

MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2016

Version 2016.16b

Updated: 10-21-2016

‘Smart PA’ is Xerox’s proprietary electronic prior authorization system used for Medicaid fee for service claims. MSCAN plans may/may not have electronic PA functionality.

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ACNE AGENTS			
	ANTI-INFECTIVE		Maximum Age Limit • 21 years – all agents
	clindamycin (gel, lotion, solution) erythromycin	ACZONE (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.

*Existing users will be grandfathered; grandfathering is defined as approving a non-preferred agent for an existing user; all other changes will not qualify for grandfathering

To search the PDL, press CTRL + F

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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		All Agents <ul style="list-style-type: none">Documented diagnosis for both preferred and non-preferred Non Preferred Criteria <ul style="list-style-type: none">Have tried 2 different preferred agents in the past 6 months
	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	
	NMDA RECEPTOR ANTAGONIST		
	memantine	NAMENDA TABS (memantine) NAMENDA SOLUTION(memantine) NAMENDA XR (memantine)	Namzaric <ul style="list-style-type: none">Documented diagnosis AND30 days of concurrent therapy with donepezil + memantine
	COMBINATION AGENTS		
		NAMZARIC (memantine/donepezil)	
ANALGESICS, NARCOTIC - SHORT ACTING			
	acetaminophen/codeine codeine dihydrocodeine/ APAP/cafeine hydrocodone/APAP hydromorphone IBUDONE (hydrocodone/ibuprofen) meperidine morphine	ABSTRAL (fentanyl) ACTIQ (fentanyl) butalbital/APAP/cafeine/codeine butalbital/ASA/cafeine/codeine butorphanol tartrate (nasal) DEMEROL (meperidine) DILAUDID (hydromorphone) fentanyl	Quantity Limits Applicable <u>quantity limit</u> in 31 rolling days. <ul style="list-style-type: none">62 tablets – codeine, oxycodone/ibuprofen, meperidine, hydromorphone, fentanyl, bultalbital/codeine combinations, morphine, tapentadol, dihydrocodeine combinations, tramadol, pentazocine

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	oxycodone capsules oxycodone/APAP oxycodone/aspirin oxycodone/ibuprofen pentazocine/APAP tramadol tramadol/APAP	FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/cafeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/cafeine/codeine) hydrocodone/ibuprofen levorphanol LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAGNACET (oxycodone/APAP) NORCO (hydrocodone/APAP) NUCYNTA (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXECTA (oxycodone) oxycodone tablets pentazocine/naloxone PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) REPRESAINE (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) RYBIX (tramadol) SUBSYS (fentanyl) SYNALGOS-DC (dihydrocodeine/ aspirin/cafeine) 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 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, Xtampza ER, 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>Xartemis XR – <u>MANUAL PA</u></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

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ANALGESICS/ANAESTHETICS (Topical)			
	VOLTAREN Gel (diclofenac sodium) ^{SmartPA}	capsaicin diclofenac sodium 1% gel ^{NR} diclofenac sodium solution FLECTOR (diclofenac epolamine) ^{SmartPA} LIDAMANTLE HC (lidocaine/hydrocortisone) lidocaine lidocaine/prilocaine LIDODERM (lidocaine) ^{SmartPA} PENNSAID Solution (diclofenac sodium) ^{SmartPA} xylocaine SYNERA (lidocaine/tetracaine) ZOSTRIX (capsaicin)	Non Preferred Criteria <ul style="list-style-type: none"> Have tried 1 preferred agent in the past 6 months Lidoderm <ul style="list-style-type: none"> Documented diagnosis of Herpetic Neuralgia OR Documented diagnosis of Diabetic Neuropathy
ANDROGENIC AGENTS ^{SmartPA}			
	ANDROGEL (testosterone gel) TESTIM (testosterone gel)	ANDRODERM (testosterone patch) AXIRON (testosterone gel) FORTESTSA (testosterone gel) NATESTO (testosterone) STRIANT (testosterone) testosterone gel testosterone pump VOGELXO (testosterone)	All Agents <ul style="list-style-type: none"> Limited to male gender Non Preferred Criteria <ul style="list-style-type: none"> Have tried 2 preferred agents in the past 6 months
ANGIOTENSIN MODULATORS ^{SmartPA}			
ACE INHIBITORS			
	benazepril captopril enalapril fosinopril lisinopril	ACCUPRIL (quinapril) ALTACE (ramipril) EPANED (epalapril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril	Minimum Age Limit <ul style="list-style-type: none"> ≤ 6 years – Epaned <i>Smart PA will automatically be issued for this age</i> Non Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred <u>single</u>

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	quinapril ramipril trandolapril	perindopril PRINIVIL (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	<u>entity</u> agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
ACE INHIBITOR COMBINATIONS			
	benazepril/amlodipine benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ quinapril/HCTZ TARKA (trandolapril/verapamil)	ACCURETIC (quinapril/HCTZ) LOTENSIN HCT (benazepril/HCTZ) LOTREL(benazepril/amlodipine) moexipril/HCTZ PRESTALIA (perindopril/amlodipine) trandolapril/verapamil UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	Non Preferred Criteria ACE Inhibitor/CCB • Have tried 2 different preferred <u>ACEI/CCB</u> agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days ACE Inhibitor/Diuretic • Have tried 2 different preferred <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	Non Preferred Criteria • 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

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		TEVETEN (eprosartan) valsartan	
	ARB COMBINATIONS		
	EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) irbesartan/HCTZ losartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ) telmisartan/HCTZ valsartan/HCTZ	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) candesartan/HCTZ DIOVAN-HCT (valsartan/HCTZ) EDARBYCLOR (azilsartan/chlorthalidone) ENTRESTO (valsartan/sacubitril) HYZAAR (losartan/HCTZ) telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine) valsartan/amlodipine valsartan/amlodipine/HCTZ	<p>Non Preferred Criteria ARB/CCB or ARB/CCB/Diuretic</p> <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 <p>ARB/Diuretic</p> <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 – <u>MANUAL PA</u></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		
		TEKTURN (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

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			agent in the past 105 days
	DIRECT RENIN INHIBITOR COMBINATIONS		
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURN-HCT (aliskiren/hctz) VALTURN (aliskiren/valsartan)	Non Preferred Criteria <ul style="list-style-type: none"> Documented diagnosis of hypertension AND Have tried 2 different preferred <u>ACE/ or ARB diuretic agents</u> in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
ANTIBIOTICS (GI)			
	ALINIA (nitazoxanide) metronidazole neomycin tinidazole	DIFICID (fidaxomicin) FLAGYL ER (metronidazole) TINDAMAX (tinidazole) VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)	Xifaxan – MANUAL PA <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)	

