine) 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	ABSTRAL (fentanyl) ACTIQ (fentanyl) butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine butorphanol tartrate (nasal) DEMEROL (meperidine) DILAUDID (hydromorphone)	**Quantity Limits** Applicable <u>quantity limit</u> in 31 rolling days. • **62 tablets** – codeine, oxycodone/ibuprofen, meperidine, hydromorphone, fentanyl, bultalbital/codeine combinations, morphine, tapentadol, dihydrocodeine

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	morphine oxycodone capsules oxycodone/APAP oxycodone/aspirin oxycodone/ibuprofen pentazocine/APAP tramadol tramadol/APAP	fentanyl 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)	combinations, tramadol, pentazocine • **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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		ZOLVIT (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen)	
ANALGESICS, NARCOTIC - LONG ACTING SmartPA			
	BUTRANS (buprenorphine) EMBEDA (morphine/naltrexone) fentanyl patches morphine ER tablets	BELBUCA (buprenorphine) 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) XTAMPZA (oxycodone myristate) 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, Xtampza ER, 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 **Xartemis XR – MANUAL PA** • Have tried 2 different preferred agents in the past 30 days • Maximum duration of therapy = 20 days per calendar year

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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)	ANDRODERM (testosterone patch) ANDROXY (fluoxymesterone)[NR] AXIRON (testosterone gel) FORTESTSA (testosterone gel) NATESTO (testosterone) STRIANT (testosterone) ==TESTIM (testosterone gel)== testosterone gel testosterone pump VOGELXO (testosterone)	**All Agents** • Limited to male gender **Non Preferred Criteria** • Have tried 1 preferred agent in the past 6 months
ANGIOTENSIN MODULATORS SmartPA			
		ACE INHIBITORS	
	benazepril captopril enalapril	ACCUPRIL (quinapril) ALTACE (ramipril) EPANED (epalapril) LOTENSIN (benazepril)	**Minimum Age Limit** • ≤ 6 years – Epaned *Smart PA will automatically be issued for this age*

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	fosinopril lisinopril quinapril ramipril trandolapril	MAVIK (trandolapril) moexipril perindopril PRINIVIL (lisinopril) QBRELIS (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	**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 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) moexipril/HCTZ PRESTALIA (perindopril/amlodipine) 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
ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)			
	irbesartan losartan MICARDIS (telmisartan) telmisartan valsartan	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) candesartan COZAAR (losartan) DIOVAN (valsartan) EDARBI (azilsartan)	**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

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		Eprosartan olemesartan TEVETEN (eprosartan**)**	
ARB COMBINATIONS			
	irbesartan/HCTZ losartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ) telmisartan/HCTZ valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/HCTZ	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) BYVALSON (nebivolol/valsartan) candesartan/HCTZ DIOVAN-HCT (valsartan/HCTZ) EDARBYCLOR (azilsartan/chlorthalidone) ENTRESTO (valsartan/sacubitril) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) olemesartan/amlodipine olemesartan/amlodipine/HCTZ olemesartan/HCTZ telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine)	**Non Preferred Criteria ARB/Beta Blocker, 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
DIRECT RENIN INHIBITORS			
		TEKTURNA (aliskiren)	**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

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			agent in the past 105 days
DIRECT RENIN INHIBITOR COMBINATIONS			
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz) VALTURNA (aliskiren/valsartan)	**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
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)			
KETOLIDES			
		KETEK (telithromycin)	
LINCOSAMIDE ANTIBIOTICS			
	clindamycin capsules clindamycin solution	CLEOCIN (clindamycin) CLEOCIN SOLUTION (clindamycin)	
MACROLIDES			
	azithromycin clarithromycin ER clarithromycin IR	BIAXIN (clarithromycin) BIAXIN XL (clarithromycin) E.E.S. (erythromycin ethylsuccinate)	

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	E.E.S. Suspension 200 (erythromycin ethylsuccinate) ERY-TAB (erythromycin)	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 - MANUAL PA** **Quantity Limit** • **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	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin)	

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	CLINDESSE (clindamycin) metronidazole vaginal VANDAZOLE (metronidazole)	METROGEL (metronidazole) NUVESSA (metronidazole)	
ANTICOAGULANTS SmartPA			
	ORAL		
	COUMADIN (warfarin) ELIQUIS (apixaban) PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban)	SAVAYSA (edoxaban tosylate)	**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 replacement **AND** duration of therapy limited to 12 days **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **OR** • 1 claim with the same agent in the past 90 days

