

MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 07/01/2016

Version 2016.10

Updated: 4-19-2016

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ACNE AGENTS			
	ANTI-INFECTIVE		<p>Maximum Age Limit</p> <ul style="list-style-type: none"> • 21 years – all agents
clindamycin (gel, lotion, solution) erythromycin	ACZONE (dapson) AKNE-MYCIN (erythromycin) AZELEX (azelaic acid) CLEOCIN-T (clindamycin) CLINDAGEL (clindamycin) clindamycin foam ERY (erythromycin) ERYGEL (erythromycin) EVOCLIN (clindamycin) FINACEA (azelaic acid) KLARON (sulfacetamide) sulfacetamide		
	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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PREFERRED BRANDS will not count toward the two brand monthly Rx limit.

Drugs highlighted in yellow denote a change in PDL status.

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		DUAC (benzoyl peroxide/clindamycin) INOVA 4/1 (benzoyl peroxide/salicylic acid) INOVA 8/2 (benzoyl peroxide/salicylic acid) ONEXTON (benzoyl peroxide/clindamycin) PRASCION (sulfacetamide sodium/sulfur) ROSANIL (sulfacetamide sodium/sulfur) SE BPO (benzoyl peroxide) sodium sulfacetamide/sulfur lotion/suspension/cleanser/pads sodium sulfacetamide/sulfur/meratan sulfacetamide sodium/sulfur/urea VELTIN (clindamycin/tretinoin) ZENCIA WASH (sulfacetamide sodium/sulfur) ZIANA (clindamycin/tretinoin)	
KERATOLYTICS (BENZOYL PEROXIDES)			
	benzoyl peroxide	BPO (benzoyl peroxide) INOVA (benzoyl peroxide) LAVOCLEN (benzoyl peroxide)	
ISOTRETINOIN			
	Amnesteem (isotretinoin) Claravis (isotretinoin) Myorisan (isotretinoin) Zenatane (isotretinoin)	ABSORICA (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 <small>SmartPA</small>			
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	<p>All Agents</p> <ul style="list-style-type: none"> • Documented diagnosis for both preferred and non-preferred <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • 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)	<p>Namzaric</p> <ul style="list-style-type: none"> • 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	<p>Quantity Limits</p> <p>Applicable <u>quantity limit</u> in 31 rolling days.</p> <ul style="list-style-type: none"> • 62 tablets – codeine, oxycodone/ibuprofen, meperidine, hydromorphone, fentanyl, butalbital/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 PERCOGET (oxycodone/APAP) PERCODAN (oxycodone/ASA) REPRESAINE (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) RYBIX (tramadol) SUBSYS (fentanyl) SYNALGOS-DC (dihydrocodeine/ aspirin/caffeine) TYLENOL W/CODEINE (APAP/codeine) TYLOX (oxycodone/APAP) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) VICOPROFEN (hydrocodone/ibuprofen) XODOL (hydrocodone/acetaminophen) ZAMICET (hydrocodone/APAP) ZOLVIT (hydrocodone/APAP)	<ul style="list-style-type: none"> • 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 <small>SmartPA</small>			
	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) ZOHYDRO ER (hydrocodone bitartrate)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 18 years – Xartemis XR, Zohydro ER <p>Quantity Limits</p> <p>Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> • 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 <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • 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 <p>Hysingla ER - MANUAL PA</p> <ul style="list-style-type: none"> • Documented diagnosis of cancer • Have tried 2 different preferred agents in the past 12 months AND • Have tried 2 different non-preferred agents in the past 12 months

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			<p>OxyContin</p> <ul style="list-style-type: none"> • 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 agent in the past 105 days <p>Xartemis XR – MANUAL PA</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 30 days • Maximum duration of therapy = 20 days per calendar year <p>Zohydro ER - MANUAL PA</p> <ul style="list-style-type: none"> • Documented diagnosis of cancer • Have tried 3 different preferred agents in the past 12 months AND • Have tried 2 different non-preferred agents in the past 12 months
ANALGESICS/ANAESTHETICS (Topical)			
	<p>VOLTAREN Gel (diclofenac sodium) ^{SmartPA}</p>	<p>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</p>	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred agent in the past 6 months <p>Lidoderm</p> <ul style="list-style-type: none"> • Documented diagnosis of Herpetic Neuralgia OR • Documented diagnosis of Diabetic Neuropathy

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		SYNERA (lidocaine/tetracaine) ZOSTRIX (capsaicin)	
ANDROGENIC AGENTS <small>SmartPA</small>			
	ANDROGEL (testosterone gel) TESTIM (testosterone gel)	ANDRODERM (testosterone patch) AXIRON (testosterone gel) FORTESTA (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
ANGIOTENSIN MODULATORS <small>SmartPA</small>			
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 <i>Smart PA will automatically be issued for this age</i> Non Preferred Criteria • Have tried 2 different preferred <i>single entity</i> 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	ACCURETIC (quinapril/HCTZ) LOTENSIN HCT (benazepril/HCTZ) LOTREL(benazepril/amlodipine)	Non Preferred Criteria ACE Inhibitor/CCB • Have tried 2 different preferred

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

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		HYZAAR (losartan/HCTZ) telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine) valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/HCTZ	<ul style="list-style-type: none"> Have tried 2 different preferred <u>ARB/Diuretic</u> products in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days <p>Entresto – MANUAL PA</p> <ul style="list-style-type: none"> Age ≥ 18 years HF (NYHA Class II-IV) EF ≤ 40% No concurrent therapy with an ACEI or ARB
DIRECT RENIN INHIBITORS			
		TEKTURNA (aliskiren)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Documented diagnosis of hypertension AND Have tried 2 different preferred <u>ACEI or ARB single-entity</u> products in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
DIRECT RENIN INHIBITOR COMBINATIONS			
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz) VALTURNA (aliskiren/valsartan)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Documented diagnosis of hypertension AND Have tried 2 different preferred <u>ACEI or ARB diuretic agents</u> in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days

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ANTIBIOTICS (GI)			
	ALINIA (nitazoxanide) metronidazole neomycin tinidazole	DIFICID (fidaxomicin) FLAGYL ER (metronidazole) TINDAMAX (tinidazole) VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)	Xifaxan – <u>MANUAL PA</u> <ul style="list-style-type: none"> • 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 (MISCELLANEOUS)			
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)	