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	MACROLIDES		
	azithromycin clarithromycin ER clarithromycin IR E.E.S. Suspension 200 (erythromycin ethylsuccinate) ERY-TAB (erythromycin)	BIAXIN (clarithromycin) BIAXIN XL (clarithromycin) E.E.S. (erythromycin ethylsuccinate) E.E.S. Suspension 400 (erythromycin ethylsuccinate) E-MYCIN (erythromycin) ERYC (erythromycin) ERYPED Suspension (erythromycin ethylsuccinate) ERYTHROCIN (erythromycin stearate) erythromycin erythromycin estolate PCE (erythromycin) ZITHROMAX (azithromycin) ZMAX (azithromycin)	
	NITROFURAN DERIVATIVES		
	nitrofurantoin nitrofurantoin monohydrate macrocrystals	FURADANTIN (nitrofurantoin) MACROBID (nitrofurantoin monohydrate macrocrystals) MACRODANTIN (nitrofurantoin)	
	Oxazolidinones		
		SIVEXTRO (tedizolid) ZYVOX (linezolid)	Sivextro, Zyvox - MANUAL PA Quantity Limit • 6 tablets/month – Sivextro

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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)	<p><u>DVT Prophylaxis - following hip replacement</u> XARELTO 10MG, ELIQUIS, PRADAXA 110MG</p> <ul style="list-style-type: none"> 70 total days of therapy per calendar year Documented diagnosis of hip replacement AND duration of therapy limited to 35 days <p><u>DVT Prophylaxis - following knee replacement</u> XARELTO 10MG & ELIQUIS</p> <ul style="list-style-type: none"> 70 total days of therapy per calendar year Documented diagnosis of knee replacement AND duration of

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			therapy limited to 12 days <u>DVT and PE Treatment</u> ELIQUIS, PRADAXA 75 & 150MG, SAVAYSA, XARELTO 15 & 20MG <ul style="list-style-type: none"> Documented diagnosis of DVT or PE <u>Nonvalvular Atrial Fibrillation</u> ELIQUIS, PRADAXA 75 & 150MG, SAVAYSA, XARELTO 15 & 20MG <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	LMWH – All Agents <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 OR <ul style="list-style-type: none"> NO LMWH therapy in the past 3months AND <ul style="list-style-type: none"> Duration of therapy is < 17 days OR Documented diagnosis of cancer OR Pregnant female OR

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			<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			
	ADJUVANTS		
	carbamazepine carbamazepine XR CARBATROL (carbamazepine) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EPITOL (carbamazepine) FYCOMPA (perampanel) gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam oxcarbazepine oxcarbazepine suspension TEGRETOL XR (carbamazepine) TOPAMAX Sprinkle (topiramate) topiramate tablet	APTIOM (eslicarbazepine) BANZEL (rufinamide) DEPAKENE (valproic acid) DEPAKOTE (divalproex) EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) GRALISE (gabapentin) HORIZANT (gabapentin) LAMICTAL XR (lamotrigine) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) levetiracetam ER NEURONTIN (gabapentin) OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine)	<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 <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR

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	topiramate ER (generic Qudexy XR) topiramate sprinkle capsule valproic acid VIMPAT (lacosamide) zonisamide	QUDEXY XR (topiramate) SABRIL (vigabatrin) SPRITAM (levetiracetam) ^{NR} STAVZOR (valproic acid) TEGRETOL (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) TRILEPTAL Suspension (oxcarbazepine) TRILEPTAL Tablets (oxcarbazepine) TROKENDI XR (topiramate) ZONEGRAN (zonisamide)	<ul style="list-style-type: none">90 consecutive days on the requested agent in the past 105 days days AND documented diagnosis of seizure Banzel/Onfi <ul style="list-style-type: none">Documented diagnosis of Lennox-Gastaut ANDHave tried 1 different preferred agent for Lennox-Gastaut in the past 6 months OR90 consecutive days on the requested agent in the past 105 days days AND documented diagnosis of seizure
	SELECTED BENZODIAZEPINES		
	DIASTAT (diazepam rectal)	diazepam rectal gel ONFI (clobazam)	
	HYDANTOINS		
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
	SUCCINIMIDES		
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
ANTIDEPRESSANTS, OTHER			
	bupropion bupropion SR bupropion XL TRINTELLIX (vortioxetine)	APLENZIN (bupropion HBr) desvenlafaxine DESYREL (trazodone) EFFEXOR (venlafaxine)	Minimum Age Limit <ul style="list-style-type: none">18 years - all drugsCymbalta – automatic approval for ages 7-17 with a diagnosis of GAD

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	mirtazapine trazodone venlafaxine venlafaxine ER capsules VIIBRYD (vilazodone)	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)	(Generalized Anxiety Disorder) Non Preferred Criteria <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 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)	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

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		SARAFEM (fluoxetine) ZOLOFT (sertraline)	<ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days
ANTIEMETICS <small>SmartPA</small>			
	5HT3 RECEPTOR BLOCKERS		
	ondansetron ondansetron ODT ondansetron solution	ANZEMET (dolasetron) granisetron SANCUSO (granisetron) ZOFTRAN (ondansetron) ZOFTRAN 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>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 History of prior use of preferred combination antiemetic therapy AND Concurrent use of dexamethasone per PI

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	CANNABINOIDS		
		CESAMET (nabilone) MARINOL (dronabinol) dronabinol	
	NMDA RECEPTOR ANTAGONIST		
	EMEND (aprepitant)	VARUBI (rolapitant)	Varubi - <u>MANUAL PA</u> <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) NOXAFIL (posaconazole) ^ ONMEL (itraconazole) ^ SPORANOX (itraconazole) ^ TERBINEX Kit (terbinafine/ciclopirox)	Minimum Age Limit <ul style="list-style-type: none"> 4-12 years – Lamisil Granules <u>Smart PA will automatically be issued for this age range</u> 12-17 years – griseofulvin tablets <u>Smart PA will automatically be issued for this age range</u> Non Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months HIV opportunistic infection <ul style="list-style-type: none"> Non Preferred agent indicated for treatment (^) AND Documented diagnosis of HIV