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
LOW MOLECULAR WEIGHT HEPARIN (LMWH)			
	enoxaparin	ARIXTRA (fondaparinux) FRAGMIN (dalteparin) fondaparinux LOVENOX (enoxaparin) Prefilled Syringe	**LMWH – All Agents** • LMWH therapy in the past 3months **AND** ○ Documented diagnosis of cancer **OR** ○ Pregnant female **OR** • NO LMWH therapy in the past 3months **AND** ○ Duration of therapy is < 17 days **OR** ○ Documented diagnosis of cancer **OR** ○ Pregnant female **OR** ○ 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 DEPAKOTE ER (divalproex)	APTIOM (eslicarbazepine) BANZEL (rufinamide) BRIVIACT (brivaracetam)	**Minimum Age Limit** • **1 year** - Banzel • **2 years** – Onfi

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	DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam levetiracetam ER oxcarbazepine oxcarbazepine suspension topiramate tablet topiramate ER (generic Qudexy XR) Step Edit topiramate sprinkle capsule valproic acid VIMPAT (lacosamide) zonisamide	CARBATROL (carbamazepine)* DEPAKENE (valproic acid) DEPAKOTE (divalproex) EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) FYCOMPA (perampanel)* GRALISE (gabapentin) HORIZANT (gabapentin) LAMICTAL XR (lamotrigine) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) lamotrigine ODT NEURONTIN (gabapentin) OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine) QUDEXY XR (topiramate) SABRIL (vigabatrin) SPRITAM (levetiracetam) STAVZOR (valproic acid) TEGRETOL (carbamazepine) TEGRETOL XR (carbamazepine)* tiagabine TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate)* TRILEPTAL Suspension (oxcarbazepine) TRILEPTAL Tablets (oxcarbazepine) TROKENDI XR (topiramate) ZONEGRAN (zonisamide)	**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** • 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

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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 TRINTELLIX (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) IRENKA (duloxetine) KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) PRISTIQ (desvenlafaxine) REMERON (mirtazapine)	**Minimum Age Limit** • **18 years** - all drugs • **Cymbalta** – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder **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

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		tranylcypromine venlafaxine XR venlafaxine ER tablets WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion HCl)	**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) ZOLOFT (sertraline)	**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 agent in the past 105 days
ANTIEMETICS SmartPA			
		5HT3 RECEPTOR BLOCKERS	
	ondansetron ondansetron ODT 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**

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			• 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			
		CESAMET (nabilone) MARINOL (dronabinol) dronabinol	
NMDA RECEPTOR ANTAGONIST			
	EMEND (aprepitant)	VARUBI (rolapitant)	**Varubi - 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**

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			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) ^ 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 **Cresemba - MANUAL PA** • Minimum age limit $\geq$ 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

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			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 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) econazole ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) JUBLIA (efinaconazole) KERYDIN (tavaborole) ketoconazole cream ketoconazole foam LAMISIL (terbinafine) solution LOPROX (ciclopirox) LUZU (luliconazole) MENTAX (butenafine) NAFTIN (naftifine) NIZORAL (ketoconazole) oxiconazole OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide)	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months
		ANTIFUNGAL/STEROID COMBINATIONS	

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	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) – currently unavailable from manufacturer 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		
	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)	almotriptan	**Minimum Age Limit – ALL**

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	rizatriptan rizatriptan ODT sumatriptan tablets	AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT(rizatriptan) naratriptan TREXIMET (sumatriptan/naproxen) zolmitriptan ZOMIG (zolmitriptan)	**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, Onzetra Xsail, 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 - ORAL** • Have tried 2 preferred preferred oral agents in the past 90 days
NASAL			
	sumatriptan	IMITREX (sumatriptan) ONZETRA Xsail (sumatriptan)[NR] ZOMIG (zolmitriptan)	**Quantity Limit - NASAL** • **1 box/31 days** **Non Preferred Criteria - NASAL** • Have tried 1 preferred nasal agent in the past 90 days
INJECTABLES			
	sumatriptan	IMITREX (sumatriptan) SUMAVEL (sumatriptan) ZEMBRANCE (sumatriptan)	**CUMULATIVE Quantity Limit - INJECTION** **4 injections/31 days**
OTHER			

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		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			
	AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) COTELLIC (cobimetinib) 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) TARCEVA (erlotinib) TASIGNA (nilotinib) TYKERB (lapatinib ditosylate) vandetanib VOTRIENT (pazopanib) XALKORI (crizotinib) ZELBORAF (vemurafenib)	ALECENSA (alectinib) CABOMETYX (cabozantinib s-malate) FARYDAK (panobinostat) GLEOSTINE (lomustine) IBRANCE (palbociclib) SmartPA LENVIMA (lenvatinib) SmartPA LYNPARZA (olaparib) SmartPA TAGRISSO (osimertinib)	**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** • Documented diagnosis of thyroid cancer **OR** • Documented diagnosis of renal cell carcinoma **AND** • History of 1 claim for everolimus in the past 30 days **AND** • History of 1 anti-angiogenic agent in