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NITROFURAN DERIVATIVES			
	nitrofurantoin nitrofurantoin monohydrate macrocrystals	FURADANTIN (nitrofurantoin) MACROBID (nitrofurantoin monohydrate macrocrystals) 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 CLINDESSE (clindamycin) metronidazole vaginal VANDAZOLE (metronidazole)	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) METROGEL (metronidazole) NUVESSA (metronidazole)	
ANTICOAGULANTS <small>SmartPA</small>			
ORAL			
	COUMADIN (warfarin) warfarin XARELTO 10mg (rivaroxaban) <small>Clinical Edit</small>	ELIQUIS (apixaban) PRADAXA (dabigatran) SAVAYSA (edoxaban tosylate) XARELTO 15 & 20mg (rivaroxaban)	<u>DVT Prophylaxis - following hip or knee replacement</u> XARELTO 10MG & ELIQUIS • 70 total days of therapy per calendar year

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			<ul style="list-style-type: none"> • Documented diagnosis of knee replacement AND duration of therapy limited to 12 days OR • Documented diagnosis of hip replacement AND duration of therapy limited to 35 days <p>DVT and PE Treatment ELIQUIS, PRADAXA, SAVAYSA, XARELTO 15 & 20MG</p> <ul style="list-style-type: none"> • Documented diagnosis of DVT or PE <p>Nonvalvular Atrial Fibrillation ELIQUIS, PRADAXA, SAVAYSA, XARELTO 15 & 20MG</p> <ul style="list-style-type: none"> • 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	<p>LMWH – All Agents</p> <ul style="list-style-type: none"> • LMWH therapy in the past 3months AND <ul style="list-style-type: none"> ◦ Documented diagnosis of cancer OR ◦ Pregnant female <p>OR</p> <ul style="list-style-type: none"> • NO LMWH therapy in the past

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			<p>3months AND</p> <ul style="list-style-type: none"> o Duration of therapy is < 17 days <p>OR</p> <ul style="list-style-type: none"> o Documented diagnosis of cancer <p>OR</p> <ul style="list-style-type: none"> o Pregnant female <p>OR</p> <ul style="list-style-type: none"> o Total hip/knee replacement or hip fracture surgery in the past 6 months AND duration of therapy < 35 days <p>LMWH Non Preferred Criteria</p> <ul style="list-style-type: none"> • 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		
	<p>ADJUVANTS</p> <p>carbamazepine carbamazepine XR CARBATROL (carbamazepine) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EPITOL (carbamazepine) FYCOMPA (perampanel) gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam</p>	<p>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)</p>	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 1 year - Banzel • 2 years – Onfi <p>Quantity Limit</p> <ul style="list-style-type: none"> • 3 Twin Packs/31 days - Diastat <p>Topiramate ER – Step Edit</p> <ul style="list-style-type: none"> • 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

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	oxcarbazepine oxcarbazepine suspension TEGRETOL XR (carbamazepine) TOPAMAX Sprinkle (topiramate) topiramate tablet topiramate ER (generic Qudexy XR) Step Edit topiramate sprinkle capsule valproic acid VIMPAT (lacosamide) zonisamide	LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) levetiracetam ER NEURONTIN (gabapentin) OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine) 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)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • 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 <p>Banzel/Onfi</p> <ul style="list-style-type: none"> • 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)	

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ANTIDEPRESSANTS, OTHER <small>SmartPA</small>	bupropion bupropion SR bupropion XL BRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules VIIBRYD (vilazodone)	APLENZIN (bupropion HBr) desvenlafaxine DESYREL (trazodone) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion) IRENKA (duloxetine) KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine venlafaxine XR venlafaxine ER tablets WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion HCl)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 18 years - all drugs <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred '<u>Antidepressants, Other</u>' Class in the past 6 months OR • Have tried BOTH a preferred '<u>Antidepressant, SSRI</u>' and '<u>Antidepressants, Other</u>' in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days <p>Irenka Anxiety</p> <ul style="list-style-type: none"> • Documented diagnosis AND • Have tried 2 of the following preferred agents: Effexor, Effexor XR, Paxil, or Zoloft in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days <p>Depression</p> <ul style="list-style-type: none"> • Documented diagnosis AND • Have tried 2 different preferred '<u>Antidepressants, Other</u>' Class in the past 6 months OR • Have tried BOTH a preferred '<u>Antidepressant, SSRI</u>' and '<u>Antidepressants, Other</u>' Class in the past 6 months OR • 90 consecutive days on the requested

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

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			<ul style="list-style-type: none"> 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)	<p>Varubi - <u>MANUAL PA</u></p> <ul style="list-style-type: none"> 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)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> 4-12 years – Lamisil Granules <i>Smart PA will automatically be issued for this age range</i> 12-17 years – griseofulvin tablets <i>Smart PA will automatically be issued for this age range</i> <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months

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		NOXAFIL (posaconazole) ^ ONMEL (itraconazole) ^ SPORANOX (itraconazole) ^ TERBINEX Kit (terbinafine/ciclopirox) VFEND (voriconazole) ^ voriconazole ^	<p>HIV opportunistic infection</p> <ul style="list-style-type: none"> • Non Preferred agent indicated for treatment (^) AND • Documented diagnosis of HIV <p>Cresemba - <u>MANUAL PA</u></p> <ul style="list-style-type: none"> • 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 <p>Sporanox</p> <ul style="list-style-type: none"> • 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 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)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months

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		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)	
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) tioconazole VAGISTAT 3 (miconazole) VAGISTAT 1 (tioconazole)	GYNAZOLE 1 (butoconazole) miconazole 3 vaginal suppository TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole	

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ANTIHISTAMINES, MINIMALLY SEDATING AND COMBINATIONS <small>SmartPA</small>			
MINIMALLY SEDATING ANTIHISTAMINES			
	cetirizine loratadine	ALLEGRA (fexofenadine) CLARINEX (desloratadine) fexofenadine RX levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	Non Preferred Criteria <ul style="list-style-type: none"> 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 <small>SmartPA</small>			
ORAL			
	RELPAK (eletriptan) rizatriptan rizatriptan ODT sumatriptan tablets	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 <ul style="list-style-type: none"> 6-17 years – Maxalt <i>Smart PA will automatically be issued for this age range</i> 12-17 years – Axert, Treximet, Zomig nasal spray <i>Smart PA will automatically be issued for this age range</i> 18 years – Amerge, Frova, Imitrex, Relpax, Zomig tablets Quantity Limit - ORAL <ul style="list-style-type: none"> 6 tablets/31 days - Axert, Relpax, Zomig