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		VFEND (voriconazole) ^ voriconazole ^	<p>Cresemba - MANUAL PA</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) <small>SmartPA</small>			
	ANTIFUNGALS		
	ciclopirox cream/gel/solution/suspension clotrimazole ketoconazole shampoo miconazole OTC nystatin terbinafine OTC cream,gel,spray tolnaftate OTC	BENSAL HP (benzoic acid/salicylic acid) CICLODAN KIT (ciclopirox kit) ciclopirox kit/shampoo CNL 8 (ciclopirox) econazole ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) JUBLIA (efinaconazole) KERYDIN (tavaborole) ketoconazole cream ketoconazole foam	<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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		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) – currently unavailable from manufacturer tioconazole VAGISTAT 3 (miconazole) VAGISTAT 1 (tioconazole)	GYNAZOLE 1 (butoconazole) miconazole 3 vaginal suppository TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole	
ANTI-HISTAMINES, MINIMALLY SEDATING AND COMBINATIONS <small>SmartPA</small>			
	MINIMALLY SEDATING ANTI-HISTAMINES		
	cetirizine loratadine	ALLEGRA (fexofenadine) CLARINEX (desloratadine) fexofenadine RX	Non Preferred Criteria <ul style="list-style-type: none"> • Documented diagnosis of allergy or urticaria AND • Have tried 2 different preferred agents

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		levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	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		
	RELPAX (eletriptan) rizatriptan rizatriptan ODT sumatriptan tablets	almotriptan AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT(rizatriptan) naratriptan ONZETRA Xsail (sumatriptan) ^{NR} TREXIMET (sumatriptan/naproxen) zolmitriptan ZOMIG (zolmitriptan)	Minimum Age Limit – ALL FORMULATIONS <ul style="list-style-type: none"> • 6 years – Maxalt • 12-17 years – Axert, Treximet, Zomig nasal spray <u>Smart PA will automatically be issued for this age range</u> • 18 years – Amerge, Frova, Imitrex, Onzetra Xsail, Relpax, Zembrace Symtouch, Zomig tablets Quantity Limit - ORAL <ul style="list-style-type: none"> • 6 tablets/31 days - Axert, Relpax Zomig • 9 tablets/31 days - Amerge, Frova, Imitrex, Treximet • 12 tablets/31 days – Maxalt Non Preferred Criteria - ORAL <ul style="list-style-type: none"> • Have tried 2 preferred preferred oral agents in the past 90 days

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	NASAL		
	IMITREX (sumatriptan)	sumatriptan ZOMIG (zolmitriptan)	Quantity Limit - NASAL <ul style="list-style-type: none"> • 1 box/31 days Non Preferred Criteria - NASAL <ul style="list-style-type: none"> • Have tried 1 preferred nasal agent in the past 90 days
	INJECTABLES		
	IMITREX (sumatriptan)	sumatriptan SUMAVEL (sumatriptan) ZEMBRANCE (sumatriptan) ^{NR}	CUMULATIVE Quantity Limit - INJECTION 4 injections/31 days
	OTHER		
		ZECUITY PATCH (sumatriptan)	Quantity Limit <ul style="list-style-type: none"> • 4 patches/31 days Zecuity <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			
	AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) COTELLIC (cobimetinib) GILOTRIF (afatinib) GLEEVEC (imatinib mesylate) ICLUSIG (ponatinib) IMBRUVICA (ibrutinib) INLYTA (axitinib) IRESSA (gefitinib) JAKAFI (ruxolitinib)	ALECENSA (alectinib) CABOMETYX (cabozantinib s-malate) ^{NR} FARYDAK (panobinostat) GLEOSTINE (lomustine) IBRANCE (palbociclib) ^{SmartPA} LENVIMA (lenvatinib) ^{SmartPA} LYNPARZA (olaparib) ^{SmartPA} TAGRISSO (osimertinib)	Farydak - MANUAL PA <ul style="list-style-type: none"> • Documented diagnosis of multiple myeloma AND • Used in combination with bortezomib and dexamethasone per PI AND • History of 2 prior regimens including bortezomib and an immunomodulatory agent Ibrance <ul style="list-style-type: none"> • Documented diagnosis of breast

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	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)		cancer AND • Concurrent therapy with letrozole Lenvima • Documented diagnosis of thyroid cancer OR • Documented diagnosis of renal cell carcinoma AND • History of 1 claim for everolimus in the past 30 days AND • History of 1 anti-angiogenic agent in the past 2 years Lynparza • Documented diagnosis of ovarian cancer AND • History of 3 prior chemotherapy agents in the past 2 years
ANTIPARASITICS (Topical) ^{SmartPA}			
	PEDICULICIDES		
	permethrin 1% NATROBA (spinosad)	lindane malathion OVIDE (malathion) SKLICE (ivermectin) ULESFIA (benzyl alcohol)	Minimum Age/Weight Limit for Pediculicides • 50 kg - lindane shampoo • 2 months – permethrin 1%(OTC) • 6 months – Natroba, SKLICE, Ulesfia • 2 years – piperonyl/pyrethrins (OTC) • 6 years – Ovide Non Preferred Criteria • History of permethrin 1% topical lotion OR piperonyl/pyrethrin in the past 90

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			days AND <ul style="list-style-type: none">History of Natroba in the past 90 days Ulesfia Ulesfia is no longer covered due to no longer being rebated.
	SCABICIDES		
	permethrin 5% STROMECTOL Tablet (ivermectin)	ELIMITE (permethrin) EURAX CREAM (crotamiton) EURAX LOTION (crotamiton)	Minimum Age/Weight Limit for Topical Scabicides <ul style="list-style-type: none">50 kg - lindane lotion2 months – permethrin 5%18 years – Eurax Non Preferred Criteria <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)	Non Preferred Criteria <ul style="list-style-type: none">Documented diagnosis of Parkinson’s disease ANDHave tried 2 different preferred agents in the past 6 months OR90 consecutive days on the requested agent in the past 105 days
	COMT INHIBITORS		
		COMTAN (entacapone) TASMAR (tolcapone) tolcapone	
	DOPAMINE AGONISTS		

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	ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole pramipexole ER REQUIP (ropinirole) REQUIP XL (ropinirole) ropinerole ER	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
	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)	
ANTIPSYCHOTICS SmartPA			
	ORAL		Minimum Age Limits <ul style="list-style-type: none">• 3 years - Haldol• 5 years – Risperdal• 6 years – Abilify
	ABILIFY (aripiprazole) SmartPA amitriptyline/perphenazine aripiprazole chlorpromazine	CLOZARIL (clozapine) SmartPA FANAPT (iloperidone) SmartPA FAZACLO (clozapine) SmartPA GEODON (ziprasidone) SmartPA	

