

MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 04/01/2017

Version 2017.4

Updated: 03-15-2017

‘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.

However, they must adhere to Medicaid’s PA criteria

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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		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 SmartPA			
	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)	
	Combination Agents		
		NAMZARIC (memantine/donepezil)	Namzaric <ul style="list-style-type: none">Documented diagnosis AND30 days of concurrent therapy with donepezil + memantine
Analgesics, Narcotic - Short Acting			
	acetaminophen/codeine codeine dihydrocodeine/ APAP/caffeine hydrocodone/APAP hydromorphone IBUDONE (hydrocodone/ibuprofen) meperidine	ABSTRAL (fentanyl) ACTIQ (fentanyl) butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine butorphanol tartrate (nasal) DEMEROL (meperidine) DILAUDID (hydromorphone)	Quantity Limits Applicable <u>quantity limit</u> in 31 rolling days. <ul style="list-style-type: none">62 tablets – codeine, oxycodone/ibuprofen, meperidine, hydromorphone, fentanyl, butalbital/codeine combinations, morphine, tapentadol, dihydrocodeine

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	morphine oxycodone capsules oxycodone/APAP oxycodone/aspirin oxycodone/ibuprofen pentazocine/APAP tramadol tramadol/APAP	fentanyl FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine) hydrocodone/ibuprofen levorphanol LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAGNACET (oxycodone/APAP) NORCO (hydrocodone/APAP) NUCYNTA (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXECTA (oxycodone) oxycodone tablets pentazocine/naloxone PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) REPRESAINE (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) RYBIX (tramadol) SUBSYS (fentanyl) SYNALGOS-DC (dihydrocodeine/ aspirin/caffeine) TYLENOL W/CODEINE (APAP/codeine) TYLOX (oxycodone/APAP) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) VICOPROFEN (hydrocodone/ibuprofen) XODOL (hydrocodone/acetaminophen) ZAMICET (hydrocodone/APAP)	combinations, tramadol, pentazocine • 62 tablets CUMULATIVE – hydrocodone combinations, oxycodone combinations • 124 tablets – butalbital/APAP 750 • 145 tablets – butalbital/APAP 650 • 186 tablets – butalbital/APAP 325, butalbital/ASA 325 • 5mL (2 x 2.5 bottles) – butorphanol nasal • 180 mL CUMULATIVE – oxycodone liquids • 480 mL CUMULATIVE – hydrocodone liquids

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		ZOLVIT (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen)	
ANALGESICS, NARCOTIC - LONG ACTING <small>SmartPA</small>			
	BUTRANS (buprenorphine) EMBEDA (morphine/naltrexone) fentanyl patches morphine ER tablets	ARYMO ER (morphine) ^{NR} BELBUCA (buprenorphine) CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EXALGO (hydromorphone) hydromorphone ER HYSINGLA ER (hydrocodone) KADIAN (morphine) Methadone MS CONTIN (morphine) morphine ER capsules NUCYNTA ER (tapentadol) OPANA ER (oxymorphone) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol) XARTEMIS XR (oxycodone/APAP) XTAMPZA (oxycodone myristate) ZOHYDRO ER (hydrocodone bitartrate)	Minimum Age Limit • 18 years – Xartemis XR, Zohydro ER Quantity Limits Applicable quantity limit per rolling days • 31 tablets/31 days - Conzip ER, Exalgo ER, Hysingla ER, Ryzolt , Ultram ER • 62 tablets/31 days – Embeda, Kadian, Methadone, Morphine ER, Opana ER, oxycodone ER, Oxycontin, Xtampza ER, Zohydro ER • 10 patches/31 days – Duragesic • 4 patches/31 days – Butrans • 40 tablets/10 days – Xartemis XR Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months OR • Documented diagnosis of cancer OR Antineoplastic therapy AND 90 consecutive days on the requested agent in the past 105 days Xartemis XR – MANUAL PA • Have tried 2 different preferred agents in the past 30 days • Maximum duration of therapy = 20 days per calendar year

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ANALGESICS/ANAESTHETICS (Topical)			
	VOLTAREN Gel (diclofenac sodium) ^{SmartPA}	capsaicin DICLO GEL KIT(diclofenac sodium) ^{NR} diclofenac sodium 1% gel ^{NR} diclofenac sodium solution FLECTOR (diclofenac epolamine) ^{SmartPA} LIDAMANTLE HC (lidocaine/hydrocortisone) LIDO TRANS PAK (lidocaine) ^{NR} lidocaine lidocaine/prilocaine LIDODERM (lidocaine) ^{SmartPA} PENNSAID Solution (diclofenac sodium) ^{SmartPA} xylocaine SYNERA (lidocaine/tetracaine) XRYLIDERM (lidocaine) ^{NR} 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)	ANDRODERM (testosterone patch) ANDROXY (fluoxymesterone) ^{NR} AXIRON (testosterone gel) FORTESTSA (testosterone gel) NATESTO (testosterone) STRIANT (testosterone) TESTIM (testosterone gel) testosterone gel testosterone pump VOGELXO (testosterone)	All Agents <ul style="list-style-type: none"> Limited to male gender Non Preferred Criteria <ul style="list-style-type: none"> Have tried 1 preferred agent in the past 6 months
ANGIOTENSIN MODULATORS ^{SmartPA}			
ACE INHIBITORS			

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	benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril	ACCUPRIL (quinapril) ALTACE (ramipril) EPANED (epalapril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril perindopril PRINIVIL (lisinopril) QBRELIS (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	Minimum Age Limit • ≤ 6 years – Epaned <i>Smart PA will automatically be issued for this age</i> Non Preferred Criteria • Have tried 2 different preferred <u>single 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 TARKA (trandolapril/verapamil) quinapril/HCTZ	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)			
	irbesartan losartan MICARDIS (telmisartan)	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan)	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

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	telmisartan valsartan	candesartan COZAAR (losartan) DIOVAN (valsartan) EDARBI (azilsartan) Eprosartan olmesartan TEVETEN (eprosartan)	agent in the past 105 days
ARB COMBINATIONS			
	irbesartan/HCTZ losartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ) telmisartan/HCTZ valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/HCTZ	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) BYVALSON (nebivolol/valsartan) candesartan/HCTZ DIOVAN-HCT (valsartan/HCTZ) EDARBYCLOR (azilsartan/chlorthalidone) ENTRESTO (valsartan/sacubitril) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) olmesartan/amlodipine olmesartan/amlodipine/HCTZ olmesartan/HCTZ telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWINSTA (telmisartan/amlodipine)	<p>Non Preferred Criteria ARB/Beta Blocker, 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 – MANUAL PA</p> <ul style="list-style-type: none"> Age \geq 18 years HF (NYHA Class II-IV) EF \leq 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

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			hypertension AND <ul style="list-style-type: none"> Have tried 2 different preferred <u>ACEI</u> or <u>ARB single-entity</u> products in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
	DIRECT RENIN INHIBITOR COMBINATIONS		
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz) VALTURNA (aliskiren/valsartan)	Non Preferred Criteria <ul style="list-style-type: none"> Documented diagnosis of hypertension AND Have tried 2 different preferred <u>ACEI</u> or <u>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 – <u>MANUAL PA</u> <ul style="list-style-type: none"> Documented diagnosis of Hepatic Encephalopathy AND One trial of Lactulose OR Failure or intolerance to lactulose OR Hospital discharge on Xifaxan OR One claim in the past 365 days
ANTIBIOTICS (MISCELLANEOUS)			
	KETOLIDES		
		KETEK (telithromycin)	
	LINCOSAMIDE ANTIBIOTICS		
	clindamycin capsules clindamycin solution	CLEOCIN (clindamycin) CLEOCIN SOLUTION (clindamycin)	

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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
ANTIBIOTICS (Topical)			

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	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) ELIQUIS (apixaban) PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban)	SAVAYSA (edoxaban tosylate)	<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 therapy limited to 12 days

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 04/01/2017

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			Non Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 1 claim with the same agent in the past 90 days
	LOW MOLECULAR WEIGHT HEPARIN (LMWH)		
	enoxaparin	ARIXTRA (fondaparinux) FRAGMIN (dalteparin) fondaparinux LOVENOX (enoxaparin) Prefilled Syringe	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 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 Total hip/knee replacement or hip fracture surgery in the past 6 months AND duration of therapy < 35 days LMWH Non Preferred Criteria <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