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			<ul style="list-style-type: none"> • 9 tablets/31 days - Amerge, Frova, Imitrex, Treximet • 12 tablets/31 days – Maxalt <p>Non Preferred Criteria – ORAL & NASAL</p> <ul style="list-style-type: none"> • Have tried 1 preferred agent in the past 90 days
	NASAL		
	IMITREX (sumatriptan)	sumatriptan ZOMIG (zolmitriptan)	<p>Quantity Limit - NASAL</p> <ul style="list-style-type: none"> • 1 box/31 days
	INJECTABLES		
	IMITREX (sumatriptan)	sumatriptan SUMAVEL (sumatriptan)	<p>CUMULATIVE Quantity Limit - INJECTION</p> <ul style="list-style-type: none"> • 4 injections/31 days
	OTHER		
		ZECUITY PATCH (sumatriptan)	<p>Quantity Limit</p> <ul style="list-style-type: none"> • 4 patches/31 days <p>Zecuity</p> <ul style="list-style-type: none"> • Have tried 2 preferred agents (oral, nasal, or injectable) in the past 90 days
ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS			
	<p>ALECENSA (alectinib)</p> <p>AFINITOR (everolimus)</p> <p>BOSULIF (bosutinib)</p> <p>CAPRELSA (vandetanib)</p> <p>COMETRIQ (cabozantinib)</p> <p>COTELLIC (cobimetinib)</p>	<p>FARYDAK (panobinostat)</p> <p>GLEOSTINE (lomustine)</p> <p>IBRANCE (palbociclib) <small>SmartPA</small></p> <p>LENVIMA (lenvatinib) <small>SmartPA</small></p> <p>LYNPARZA (olaparib) <small>SmartPA</small></p> <p>TAGRISSO (osimertinib)</p>	<p>Farydak - MANUAL PA</p> <ul style="list-style-type: none"> • Documented diagnosis of multiple myeloma AND • Used in combination with bortezomib and dexamethasone per PI AND

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	GILOTRIF (afatinib) GLEEVEC (imatinib mesylate) ICLUSIG (ponatinib) IMBRUVICA (ibrutinib) INLYTA (axitinib) IRESSA (gefitinib) JAKAFI (ruxolitinib) MEKINIST (trametinib dimethyl sulfoxide) NEXAVAR (sorafenib) SPRYCEL (dasatinib) STIVARGA (regorafenib) SUTENT (sunitinib) TAFINLAR (dabrafenib) TARCEVA (erlotinib) TASIGNA (nilotinib) TYKERB (lapatinib ditosylate) vandetanib VOTRIENT (pazopanib) XALKORI (crizotinib) ZELBORAF (vemurafenib) ZYDELIG (idelalisib) ZYKADIA (ceritinib)		<ul style="list-style-type: none"> History of 2 prior regimens including bortezomib and an immunomodulatory agent <p>Ibrance</p> <ul style="list-style-type: none"> Documented diagnosis of breast cancer AND Concurrent therapy with letrozole <p>Lenvima</p> <ul style="list-style-type: none"> Documented diagnosis of thyroid cancer <p>Lynparza</p> <ul style="list-style-type: none"> 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)	<p>Minimum Age/Weight Limit for Pediculicides</p> <ul style="list-style-type: none"> 50 kg - lindane shampoo 2 months – permethrin 1%(OTC) 6 months – Natroba, SKLICE, Ulesfia 2 years – piperonyl/pyrethrins (OTC) 6 years – Ovide <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> History of permethrin 1% topical lotion

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			<p>OR piperonyl/pyrethrin in the past 90 days</p> <p>Ulesfia Ulesfia is no longer covered due to no longer being rebated.</p>
SCABICIDES			
	permethrin 5% STROMEKTOL Tablet (ivermectin)	ELIMITE (permethrin) EURAX CREAM (crotamiton) EURAX LOTION (crotamiton)	<p>Minimum Age/Weight Limit for Topical Scabicides</p> <ul style="list-style-type: none"> • 50 kg - lindane lotion • 2 months – permethrin 5% • 18 years – Eurax <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • History of permethrin 5% in the past 90 days
ANTIPARKINSON’S AGENTS (Oral) <small>SmartPA</small>			
ANTICHOLINERGICS			
	benztropine trihexyphenidyl	COGENTIN (benztropine)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • 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	

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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)	
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 <ul style="list-style-type: none"> • Documented diagnosis of Parkinson's disease AND • History of a carbidopa/levodopa combination product in the past 45 days
ANTIPSYCHOTICS <small>SmartPA</small>			
ORAL			
	ABILIFY (aripiprazole) <small>SmartPA</small> amitriptyline/perphenazine aripiprazole	CLOZARIL (clozapine) <small>SmartPA</small> FANAPT (iloperidone) <small>SmartPA</small> FAZACLO (clozapine) <small>SmartPA</small>	Minimum Age Limits <ul style="list-style-type: none"> • 3 years - Haldol • 5 years – Risperdal

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	chlorpromazine clozapine ^{SmartPA} fluphenazine haloperidol ^{SmartPA} olanzapine ^{SmartPA} perphenazine risperidone ^{SmartPA} quetiapine ^{SmartPA} thioridazine thiothixene trifluoperazine ziprasidone ^{SmartPA}	GEODON (ziprasidone) ^{SmartPA} HALDOL (haloperidol) ^{SmartPA} INVEGA (paliperidone) ^{SmartPA} LATUDA (lurasidone) ^{SmartPA} NAVANE (thiothixene) olanzapine/fluoxetine ^{SmartPA} paliperidone SEROQUEL (quetiapine) ^{SmartPA} REXULTI (brexpiprazole) RISPERDAL (risperidone) ^{SmartPA} SAPHRIS (asenapine) ^{SmartPA} SEROQUEL XR (quetiapine) ^{SmartPA} SYMBYAX (olanzapine/fluoxetine) ^{SmartPA} ZYPREXA (olanzapine) ^{SmartPA} VRAYLAR (cariprazine) ^{NR}	<ul style="list-style-type: none"> • 6 years – Abilify • 10 years – Saphris, Seroquel, Symbyax • 13 years – Zyprexa • 18 years – Clozaril, Fanapt, Geodon, Invega, Latuda, Rexulti <p>Concurrent Therapy Limits – All Agents</p> <ul style="list-style-type: none"> • Limited to 2 products concurrently • 60 days with ≥ 3 atypical antipsychotics in the last 90 days will require a manual PA <p>Abilify Tablets (excluding ODT)</p> <ul style="list-style-type: none"> • Detailed Abilify Tablet Splitting found here: • Use ½ tablet of the higher strength. • 1 tablet splitter/ year <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • 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 <p>Latuda</p> <ul style="list-style-type: none"> • Females of childbearing age <ul style="list-style-type: none"> ○ ≥ 18 years will approve automatically ○ < 18 years will need an age waiver by manual PA OR