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	ZYDELIG (idelalisib) ZYKADIA (ceritnib)		the past 2 years. **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) SKLICE (ivermectin)	lindane malathion OVIDE (malathion) 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 2 preferred topical lice agents 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 • **2 months** – permethrin 5% • **18 years** – Eurax **Non Preferred Criteria** • History of permethrin 5% in the past

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			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		
	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) ZELAPAR (selegiline)	

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Version 2017.3
Updated: 11-28-2016

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	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		
	amitriptyline/perphenazine aripiprazole SmartPA chlorpromazine clozapine SmartPA fluphenazine haloperidol SmartPA olanzapine SmartPA perphenazine risperidone SmartPA quetiapine SmartPA thioridazine thiothixene trifluoperazine ziprasidone SmartPA	ABILIFY (aripiprazole) SmartPA ADASUVE (loxapine) aripiprazole ODT SmartPA clozapine ODT CLOZARIL (clozapine) SmartPA FANAPT (iloperidone) SmartPA FAZACLO (clozapine) SmartPA GEODON (ziprasidone) SmartPA HALDOL (haloperidol) SmartPA INVEGA (paliperidone) SmartPA LATUDA (lurasidone) SmartPA NAVANE (thiothixene) NUPLAZID (pimavanserin) SmartPA olanzapine/fluoxetine SmartPA paliperidone SmartPA quetiapine XR SmartPA REXULTI (brexpiprazole) 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, Nuplazid, Rexulti, Vraylar **Concurrent Therapy Limits – Ages 0-17 years** • 90 days with >2 atypical antipsychotics in the last 120 days will require a manual PA **Non Preferred Criteria**

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		RISPERDAL (risperidone) SmartPA
		SAPHRIS (asenapine) SmartPA
		SEROQUEL XR (quetiapine) SmartPA
		SYMBYAX (olanzapine/fluoxetine) SmartPA
		ZYPREXA (olanzapine) SmartPA
		VRAYLAR (cariprazine) SmartPA
			• 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
			
			Nuplazid
			• Documented diagnosis of Parkinson's disease

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** • History of the requested injectable agent in the past 90 days

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			○ **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		**Non Preferred Criteria** • 1 claim with the requested agent in the past 105 days
	ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium)	VITEKTA (elvitegravir)	
	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)		
	EDURANT (rilpivirine) nevirapine nevirapine ER SUSTIVA (efavirenz)	INTELENCE (etravirine) RESCRIPTOR (delavirdine mesylate) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)	

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	PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR		**Tybost - MANUAL PA**
		TYBOST (cobicistat)	
	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		
	DESCOVY (emtricitabine/tenofovir alafenam) TRUVADA (emtricitabine/tenofovir)		
	COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & INTEGRASE INHIBITORS		

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	GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir)	STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) TRIUMEQ (abacavir/lamivudine/ dolutegravir)	**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)
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & NON-NUCLEOSIDE RTIs			
	ATRIPLA (efavirenz/emtricitabine/tenofovir)	COMPLERA (emtricitabine/rilpivirine/tenofovir)* ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)	
COMBINATION PRODUCTS – PROTEASE INHIBITORS			
	KALETRA (lopinavir/ritonavir)		
ANTIVIRALS (Oral) – ANTIHERPETIC AGENTS			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) SITAVIG (acyclovir) VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
ANTIVIRALS (Topical)			

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	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
BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS SmartPA			

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	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) CHOLBAM (cholic acid) OCALIVA (obeticholic acid) 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	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months

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		tolterodine ER TOVIAZ (fesoterodine fumarate) trospium	
BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA			
		BISPHOSPHONATES	
	alendronate BINOSTO (alendronate) risedronate	ACTONEL (risedronate) alendronate solution ATELVIA (risedronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) FOSAMAX PLUS D (alendronate/vitamin D) 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	
	calcitonin salmon FORTICAL (calcitonin)	EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) raloxifene	
BPH AGENTS SmartPA			
		ALPHA BLOCKERS	
	alfuzosin 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

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			agent in the past 105 days
5-ALPHA-REDUCTASE (5AR) INHIBITORS			
	finasteride	AVODART (dutasteride) PROSCAR (finasteride)	
PDE5 INHIBITORS			
		CIALIS (tadalafil)	**Cialis – <u>MANUAL PA</u>** • 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) BEVESPI (glycopyrrolate/formoterol) STIOLTO RESPIMAT (tiotropium/olodaterol)	
BRONCHODILATORS, BETA AGONIST			