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ANTICONVULSANTS	SmartPA		
	ADJUVANTS		
	carbamazepine carbamazepine XR DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam levetiracetam ER oxcarbazepine oxcarbazepine suspension topiramate tablet topiramate ER (generic Qudexy XR) Step Edit topiramate sprinkle capsule valproic acid VIMPAT (lacosamide) zonisamide	APTIOM (eslicarbazepine) BANZEL (rufinamide) BRIVIACT (brivaracetam) CARBATROL (carbamazepine) DEPAKENE (valproic acid) DEPAKOTE (divalproex) EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) FYCOMPA (perampanel) GRALISE (gabapentin) HORIZANT (gabapentin) LAMICTAL XR (lamotrigine) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) lamotrigine ODT NEURONTIN (gabapentin) OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine) QUDEXY XR (topiramate) SABRIL (vigabatrin) SPRITAM (levetiracetam) STAVZOR (valproic acid) TEGRETOL (carbamazepine)	<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 • 90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure <p>Banzel/Onfi</p> <ul style="list-style-type: none"> • Documented diagnosis of Lennox-Gastaut AND • Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months OR

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		TEGRETOL XR (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate) TRILEPTAL Suspension (oxcarbazepine) TRILEPTAL Tablets (oxcarbazepine) TOKENDI XR (topiramate) ZONEGRAN (zonisamide)	<ul style="list-style-type: none">90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure
	SELECTED BENZODIAZEPINES		
	DIASAT (diazepam rectal)	diazepam rectal gel ONFI (clobazam)	
	HYDANTOINS		
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
	SUCCINIMIDES		
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
ANTIDEPRESSANTS, OTHER ^{SmartPA}			
	bupropion bupropion SR bupropion XL TRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules	APLENZIN (bupropion HBr) desvenlafaxine DESYREL (trazodone) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion)	Minimum Age Limit <ul style="list-style-type: none">18 years - all drugsCymbalta – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder) Non Preferred Criteria <ul style="list-style-type: none">Have tried 2 different preferred 'Antidepressants, Other' Class in the

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	VIIBRYD (vilazodone)	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)	past 6 months OR <ul style="list-style-type: none"> Have tried BOTH a preferred <u>‘Antidepressant, SSRI’ and ‘Antidepressants, Other’</u> in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days <p>Cymbalta (see Fibromyalgia Agents)</p>
ANTIDEPRESSANTS, SSRIs <small>SmartPA</small>			
	citalopram escitalopram fluoxetine fluvoxamine paroxetine CR paroxetine IR sertraline	CELEXA (citalopram) fluoxetine DR fluvoxamine ER LEXAPRO (escitalopram) LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine suspension PAXIL CR (paroxetine) PAXIL SUSPENSION (paroxetine) PAXIL Tablets (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	Minimum Age Limits <ul style="list-style-type: none"> 6 years - Zoloft 7 years – Prozac 8 years - Luvox 9 years - Celexa 12 years - Lexapro 18 years - Luvox CR, Paxil, Prozac 90 mg <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
ANTIEMETICS <small>SmartPA</small>			
5HT3 RECEPTOR BLOCKERS			

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	ondansetron ondansetron ODT ondansetron solution	ANZEMET (dolasetron) granisetron SANCUSO (granisetron) ZOFTRAN (ondansetron) ZOFTRAN ODT (ondansetron) ZUPLENZ (ondansetron)	Quantity Limits <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 Non Preferred Agents <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)	Akynzeo - MANUAL PA <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
CANNABINOIDS			
		CESAMET (nabilone) MARINOL (dronabinol) dronabinol	
NMDA RECEPTOR ANTAGONIST			
	EMEND (aprepitant)	aprepitant	Varubi - MANUAL PA

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		VARUBI (rolapitant)	<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) VFEND (voriconazole) ^ voriconazole ^	<p>Minimum Age Limit</p> <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> <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months <p>HIV opportunistic infection</p> <ul style="list-style-type: none"> Non Preferred agent indicated for treatment (^) AND Documented diagnosis of HIV <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

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			<p>oncologist/hematologist or infectious disease specialist</p> <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 LAMISIL (terbinafine) solution LOPROX (ciclopirox) LUZU (luliconazole) MENTAX (butenafine) NAFTIN (naftifine) NIZORAL (ketoconazole) oxiconazole	<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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		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	
ANTIHISTAMINES, MINIMALLY SEDATING AND COMBINATIONS <small>SmartPA</small>			
	MINIMALLY SEDATING ANTIHISTAMINES		Non Preferred Criteria <ul style="list-style-type: none">• Documented diagnosis of allergy or urticaria AND• Have tried 2 different preferred agents in the past 12 months
	cetirizine loratadine	CLARINEX (desloratadine) levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	
	MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS		
	cetirizine/pseudoephedrine loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine	

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		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 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, Zembrance 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
	NASAL		
	sumatriptan	IMITREX (sumatriptan) ONZETRA Xsail (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 2 preferred oral agents in the past 90 days AND

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			<ul style="list-style-type: none"> Have tried either a preferred nasal sumatriptan or injectable sumatriptan in the past 90 days
	INJECTABLES		
	sumatriptan	IMITREX (sumatriptan) SUMAVEL (sumatriptan) ZEMBRANCE (sumatriptan)	CUMULATIVE Quantity Limit - INJECTION 4 injections/31 days
	OTHER		
		ZECUITY PATCH (sumatriptan)	Quantity Limit 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) GILOTTRIF (afatinib) GLEEVEC (imatinib mesylate) ICLUSIG (ponatinib) IMBRUVICA (ibrutinib) INLYTA (axitinib) IRESSA (gefitinib) JAKAFI (ruxolitinib) MEKINIST (trametinib dimethyl sulfoxide) NEXAVAR (sorafenib) SPRYCEL (dasatinib) STIVARGA (regorafenib)	ALECENSA (alectinib) CABOMETYX (cabozantinib s-malate) FARYDAK (panobinostat) GLEOSTINE (lomustine) IBRANCE (palbociclib) <small>SmartPA</small> LENVIMA (lenvatinib) <small>SmartPA</small> LYNPARZA (olaparib) <small>SmartPA</small> RUBRACA (rucaparib) ^{NR} 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 WD-DDLS for retroperitoneal sarcoma Documented diagnosis of breast cancer AND Concurrent therapy with letrozole OR

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	SUTENT (sunitinib) TAFINLAR (dabrafenib) TARCEVA (erlotinib) TASIGNA (nilotinib) TYKERB (lapatinib ditosylate) vandetanib VOTRIENT (pazopanib) XALKORI (crizotinib) ZELBORAF (vemurafenib) ZYDELIG (idelalisib) ZYKADIA (ceritinib)		<ul style="list-style-type: none"> History of therapy with fulvestrant in the past 60 days AND History of endocrine therapy in the past 720 days <p>Lenvima</p> <ul style="list-style-type: none"> 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. <p>Lynparza</p> <ul style="list-style-type: none"> Documented diagnosis of ovarian cancer AND History of 3 prior chemotherapy agents in the past 2 years
ANTIPARASITICS (Topical) ^{SmartPA}			
	PEDICULICIDES		
	permethrin 1% NATROBA (spinosad) SKLICE (ivermectin)	lindane malathion OVIDE (malathion) ULESFIA (benzyl alcohol)	<p>Minimum Age/Weight Limit for Pediculicides</p> <ul style="list-style-type: none"> 50 kg - lindane shampoo 2 months – permethrin 1%(OTC) 6 months – Natroba, SKLICE, Ulesfia 2 years – piperonyl/pyrethrins (OTC) 6 years – Ovide <p>Non Preferred Criteria</p>