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			<ul style="list-style-type: none"> Males see Non Preferred Criteria noted above
INJECTABLE, ATYPICALS <small>SmartPA</small>			
		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 <ul style="list-style-type: none"> Minimum Age AND Documented diagnosis AND Non-Compliant with the oral formulation OR History of the requested injectable agent in the past 90 days <ul style="list-style-type: none"> 3 claims - Abilify Maintena, Aristada, Invega Sustenna, Zyprexa Relprevv 6 claims - Risperdal Consta Invega Trinza <ul style="list-style-type: none"> Minimum Age AND Documented diagnosis AND History of 4 claims of Invega Sustenna in the past 180 days
ANTIRETROVIRALS <small>SmartPA</small>			
	INTEGRASE STRAND TRANSFER INHIBITORS		
	ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium)	VITEKTA (elvitegravir)	Non Preferred Criteria <ul style="list-style-type: none"> 1 claim with the requested agent in the past 105 days

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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)	
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)	

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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)		
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & INTEGRASE INHIBITORS			
	GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir)	STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) TRIUMEQ (abacavir/lamivudine/ dolutegravir)	<p>Stribild – MANUAL PA</p> <ul style="list-style-type: none"> • 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 <p>Triumeq – MANUAL PA</p> <ul style="list-style-type: none"> • 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) ^{NR}	

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COMBINATION PRODUCTS – PROTEASE INHIBITORS			
	KALETRA (lopinavir/ritonavir)		
ANTIVIRALS (Oral) – ANTIHERPETIC AGENTS			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) SITAVIG (acyclovir) VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
ANTIVIRALS (Topical)			
	ZOVIRAX Cream (acyclovir)	DENAVIR (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir)	
AROMATASE INHIBITORS			
	anastrozole ARIMIDEX (anastrozole) exemestane letrozole SmartPA	AROMASIN (exemestane) FEMARA (letrozole)	
ATOPIC DERMATITIS			
	ELIDEL (pimecrolimus)	PROTOPIC (tacrolimus) tacrolimus	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 2 years – Elidel, Protopic 0.03% • 6 years – Protopic 0.1% <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred agent in the past 6 months

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BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS <small>SmartPA</small>			
	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)	<p>Bystolic – Step Edit</p> <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days OR Have tried 1 preferred agent in the past 6 months <p>Non Preferred Criteria – All Agents</p> <ul style="list-style-type: none"> 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)	<p>Coreg CR</p> <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> • 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 - <u>MANUAL PA</u>
BILE SALTS			
	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) URSO (ursodiol) URSO FORTE (ursodiol)	
BLADDER RELAXANT PREPARATIONS <small>SmartPA</small>			
	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 <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months

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BONE RESORPTION SUPPRESSION AND RELATED AGENTS <small>SmartPA</small>			
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 <ul style="list-style-type: none"> 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 <small>SmartPA</small>			
ALPHA BLOCKERS			
	alfuzosin doxazosin tamsulosin terazosin	CARDURA (doxazosin) CARDURA XL (doxazosin) dutasteride/tamsulosin FLOMAX (tamsulosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) UROXATRAL (alfuzosin)	Female <ul style="list-style-type: none"> Cardura, Flomax, Proscar, terazosin, or Uroxatral AND a documented diagnosis based on a state accepted diagnosis Non Preferred Criteria - MALE <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
5-ALPHA-REDUCTASE (5AR) INHIBITORS			

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	finasteride	AVODART (dutasteride) PROSCAR (finasteride)	
PDE5 INHIBITORS			
		CIALIS (tadalafil)	<p>Cialis – MANUAL PA</p> <ul style="list-style-type: none"> • 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)	
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}	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 4 years - Xopenex HFA <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • 1 claim for a preferred agent in the past 6 months
INHALERS, LONG ACTING ^{SmartPA}			
	SEREVENT (salmeterol)	ARCAPTA (indacaterol) STRIVERDI RESPIMAT (olodaterol)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 4 years – Serevent • 5 years – Foradil • 18 years – Arcapta, Striverdi Respimat <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days <p>Arcapta & Striverdi Respimat</p> <ul style="list-style-type: none"> • 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}			

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	albuterol	ACCUNEB (albuterol) BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 6 years – Xopenex • 18 years – Brovana, Perforomist <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • 1 claim for a different preferred agent in the past 6 months OR • 3 claims with the requested agent in the past 105 days <p>Xopenex</p> <ul style="list-style-type: none"> • 1 claim for a albuterol in the past 30 days •
ORAL			
	albuterol metaproterenol terbutaline	VOSPIRE ER (albuterol)	
CALCIUM CHANNEL BLOCKERS <small>SmartPA</small>			
SHORT-ACTING			
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine PROCARDIA (nifedipine)	<p>Quantity Limit - nimodipine</p> <ul style="list-style-type: none"> • 252 tablets/ 21 days • 2520 mL/21 days <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred <u>Short Acting</u> CCB agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days

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			<p>nimodipine</p> <ul style="list-style-type: none"> Documented diagnosis of subarachnoid hemorrhage in the past 45 days AND Duration of therapy = 21 days
LONG-ACTING			
	amlodipine felodipine ER nifedipine ER verapamil ER	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem) DILACOR XR (diltiazem) diltiazem ER nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred <u>Long Acting</u> 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	COMPLEAT EO28 SPLASH FIBERSOURCE ISOSOURCE JEVITY KINDERCAL	<p>Non Preferred Agents - <u>MANUAL PA</u></p>

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	GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE PROMOD RESOURCE SCANDISHAKE SOLCARB TWOCAL HN	PEPTAMEN PROMOTE SIMPLY THICK TOLEREX VITAL VIVONEX	
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			
	cefadroxil cephalexin capsules	cephalixin tablets KEFLEX (cephalexin)	Non Preferred Criteria – all generations <ul style="list-style-type: none"> • 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			