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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}			
	SEREVENT (salmeterol)	ARCAPTA (indacaterol) STRIVERDI RESPIMAT (olodaterol)	**Minimum Age Limit** • **4 years** – Serevent • **18 years** – Arcapta, Striverdi Respimat **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 in the past 6 months **OR** • 3 claims with the requested agent in the past 105 days

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			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
LONG-ACTING			
	amlodipine DILT XR 24 HR Caps (diltiazem) diltiazem ER Cap 24 HR (generic Cardizem CD) diltiazem ER Cap 24 HR felodipine ER	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem)	**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

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	nifedipine ER verapamil ER	DILACOR XR (diltiazem) diltiazem ER Cap 12 HR diltiazem ER Tab 24 HR nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	
CALORIC AGENTS			
	BOOST (includes all Boost) BREAKFAST ESSENTIALS 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	**Non Preferred Agents - MANUAL PA**
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)			

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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			
	cefadroxil cephalexin capsules	cephalexin tablets KEFLEX (cephalexin)	**Non Preferred Criteria – all generations** • Have tried 2 different preferred agents in the past 6 months
CEPHALOSPORINS – Second Generation SmartPA			
	cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)	
CEPHALOSPORINS – Third Generation SmartPA			
	cefdinir suspension cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	**Maximum Age Limit** • **18 years** – cefdinir suspension
COLONY STIMULATING FACTORS			
	LEUKINE (sargramostim) GRANIX (tbo-filgrastim) NEUPOGEN Syringe and Vial (filgrastim) ZARXIO (filgrastim)	NEULASTA (pegfilgrastim)	
CYSTIC FIBROSIS AGENTS SmartPA			

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	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, Orkambi 100/125mg,, TOBI, TOBI Podhaler
			• **7 years –** Cayston
			• **12 years –** Orkambi 200/125mg
			
			All Agents
			• Documented diagnosis Cystic Fibrosis
			
			Kalydeco
			• Requires 1 claim with Kalydeco in the past 105 days **OR**
			• **NEW STARTS – MANUAL PA**
			  ○ Diagnosis of cystic fibrosis with a *G551D,G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N,* or *S549R* mutation in the CFTR gene **AND**
			  ○ Prescriber is a CF specialist or 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

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			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) TALTZ (ixekizumab) TREXALL (methotrexate) XELJANZ (tofacitinib) XELJANZ XR (tofacitinib)	Orencia IV Infusion, Remicade IV Infusion and Stelara (first dose) are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification. **Cosentyx** • **≥ 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
ERYTHROPOIESIS STIMULATING PROTEINS ^{SmartPA}			

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	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 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}			
	ciprofloxacin tablets levofloxacin tablets	AVELOX (moxifloxacin) ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin suspension moxifloxacin NOROXIN (norfloxacin) ofloxacin	**Non Preferred Criteria** • 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 agent from 2 of the classes below in the past 3 months o Penicillin, 2nd or 3rd generation cephalosporin, or macrolide

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			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} CONDYLOX (podofilox)^{Age Edit} podofilox ^{Age Edit}	CARAC (fluorouracil) diclofenac 3% gel imiquimod ^{Age Edit} EFUDEX (fluorouracil) fluorouracil 0.5% cream fluorouracil 5% cream PICATO (ingenol) ^{Age Edit} SOLARAZE (diclofenac) TOLAK (fluorouracil) VEREGEN (sinecatechins) ^{Age Edit} ZYCLARA (imiquimod) ^{Age Edit}	**Minimum Age Limit** • **12 years** – Aldara • **18 years** – Condylox, Picato, Veregen
GLUCOCORTICOIDS (Inhaled)			
	GLUCOCORTICOIDS ^{SmartPA}		
	ASMANEX TWISTHALER (mometasone) QVAR (beclomethasone) PULMICORT (budesonide) Respules, 0.25mg &	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ARNUITY ELLIPTA (fluticasone)	**Non Preferred Criteria** • 90 consecutive days on the requested agent in the past 105 days **OR** • Have tried 2 different preferred agents

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	0.5mg	ASMANEX HFA (mometasone) budesonide FLOVENT Diskus (fluticasone) FLOVENT HFA (fluticasone) PULMICORT (budesonide) Flexhaler PULMICORT (budesonide) Respules, 1mg	in the past 6 months *NOTE:* Institutional sized products are Non Preferred
	GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS		
	ADVAIR Diskus (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	BREO ELLIPTA (fluticasone/vilanterol)	**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