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			<ul style="list-style-type: none">History of 2 preferred topical lice agents in the past 90 days <p>Ulesfia Ulesfia is no longer covered due to no longer being rebated.</p>
	SCABICIDES		
	permethrin 5% STROMEKTOL Tablet (ivermectin)	ELIMITE (permethrin) EURAX CREAM (crotamiton) EURAX LOTION (crotamiton)	<p>Minimum Age/Weight Limit for Topical Scabicides</p> <ul style="list-style-type: none">50 kg - lindane lotion2 months – permethrin 5%18 years – Eurax <p>Non Preferred Criteria</p> <ul style="list-style-type: none">History of permethrin 5% in the past 90 days
ANTIPARKINSON’S AGENTS (Oral) <small>SmartPA</small>			
	ANTICHOLINERGICS		<p>Non Preferred Criteria</p> <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
	benztropine trihexyphenidyl	COGENTIN (benztropine)	
	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) ropinirole 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) rasagiline 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 <small>SmartPA</small>			
	Oral		Minimum Age Limits <ul style="list-style-type: none">• 2 years- Droperidol• 3 years - Haldol
	amitriptyline/perphenazine aripiprazole <small>SmartPA</small> chlorpromazine	ABILIFY (aripiprazole) <small>SmartPA</small> ADASUVE (loxapine) aripiprazole ODT <small>SmartPA</small>	

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	clozapine ^{SmartPA} fluphenazine haloperidol ^{SmartPA} olanzapine ^{SmartPA} perphenazine risperidone ^{SmartPA} quetiapine ^{SmartPA} thioridazine thiothixene trifluoperazine ziprasidone ^{SmartPA}	clozapine ODT CLOZARIL (clozapine) ^{SmartPA} FANAPT (iloperidone) ^{SmartPA} FAZACLO (clozapine) ^{SmartPA} GEODON (ziprasidone) ^{SmartPA} HALDOL (haloperidol) ^{SmartPA} INVEGA (paliperidone) ^{SmartPA} LATUDA (lurasidone) ^{SmartPA} NAVANE (thiothixene) NUPLAZID (pimavanserin) ^{SmartPA} olanzapine/fluoxetine ^{SmartPA} paliperidone ^{SmartPA} quetiapine XR ^{SmartPA} REXULTI (brexpiprazole) ^{SmartPA} RISPERDAL (risperidone) ^{SmartPA} SAPHRIS (asenapine) ^{SmartPA} SEROQUEL (quetiapine) ^{SmartPA} SEROQUEL XR (quetiapine) ^{SmartPA} SYMBYAX (olanzapine/fluoxetine) ^{SmartPA} ZYPREXA (olanzapine) ^{SmartPA} VRAYLAR (cariprazine) ^{SmartPA}	<ul style="list-style-type: none"> • 5 years – Risperdal, thioridazine • 6 years – Abilify, trifluoperazine • 10 years – Saphris, Seroquel, Symbyax • 12 years – Molidone, perphenazine, pimozone, thiothixene • 13 years – Zyprexa • 18 years – Clozaril, Fanapt, Geodon, Invega, Latuda, Nuplazid, Rexulti, Vraylar, fluphenazine, loxapine <p>Concurrent Therapy Limits – Ages 0-17 years</p> <ul style="list-style-type: none"> • 90 days with >2 typical antipsychotics in the last 120 days will require a manual PA <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 <u>manual PA</u> 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
	NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
	abacavir sulfate didanosine DR capsule EMTRIVA (emtricitabine) lamivudine stavudine VIDEX SOLUTION (didanosine) VIREAD (tenofovir disoproxil fumarate) ZIAGEN (abacavir sulfate) zidovudine	RETROVIR (zidovudine) VIDEX EC (didanosine) EPIVIR (butransine) ZERIT (stavudine)	
	NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)		
	EDURANT (rilpivirine) nevirapine nevirapine ER SUSTIVA (efavirenz)	INTELENCE (etravirine) RESCRIPTOR (delavirdine mesylate) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)	
	PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR		
		TYBOST (cobicistat)	
	PROTEASE INHIBITORS (PEPTIDIC)		
	EVOTAZ (atazanavir/cobicistat) NORVIR (ritonavir) REYATAZ (atazanavir) VIRACEPT (nelfinavir mesylate)	CRIXIVAN (indinavir) LEXIVA (fosamprenavir) INVIRASE (saquinavir mesylate)	
	PROTEASE INHIBITORS (NON-PEPTIDIC)		
	PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir) PREZCOBIX (darunavir/cobicistat)	
	ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS		

Tybost - [MANUAL PA](#)

Tybost - [MANUAL PA](#)

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		SELZENTRY (maraviroc)	<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>Trimeq – MANUAL PA</p> <ul style="list-style-type: none"> • Medical reasoning beyond convenience or enhanced compliance over the preferred agents (Epzicom +
	ENTRY INHIBITORS – FUSION INHIBITORS		
		FUZEON (enfuvirtide)	
	COMBINATION PRODUCTS - NRTIs		
	abacavir/lamivudine/zidovudine EPZICOM (abacavir/lamivudine) lamivudine/zidovudine TRIZIVIR (abacavir/lamivudine/zidovudine)	COMBIVIR (lamivudine/zidovudine)	
	COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOG RTIs		
	DESCOVY (emtricitabine/tenofovir alafenam) TRUVADA (emtricitabine/tenofovir)		
	COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & INTEGRASE INHIBITORS		
	GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir)	STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) TRIUMEQ (abacavir/lamivudine/ dolutegravir)	

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

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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			
	acebutolol atenolol bisoprolol BYSTOLIC (nebivolol) Step Edit metoprolol metoprolol XL nadolol pindolol propranolol sotalol timolol	BETAPACE (sotalol) betaxolol CORGARD (nadolol) HEMANGEOL (propranolol) INDERAL LA (propranolol) INNOPRAN XL (propranolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) SOTYLIZE (sotalol) TENORMIN (atenolol) TOPROL XL (metoprolol) ZEBETA (bisoprolol)	Bystolic – Step Edit <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

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			preferred agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
	BETA BLOCKER/DIURETIC COMBINATIONS		
	atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ timolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	
	ANTIANGINALS		
		RANEXA (ranolazine)	Ranexa • Documented diagnosis of angina AND • 1 claim for a calcium channel blocker, beta-blocker, nitrate, or combination agent in the past 30 days OR • 90 consecutive days on the requested agent in the past 105 days
	SINUS NODE AGENTS		
		CORLANOR (ivabradine)	Corlanor - <u>MANUAL PA</u>
BILE SALTS			
	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) CHOLBAM (cholic acid) OCALIVA (obeticholic acid)	

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		URSO (ursodiol) URSO FORTE (ursodiol)	
BLADDER RELAXANT PREPARATIONS SmartPA			
	oxybutynin ER, IR VESICARE (solifenacin)	DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN XL (oxybutynin) ENABLEX (darifenacin) darifenacin GELNIQUE (oxybutynin) MYRBETRIQ (mirabegron) OXYTROL (oxybutynin) SANCTURA (trospium) SANCTURA XR (trospium) tolterodine tolterodine ER TOVIAZ (fesoterodine fumarate) trospium	Non Preferred Criteria • Have tried 2 different preferred agents in the past 6 months
BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA			
	BISPHOSPHONATES		
	alendronate BINOSTO (alendronate) risedronate	ACTONEL (risedronate) alendronate solution ATELVIA (risedronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) FOSAMAX PLUS D (alendronate/vitamin D) ibandronate PROLIA (denosumab)	Non Preferred Criteria • Documented diagnosis for osteoporosis or osteopenia AND • Have tried 2 different preferred agents in the past 6 months
	OTHERS		

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	calcitonin salmon FORTICAL (calcitonin)	EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) raloxifene	
BPH AGENTS <small>SmartPA</small>			
	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 OR90 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)	
	PDE5 INHIBITORS		Cialis – <u>MANUAL PA</u> <ul style="list-style-type: none">Male gender ANDDocumented diagnosis for Benign Prostatic Hypertrophy ANDNO history of Erectile Dysfunction ANDSigned waiver stating treatment is NOT for Erectile Dysfunction ANDHave tried 2 different preferred agents in the past 6 months
		CIALIS (tadalafil)	