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	cefdinir suspension cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	Maximum Age Limit <ul style="list-style-type: none"> • 18 years – cefdinir suspension
COLONY STIMULATING FACTORS <small>SmartPA</small>			
	LEUKINE (sargamostim) NEUPOGEN Vial (filgrastim)	GRANIX (tbo-filgrastim) NEULASTA (pegfilgrastim) NEUPOGEN Syringe (filgrastim) ZARXIO (filgrastim)	Neulasta <ul style="list-style-type: none"> • 1 claim in the past 105 days Neupogen Syringe – MANUAL PA <ul style="list-style-type: none"> • Valid reason why the preferred vial cannot be used.
CYSTIC FIBROSIS AGENTS <small>SmartPA</small>			
	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 <ul style="list-style-type: none"> • 3 months - Pulmozyme • 2 years – Coly-Mycin M, Kalydeco • 6 years – Bethkis, Kitabis, TOBI, TOBI Podhaler • 7 years – Cayston • 12 years - Orkambi All Agents <ul style="list-style-type: none"> • Documented diagnosis Cystic Fibrosis Kalydeco <ul style="list-style-type: none"> • Requires 1 claim with Kalydeco in the past 105 days OR • NEW STARTS – MANUAL PA <ul style="list-style-type: none"> ◦ Diagnosis of cystic fibrosis with a

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			<p>G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, or S549R mutation in the CFTR gene AND</p> <ul style="list-style-type: none"> o Prescriber is a CF specialist or pulmonologist AND o Negative for one of the following infections: Burkholderia cenocepacia, dolosa, or Mycobacterium abscessus <p>Orkambi – MANUAL PA</p> <p>TOBI Podhaler – MANUAL PA</p> <ul style="list-style-type: none"> • 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			
	<p>COSENTYX (secukinumab) <small>SmartPA</small> ENBREL (etanercept) HUMIRA (adalimumab) methotrexate</p>	<p>ACTEMRA (tocilizumab) CIMZIA (certolizumab) ENTYVIO (vedolizumab) ILARIS (canakinumab) KINERET (anakinra) ORENCIA (abatacept) OTEZLA (apremilast) OTREXUP (methotrexate) RASUVO (methotrexate) REMICADE (infliximab) RHEUMATREX (methotrexate) SIMPONI (golimumab)</p>	<p>Orencia, Remicade and Stelara are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification.</p> <p>Cosentyx</p> <ul style="list-style-type: none"> • ≥ 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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		STELARA (ustekinumab) TALTZ (ixekizumab) ^{NR} TREXALL (methotrexate) XELJANZ (tofacitinib) XELJANZ XR (tofacitinib) ^{NR}	
ERYTHROPOIESIS STIMULATING PROTEINS <small>SmartPA</small>			
	ARANESP (darbepoetin) EPOGEN (rHuEPO) PROCRIT (rHuEPO)	MIRCERA (methoxy polyethylene glycol-epoetin-beta)	Mircera <ul style="list-style-type: none"> • 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) <small>SmartPA</small>	Cymbalta Minimum Age Limit <ul style="list-style-type: none"> • 18 years Fibromyalgia <ul style="list-style-type: none"> • Documented diagnosis AND • Have tried BOTH Lyrica and Savella in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days Anxiety <ul style="list-style-type: none"> • Documented diagnosis AND • Have tried 2 of the following preferred agents: Effexor, Effexor XR, Paxil, or Zoloft in the past 6 months OR • 90 consecutive days on the requested

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			agent in the past 105 days Depression <ul style="list-style-type: none"> • Documented diagnosis AND • Have tried 2 different preferred '<u>Antidepressants, Other</u>' Class in the past 6 months OR • Have tried BOTH a preferred '<u>Antidepressant, SSRI</u>' and '<u>Antidepressants, Other</u>' Class in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days Diabetic Peripheral Neuropathy <ul style="list-style-type: none"> • Documented diagnosis AND • Have tried Lyrica in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
FLUOROQUINOLONES (Oral) <small>SmartPA</small>			
	ciprofloxacin tablets levofloxacin	AVELOX (moxifloxacin) ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) moxifloxacin NOROXIN (norfloxacin) ofloxacin	Non Preferred Criteria <ul style="list-style-type: none"> • 1 claim for a preferred agent in past 30 days Cipro suspension age > 12 years <ul style="list-style-type: none"> • 1 claim for a preferred agent in past 30 days Cipro Suspension for age < 12 years <ul style="list-style-type: none"> • Anthrax infection or exposure OR • Cystic Fibrosis OR • Pneumonic plague OR tularemia AND

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			<p>history of doxycycline in the past 3 months OR</p> <ul style="list-style-type: none"> 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months <ul style="list-style-type: none"> Penicillin, 2nd or 3rd generation cephalosporin, or macrolide <p>Levaquin Tablets & Levaquin solution age > 12 years</p> <ul style="list-style-type: none"> 1 claim for preferred agent or SMZ/TMP in past 14 days OR 1 claim for a preferred agent in past 30 days <p>Levaquin solution for age < 12 years</p> <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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			

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	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) VEREGEN (sinecatechins) ^{Age Edit} ZYCLARA (imiquimod) ^{Age Edit}	Minimum Age Limit <ul style="list-style-type: none"> • 12 years – Aldara • 18 years – Condylox, Picato, Veregen
GLUCOCORTICIDS (Inhaled)			
	GLUCOCORTICIDS ^{SmartPA}		
	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	Minimum Age Limit <ul style="list-style-type: none"> • 1 year – Pulmicort Respules • 4 years – Asmanex Twisthaler, Flovent Diskus, Flovent HFA • 5 years – QVAR • 6 years – Aerospan, Pulmicort Flexhaler • 12 years – Alvesco, Arnuity Ellipta, Asmanex HFA Non Preferred Criteria <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months <p><i>NOTE:</i> Institutional sized products are Non Preferred</p>
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS			

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	ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	ADVAIR Diskus (fluticasone/salmeterol) ^{SmartPA} BREQ ELLIPTA (fluticasone/vilanterol)	Minimum Age Limit <ul style="list-style-type: none"> • 4-11 years – Advair 100-50 Diskus - <u>Smart PA will automatically be issued for this age range</u> • ≥ 12 years – Advair 250-50, Advair 500-50
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) 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) PROTONIX (pantoprazole) Rabeprazole	
OTHER			
	CARAFATE SUSPENSION (sucralfate) misoprostol sucralfate tablet	CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) sucralfate suspension	