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	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) esomeprazole DR omeprazole Rx pantoprazole PROTONIX PACKET (pantoprazole)	ACIPHEX SPRINKLE (rabeprazole) ACIPHEX Tablet (rabeprazole) DEXILANT (dexlansoprazole) lansoprazole Rx omeprazole sod. bicarb. PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole)	

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		PROTONIX (pantoprazole) Rabeprazole	
	OTHER		
	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			
	EPCLUSA (sofosbuvir/velpatasvir) ∞ HARVONI (ledipasvir/sofosbuvir)∞ PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b)	DAKLINZA (daclatasvir) ∞ OLYSIO (simeprevir)∞ REBETOL (ribavirin) RIBAPAK DOSEPACK (ribavirin)	∞ **Daklinza, Epclusa, Harvoni, Olysio, Sovaldi, Technivie, Viekira, Zepatier – MANUAL PA**

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	ribavirin tablets SOVALDI (sofosbuvir)∞ TECHNIVIE (ombitasvir/paritaprevir/ritonavir) ∞ VIEKIRA (ombitasvir/paritaprevir/ritonavir)∞ VIEKIRA XR (ombitasvir/paritaprevir/ritonavir)∞ ZEPATIER (elbasvir/grazoprevir)∞	ribavirin capsules RIBASPHERE (ribavirin)	
HEREDITARY ANGIOEDEMA			
	BERINERT (C1 esterase inhibitor)	CINRYZE VIAL (C1 esterase inhibitor)* FIRAZYR SYRINGE (icatibant acetate)* KALBITOR VIAL (ecallantide)* RUCONEST VIAL (C1 esterase inhibitor, recombinant)*	
HYPERURICEMIA & GOUT SmartPA			
	allopurinol MITIGARE (colchicine) probenecid probenecid/colchicines	colchicine COLCRYS (colchicine) ULORIC (febuxostat) ZYLOPRIM (allopurinol)	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months
HYPOGLYCEMICS, DPP4s and COMBINATONS			
	JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) JENTADUETO XR (linagliptin/metformin) TRADJENTA (linagliptin)	alogliptin[NR] alogliptin/metformin[NR] alogliptin/pioglitazone[NR] KAZANO (alogliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin)* SmartPA NESINA (alogliptin) ONGLYZA (saxagliptin)* SmartPA OSENI (alogliptin/pioglitazone)	**Kombiglyze XR and Onglyza Criteria** • 90 consecutive days on the requested agent in the past 105 days

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HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS			
	BYDUREON (exenatide) VICTOZA (liraglutide)	BYETTA (exenatide) SYMLIN (pramlintide) TANZEUM (albiglutide)* SmartPA TRULICITY (dulaglutide)	**Tanzeum Criteria** • 90 consecutive days on the requested agent in the past 105 days
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/ aspart protamine)	AFREZZA (insulin) APIDRA (insulin glulisine) BASAGLAR NR HUMALOG KWIKPEN (insulin lispro) HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine) HUMULIN KWIKPEN (insulin) NOVOLIN FLEXPEN (insulin) NOVOLIN VIAL (insulin) TOUJEO (insulin glargine) TRESIBA (insulin degludec)	Insulin pen formulations are not covered for Long Term Care (LTC) beneficiaries. **Non Preferred Criteria** • Documented diagnosis of Diabetes Mellitus **AND** • Have tried 1 preferred product in the past 6 months
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			
	JARDIANCE (empagliflozin)	FARXIGA (dapagliflozin)	

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		INVOKANA (canagliflozin)	
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS			
	SYNJARDY (empagliflozin/meformin)	GLYXAMBI (empagliflozin/linagliptin) INVOKAMET (canaglifozin/metformin) INVOKAMET XR (canaglifozin/metformin)[NR] XIGDUO (dapaglifozin/metformin)	
HYPOGLYCEMICS, TZDS			
THIAZOLIDINEDIONES			
	pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	
TZD COMBINATIONS			
	pioglitazone/metformin	ACTOPLUS MET (pioglitazone/metformin) ACTOPLUSMET XR (pioglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) AVANDAMET (rosiglitazone/metformin) DUETACT (pioglitazone/glimepiride)	
IDIOPATHIC PULMONARY FIBROSIS SmartPA			
	ESBRIET (pirfenidone) OFEV (nintedanib)		**Esbriet & OFEV** • No concurrent therapy with either agent
IMMUNOSUPPRESSIVE (ORAL) SmartPA			
	AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate)	ASTAGRAF XL (tacrolimus) ENVARSUS XR (tacrolimus) HECORIA (tacrolimus)	**Minimum Age Limit** • **13 years** - Rapamune • **18 years** - Zortress