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	clozapine ^{SmartPA} fluphenazine haloperidol ^{SmartPA} olanzapine ^{SmartPA} perphenazine risperidone ^{SmartPA} quetiapine ^{SmartPA} thioridazine thiothixene trifluoperazine ziprasidone ^{SmartPA}	HALDOL (haloperidol) ^{SmartPA} INVEGA (paliperidone) ^{SmartPA} LATUDA (lurasidone) ^{SmartPA} NAVANE (thiothixene) NUPLAZID (pimavanserin) ^{NR} olanzapine/fluoxetine ^{SmartPA} paliperidone ^{SmartPA} 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"> • 10 years – Saphris, Seroquel, Symbyax • 13 years – Zyprexa • 18 years – Clozaril, Fanapt, Geodon, Invega, Latuda, Nuplazid, Rexulti, Vraylar <p>Concurrent Therapy Limits – Ages 0-17 years</p> <ul style="list-style-type: none"> • 90 days with >2 atypical antipsychotics in the last 120 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 • Males see Non Preferred Criteria noted above

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			Nuplazid <ul style="list-style-type: none"> Documented diagnosis of Parkinson’s disease
	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)	VITEKTA (elvitegravir)	Non Preferred Criteria

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	TIVICAY (dolutegravir sodium)		<ul style="list-style-type: none">• 1 claim with the requested agent in the past 105 days

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	ENTRY INHIBITORS – FUSION INHIBITORS		
		FUZEON (enfuvirtide)	
	COMBINATION PRODUCTS - NRTIs		
	abacavir/lamivudine/zidovudine EPZICOM (abacavir/lamivudine) lamivudine/zidovudine TRIZIVIR (abacavir/lamivudine/zidovudine)	COMBIVIR (lamivudine/zidovudine)	
	COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOG RTIs		
	TRUVADA (emtricitabine/tenofovir)	DESCOVY (emtricitabine/tenofovir alafenam)	
	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)

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	COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & NON-NUCLEOSIDE RTIs		
	ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir)	ODEFSEY (emtricitabine/rilpivirine/tenofovir AF) ^{NR}	
	COMBINATION PRODUCTS – PROTEASE INHIBITORS		
	KALETRA (lopinavir/ritonavir)		
ANTIVIRALS (Oral) – ANTIHERPETIC AGENTS			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) SITAVIG (acyclovir) VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
ANTIVIRALS (Topical)			
	ZOVIRAX Cream (acyclovir)	DENAVIR (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir)	
AROMATASE INHIBITORS			
	anastrozole ARIMIDEX (anastrozole) exemestane letrozole	AROMASIN (exemestane) FEMARA (letrozole)	
ATOPIC DERMATITIS <small>SmartPA</small>			

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	ELIDEL (pimecrolimus)	PROTOPIC (tacrolimus) tacrolimus	Minimum Age Limit <ul style="list-style-type: none"> • 2 years – Elidel, Protopic 0.03% • 6 years – Protopic 0.1% Non Preferred Criteria <ul style="list-style-type: none"> • Have tried 1 preferred agent in the past 6 months
BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS <small>SmartPA</small>			
	acebutolol atenolol bisoprolol BYSTOLIC (nebivolol) <small>Step Edit</small> metoprolol metoprolol XL nadolol pindolol propranolol sotalol timolol	BETAPACE (sotalol) betaxolol CORGARD (nadolol) HEMANGEOL (propranolol) INDERAL LA (propranolol) INNOPRAN XL (propranolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) SOTYLIZE (sotalol) TENORMIN (atenolol) TOPROL XL (metoprolol) ZEBETA (bisoprolol)	Bystolic – Step Edit <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 Non Preferred Criteria – All Agents <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)	Coreg CR <ul style="list-style-type: none"> • Documented diagnosis for hypertension AND • Have tried generic carvedilol AND 1 preferred agent in the past 6 months

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			OR <ul style="list-style-type: none">90 consecutive days on the requested agent in the past 105 days
	BETA BLOCKER/DIURETIC COMBINATIONS		Ranexa <ul style="list-style-type: none">Documented diagnosis of angina AND1 claim for a calcium channel blocker, beta-blocker, nitrate, or combination agent in the past 30 days OR90 consecutive days on the requested agent in the past 105 days
	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)	
	ANTIANGINALS		
		RANEXA (ranolazine)	
	SINUS NODE AGENTS		Corlanor - MANUAL PA
		CORLANOR (ivabradine)	
BILE SALTS			
	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) URSO (ursodiol) URSO FORTE (ursodiol)	
BLADDER RELAXANT PREPARATIONS <small>SmartPA</small>			
	oxybutynin ER, IR	DETROL (tolterodine)	Non Preferred Criteria <ul style="list-style-type: none">Have tried 2 different preferred agents

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	VESICARE (solifenacin)	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	in the past 6 months
BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA			
	BISPHOSPHONATES		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
	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)	
	OTHERS		
	calcitonin salmon FORTICAL (calcitonin)	EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) raloxifene	
BPH AGENTS SmartPA			

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	ALPHA BLOCKERS		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
	alfuzosin doxazosin tamsulosin terazosin	CARDURA (doxazosin) CARDURA XL (doxazosin) dutasteride/tamsulosin FLOMAX (tamsulosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) UROXATRAL (alfuzosin)	
	5-ALPHA-REDUCTASE (5AR) INHIBITORS		
	finasteride	AVODART (dutasteride) PROSCAR (finasteride)	Cialis – <u>MANUAL PA</u> <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
	PDE5 INHIBITORS		
		CIALIS (tadalafil)	
BRONCHODILATORS & COPD AGENTS			
	ANTICHOLINERGICS & COPD AGENTS		
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA HANDIHALER (tiotropium)	DALIRESP (roflumilast) INCRUSE ELLIPTA (umeclidinium) SPIRIVA RESPIMAT (tiotropium)	