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GROWTH HORMONE SmartPA			
	NORDITROPIN (somatropin) NUTROPIN AQ (somatropin) OMNITROPE (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin)	<p>All Agents for Age > 18 years</p> <ul style="list-style-type: none"> Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome OR Documented procedure of cranial irradiation OR Other approved labeled indication <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> 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)	<p>Quantity Limit</p> <ul style="list-style-type: none"> 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) [∞] VIEKIRA (ombitasvir/paritaprevir/ritonavir) [∞] ZEPATIER (elbasvir/grazoprevir)[∞]	DAKLINZA (daclatasvir) [∞] OLYSIO (simeprevir) [∞] REBETOL (ribavirin) RIBAPAK DOSEPACK (ribavirin) ribavirin capsules RIBASPHERE (ribavirin)	<p>[∞] Daklinza, Harvoni, Olysio, Sovaldi, Technivie, Viekira, Zepatier – <u>MANUAL PA</u></p>

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HYPERURICEMIA & GOUT <small>SmartPA</small>			
	allopurinol colchicine probenecid probenecid/colchicines	COLCRYS (colchicine) 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 <small>SmartPA</small>			
	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) 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)	Non Preferred Criteria • Documented diagnosis of Diabetes Mellitus AND • Have tried 1 preferred product in the past 6 months

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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 (dapagliflozin) INVOKANA (canagliflozin) JARDIACE (empagliflozin)	
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS			
		GLYXAMBI (empagliflozin/linagliptin) INVOKAMET (canagliflozin/metformin) SYNJARDY (empagliflozin/meformin) XIGDUO (dapagliflozin/metformin)	
HYPOGLYCEMICS, TZDS			
THIAZOLIDINEDIONES			
	pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	
TZD COMBINATIONS			
	ACTOPLUS MET (pioglitazone/metformin) pioglitazone/metformin	ACTOPLUSMET XR (pioglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) AVANDAMET (rosiglitazone/metformin) DUETACT (pioglitazone/glimepiride)	

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IDIOPATHIC PULMONARY FIBROSIS <small>SmartPA</small>			
	ESBRIET (pirfenidone) OFEV (nintedanib)		Esbriet & OFEV <ul style="list-style-type: none"> No concurrent therapy with either agent
IMMUNOSUPPRESSIVE (ORAL) <small>SmartPA</small>			
	AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine) mycophenolate mofetil MYFORTIC (mycophenolic acid) NEORAL (cyclosporine) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) sirolimus tacrolimus ZORTRESS (everolimus)	ASTAGRAF XL (tacrolimus) ENVARUSUS XR (tacrolimus) HECORIA (tacrolimus) PROGRAF (tacrolimus)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> 13 years - Rapamune 18 years - Zortress <p>Astagraf, Cellcept, Envarsus XR, Hecoria, Prograf</p> <ul style="list-style-type: none"> Documented diagnosis for heart transplant, kidney transplant, liver transplant, or a State accepted diagnosis <p>Azasan</p> <ul style="list-style-type: none"> Documented diagnosis of kidney transplant, RA, or a State accepted diagnosis <p>Gengraf, Neoral, Sandimmune</p> <ul style="list-style-type: none"> 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

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			<p>Myfortic</p> <ul style="list-style-type: none"> Documented diagnosis of kidney transplant or psoriasis <p>Rapamune & Zortress</p> <ul style="list-style-type: none"> 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			
	PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine olopatadine	
ANTIHISTAMINE/CORTICOSTEROID COMBINATION SmartPA			
		DYMISTA (azelastine/fluticasone)	

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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)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • Documented diagnosis for allergic rhinitis AND • Have tried 2 different preferred agents in the past 6 months <p>Rhinocort Aqua <i>Smart PA will be issued for pregnant women.</i></p> <ul style="list-style-type: none"> • A documented diagnosis of pregnancy OR a pregnancy indicator submitted on the pharmacy claim at 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) [∞] LOTROXEX (alosetron) [∞] NUTRESTORE POWDER PACK (glutamine) RELISTOR (methylnaltrexone) ZORBTIVE (somatropin) [∞]	<p>[∞] Amitiza, Fulyzaq, Gattex, Linzess, Lotronex, Relistor, or Zorbtive</p> <ul style="list-style-type: none"> • 1 claim for the requested agent in the past 105 days OR • MANUAL PA - All new patients require manual review.

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SELECTED GI AGENTS			
		FULYZAQ (crofelemer) [∞] MOVANTI ^K (naloxegol) VIBERZI (eluxadoline) ^{NR}	Movantik & Viberzi - MANUAL PA
LEUKOTRIENE MODIFIERS <small>SmartPA</small>			
	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
LIPOTROPICS, OTHER (Non-statins) <small>SmartPA</small>			
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

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			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	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

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NIACIN			
	niacin ER NIACOR (niacin)	NIASPAN (niacin)	Non Preferred Criteria <ul style="list-style-type: none"> 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 <small>SmartPA</small>			
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 <ul style="list-style-type: none"> 12 months of therapy with simvastatin 80mg AND NO myopathy contraindication Non Preferred Criteria <ul style="list-style-type: none"> 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/amlo地平ine ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlo地平ine) LIPTRUZET (atorvastatin/ezetimibe)	Non Preferred Criteria <ul style="list-style-type: none"> 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

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MISCELLANEOUS BRAND/GENERIC			
	CLONIDINE		
	CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)	
	EPINEPHRINE		
	EPIPEN (epinephrine) EPIPEN JR (epinephrine)	ADRENALIN (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)	<p>Alprazolam ER CUMULATIVE quantity limit</p> <ul style="list-style-type: none"> • 31 tablets/31 days • Exception –previously stable on 2 tablets/day in the past 90 days <p><u>Buprenorphine/Naloxone and buprenorphine:</u></p> <p>Suboxone</p> <ul style="list-style-type: none"> • Detailed buprenorphine/naloxone and buprenorphine criteria found here <p>Non Preferred Criteria:</p> <ul style="list-style-type: none"> • Bunavail is preferred over Zubsolv and other generic forms of buprenorphine/naloxone <p>Bunavail</p> <ul style="list-style-type: none"> • 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