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	cyclosporine cyclosporine modified GENGRAF (cyclosporine) mycophenolate mofetil MYFORTIC (mycophenolic acid) NEORAL (cyclosporine) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) sirolimus tacrolimus ZORTRESS (everolimus)	PROGRAF (tacrolimus)	**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 – 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	BIVIGAM CUVITRU[NR] GAMMAGARD SD	

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	GAMMAGARD GAMMAKED GAMUNEX-C HIZENTRA HYQVIA OCTAGAM	GAMMAPLEX PRIVIGEN	
INTRANASAL RHINITIS AGENTS			
	ANTICHOLINERGICS		
	ipratropium	ATROVENT (ipratropium)	
	ANTIHISTAMINES		
	PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine olopatadine	
	ANTIHISTAMINE/CORTICOSTEROID COMBINATION ^{SmartPA}		
		DYMISTA (azelastine/fluticasone)	
	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)	**Non Preferred Criteria** • Documented diagnosis for allergic rhinitis **AND** • Have tried 2 different preferred agents in the past 6 months **Budesonide** *Smart PA will be issued for pregnant women.* • A documented diagnosis of pregnancy **OR** a pregnancy indicator submitted on the pharmacy claim at

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			Point of Sale
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) LEVSIN-SL (hyoscyamine) LINZESS (linaclotide) ∞ LOTRONEX (alosetron) ∞ NUTRESTORE POWDER PACK (glutamine) RELISTOR (methylnaltrexone) ZORBTIVE (somatropin) ∞	**∞ 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 require manual review.
	SELECTED GI AGENTS		
		FULYZAQ (crofelemer) ∞ MOVANTIK (naloxegol) VIBERZI (eluxadoline)	**Movantik & Viberzi - MANUAL PA**
LEUKOTRIENE MODIFIERS SmartPA			
	ACCOLATE (zafirlukast) montelukast granules montelukast tablets	SINGULAIR Tablets (montelukast) 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

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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**
			  ○ Documented diagnosis of liver disease **OR**
			  ○ Documented diagnosis for hypertriglyceridemia **OR**
			  ○ 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			

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	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 gemfibrozil	ANTARA (fenofibrate, micronized) fenofibrate 40mg tablet fenofibrate, micronized fenofibric acid FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRICOR (fenofibrate nanocrystallized) TRIGLIDE (fenofibrate) TRILIPIX (fenofibric acid)	**Fibric Acid Derivative Non Preferred Criteria** • Have tried 2 different fibric acid derivatives in the past 6 months
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

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			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) rosuvastatin 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			
	SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)	atorvastatin/amlodipine 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			

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	CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)	
	EPINEPHRINE		
	epinephrine autoinject pens EPIPEN (epinephrine) EPIPEN JR (epinephrine)	ADRENACLICK (epinephrine) AUVI-Q (epinephrine)	
	MISCELLANEOUS		
	alprazolam hydroxyzine hcl syrup hydroxyzine pamoate megestrol suspension 625mg/5mL	alprazolam ER^SmartPA hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) VISTARIL (hydroxyzine pamoate)	**Alprazolam ER CUMULATIVE quantity limit** • **31 tablets/31 days** • **Exception** –previously stable on 2 tablets/day in the past 90 days **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

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		tetrabenazine XENAZINE (tetrabenazine)	**Xenazine** • Documented diagnosis of Huntington's Chorea
MULTIPLE SCLEROSIS AGENTS SmartPA			
	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) ZINBRYTA (daclizumab)	**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

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NSAIDS SmartPA			
		NON-SELECTIVE	
	diclofenac EC diclofenac SR etodolac tab flurbiprofen ibuprofen indomethacin ketoprofen ketorolac nabumetone naproxen piroxicam 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) tolmetinVOLTAREN 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

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NSAID/GI PROTECTANT COMBINATIONS			**Non Preferred Criteria** • Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months
		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	
COX II SELECTIVE			**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
	meloxicam	CELEBREX (celecoxib) celecoxib MOBIC (meloxicam) NULOX (meloxicam) VIVLODEX (meloxicam)	
OPHTHALMIC ANTIBIOTICS			
	bacitracin/neomycin/gramicidin bacitracin/polymyxin CILOXAN Ointment (ciprofloxacin) ciprofloxacin erythromycin gentamicin polymyxin/trimethoprim	AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) CILOXAN Solution (ciprofloxacin) GARAMYCIN (gentamicin) Gatifloxacin	