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
BRONCHODILATORS & COPD AGENTS			
	ANTICHOLINERGICS & COPD AGENTS		
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA HANDIHALER (tiotropium)	DALIRESP (roflumilast) INCRUSE ELLIPTA (umeclidinium) SPIRIVA RESPIMAT (tiotropium) TUDORZA PRESSAIR (aclidinium)	
	ANTICHOLINERGIC-BETA AGONIST COMBINATIONS		
	albuterol/ipratropium COMBIVENT RESPIMAT (albuterol/ipratropium)	ANORO ELLIPTA (umeclidinium/vilanterol) BEVESPI (glycopyrrolate/formoterol) STIOLTO RESPIMAT (tiotropium/olodaterol)	
BRONCHODILATORS, BETA AGONIST			
	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>

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			<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 <small>SmartPA</small>			
	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	Quantity Limit - nimodipine <ul style="list-style-type: none"> 252 tablets/ 21 days 2520 mL/21 days Non Preferred Criteria

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		PROCARDIA (nifedipine)	<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 <p>nimodipine</p> <ul style="list-style-type: none"> Documented diagnosis of subarachnoid hemorrhage in the past 45 days AND Duration of therapy = 21 days
	LONG-ACTING		
	amlodipine 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)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred <u>Long Acting</u> CCB agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
CALORIC AGENTS			
	BOOST (includes all Boost) BREAKFAST ESSENTIALS BRIGHT BEGINNINGS	COMPLEAT EO28 SPLASH FIBERSOURCE	Non Preferred Agents - <u>MANUAL PA</u>

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	CARNATION INSTANT BREAKFAST DUOCAL ENSURE JUVEN GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE PROMOD RESOURCE SCANDISHAKE SOLCARB TWOOCAL HN	ISOSOURCE JEVITY KINDERCAL PEPTAMEN PROMOTE SIMPLY THICK TOLEREX VITAL VIVONEX	
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)			
	BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS		
	amoxicillin/clavulanate amoxicillin/clavulanate XR	AUGMENTIN 125 and 250 (amoxicillin/clavulanate) Suspension AUGMENTIN (amoxicillin/clavulanate) Tablets AUGMENTIN XR (amoxicillin/clavulanate) MOXATAG (amoxicillin)	
	CEPHALOSPORINS – First Generation SmartPA		
	cefadroxil cephalexin capsules	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	

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		CEFTIN (cefuroxime)	
	CEPHALOSPORINS – Third Generation <small>SmartPA</small>		
	cefdinir suspension cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	Maximum Age Limit • 18 years – cefdinir suspension
COLONY STIMULATING FACTORS			
	LEUKINE (sargramostim) GRANIX (tbo-filgrastim) NEUPOGEN Syringe and Vial (filgrastim) ZARXIO (filgrastim)	NEULASTA (pegfilgrastim)	
CYSTIC FIBROSIS AGENTS <small>SmartPA</small>			
	BETHKIS (tobramycin) KITABIS (tobramycin)	CAYSTON (aztreonam) COLY-MYCIN M (colistimethate sodium) KALYDECO (ivacaftor) ORKAMBI (lumacaftor/ivacaftor) PULMOZYME (dornase alfa) TOBI (tobramycin) TOBI PODHALER (tobramycin) tobramycin	Age Limits • 3 months - Pulmozyme • 2 years – Coly-Mycin M, Kalydeco • 6 years – Bethkis, Kitabis, Orkambi 100/125mg,, TOBI, TOBI Podhaler • 7 years – Cayston • 12 years – Orkambi 200/125mg All Agents • Documented diagnosis Cystic Fibrosis Kalydeco • Requires 1 claim with Kalydeco in the past 105 days OR

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Therapeutic Drug Class	Preferred Agents	Non-Preferred Agents	PA Criteria
			<ul style="list-style-type: none"> NEW STARTS – MANUAL PA <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 pulmonologist AND Negative for one of the following infections: Burkholderia cenocepacia, dolosa, or Mycobacterium abscessus Orkambi – MANUAL PA TOBI Podhaler – MANUAL PA <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			
	COSENTYX (secukinumab) ^{SmartPA} ENBREL (etanercept) HUMIRA (adalimumab) methotrexate	ACTEMRA (tocilizumab) CIMZIA (certolizumab) ENTYVIO (vedolizumab) ILARIS (canakinumab) KINERET (anakinra)	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.

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		ORENCIA (abatacept) OTEZLA (apremilast) OTREXUP (methotrexate) RASUVO (methotrexate) REMICADE (infliximab) RHEUMATREX (methotrexate) SIMPONI (golimumab) STELARA (ustekinumab) TALTZ (ixekizumab) TREXALL (methotrexate) XELJANZ (tofacitinib) XELJANZ XR (tofacitinib)	Cosentyx <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
ERYTHROPOIESIS STIMULATING PROTEINS <small>SmartPA</small>			
	ARANESP (darbepoetin) EPOGEN (rHuEPO) PROCRIT (rHuEPO)	MIRCERA (methoxy polyethylene glycol-epoetin-beta)	Mircera <ul style="list-style-type: none"> • Documented diagnosis chronic renal failure in the past 2 years AND • Trial of a preferred agent in the past 6 months OR • 1 claim for the requested agent in past 105 days
FIBROMYALGIA AGENTS			
	duloxetine LYRICA (pregabalin) SAVELLA (milnacipran)	CYMBALTA (duloxetine) <small>SmartPA</small>	Cymbalta (see Antidepressant, Other) Minimum Age Limit – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder)
FLUOROQUINOLONES (Oral) <small>SmartPA</small>			

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	ciprofloxacin tablets levofloxacin tablets	AVELOX (moxifloxacin) ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin suspension moxifloxacin NOROXIN (norfloxacin) ofloxacin	Non Preferred Criteria <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 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 <ul style="list-style-type: none"> Anthrax infection or exposure OR 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months AND <ul style="list-style-type: none"> Penicillin, 2nd or 3rd generation cephalosporin, or macrolide Cipro suspension in the past 3 months
GAUCHER’S DISEASE			
	ELELYSO (taliglucerase alfa) ZAVESCA (miglustat)	CERDELGA (eliglustat) CEREZYME(imiglucerase) VPRIV (velaglucerase alfa)	
GENITAL WARTS & ACTINIC KERATOSIS AGENTS			
	ALDARA (imiquimod) ^{Age Edit} CONDYLOX (podofilox) ^{Age Edit}	CARAC (fluorouracil) diclofenac 3% gel	Minimum Age Limit <ul style="list-style-type: none"> 12 years – Aldara 18 years – Condylox, Picato,

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	podofilox ^{Age Edit}	imiquimod ^{Age Edit} EFUDEX (fluorouracil) fluorouracil 0.5% cream fluorouracil 5% cream PICATO (ingenol) ^{Age Edit} SOLARAZE (diclofenac) TOLAK (fluorouracil) VEREGEN (sinecatechins) ^{Age Edit} ZYCLARA (imiquimod) ^{Age Edit}	Veregen
GLUCOCORTICOIDS (Inhaled)			
	GLUCOCORTICOIDS ^{SmartPA}		
	ASMANEX TWISTHALER (mometasone) QVAR (beclomethasone) PULMICORT (budesonide) Respules, 0.25mg & 0.5mg	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) budesonide FLOVENT Diskus (fluticasone) FLOVENT HFA (fluticasone) PULMICORT (budesonide) Flexhaler PULMICORT (budesonide) Respules, 1mg	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 Diskus (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	BREO ELLIPTA (fluticasone/vilanterol)	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		

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	cimetidine famotidine tablet PEPCID (famotidine) ranitidine syrup ranitidine tablet ZANTAC (ranitidine)	AXID (nizatidine) famotidine suspension nizatidine ranitidine capsule	
	PROTON PUMP INHIBITORS		
	NEXIUM Rx(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

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			Non Preferred Criteria <ul style="list-style-type: none"> Have tried 1 preferred agent in the past 6 months OR 84 consecutive days on the requested agent in the past 105 days
H. PYLORI COMBINATION TREATMENTS			
	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)	OMECLAMOX (omeprazole, clarithromycin, amoxicillin) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	Quantity Limit <ul style="list-style-type: none"> 1 treatment course/ year
HEPATITIS C TREATMENTS			
	EPCLUSA (sofosbuvir/velpatasvir) ∞ 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 XR (ombitasvir/paritaprevir/ritonavir) ∞ 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
HEREDITARY ANGIOEDEMA			
	BERINERT (C1 esterase inhibitor)	CINRYZE VIAL (C1 esterase inhibitor) FIRAZYR SYRINGE (icatibant acetate) KALBITOR VIAL (ecallantide) RUCONEST VIAL (C1 esterase inhibitor, recombinant)	
HYPERURICEMIA & GOUT ^{SmartPA}			
	allopurinol	colchicine	Non Preferred Criteria