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		TUDORZA PRESSAIR (aclidinium)	
	ANTICHOLINERGIC-BETA AGONIST COMBINATIONS		
	albuterol/ipratropium COMBIVENT RESPIMAT (albuterol/ipratropium)	ANORO ELLIPTA (umeclidinium/vilanterol) STIOLTO RESPIMAT (tiotropium/olodaterol)	
BRONCHODILATORS, BETA AGONIST			
	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 • 18 years – Arcapta, Striverdi Respimat <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)	Minimum Age Limit <ul style="list-style-type: none"> • 6 years – Xopenex • 18 years – Brovana, Perforomist Non Preferred Criteria <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 Xopenex <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)	Quantity Limit - nimodipine <ul style="list-style-type: none"> • 252 tablets/ 21 days • 2520 mL/21 days Non Preferred Criteria <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 nimodipine

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			<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 DILT XR 24 HR Caps (diltiazem) diltiazem ER Cap 24 HR (generic Cardizem CD) diltiazem ER Cap 24 HR 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 Cap 12 HR diltiazem ER Tab 24 HR nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	Non Preferred Criteria <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) BREAKFAST ESSENTIALS BRIGHT BEGINNINGS CARNATION INSTANT BREAKFAST DUOCAL ENSURE JUVEN GLUCERNA NUTREN (includes all Nutren) OSMOLITE	COMPLEAT EO28 SPLASH FIBERSOURCE ISOSOURCE JEVITY KINDERCAL PEPTAMEN PROMOTE SIMPLY THICK TOLEREX	Non Preferred Agents - <u>MANUAL PA</u>

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	PEDIASURE PROMOD RESOURCE SCANDISHAKE SOLCARB TWOAL HN	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	cephalexin 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		
	cefdinir suspension cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten	Maximum Age Limit <ul style="list-style-type: none">• 18 years – cefdinir suspension

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		SPECTRACEF (cefditoren) SUPRAX (cefixime)	
COLONY STIMULATING FACTORS <small>SmartPA</small>			
	LEUKINE (sargramostim) NEUPOGEN Syringe (filgrastim)	GRANIX (tbo-filgrastim) NEULASTA (pegfilgrastim) NEUPOGEN Vial (filgrastim) ZARXIO (filgrastim)	Neulasta - <u>MANUAL PA</u>
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	<p>Age Limits</p> <ul style="list-style-type: none"> • 3 months - Pulmozyme • 2 years – Coly-Mycin M, Kalydeco • 6 years – Bethkis, Kitabis, Orkambi 100-125mg, TOBI, TOBI Podhaler • 7 years – Cayston • 12 years – Orkambi 200-125mg <p>All Agents</p> <ul style="list-style-type: none"> • Documented diagnosis Cystic Fibrosis <p>Kalydeco</p> <ul style="list-style-type: none"> • Requires 1 claim with Kalydeco in the past 105 days OR • <u>NEW STARTS – MANUAL PA</u> <ul style="list-style-type: none"> ◦ Diagnosis of cystic fibrosis with a G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, or S549R mutation in the CFTR gene AND ◦ Prescriber is a CF specialist or

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			<p>pulmonologist AND</p> <ul style="list-style-type: none"> Negative for one of the following infections: Burkholderia cenocepacia, dolosa, or Mycobacterium abscessus <p>Orkambi – <u>MANUAL PA</u></p> <p>TOBI Podhaler – <u>MANUAL PA</u></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) ^{SmartPA}</p> <p>ENBREL (etanercept)</p> <p>HUMIRA (adalimumab)</p> <p>methotrexate</p>	<p>ACTEMRA (tocilizumab)</p> <p>CIMZIA (certolizumab)</p> <p>ENTYVIO (vedolizumab)</p> <p>ILARIS (canakinumab)</p> <p>KINERET (anakinra)</p> <p>ORENCIA (abatacept)</p> <p>OTEZLA (apremilast)</p> <p>OTREXUP (methotrexate)</p> <p>RASUVO (methotrexate)</p> <p>REMICADE (infliximab)</p> <p>RHEUMATREX (methotrexate)</p> <p>SIMPONI (golimumab)</p> <p>STELARA (ustekinumab)</p> <p>TALTZ (ixekizumab)^{NR}</p> <p>TREXALL (methotrexate)</p> <p>XELJANZ (tofacitinib)</p>	<p>Orencia IV Infusion, Remicade IV Infusion and Stelara (first dose) are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification.</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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		XELJANZ XR (tofacitinib) ^{NR}	
ERYTHROPOIESIS STIMULATING PROTEINS ^{SmartPA}			
	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) ^{SmartPA}	Cymbalta (see Antidepressant, Other) Minimum Age Limit – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder)
FLUOROQUINOLONES (Oral) ^{SmartPA}			
	ciprofloxacin tablets levofloxacin tablets	AVELOX (moxifloxacin) ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin suspension moxifloxacin NOROXIN (norfloxacin)	Non Preferred Criteria <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 history of doxycycline in the past 3 months OR

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		ofloxacin	<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 Levaquin solution for age < 12 years Anthrax infection or exposure OR 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months AND <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			
	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
GLUCOCORTICOIDS (Inhaled)			

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	GLUCOCORTICOIDS <small>SmartPA</small>		
	ASMANEX TWISTHALER (mometasone) QVAR (beclomethasone) PULMICORT (budesonide) Respules, 0.25mg & 0.5mg	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) budesonide FLOVENT Diskus (fluticasone) FLOVENT HFA (fluticasone) PULMICORT (budesonide) Flexhaler PULMICORT (budesonide) Respules, 1mg	Non Preferred Criteria <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days OR Have tried 2 different preferred agents in the past 6 months <p><u>NOTE:</u> Institutional sized products are Non Preferred</p>
	GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS		
	ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	ADVAIR Diskus (fluticasone/salmeterol) BREO 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> Non Preferred Criteria <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days OR Have tried 2 different preferred agents in the past 6 months
GI ULCER THERAPIES			
	H2 RECEPTOR ANTAGONISTS		
	cimetidine famotidine tablet PEPCID (famotidine)	AXID (nizatidine) famotidine suspension nizatidine ranitidine capsule	

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	ranitidine syrup ranitidine tablet ZANTAC (ranitidine)		
	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	
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 an approvable indication OR Documented procedure of cranial irradiation <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 1 preferred agent in the past 6 months OR