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	tobramycin VIGAMOX (moxifloxacin)	levofloxacin MOXEZA (moxifloxacin) NATACYN (natamycin) neomycin/bacitracin/polymyxin b NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin) (oxy-tcn/polymyx sul) OCUFLOX (ofloxacin) ofloxacin POLYTRIM (polymyxin/trimethoprim) sulfacetamide TOBREX (tobramycin) 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
		neomycin/polymyxin/gramicidin
		neomycin/polymyxin/hydrocortisone
		TOBRADEX ST SUSPENSION
		   (tobramycin/dexamethasone)
		tobramycin/dexamethasone
		ZYLET (loteprednol/tobramycin)	

OPHTHALMIC ANTI-INFLAMMATORIES SmartPA

	dexamethasone diclofenac DUREZOL (difluprednate) FLAREX (fluorometholone) flurbiprofen	ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac FML FORTE (fluorometholone)	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **Xiidra - MANUAL PA**

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	FML SOP (fluorometholone) ketorolac MAXIDEX (dexamethasone) prednisolone acetate prednisolone NA phosphate VEXOL (rimexolone)	ILEVRO (nepafenac) LOTEMAX (loteprednol) NEVANAC (nepafenac) OCUFEN (flurbiprofen) PROLENSA (bromfenac) PRED MILD (prednisolone) PRED FORTE (prednisolone) VOLTAREN (diclofenac) XIIDRA (lifitegrast)	
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS SmartPA			
	cromolyn ketotifen OTC olopatadine	ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (lodoxamide) ALREX (loteprednol) azelastine BEPREVE (bepotastine) ELESTAT (epinastine) EMADINE (emedastine) epinastine LASTACAFT (alcaftadine) OPTIVAR (azelastine) PATADAY (olopatadine) 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)	BETAGAN (levobunolol) BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel	**Non Preferred Criteria** • Documented diagnosis of glaucoma **AND** • Have tried 2 different preferred agents in the past 6 months **OR**

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	levobunolol metipranolol timolol solution	TIMOPTIC (timolol)	• 90 consecutive days on the requested agent in the past 105 days
CARBONIC ANHYDRASE INHIBITORS			
	AZOPT (brinzolamide) dorzolamide TRUSOPT (dorzolamide)		
COMBINATION AGENTS			
	COMBIGAN (brimonidine/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine)	COSOPT (dorzolamide/timolol) 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)	

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OPIATE DEPENDENCE TREATMENTS			
		DEPENDENCE	
	naltrexone tablets SUBOXONE FILM (buprenorphine/naloxone)^{SmartPA}	buprenorphine tablets buprenorphine/naloxone tablets BUNAVAIL (buprenorphine/naloxone) PROBUPHINE IMPLANT (buprenorphine)^{NR} ZUBSOLV (buprenorphine/naloxone)	**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 **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
		TREATMENT	
	naloxone injection NARCAN NASAL SPRAY (naloxone)	EVZIO (naloxone)	
OTIC ANTIBIOTICS			
	CIPRODEX (ciprofloxacin/dexamethasone)^{Age Edit} ciprofloxacin	CIPRO HC (ciprofloxacin/hydrocortisone)^{Age Edit} COLY-MYCIN S (colistin/neomycin/ hydrocortisone)	**Maximum Age Limit** • **8 years** - Cipro HC • **14 years** - Ciprodex

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	neomycin/polymyxin/hydrocortisone	CORTISPORIN-TC (colistin/neomycin/ hydrocortisone) DERMOTIC (fluocinolone) ofloxacin OTOVEL (ciprofloxacin/fluocinolone)	
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) BRILINTA (ticagrelor) cilostazol	DURLAZA (aspirin) PERSANTINE (dipyridamole) PLAVIX (clopidogrel)	**Zontivity – MANUAL PA** • Documented diagnosis of myocardial infarction or peripheral artery disease **AND**

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	clopidogrel EFFIENT (prasugrel) dipyridamole pentoxifylline	PLETAL (cilostazol) ticlopidine ZONTIVITY (vorapaxar)^{Clinical Edit}	• No diagnosis of stroke, transient ischemic attack or intracranial hemorrhage **AND** • Concurrent therapy with aspirin and/or clopidogrel **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
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 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 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	Products not listed here are assumed to be non-preferred.