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	MITIGARE (colchicine) probenecid probenecid/colchicines	COLCRYS (colchicine) ULORIC (febuxostat) ZURAMPIC (lesinurad) ZYLOPRIM (allopurinol)	<ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months <p>Zurampic Criteria</p> <ul style="list-style-type: none"> Have tried a xanthine oxidase inhibitor in the past 6 months AND Concurrent use with a xanthine oxidase inhibitor per PI
HYPOGLYCEMICS, DPP4s and COMBINATIONS			
	JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) JENTADUETO XR (linagliptin/metformin) TRADJENTA (linagliptin)	alogliptin ^{NR} alogliptin/metformin ^{NR} alogliptin/pioglitazone ^{NR} KAZANO (alogliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin) SmartPA NESINA (alogliptin) SmartPA ONGLYZA (saxagliptin) OSENII (alogliptin/pioglitazone)	<p>Kombiglyze XR and Onglyza Criteria</p> <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS			
	BYDUREON (exenatide) VICTOZA (liraglutide)	ADLYXIN (lixisenatide) ^{NR} BYETTA (exenatide) SYMLIN (pramlintide) SmartPA TANZEUM (albiglutide) TRULICITY (dulaglutide)	<p>Tanzeum Criteria</p> <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days
HYPOGLYCEMICS, INSULINS AND RELATED AGENTS SmartPA			
	HUMALOG VIAL (insulin lispro) HUMALOG MIX VIAL (insulin lispro/ lispro protamine)	AFREZZA (insulin) APIDRA (insulin glulisine) BASAGLAR ^{NR}	Insulin pen formulations are not covered for Long Term Care (LTC) beneficiaries.

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	HUMULIN VIAL (insulin) LANTUS SOLOSTAR & VIAL (insulin glargine) LEVEMIR FLEXPEN & VIAL (insulin detemir) NOVOLOG FLEXPEN & VIAL (insulin aspart) NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine)	HUMALOG KWIKPEN (insulin lispro) HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine) HUMULIN KWIKPEN (insulin) NOVOLIN FLEXPEN (insulin) NOVOLIN VIAL (insulin) TOUJEO (insulin glargine) TRESIBA (insulin degludec)	Non Preferred Criteria <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		
	JARDIANCE (empagliflozin)	FARXIGA (dapagliflozin) INVOKANA (canagliflozin)	
	HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS		
	SYNJARDY (empagliflozin/metformin)	GLYXAMBI (empagliflozin/linagliptin) INVOKAMET (canagliflozin/metformin) INVOKAMET XR (canagliflozin/metformin) XIGDUO (dapagliflozin/metformin)	
HYPOGLYCEMICS, TZDS			
	THIAZOLIDINEDIONES		
	pioglitazone	ACTOS (pioglitazone)	

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		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) cyclosporine cyclosporine modified GENGRAF (cyclosporine) mycophenolate mofetil MYFORTIC (mycophenolic acid) NEORAL (cyclosporine) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) sirolimus tacrolimus ZORTRESS (everolimus)	ASTAGRAF XL (tacrolimus) ENVARUSUS XR (tacrolimus) HECORIA (tacrolimus) PROGRAF (tacrolimus)	Minimum Age Limit • 13 years - Rapamune • 18 years - Zortress Astagraf, Cellcept, Envarsus XR, Hecoria, Prograf • Documented diagnosis for heart transplant, kidney transplant, liver transplant, or a State accepted diagnosis Azasan • Documented diagnosis of kidney transplant, RA, or a State accepted diagnosis

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			<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			
	CARIMUNE NF FLEBOGAMMA DIF GAMASTAN SD GAMMAGARD GAMMAKED GAMUNEX-C HIZENTRA HYQVIA OCTAGAM	BIVIGAM CUVITRU ^{NR} GAMMAGARD SD GAMMAPLEX PRIVIGEN	
INTRANASAL RHINITIS AGENTS			
	ANTICHOLINERGICS		
	ipratropium	ATROVENT (ipratropium)	

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ANTIHISTAMINES			
	PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine olopatadine	
ANTIHISTAMINE/CORTICOSTEROID COMBINATION SmartPA			
		DYMISTA (azelastine/fluticasone)	
CORTICOSTEROIDS SmartPA			
	FLONASE (fluticasone) fluticasone QNASL (beclomethasone)	BECONASE AQ (beclomethasone) budesonide FLONASE ALLERGY OTC (fluticasone) flunisolide NASONEX (mometasone) OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide) TICANASE KIT (flonase kit) triamcinolone VERAMYST (fluticasone) ZETONNA (ciclesonide)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Documented diagnosis for allergic rhinitis AND Have tried 2 different preferred agents in the past 6 months <p>Budesonide <u>Smart PA will be issued for pregnant women.</u></p> <ul style="list-style-type: none"> A documented diagnosis of pregnancy OR a pregnancy indicator submitted on the pharmacy claim at Point of Sale
IRON CHELATING AGENTS			
	FERRIPROX (deferiprone) EXJADE (deferasirox)	JADENU (deferasirox)	
IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS SmartPA			
IRRITABLE BOWL SYNDROME/SHORT BOWEL SYNDROME AGENTS			
	dicyclomine hyoscyamine	alosetron [∞] AMITIZA (lubiprostone) [∞]	[∞] Amitiza, Fulyzaq, Gattex, Linzess, Lotronex, Relistor, or Zorbive

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		BENTYL (dicyclomine) GATTEX (teduglutide) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LINZESS (linaclotide) ∞ LOTRONEX (alosetron) ∞ NUTRESTORE POWDER PACK (glutamine) RELISTOR (methylnaltrexone) ∞ TRULANCE (plecanatide) NR ZORBTIVE (somatropin) ∞	<ul style="list-style-type: none"> 1 claim for the same requested agent in the past 105 days OR MANUAL PA - All new patients require manual review.
	SELECTED GI AGENTS		
		FULYZAQ (crofelemer) ∞ MOVANTIK (naloxegol) VIBERZI (eluxadoline)	Movantik & Viberzi - MANUAL PA
LEUKOTRIENE MODIFIERS SmartPA			
	ACCOLATE (zafirlukast) montelukast granules montelukast tablets	SINGULAIR Tablets (montelukast) SINGULAR GRANULES (montelukast granules) ZYFLO CR (zileuton) zafirlukast	Minimum Age Limit <ul style="list-style-type: none"> 12 years – Zyflo & Zyflo CR Non Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months
LIPOTROPICS, OTHER (Non-stats) SmartPA			
	BILE ACID SEQUESTRANTS		
	cholestyramine colestipol	COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)	All Agents, All Sub-Classes both Preferred (exception is Zetia) and Non Preferred <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

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			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 Non Preferred Criteria <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)	Non Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
CHOLESTEROL ABSORPTION INHIBITORS			
	ZETIA (ezetimibe)	ezetimibe	Zetia does not have to meet the trial of 1 statin or statin combination agent in the past year
FIBRIC ACID DERIVATIVES			

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	fenofibrate nanocrystallized gemfibrozil	ANTARA (fenofibrate, micronized) fenofibrate 40mg tablet fenofibrate, micronized fenofibric acid FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRICOR (fenofibrate nanocrystallized) TRIGLIDE (fenofibrate) TRILIPIX (fenofibric acid)	Fibric Acid Derivative Non Preferred Criteria • Have tried 2 different fibric acid derivatives in the past 6 months
	MTP INHIBITOR		
		JUXTAPID (lomitapide)	MANUAL PA
	APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR		
		KYNAMRO (mipomersen)	MANUAL PA
	NIACIN		
	niacin ER NIACOR (niacin)	NIASPAN (niacin)	Non Preferred Criteria • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
	PCSK-9 INHIBITOR		
		PRALUENT (alirocumab) REPATHA (evolocumab)	MANUAL PA
LIPOTROPICS, STATINS <small>SmartPA</small>			
	STATINS		