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			<p>Hydroxyzine hcl 10mg tablets</p> <ul style="list-style-type: none"> • 6-12 years - <i>Smart PA will automatically be issued for this age range</i>
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 <small>SmartPA</small>			
		tetrabenazine XENAZINE (tetrabenazine)	<p>Xenazine</p> <ul style="list-style-type: none"> • Documented diagnosis of Huntington's Chorea
MULTIPLE SCLEROSIS AGENTS <small>SmartPA</small>			
	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)	<p>All Agents</p> <ul style="list-style-type: none"> • Documented diagnosis of multiple sclerosis <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents

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			<p>in the past 6 months OR</p> <ul style="list-style-type: none"> 3 claims with the requested agent <p>Ampyra – MANUAL PA</p> <ul style="list-style-type: none"> 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 <u>Initial authorization</u> – requires a baseline Timed 25-foot Walk (T25FW) assessment and will be approved for 12 weeks OR <u>Additional prior authorizations</u> - 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 <small>SmartPA</small>	NON-SELECTIVE		
	diclofenac EC diclofenac SR etodolac tab flurbiprofen ibuprofen	ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac) CATAFLAM (diclofenac) DAYPRO (oxaprozin)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months

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	indomethacin ketoprofen ketorolac nabumetone naproxen piroxicam sulindac	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)	
NSAID/GI PROTECTANT COMBINATIONS			
		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	Non Preferred Criteria <ul style="list-style-type: none"> • Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months

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COX II SELECTIVE			
	meloxicam	CELEBREX (celecoxib) celecoxib MOBIC (meloxicam) NULOX (meloxicam) VIVLODEX (meloxicam)	Non Preferred Criteria – COX II <ul style="list-style-type: none"> • 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 polymyxin/trimethoprim sulfacetamide tobramycin TOBREX (tobramycin) oint	AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) CILOXAN Solution (ciprofloxacin) GARAMYCIN (gentamicin) gatifloxacin NATACYN (natamycin) neomycin/bacitracin/polymyxin b NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin) (oxy-tcn/polymyx sul) OCUFLOX (ofloxacin)	

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	VIGAMOX (moxifloxacin)	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 <small>SmartPA</small>			
	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 <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months

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OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS <small>SmartPA</small>			
	cromolyn ketotifen OTC PATADAY (olopatadine)	ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (lodoxamide) ALREX (loteprednol) azelastine BEPREVE (bepotastine) ELESTAT (epinastine) EMADINE (emedastine) epinastine LASTACAPT (alcaftadine) OPTIVAR (azelastine) PATANOL (olopatadine) PAZEO (olopatadine)	Non Preferred Criteria • Have tried 2 different preferred agents in the past 6 months
OPHTHALMICS, GLAUCOMA AGENTS <small>SmartPA</small>			
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) 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)	
OPIATE DEPENDENCE TREATMENTS			
	SUBOXONE FILM (buprenorphine/naloxone) EVZIO (naloxone) naloxone NARCAN NASAL SPRAY (naloxone) VIVITROL (naltrexone)	buprenorphine tablets buprenorphine/naloxone tablets BUNAVAIL (buprenorphine/naloxone) ZUBSOLV (buprenorphine/naloxone)	

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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
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) ROCALTRON (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 oxyhydroxide)	
PLATELET AGGREGATION INHIBITORS ^{SmartPA}			

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	AGGRENEX (dipyridamole/aspirin) cilostazol clopidogrel dipyridamole pentoxifylline ZONTIVITY (vorapaxar) <small>Clinical Edit</small>	BRILINTA (ticagrelor) DURLAZA (aspirin) EFFIENT (prasugrel) PERSANTINE (dipyridamole) PLAVIX (clopidogrel) PLETAL (cilostazol) ticlopidine	<p>Zontivity – MANUAL PA</p> <ul style="list-style-type: none"> 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 <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> 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 <p>Brilinta</p> <ul style="list-style-type: none"> Documented diagnosis for Acute Coronary Syndrome or Percutaneous Coronary Intervention OR Therapy with Brilinta in the past 60 days <p>Effient</p> <ul style="list-style-type: none"> Documented diagnosis for Acute Coronary Syndrome or Percutaneous Coronary Intervention
PRENATAL VITAMINS			

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	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 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	Products not listed here are assumed to be non-preferred.

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		PRENATAL PLUS IRON Tablet PRENATAL VITAMINS Tablet PRENATE DHA SOFTGEL PRENATE ELITE Tablet PRENATE ESSENTIAL SOFTGEL PRENATE PLUS Tablet PRENAVITE Tablet PRENEXA Capsule PREQUE 10 Tablet RELNATE DHA PRENATAL SOFTGEL ROVIN-NV DHA Capsule ROVIN-NV Tablet SE-CARE CHEWABLE Tablet SELECT-OB + DHA PACK SELECT-OB CAPLET SE-NATAL 19 CHEWABLE Tablet SE-NATAL 19 Tablet SE-TAN DHA Capsule TARON-BC Tablet TARON-PREX PRENATAL DHA CAP	
PSEUDOBULBAR AFFECT AGENTS			
		NUEDEXTA (dextromethorphan/quinidine)	Non Preferred Criteria <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days OR • Documented diagnosis for Pseudobulbar Affect, Multiple Sclerosis, or Amyotrophic Lateral Sclerosis
PULMONARY ANTIHYPERTENSIVES <small>SmartPA</small>			

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ENDOTHELIN RECEPTOR ANTAGONIST			
	LETAIRIS (ambrisentan) TRACLEER (bosentan)	OPSUMIT (macitentan)	<p>All PAH Agents – Preferred and Non Preferred</p> <ul style="list-style-type: none"> • Documented diagnosis of pulmonary hypertension <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • 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)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days <p>Revatio</p> <ul style="list-style-type: none"> • < 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 <p>Sildenafil 25mg, 50mg, or 100mg</p> <ul style="list-style-type: none"> • < 12 years of age AND documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or

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			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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
SOLUBLE GUANYLATE CYCLASE STIMULATORS			
		ADEMPAS (riociguat)	Adempas <ul style="list-style-type: none"> • 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			