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		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	
		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	

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		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
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
		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

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			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
SELECTIVE PROSTACYCLIN RECEPTOR AGONISTS			
		UPTRAVI (selexipag)	**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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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 ^{SmartPA}			
	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**
OTHERS ^{SmartPA}			
	zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (sovorexant) EDLUAR (zolpidem) HETLIOZ (tasimelteon)	**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**

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		INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER zolpidem SL[NR] ZOLPIMIST (zolpidem)	• **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)	
		ORAL CONTACEPTIVES 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)	**Non Preferred Criteria** • 1 claim with the requested agent in the past 105 days

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

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	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	
	NON-NICOTINE TYPE		
	bupropion ER CHANTIX (varenicline)	ZYBAN (bupropion)	**Minimum Age Limit - Chantix** • **18 years** **Quantity Limits** • **Chantix 0.5 mg, 1mg tablets and**

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			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
		HIGH POTENCY	
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. CAPEX (fluocinolone) fluocinolone	amcinonide oint betameth diprop/prop gly cr, lot, oint betamethasone dipropionate oint. BETA-VAL (betamethasone valerate) desoximetasone	**Non Preferred Criteria** • Have tried 2 different preferred high potency agents in the past 6 months

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	triamcinolone	diflorasone DIPROLENE AF (betamethasone diprop/prop gly) ELOCON (mometasone) fluocinonide HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) SERNIVO (betamethasone dipropionate) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide)	
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, 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
STIMULANTS AND RELATED AGENTS SmartPA			
SHORT-ACTING			
	amphetamine salt combination dexmethylphenidate IR	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine)	**Minimum Age Limit** • **3 years** - Adderall, Procentra, Zenzedi

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	FOCALIN (dexmethylphenidate) METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR PROCENTRA (dextroamphetamine)	dextroamphetamine IR dextroamphetamine solution EVEKEO (amphetamine) methamphetamine methylphenidate chewable methylphenidate solution ZENZEDI (dextroamphetamine)	**6 years** – Desoxyn, Focalin, Methylin **Maximum Age Limit** • **21 years** – diagnosis of ADD/ADHD is required **Quantity Limits** Applicable quantity limit 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			
	ADZENYS XT ODT (amphetamine) amphetamine salt combination ER DAYTRANA (methylphenidate) dexmethylphenidate XR FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate ER (generic Concerta; labelers 00591, 62175 & 68084)) PROVIGIL (modafinil) QUILLICHEW (methylphenidate) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine)	ADDERALL XR (amphetamine salt combination) APTENSIO XR (methylphenidate) CONCERTA (methylphenidate) DEXEDRINE (dextroamphetamine) dexmethylphenidate ER dextroamphetamine ER DYANAVEL XR (amphetamine) methylphenidate CD (generic Metadate CD) methylphenidate ER Caps (generic Ritalin LA) methylphenidate ER Tabs (generic Ritalin SR) NUVIGIL (armodafinil) RITALIN LA (methylphenidate) RITALIN SR (methylphenidate)	**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 • **18 years** – Nuvigil **Maximum Age Limit** • **21 years** – diagnosis of ADD/ADHD is required

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			Quantity Limits Applicable <u>quantity limit</u> 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 requested agent in the past 180 days **Nuvigil** • Documented diagnosis of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder **AND**

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			• 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			
	guanfacine ER Step Edit STRATTERA (atomoxetine)	clonidine 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 **Guanfacine ER** • Have tried the short acting product in the past 6 months **Kapvay & Intuniv** • Diagnosis for ADD or ADHD **AND** • Have tried 1 Short or Long Acting stimulant in the past 6 months **OR** • Have tried 1 preferred Non-Stimulant

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			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 (doxycyline) ADOXA (doxycycline monohydrate) demeclocycline doxycycline monohydrate caps (75mg & 150mg) doxycycline monohydrate tabs DYNACIN (minocycline) minocycline ER minocycline tabs ORACEA (doxycycline) SOLODYN (minocycline) TARGADOX (doxycycline)[NR] 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 SmartPA *See Cytokine & CAM Antagonists Class for additional agents			
	ORAL		
	APRISO (mesalamine) ASACOL (mesalamine) balsalazide PENTASA 250mg (mesalamine) sulfasalazine	ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) budesonide EC COLAZAL (balsalazide) DELZICOL (mesalamine) DIPENTUM (olsalazine) ENTOCORT EC (budesonide)	**Gender Limits** • **Male** - Giazo **Non Preferred Criteria** • 90 consecutive days on the requested agent in the past 105 days **OR** • Documented diagnosis for Ulcerative Colitis **AND** • 2 different preferred agents in the

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		GIAZO (balsalazide) LIALDA (mesalamine) mesalamine tablet PENTASA 500mg (mesalamine) UCERIS (budesonide)	past 6 months
	RECTAL		
	CANASA (mesalamine) mesalamine	SFROWASA (mesalamine) UCERIS Foam (budesonide)	

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