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	atorvastatin CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin) lovastatin pravastatin simvastatin	ALTOPREV (lovastatin) fluvastatin ER LIPITOR (atorvastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) rosuvastatin ZOCOR (simvastatin)	Simvastatin 80mg <ul style="list-style-type: none">12 months of therapy with simvastatin 80mg ANDNO myopathy contraindication Non Preferred Criteria <ul style="list-style-type: none">Have tried 2 different preferred statin or statin combination agents in the past 6 months OR90 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 <ul style="list-style-type: none">Have tried 2 different preferred statin or statin combination agents in the past 6 months OR90 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				
	epinephrine autoinject pens EPIPEN (epinephrine) EPIPEN JR (epinephrine)	ADRENACLICK (epinephrine) AUVI-Q (epinephrine)		
MISCELLANEOUS				
	alprazolam hydroxyzine hcl syrup hydroxyzine pamoate megestrol suspension 625mg/5mL	alprazolam ER ^{SmartPA} hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol)	Alprazolam ER CUMULATIVE quantity limit <ul style="list-style-type: none">31 tablets/31 daysException –previously stable on 2	

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		VISTARIL (hydroxyzine pamoate)	tablets/day in the past 90 days Hydroxyzine hcl 10mg tablets • 6-12 years - <i>Smart PA will automatically be issued for this age range</i>
SUBLINGUAL ALLERGEN EXTRACT IMMUNOTHERAPY			
		GRASTEK ORALAIR RAGWITEK	
SUBLINGUAL NITROGLYCERIN			
	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)	
MOVEMENT DISORDER AGENTS <small>SmartPA</small>			
		tetrabenazine XENAZINE (tetrabenazine)	Xenazine • Documented diagnosis of Huntington's Chorea
MULTIPLE SCLEROSIS AGENTS <small>SmartPA</small>			
	AUBAGIO (teriflunomide) AVONEX (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE 20mg (glatiramer) GILENYA (fingolimod) REBIF (interferon beta-1a)	AMPYRA (dalfampridine) COPAXONE 40mg (glatiramer) EXTAVIA (interferon beta-1b) GLATOPA (glatiramer) PLEGRIDY (interferon beta-1a) TECFIDERA (dimethyl fumarate) ZINBRYTA (daclizumab)	All Agents • Documented diagnosis of multiple sclerosis Non Preferred Criteria • Have tried 2 different preferred agents in the past 6 months OR • 3 claims with the requested agent

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			<p>Ampyra – <u>MANUAL PA</u></p> <ul style="list-style-type: none"> • 18 years – minimum age limit AND • 60 tablets/30 days (2 tablets/day) – quantity limit AND • Documented gait disorder associated with MS AND • NO seizure diagnosis or moderate to severe renal impairment AND • <u>Initial authorization</u> – requires a baseline Timed 25-foot Walk (T25FW) assessment and will be approved for 12 weeks OR • <u>Additional prior authorizations</u> - requires a benefit assessment measured by a 20% improvement in the T25FW from baseline. Renewal will not be approved if the 20% improvement is not maintained. A renewal will be issued in a 6 month intervals
MUSCULAR DYSTROPHY AGENTS			
		EXONDYS (eteplirsen)	<u>MANUAL PA</u>
NSAIDS <small>SmartPA</small>			
	NON-SELECTIVE		
	diclofenac EC diclofenac SR etodolac tab flurbiprofen ibuprofen	ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac) CATAFLAM (diclofenac) DAYPRO (oxaprozin) etodolac cap	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months

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	indomethacin ketoprofen ketorolac nabumetone naproxen piroxicam sulindac	etodolac 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 MOBIC (meloxicam)	Non Preferred Criteria – COX II <ul style="list-style-type: none"> Documented diagnosis of Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or

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		NULOX (meloxicam) VIVLODEX (meloxicam)	Ankylosing Spondylitis AND • 90 consecutive days on the requested agent in the past 105 days OR • Have tried 1 preferred COX-II Selective and 1 preferred Non-Selective Agent OR • Have tried 1 preferred COX-II Selective agent and a documented diagnosis of GI Bleed, GERD, PUD, GI Perforation, or Coagulation Disorder
OPHTHALMIC ANTIBIOTICS			
	bacitracin/neomycin/gramicidin bacitracin/polymyxin CILOXAN Ointment (ciprofloxacin) ciprofloxacin erythromycin gentamicin polymyxin/trimethoprim tobramycin VIGAMOX (moxifloxacin)	AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) CILOXAN Solution (ciprofloxacin) GARAMYCIN (gentamicin) Gatifloxacin levofloxacin MOXEZA (moxifloxacin) NATACYN (natamycin) neomycin/bacitracin/polymyxin b NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin) (oxy-tcn/polymyx sul) OCUFLOX (ofloxacin) ofloxacin POLYTRIM (polymyxin/trimethoprim) sulfacetamide	

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		TOBREX (tobramycin) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	
	ANTIBIOTIC STEROID COMBINATIONS		
	neomycin/polymyxin/dexamethasone PRED-G (gentamicin/prednisolone) sulfacetamide/prednisolone TOBRADEX SUSPENSION/OINTMENT (tobramycin/dexamethasone)	BLEPHAMIDE (sulfacetamide/prednisolone) MAXITROL(neomycin/polymyxin/dexamethasone) neomycin/bacitracin/polymyxin/hc neomycin/polymyxin/gramicidin neomycin/polymyxin/hydrocortisone TOBRADEX ST SUSPENSION (tobramycin/dexamethasone) tobramycin/dexamethasone ZYLET (loteprednol/tobramycin)	
OPHTHALMIC ANTI-INFLAMMATORIES <small>SmartPA</small>			
	dexamethasone diclofenac DUREZOL (difluprednate) FLAREX (fluorometholone) flurbiprofen FML SOP (fluorometholone) ketorolac MAXIDEX (dexamethasone) prednisolone acetate prednisolone NA phosphate VEXOL (rimexolone)	ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac BROMSITE (bromfenac) FML FORTE (fluorometholone) ILEVRO (nepafenac) LOTEMAX (loteprednol) NEVANAC (nepafenac) OCUFEN (flurbiprofen) PROLENSA (bromfenac) PRED MILD (prednisolone) PRED FORTE (prednisolone) VOLTAREN (diclofenac)	Non Preferred Criteria • Have tried 2 different preferred agents in the past 6 months

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OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS <small>SmartPA</small>			
	cromolyn ketotifen OTC olopatadine	ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (lodoxamide) ALREX (loteprednol) azelastine BEPREVE (bepotastine) ELESTAT (epinastine) EMADINE (emedastine) epinastine LASTACFT (alcaptadine) OPTIVAR (azelastine) PATADAY (olopatadine) PATANOL (olopatadine) PAZEO (olopatadine)	Non Preferred Criteria • Have tried 2 different preferred agents in the past 6 months
OPHTHALMIC, DRY EYE AGENTS			
	RESTASIS droperette (cyclosporine)	RESTASIS Multidose (cyclosporine) XIIDRA (lifitegrast)	Xiidra Criteria History of 4 claims with Restasis in the past 6 months
OPHTHALMIC, GLAUCOMA AGENTS <small>SmartPA</small>			
	BETA BLOCKERS		
	betaxolol BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol solution	BETAGAN (levobunolol) BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel TIMOPTIC (timolol)	Non Preferred Criteria • Documented diagnosis of glaucoma AND • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days

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CARBONIC ANHYDRASE INHIBITORS			
	AZOPT (brinzolamide) dorzolamide TRUSOPT (dorzolamide)		
COMBINATION AGENTS			
	COMBIGAN (brimonidine/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine)	COSOPT (dorzolamide/timolol) COSOPT PF(dorzolamide/timolol)	
PARASYMPATHOMIMETICS			
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)	
PROSTAGLANDIN ANALOGS			
	latanoprost TRAVATAN Z (travoprost)	bimatoprost LUMIGAN (bimatoprost) RESCULA (unoprostone) travoprost XALATAN (latanoprost) ZIOPTAN (tafluprost)	
SYMPATHOMIMETICS			
	ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine	dipivefrin PROPINE (dipivefrin)	
OPIOID DEPENDENCE TREATMENTS			
DEPENDENCE			