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			<ul style="list-style-type: none"> 84 consecutive days on the requested agent in the past 105 days
H. PYLORI COMBINATION TREATMENTS			
	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)	OMECLAMOX (omeprazole, clarithromycin, amoxicillin) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	Quantity Limit <ul style="list-style-type: none"> 1 treatment course/ year
HEPATITIS C TREATMENTS			
	EPCLUSA (sofosbuvir/velpatasvir)^{NR}∞ HARVONI (ledipasvir/sofosbuvir)∞ PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets SOVALDI (sofosbuvir)∞ TECHNIVIE (ombitasvir/paritaprevir/ritonavir) ∞ VIEKIRA (ombitasvir/paritaprevir/ritonavir)∞ VIEKIRA (ombitasvir/paritaprevir/ritonavir) XR ∞ ZEPATIER (elbasvir/grazoprevir)∞	DAKLINZA (daclatasvir) ∞ OLYSIO (simeprevir)∞ REBETOL (ribavirin) RIBAPAK DOSEPACK (ribavirin) ribavirin capsules RIBASPHERE (ribavirin)	∞ Daklinza, Epclusa, Harvoni, Olysio, Sovaldi, Technivie, Viekira, Zepatier - MANUAL PA
HYPERURICEMIA & GOUT ^{SmartPA}			
	allopurinol colchicine probenecid probenecid/colchicines	COLCRYS (colchicine) MITIGARE (colchicines) ULORIC (febuxostat) ZYLOPRIM (allopurinol)	Non Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS			
	BYDUREON (exenatide) JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin)	alogliptin ^{NR} alogliptin/metformin ^{NR} alogliptin/pioglitazone ^{NR}	

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2016

Version 2016.16b

Updated: 10-21-2016

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	JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin) TANZEUM (albiglutide) TRADJENTA (linagliptin) ONGLYZA (saxagliptin)	BYETTA (exenatide) KAZANO (alogliptin/metformin) NESINA (alogliptin) OSEN (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)	Insulin pen formulations are not covered for Long Term Care (LTC) beneficiaries. Non Preferred Criteria <ul style="list-style-type: none">• Documented diagnosis of Diabetes Mellitus AND• Have tried 1 preferred product in the past 6 months
HYPOGLYCEMICS, MEGLITINIDES			
	repaglinide	nateglinide PRANDIMET (repaglinide/metformin) PRANDIN (repaglinide) repaglinide/metformin STARLIX (nateglinide)	
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS			
	HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS		
		FARXIGA (dapagliflozin) INVOKANA (canagliflozin)	

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		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		
	pioglitazone/metformin	ACTOPLUS MET (pioglitazone/metformin) ACTOPLUSMET XR (pioglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) AVANDAMET (rosiglitazone/metformin) DUETACT (pioglitazone/glimepiride)	
IDIOPATHIC PULMONARY FIBROSIS <small>SmartPA</small>			
	ESBRIET (pirfenidone) OFEV (nintedanib)		Esbriet & OFEV • No concurrent therapy with either agent
IMMUNOSUPPRESSIVE (ORAL) <small>SmartPA</small>			
	AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate)	ASTAGRAF XL (tacrolimus) ENVARUS XR (tacrolimus) HECORIA (tacrolimus)	Minimum Age Limit • 13 years - Rapamune • 18 years - Zortress

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	cyclosporine cyclosporine modified GENGRAF (cyclosporine) mycophenolate mofetil MYFORTIC (mycophenolic acid) NEORAL (cyclosporine) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) sirolimus tacrolimus ZORTRESS (everolimus)	PROGRAF (tacrolimus)	<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 <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

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	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)	
	ANTI HISTAMINES		
	PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine olopatadine	
	ANTI HISTAMINE/CORTICOSTEROID COMBINATION SmartPA		
		DYMISTA (azelastine/fluticasone)	
	CORTICOSTEROIDS SmartPA		
	FLONASE (fluticasone) fluticasone QNASL (beclomethasone)	BECONASE AQ (beclomethasone) budesonide FLONASE ALLERGY OTC (fluticasone) flunisolide NASONEX (mometasone) OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide) TICANASE KIT (flonase kit) triamcinolone VERAMYST (fluticasone)	Non Preferred Criteria <ul style="list-style-type: none"> • Documented diagnosis for allergic rhinitis AND • Have tried 2 different preferred agents in the past 6 months Budesonide <u>Smart PA will be issued for pregnant women.</u> <ul style="list-style-type: none"> • A documented diagnosis of pregnancy OR a pregnancy indicator

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		ZETONNA (ciclesonide)	submitted on the pharmacy claim at Point of Sale
IRON CHELATING AGENTS			
	FERRIPROX (deferiprone) EXJADE (deferasirox)	JADENU (deferiasirox)	
IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS <small>SmartPA</small>			
	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) [∞]	[∞] Amitiza, Fulyzaq, Gattex, Linzess, Lotronex, Relistor, or Zorbtive • 1 claim for the requested agent in the past 105 days OR • MANUAL PA - All new patients require manual review.
	SELECTED GI AGENTS		
		FULYZAQ (crofelemer) [∞] MOVANTIK (naloxegol) VIBERZI (eluxadoline) ^{NR}	Movantik & Viberzi - <u>MANUAL PA</u>
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

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LIPOTROPICS, OTHER (Non-statins) ^{SmartPA}			
	BILE ACID SEQUESTRANTS		
	cholestyramine colestipol	COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)	<p>All Agents, All Sub-Classes both Preferred (exception is Zetia) and Non Preferred</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> 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)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months

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CHOLESTEROL ABSORPTION INHIBITORS			
	ZETIA (ezetimibe)		Zetia does not have to meet the trial of 1 statin or statin combination agent in the past year
FIBRIC ACID DERIVATIVES			
	fenofibrate nanocrystallized gemfibrozil	ANTARA (fenofibrate, micronized) fenofibrate 40mg tablet fenofibrate, micronized fenofibric acid FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRICOR (fenofibrate nanocrystallized) TRIGLIDE (fenofibrate) TRILIPIX (fenofibric acid)	Fibric Acid Derivative Non Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different fibric acid derivatives in the past 6 months
MTP INHIBITOR			
		JUXTAPID (lomitapide)	MANUAL PA
APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR			
		KYNAMRO (mipomersen)	MANUAL PA
NIACIN			
	niacin ER NIACOR (niacin)	NIASPAN (niacin)	Non Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
PCSK-9 INHIBITOR			

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		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 • 12 months of therapy with simvastatin 80mg AND • NO myopathy contraindication Non Preferred Criteria • Have tried 2 different preferred statin or statin combination agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
	STATIN COMBINATIONS		
	SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)	atorvastatin/amlodipine ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine) LIPTRUZET (atorvastatin/ezetimibe)	Non Preferred Criteria • Have tried 2 different preferred statin or statin combination agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
MISCELLANEOUS BRAND/GENERIC			
	CLONIDINE		
	CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)	
	EPINEPHRINE		
	EPIPEN (epinephrine) EPIPEN JR (epinephrine)	ADRENALIN (epinephrine) AUVI-Q (epinephrine)	
	MISCELLANEOUS		