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BENZODIAZEPINES			
	estazolam flurazepam temazepam (15mg and 30mg)	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) RESTORIL (temazepam) temazepam (7.5mg and 22.5mg) triazolam	<p>Single source benzodiazepines and barbiturates are NOT covered – NO PA's will be issued for these drugs.</p> <p>Quantity Limits – CUMULATIVE Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i></p> <ul style="list-style-type: none"> • 31 units/31 days - all strengths <p>Triazolam – CUMULATIVE Quantity limit per rolling days for all strengths</p> <ul style="list-style-type: none"> • 10 units/31 days • 60 units/365 days
OTHERS			
	zaleplon zolpidem	SmartPA AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (sovorexant) EDLUAR (zolpidem) HETLIOZ (tasimelteon) INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER ^{NR} zolpidem SL ^{NR}	<p>Quantity Limits – CUMULATIVE Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i></p> <ul style="list-style-type: none"> • 31 units/31 days • 1 canister/31 days – Zolpimist & male • 1 canister/62 days – Zolpimist & female <p>Gender and Dose Limits for zolpidem</p> <ul style="list-style-type: none"> • Female - Ambien 5mg, Ambien CR

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		ZOLPIMIST (zolpidem)	<p>6.25mg, Intermezzo 1.75 mg</p> <ul style="list-style-type: none"> • Male – all zolpidem strengths <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months <p>Hetlioz</p> <ul style="list-style-type: none"> • 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 CONTRACEPTIVES		
	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)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • 1 claim with the requested agent in the past 105 days

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		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 <small>SmartPA</small>			
	baclofen chlorzoxazone cyclobenzaprine 5mg, 10mg methocarbamol tizanidine tablets	AMRIX (cyclobenzaprine ER) carisoprodol carisoprodol compound cyclobenzaprine 7.5mg, 15mg cyclobenzaprine ER	Non Preferred Agents <ul style="list-style-type: none"> • Documented diagnosis for an approvable indication AND • Have tried 2 different preferred agents in the past 6 months

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		dantrolene FEXMID (cyclobenzaprine) LORZONE (chlorzoxazone) metaxalone orphenadrine orphenadrine compound PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)	Carisoprodol <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 18 years Quantity Limits <ul style="list-style-type: none"> Chantix 0.5 mg, 1mg tablets and continuing pack – 336 tablets/year Chantix Starter – 2 treatment courses/year
STEROIDS (Topical) <small>SmartPA</small>			
LOW POTENCY			

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	CAPEX (fluocinolone) desonide hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTH-FS (fluocinolone) DESONATE (desonide) DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	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 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)	Non Preferred Criteria • Have tried 2 different preferred high potency agents in the past 6 months

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		fluocinonide HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide)	
VERY HIGH POTENCY			
	CLOBEX (clobetasol) clobetasol shampoo TEMOVATE (clobetasol propionate) ULTRAVATE (halobetasol)	clobetasol emollient clobetasol propionate cr, foam, gel, oint, sol DIPROLENE (betamethasone diprop/prop gly) halobetasol HALONATE (halobetasol/ammonium lactate) HALAC (halobetasol/ammonium lac) OLUX (clobetasol) OLUX-E (clobetasol)	Non Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred very high potency agents in the past 6 months
STIMULANTS AND RELATED AGENTS <small>SmartPA</small>			
SHORT-ACTING			
	amphetamine salt combination dexmethylphenidate IR dextroamphetamine IR FOCALIN (dexmethylphenidate) METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) dextroamphetamine solution methamphetamine methylphenidate chewable methylphenidate solution ZENZEDI (dextroamphetamine)	Minimum Age Limit <ul style="list-style-type: none"> 3 years - Adderall, Procentra, Zenedi 6 years – Desoxyn, Focalin, Methylin Maximum Age Limit <ul style="list-style-type: none"> 21 years – diagnosis of ADD/ADHD is required

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	PROCENTRA (dextroamphetamine)		<p>Quantity Limits Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> • 62 tablets/ 31 days –Adderall, Desoxyn, Focalin, Methylin, Zenedi • 155 mL/ 31 days – Methylin solution, Procentra <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • 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 Ritalin LA) methylphenidate ER (generic Concerta; Authorized generic labeler code 00591) PROVIGIL (modafinil) QUILLICHEW (methylphenidate) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine)	ADZENYS XT ODT (amphetamine) ^{NR} amphetamine salt combination ER APTENSIO XR (methylphenidate) CONCERTA (methylphenidate) DEXEDRINE (dextroamphetamine) dextroamphetamine ER DYANAVEL XR (amphetamine salt combination) methylphenidate ER (generic Ritalin SR) methylphenidate ER (generic Concerta; All other labelers) methylphenidate CD (generic Metadate CD) NUVIGIL (armodafinil) RITALIN LA (methylphenidate)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 6 years – Adderall XR, Aptensio XR, Concerta, Daytrana, Dexedrine, Dyanavel XR Focalin XR, Metadate, CD, Quillichew, Quillivant XR, Ritalin LA, Vyvanse • 16 years – Provigil • 18 years – Nuvigil <p>Maximum Age Limit</p> <ul style="list-style-type: none"> • 21 years – diagnosis of ADD/ADHD is required <p>Quantity Limits Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> • 31 tablets/ 31 days – Adderall XR, Aptensio XR, Concerta 18, 27, & 54 mg, Daytrana, Dexedrine Spansule, Focalin XR 5 & 10mg, Metadate CD,

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			<p>Methylin ER, Nuvigil 150 & 200 mg, Provigil 200mg, Ritalin LA & SR, Vyvanse</p> <ul style="list-style-type: none"> • 46.5 tablets/ 31 days – Provigil 100 mg • 62 tablets/ 31 days – Concerta 36mg, Focalin XR 15 & 20mg, Nuvigil 50mg • 372 mL/ 31 days – Quillivant XR <p>Provigil</p> <ul style="list-style-type: none"> • Documented diagnosis of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • 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 <p>Nuvigil</p> <ul style="list-style-type: none"> • 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,

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			Obstructive Sleep Apnea, or Shift Work Disorder
	NON-STIMULANTS		
	STRATTERA (atomoxetine)	clonidine ER guanfacine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release)	<p>Minimum Age Limit 6 years – Intuniv, Kapvay, Strattera</p> <p>Maximum Age Limit</p> <ul style="list-style-type: none"> • 17 years – Intuniv, Kapvay • 21 years – diagnosis of ADD/ADHD is required <p>Quantity Limits Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> • 31 tablets/ 31 days – Intuniv, Strattera • 124 tablets/ 31 days – Kapvay <p>Kapvay & Intuniv</p> <ul style="list-style-type: none"> • 1 claim for a 30 day supply with the requested agent in the past 180 days 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 <small>SmartPA</small>			

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	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 <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months Demeclocycline <ul style="list-style-type: none"> 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			
	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 <ul style="list-style-type: none"> Male - Giazio Non Preferred Criteria <ul style="list-style-type: none"> 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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