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	naltrexone tablets SUBOXONE FILM (buprenorphine/naloxone) ^{SmartPA}	buprenorphine tablets buprenorphine/naloxone tablets BUNAVAIL (buprenorphine/naloxone) ZUBSOLV (buprenorphine/naloxone)	<u>Buprenorphine/Naloxone and buprenorphine:</u> Suboxone <ul style="list-style-type: none"> Detailed buprenorphine/naloxone and buprenorphine criteria found here Non Preferred Criteria: <ul style="list-style-type: none"> Bunavail is preferred over Zubsolv and other generic forms of buprenorphine/naloxone Bunavail <i>NOTE: Bunavail is not indicated for induction therapy</i> <ul style="list-style-type: none"> History of Suboxone therapy within the past 6 months OR History of Bunavail therapy within the past 3 months AND All other buprenorphine/naloxone criteria found here
TREATMENT			
	naloxone injection NARCAN NASAL SPRAY (naloxone)	EVZIO (naloxone)	
OTIC ANTIBIOTICS			
	CIPRODEX (ciprofloxacin/dexamethasone) ^{Age Edit} ciprofloxacin neomycin/polymyxin/hydrocortisone	CIPRO HC (ciprofloxacin/hydrocortisone) ^{Age Edit} COLY-MYCIN S (colistin/neomycin/ hydrocortisone) CORTISPORIN-TC (colistin/neomycin/	Maximum Age Limit <ul style="list-style-type: none"> 8 years - Cipro HC 14 years - Ciprodex

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		hydrocortisone DERMOTIC (fluocinolone) ofloxacin OTOVEL (ciprofloxacin/fluocinolone)	
PANCREATIC ENZYMES <small>SmartPA</small>			
	CREON (pancreatin) pancrelipase ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) PERTZYE (pancrelipase) ULTRESA (pancrelipase) VIOKACE (pancrelipase)	Non Preferred Criteria • Have tried 3 different preferred agents in the past 6 months
PARATHYROID AGENTS			
	calcitriol ergocalciferol paricalcitol ZEMPLAR (paricalcitol)	doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone) ROCALTRON (calcitriol) SENSIPAR (cinacalcet)	
PHOSPHATE BINDERS			
	calcium acetate ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) RENAGEL (sevelamer HCl)	AURYXIA (ferric citrate) FOSRENOL (lanthanum) PHOSLO (calcium acetate) REVELA (sevelamer carbonate) sevelamer carbonate VELPHORO (sucroferric oxyhydroxide)	
PLATELET AGGREGATION INHIBITORS <small>SmartPA</small>			
	AGGRENOX (dipyridamole/aspirin) BRILINTA (ticagrelor) cilostazol clopidogrel	DURLAZA (aspirin) PERSANTINE (dipyridamole) PLAVIX (clopidogrel) PLETAL (cilostazol)	Zontivity – MANUAL PA • Documented diagnosis of myocardial infarction or peripheral artery disease AND • No diagnosis of stroke, transient

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	EFFIENT (prasugrel) dipyridamole pentoxifylline	ticlopidine ZONTIVITY (vorapaxar) ^{Clinical Edit}	ischemic attack or intracranial hemorrhage AND <ul style="list-style-type: none"> 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
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	Products not listed here are assumed to be non-preferred.

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		NESTABS DHA COMBO PACK NESTABS PRENATAL Tablet NEXA SELECT Capsule PNV-DHA SOFTGEL PNV-SELECT Tablet PAIRE OB PLUS DHA COMBO PACK PR NATAL 400 COMBO PACK PR NATAL 430 COMBO PACK PR NATAL 430 EC COMBO PACK PREFERA OB Tablet PREFERA-OB ONE SOFTGEL PREFERA-OB PLUS DHA COMBO PACK PREFERA-OB PLUS DHA COMBO PACK PREFERA-OB Tablet PRENATABS FA Tablet PRENATAL 19 Tablet PRENATAL PLUS IRON Tablet PRENATAL VITAMINS Tablet PRENATE DHA SOFTGEL PRENATE ELITE Tablet PRENATE ESSENTIAL SOFTGEL PRENATE PLUS Tablet PRENAVITE Tablet PRENEXA Capsule PREQUE 10 Tablet RELNATE DHA PRENATAL SOFTGEL ROVIN-NV DHA Capsule ROVIN-NV Tablet SE-CARE CHEWABLE Tablet SELECT-OB + DHA PACK SELECT-OB CAPLET SE-NATAL 19 CHEWABLE Tablet SE-NATAL 19 Tablet SE-TAN DHA Capsule TARON-BC Tablet	

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		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
PULMONARY ANTIHYPERTENSIVES ^{SmartPA}			
	ENDOTHELIN RECEPTOR ANTAGONIST		
	LETAIRIS (ambrisentan) TRACLEER (bosentan)	OPSUMIT (macitentan)	All PAH Agents – Preferred and Non Preferred <ul style="list-style-type: none"> Documented diagnosis of pulmonary hypertension 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
	PDE5's		
	sildenafil	ADCIRCA (tadalafil) REVATIO (sildenafil)	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 Revatio <ul style="list-style-type: none"> < 1 year of age AND documented diagnosis of Pulmonary Hypertension,

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			Patent Ductus Arteriosus, or Persistent Fetal Circulation OR 90 consecutive days on the requested agent in the past 105 days • > 18 years of age AND Non Preferred Criteria Sildenafil 25mg, 50mg, or 100mg • < 12 years of age AND documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation OR history of heart transplant OR 90 consecutive days on the requested agent in the past 105 days
	PROSTACYCLINS		
	ORENITRAM ER (treprostinil)	TYVASO (treprostinil) VENTAVIS (iloprost)	Non Preferred Criteria • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
	SELECTIVE PROSTACYCLIN RECEPTOR AGONISTS		
		UPTRAVI (selexipag)	Non Preferred Criteria • Have tried 1 preferred PAH agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
	SOLUBLE GUANYLATE CYCLASE STIMULATORS		

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		ADEMPAS (riociguat)	Adempas <ul style="list-style-type: none"> Have tried 1 preferred PAH agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days OR MANUAL PA for PAH WHO Group 4
SEDATIVE HYPNOTICS			
	BENZODIAZEPINES <i>SmartPA</i>		
	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> <ul style="list-style-type: none"> 31 units/31 days - all strengths Triazolam – CUMULATIVE Quantity limit per rolling days for all strengths <ul style="list-style-type: none"> 10 units/31 days 60 units/365 days
	OTHERS <i>SmartPA</i>		
	zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (sovorexant) EDLUAR (zolpidem) HETLIOZ (tasimelteon) INTERMEZZO (zolpidem)	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> <ul style="list-style-type: none"> 31 units/31 days 1 canister/31 days – Zolpimist &

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		LUNESTA (eszopiclone) ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER zolpidem SL ^{NR} ZOLPIMIST (zolpidem)	male • 1 canister/62 days – Zolpimist & female Gender and Dose Limits for zolpidem • Female - Ambien 5mg, Ambien CR 6.25mg, Intermezzo 1.75 mg • Male – all zolpidem strengths Non Preferred Criteria • Have tried 2 different preferred agents in the past 6 months Hetlioz • Circadian rhythm sleep disorder AND • Diagnosis indicating total blindness of the patient
SELECT CONTRACEPTIVE PRODUCTS			
	INJECTABLE CONTRACEPTIVES		
	medroxyprogesterone acetate IM	DEPO-PROVERA IM (medroxyprogesterone acetate) DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)	
	ORAL CONTRACEPTIVES <small>SmartPA</small>		
	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)	Non Preferred Criteria • 1 claim with the requested agent in the past 105 days