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	alprazolam hydroxyzine hcl syrup hydroxyzine pamoate megestrol suspension 625mg/5mL	alprazolam ER ^{SmartPA} hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) VISTARIL (hydroxyzine pamoate)	Alprazolam ER CUMULATIVE quantity limit • 31 tablets/31 days • Exception –previously stable on 2 tablets/day in the past 90 days Hydroxyzine hcl 10mg tablets • 6-12 years - <u>Smart PA will automatically be issued for this age range</u>
SUBLINGUAL ALLERGEN EXTRACT IMMUNOTHERAPY			
		GRASTEK ORALAIR RAGWITEK	
SUBLINGUAL NITROGLYCERIN			
	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)	
MOVEMENT DISORDER AGENTS ^{SmartPA}			
		tetrabenazine XENAZINE (tetrabenazine)	Xenazine • Documented diagnosis of Huntington’s Chorea
MULTIPLE SCLEROSIS AGENTS ^{SmartPA}			
	AUBAGIO (teriflunomide) AVONEX (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE 20mg (glatiramer)	AMPYRA (dalfampridine) COPAXONE 40mg (glatiramer) EXTAVIA (interferon beta-1b) GLATOPA (glatiramer)	All Agents • Documented diagnosis of multiple sclerosis

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	GILENYA (fingolimod) REBIF (interferon beta-1a)	PLEGRIDY (interferon beta-1a) TECFIDERA (dimethyl fumarate)	Non Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 3 claims with the requested agent Ampyra – MANUAL PA <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 <i>Initial authorization</i> – requires a baseline Timed 25-foot Walk (T25FW) assessment and will be approved for 12 weeks OR <i>Additional prior authorizations</i> - requires a benefit assessment measured by a 20% improvement in the T25FW from baseline. Renewal will not be approved if the 20% improvement is not maintained. A renewal will be issued in a 6 month intervals
NSAIDS SmartPA			
	NON-SELECTIVE		
	diclofenac EC diclofenac SR etodolac tab flurbiprofen ibuprofen	ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac) CATAFLAM (diclofenac) DAYPRO (oxaprozin)	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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	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
COX II SELECTIVE			
	meloxicam	CELEBREX (celecoxib) celecoxib	Non Preferred Criteria – COX II <ul style="list-style-type: none"> Documented diagnosis of Osteoarthritis, Rheumatoid Arthritis,

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		MOBIC (meloxicam) NULOX (meloxicam) VIVLODEX (meloxicam)	Familial Adenomatous Polyposis, or Ankylosing Spondylitis AND <ul style="list-style-type: none"> 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 VIGAMOX (moxifloxacin)	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) POLYTRIM (polymyxin/trimethoprim) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	

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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 • Have tried 2 different preferred agents in the past 6 months
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)	Non Preferred Criteria • Have tried 2 different preferred agents in the past 6 months

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		EMADINE (emedastine) epinastine LASTACRAFT (alcaftadine) OPTIVAR (azelastine) PATANOL (olopatadine) PAZEO (olopatadine)	
OPHTHALMICS, GLAUCOMA AGENTS <small>SmartPA</small>			
	BETA BLOCKERS		Non Preferred Criteria <ul style="list-style-type: none">• 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
	betaxolol BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol solution	BETAGAN (levobunolol) BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel TIMOPTIC (timolol)	
	CARBONIC ANHYDRASE INHIBITORS		
	AZOPT (brinzolamide) dorzolamide TRUSOPT (dorzolamide)		
	COMBINATION AGENTS		
	COMBIGAN (brimonidine/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine)	COSOPT (dorzolamide/timolol) COSOPT PF(dorzolamide/timolol)	
	PARASYMPATHOMIMETICS		
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine)	

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		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			
	DEPENDENCE		
	naltrexone tablets SUBOXONE FILM (buprenorphine/naloxone) ^{SmartPA}	buprenorphine tablets buprenorphine/naloxone tablets BUNAVAIL (buprenorphine/naloxone) PROBUPHINE IMPLANT (buprenorphine) ^{NR} ZUBSOLV (buprenorphine/naloxone)	<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

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			past 3 months AND • All other buprenorphine/naloxone criteria found here
TREATMENT			
	naloxone injection NARCAN NASAL SPRAY (naloxone)	EVZIO (naloxone)	
OTIC ANTIBIOTICS			
	CIPRODEX (ciprofloxacin/dexamethasone) ^{Age Edit} 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) ROCALTROL (calcitriol) SENSIPAR (cinacalcet)	
PHOSPHATE BINDERS			

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	calcium acetate ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) RENAGEL (sevelamer HCl)	AURYXIA (ferric citrate) FOSRENOL (lanthanum) PHOSLO (calcium acetate) REVELA (sevelamer carbonate) sevelamer carbonate VELPHORO (sucroferric oxyhydroxide)	
PLATELET AGGREGATION INHIBITORS <small>SmartPA</small>			
	AGGRENOX (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	Zontivity – <u>MANUAL PA</u> <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 Non Preferred Criteria <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 Brilinta <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

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			Effient <ul style="list-style-type: none"> Documented diagnosis for Acute Coronary Syndrome or Percutaneous Coronary Intervention
PRENATAL VITAMINS			
	CITRANATAL 90 DHA PACK CITRANATAL ASSURE COMBO PACK CITRANATAL B-CALM PACK CITRANATAL DHA PACK CITRANATAL HARMONY Capsule CITRANATAL RX Tablet CONCEPT DHA Capsule FE C PLUS Tablet PRENATAL PLUS Tablet 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	Products not listed here are assumed to be non-preferred.