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		ethinyl estradiol/drospirenone GENERESS FE (norethindrone/ethinyl estradiol/fe) Gianvi (ethinyl estradiol/drospirenone) GILDAGIA (norethindrone/ethinyl estradiol) INTROVALE (levonorgestrel/ethinyl estradiol) JOLESSA (levonorgestrel/ethinyl estradiol) LOESTRIN 24 FE (norethindrone/ethinyl estradiol) LO LOESTRIN FE (norethindrone/ethinyl estradiol) LORYNA (ethinyl estradiol/drospirenone) NATAZIA (estradiol valerate/dienogest) norethindrone/ethinyl estradiol/fe chew tab OCELLA (ethinyl estradiol/drospirenone) OVCON-35 (norethindrone/ethinyl estradiol) PHILITH (norethindrone/ethinyl estradiol) QUASENSE (levonorgestrel/ethinyl estradiol) SAFYRAL (ethinyl estradiol/drospirenone/levomefolate) SYEDA (ethinyl estradiol/drospirenone) TILIA FE (norethindrone/ethinyl estradiol/fe) TRI-LEGEST FE (norethindrone/ethinyl estradiol/fe) VESTURA (ethinyl estradiol/drospirenone) WYMZYA FE (norethindrone/ethinyl estradiol/fe) ZARAH (ethinyl estradiol/drospirenone) ZENCHENT FE (norethindrone/ethinyl estradiol/fe) ZEOSA (norethindrone/ethinyl estradiol/fe)	
SKELETAL MUSCLE RELAXANTS <small>SmartPA</small>			
	baclofen chlorzoxazone	AMRIX (cyclobenzaprine ER) carisoprodol	Non Preferred Agents • Documented diagnosis for an

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	cyclobenzaprine 5mg, 10mg methocarbamol tizanidine tablets	carisoprodol compound cyclobenzaprine 7.5mg, 15mg cyclobenzaprine ER dantrolene FEXMID (cyclobenzaprine) LORZONE (chlorzoxazone) metaxalone orphenadrine orphenadrine compound PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)	approvable indication AND <ul style="list-style-type: none"> 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 NO history with meprobamate in the past 90 days AND 1 claim for cyclobenzaprine in the past 21 days OR a documented intolerance to cyclobenzaprine AND Quantity Limits <ul style="list-style-type: none"> 18 tablets - to allow tapering off 84 tablets/6 months
SMOKING DETERRANTS			
	NICOTINE TYPE		
	nicotine gum nicotine lozenge nicotine patch	NICODERM CQ PATCH NICORETTE LOZENGE NICORETTE GUM NICOTROL INHALER NICOTROL NASAL SPRAY	
	NON-NICOTINE TYPE		
	bupropion ER CHANTIX (varenicline)	ZYBAN (bupropion)	Minimum Age Limit - Chantix <ul style="list-style-type: none"> 18 years Quantity Limits <ul style="list-style-type: none"> Chantix 0.5 mg, 1mg tablets and continuing pack – 336 tablets/year Chantix Starter – 2 treatment courses/year

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STERIODS (Topical) <small>SmartPA</small>			
	LOW POTENCY		
	CAPEX (fluocinolone) desonide hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTH-ES (fluocinolone) DESONATE (desonide) DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	Non Preferred Criteria • Have tried 2 different preferred low potency agents in the past 6 months
	MEDIUM POTENCY		
	fluocinolone hydrocortisone mometasone cr, oint. prednicarbate cr PANDEL (hydrocortisone probutate)	CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate) ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint SYNALAR (fluocinolone)	Non Preferred Criteria • Have tried 2 different preferred medium potency agents in the past 6 months
	HIGH POTENCY		
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. CAPEX (fluocinolone) fluocinolone triamcinolone	amcinonide oint betameth diprop/prop gly cr, lot, oint betamethasone dipropionate oint. BETA-VAL (betamethasone valerate) desoximetasone diflorasone DIPROLENE AF (betamethasone diprop/prop gly)	Non Preferred Criteria • Have tried 2 different preferred high potency agents in the past 6 months

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

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	METHYLIN solution (methylphenidate) methylphenidate IR PROCENTRA (dextroamphetamine)	EVEKEO (amphetamine) methamphetamine methylphenidate chewable methylphenidate solution ZENZEDI (dextroamphetamine)	Maximum Age Limit <ul style="list-style-type: none"> • 21 years – diagnosis of ADD/ADHD is required Quantity Limits Applicable <u>quantity limit</u> per rolling days <ul style="list-style-type: none"> • 62 tablets/ 31 days –Adderall, Desoxyn, Focalin, Methylin, Zenzedi • 310 mL/ 31 days – Methylin solution, Procentra Non-Preferred Criteria <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 105 days
LONG-ACTING			
	ADZENYS XR ODT (amphetamine) amphetamine salt combination ER DAYTRANA (methylphenidate) FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate ER (generic Concerta; labelers 00591, 62175 & 68084) PROVIGIL (modafinil) QUILLICHEW (methylphenidate) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine)	ADDERALL XR (amphetamine salt combination) APTENSIO XR (methylphenidate) CONCERTA (methylphenidate) DEXEDRINE (dextroamphetamine) dexmethylphenidate ER dextroamphetamine ER DYANAVEL XR (amphetamine) methylphenidate CD (generic Metadate CD) methylphenidate ER Caps (generic Ritalin LA) methylphenidate ER Tabs (generic Ritalin SR) NUVIGIL (armodafinil) RITALIN LA (methylphenidate) RITALIN SR (methylphenidate) VYVANCE CHEWABLE(lisdexamfetamine) ^{NR}	Minimum Age Limit <ul style="list-style-type: none"> • 6 years – Adderall XR, Adzenys XR ODT, Aptensio XR, Concerta, Daytrana, Dexedrine, Dyanavel XR, Focalin XR, Metadate, CD, Quillichew, Quillivant XR, Ritalin LA, Vyvanse • 16 years – Provigil • 18 years – Nuvigil Maximum Age Limit <ul style="list-style-type: none"> • 21 years – diagnosis of ADD/ADHD is required Quantity Limits Applicable <u>quantity limit</u> per rolling days

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			<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 • 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 105 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 105 days

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			OR <ul style="list-style-type: none"> 30 days of therapy with Provigil in the past 6 months AND 30 days of therapy in the past 6 months with a preferred stimulant that is indicated for the treatment of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder
	NON-STIMULANTS		
	guanfacine ER ^{Step Edit} STRATTERA (atomoxetine)	clonidine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release)	Minimum Age Limit 6 years – Intuniv, Kapvay, Strattera Maximum Age Limit <ul style="list-style-type: none"> 17 years – Intuniv, Kapvay 21 years – diagnosis of ADD/ADHD is required Quantity Limits Applicable <u>quantity limit</u> per rolling days <ul style="list-style-type: none"> 31 tablets/ 31 days – Intuniv, Strattera 124 tablets/ 31 days – Kapvay Guanfacine ER <ul style="list-style-type: none"> Have tried the short acting product in the past 6 months 1 claim for a 30 day supply with guanfacine ER in the past 105 days Kapvay & Intuniv <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

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TETRACYCLINES <small>SmartPA</small>	doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR tetracycline	ACTICLATE (doxycycline) ADOXA (doxycycline monohydrate) demeclocycline doxycycline monohydrate caps (75mg & 150mg) doxycycline monohydrate tabs DYNACIN (minocycline) minocycline ER minocycline tabs ORACEA (doxycycline) SOLODYN (minocycline) TARGADOX (doxycycline) ^{NR} VIBRAMYCIN cap/susp/syrup	<ul style="list-style-type: none"> Have tried 1 preferred Non-Stimulant in the past 6 months OR Have tried the short acting product in the past 6 months <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> <ul style="list-style-type: none"> Documented diagnosis of Diabetes Insipidus or SIADH will allow automatic approval.
ULCERATIVE COLITIS and CROHN’S AGENTS <small>SmartPA</small>	*See Cytokine & CAM Antagonists Class for additional agents		
	ORAL		
	APRISO (mesalamine) ASACOL (mesalamine) balsalazide PENTASA 250mg (mesalamine) sulfasalazine	ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) budesonide EC COLAZAL (balsalazide) DELZICOL (mesalamine) DIPENTUM (olsalazine)	<p>Gender Limits</p> <ul style="list-style-type: none"> Male - Giazio <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days OR Documented diagnosis for Ulcerative Colitis AND

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		ENTOCORT EC (budesonide) GIAZO (balsalazide) LIALDA (mesalamine) mesalamine tablet PENTASA 500mg (mesalamine) UCERIS (budesonide)	• 2 different preferred agents in the past 6 months
	RECTAL		
	CANASA (mesalamine) mesalamine	SFROWASA (mesalamine) UCERIS Foam (budesonide)	

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