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

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			Sclerosis, or Amyotrophic Lateral Sclerosis
PULMONARY ANTIHYPERTENSIVES ^{SmartPA}			
	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

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			Sildenafil 25mg, 50mg, or 100mg <ul style="list-style-type: none"> • < 12 years of age AND documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation OR history of heart transplant OR 90 consecutive days on the requested agent in the past 105 days
	PROSTACYCLINS		
	ORENITRAM ER (treprostinil)	TYVASO (treprostinil) VENTAVIS (iloprost)	Non Preferred Criteria <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

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SEDATIVE HYPNOTICS			
	BENZODIAZEPINES		
	estazolam flurazepam temazepam (15mg and 30mg)	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) RESTORIL (temazepam) temazepam (7.5mg and 22.5mg) triazolam	Single source benzodiazepines and barbiturates are NOT covered – NO PA’s will be issued for these drugs. Quantity Limits – CUMULATIVE Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i> • 31 units/31 days - all strengths Triazolam – CUMULATIVE Quantity limit per rolling days for all strengths • 10 units/31 days • 60 units/365 days
	OTHERS		
	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 zolpidem SL ^{NR}	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> • 31 units/31 days • 1 canister/31 days – Zolpimist & male • 1 canister/62 days – Zolpimist & female Gender and Dose Limits for zolpidem • Female - Ambien 5mg, Ambien CR

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		ZOLPIMIST (zolpidem)	6.25mg, Intermezzo 1.75 mg • Male – all zolpidem strengths Non Preferred Criteria • Have tried 2 different preferred agents in the past 6 months Hetlioz • Circadian rhythm sleep disorder AND • Diagnosis indicating total blindness of the patient
SELECT CONTRACEPTIVE PRODUCTS			
	INJECTABLE CONTRACEPTIVES		
	medroxyprogesterone acetate IM	DEPO-PROVERA IM (medroxyprogesterone acetate) DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)	
	ORAL 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) GILDAGIA (norethindrone/ethinyl estradiol) INTROVALE (levonorgestrel/ethinyl estradiol) JOLESSA (levonorgestrel/ethinyl estradiol)	Non Preferred Criteria • 1 claim with the requested agent in the past 105 days

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		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 dantrolene FEXMID (cyclobenzaprine) LORZONE (chlorzoxazone)	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 Carisoprodol <ul style="list-style-type: none"> Documented diagnosis of acute musculoskeletal condition AND

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		metaxalone orphenadrine orphenadrine compound PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)	<ul style="list-style-type: none">• 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		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
	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)	
STERIODS (Topical) SmartPA			
	LOW POTENCY		Non Preferred Criteria <ul style="list-style-type: none">• Have tried 2 different preferred low potency agents in the past 6 months
	CAPEX (fluocinolone) desonide hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTH-FS (fluocinolone) DESONATE (desonide)	

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		DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	
	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) fluocinonide HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) SERNIVO (betamethasone dipropionate) ^{NR}	Non Preferred Criteria • Have tried 2 different preferred high potency agents in the past 6 months

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		TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide)	
VERY HIGH POTENCY			
	CLOBEX (clobetasol) clobetasol shampoo clobetasol propionate ointment halobetasol ointment TEMOVATE Cream (clobetasol propionate) ULTRAVATE Cream, Lotion (halobetasol)	clobetasol emollient clobetasol propionate cr, foam, gel, oint, sol DIPROLENE (betamethasone diprop/prop gly) halobetasol cream HALONATE (halobetasol/ammonium lactate) HALAC (halobetasol/ammonium lac) TEMOVATE Ointment (clobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) ULTRAVATE Ointment (halobetasol)	Non Preferred Criteria • Have tried 2 different preferred very high potency agents in the past 6 months
STIMULANTS AND RELATED AGENTS <small>SmartPA</small>			
SHORT-ACTING			
	amphetamine salt combination dexamethylphenidate IR dextroamphetamine IR FOCALIN (dexamethylphenidate) METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) dextroamphetamine solution methamphetamine methylphenidate chewable methylphenidate solution ZENZEDI (dextroamphetamine)	Minimum Age Limit • 3 years - Adderall, Procentra, Zenzedi • 6 years – Desoxyn, Focalin, Methylin Maximum Age Limit • 21 years – diagnosis of ADD/ADHD is required Quantity Limits Applicable <u>quantity limit</u> per rolling days • 62 tablets/ 31 days –Adderall, Desoxyn, Focalin, Methylin, Zenzedi

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			<ul style="list-style-type: none"> • 310 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 CD (generic Metadate CD) methylphenidate ER Caps (generic Ritalin LA) methylphenidate ER Tabs(generic Ritalin SR) 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) methylphenidate ER (generic Concerta) NUVIGIL (armodafinil) RITALIN LA (methylphenidate) RITALIN SR (methylphenidate)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 6 years – Adderall XR, Adzenys XT ODT, Aptensio XR, Concerta, Daytrana, Dexedrine, Dyanavel XR, Focalin XR, Metadate, CD, Quillichew, Quillivant XR, Ritalin LA, Vyvanse • 16 years – Provigil • 18 years – Nuvigil <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, Adzenys XT ODT, Aptensio XR, Concerta 18, 27, & 54 mg, Daytrana, Dexedrine Spansule, Focalin XR 5 & 10mg, Metadate CD, Methylin ER, Nuvigil 150 & 200 mg, Provigil 200mg, Quillichew, Ritalin LA & SR, Vyvanse

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			<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 • 248 mL/31 days – Dyanavel XR • 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, Obstructive Sleep Apnea, or Shift Work Disorder

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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 <p>OR</p> <ul style="list-style-type: none"> • Diagnosis for ADD or ADHD AND • Have tried 1 Short or Long Acting stimulant in the past 6 months OR • Have tried Strattera in the past 6 months OR • Have tried the short acting product in the past 6 months
TETRACYCLINES SmartPA			
	doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR tetracycline	ACTICLATE (doxycycline) ADOXA (doxycycline monohydrate) demeclocycline doxycycline monohydrate caps (75mg & 150mg) doxycycline monohydrate tabs	<p>Non Preferred Agents</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months <p>Demeclocycline</p>

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		DYNACIN (minocycline) minocycline ER minocycline tabs ORACEA (doxycycline) SOLODYN (minocycline) VIBRAMYCIN cap/susp/syrup	<ul style="list-style-type: none">Documented diagnosis of Diabetes Insipidus or SIADH will allow automatic approval.
ULCERATIVE COLITIS and CROHN'S AGENTS ^{SmartPA} *See Cytokine & CAM Antagonists Class for additional agents			
	ORAL		Gender Limits <ul style="list-style-type: none">Male - Giazio Non Preferred Criteria <ul style="list-style-type: none">90 consecutive days on the requested agent in the past 105 days ORDocumented diagnosis for Ulcerative Colitis AND2 different preferred agents in the past 6 months
	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)	
	RECTAL		
	CANASA (mesalamine) mesalamine	SFROWASA (mesalamine) UCERIS Foam (budesonide)	

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