

# MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 1/01/2018

Version 2018.10a

Updated: 2-02-2018

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ACNE AGENTS			
	ANTI-INFECTIVE		Maximum Age Limit • 21 years – all agents
	clindamycin (gel, lotion, solution) erythromycin	ACZONE (dapsone) AKNE-MYCIN (erythromycin) AZELEX (azelaic acid) CLEOCIN-T (clindamycin) CLINDAGEL (clindamycin) clindamycin foam dapsone ERY (erythromycin) ERYGEL (erythromycin) EVOCLIN (clindamycin) KLARON (sulfacetamide) sulfacetamide	
	RETINOIDS		
	RETIN-A (tretinoin) tretinoin cream	adapalene AVITA (tretinoin) ATRALIN (tretinoin) DIFFERIN (adapalene) FABIOR (tazarotene) RETIN-A MICRO (tretinoin) tazarotene 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) adapalene/benzoyl peroxide AKTIPAK ( erythromycin/benzoyl peroxide) <sup>NR</sup> BENZACLIN GEL (benzoyl peroxide/clindamycin)	

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		BENZACLIN KIT (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) benzoyl peroxide/clindamycin 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)	
	<b>KERATOLYTICS (BENZOYL PEROXIDES)</b>		
	benzoyl peroxide	BPO (benzoyl peroxide) INOVA (benzoyl peroxide) LAVOCLEN (benzoyl peroxide)	
	<b>ISOTRETINOIN</b>		
	AMNESTEEM (isotretinoin) CLARAVIS (isotretinoin) MYORISAN(isotretinoin) ZENATANE (isotretinoin)	ABSORICA (isotretinoin)	
<b>ALPHA-1 PROTEINASE INHIBITORS</b>			
	ARALAST (alpha-1 proteinase inhibitor) GLASSIA (alpha-1 proteinase inhibitor) PROLASTIN C (alpha-1 proteinase inhibitor) ZEMAIRA (alpha-1 proteinase inhibitor)		

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ALZHEIMER'S AGENTS <small>SmartPA</small>				
CHOLINESTERASE INHIBITORS				
	donepezil (Tablets and ODT) 5mg, 10mg EXELON PATCHES (rivastigmine) Galantamine galantamine ER rivastigmine capsules	ARICEPT (donepezil) ARICEPT 23 MG (donepezil) ARICEPT ODT (donepezil) donepezil 23mg EXELON Capsules (rivastigmine) EXELON Solution (rivastigmine) RAZADYNE (galantamine) RAZADYNE ER (galantamine) rivastigmine patches	<b>All Agents</b> <ul style="list-style-type: none"><li>Documented diagnosis for both preferred and Non-Preferred</li></ul> <b>Non-Preferred Criteria</b> <ul style="list-style-type: none"><li>Have tried 2 different preferred agents in the past 6 months</li></ul>	
NMDA RECEPTOR ANTAGONIST				
	memantine	NAMENDA TABS (memantine) NAMENDA SOLUTION(memantine) NAMENDA XR (memantine)		
COMBINATION AGENTS				
		NAMZARIC (memantine/donepezil)	<b>Namzaric</b> <ul style="list-style-type: none"><li>Documented diagnosis <b>AND</b></li><li>30 days of concurrent therapy with donepezil + memantine in the past 6 months</li></ul>	
ANALGESICS, NARCOTIC - SHORT ACTING				
	acetaminophen/codeine codeine dihydrocodeine/ APAP/caffeine hydrocodone/APAP hydromorphone meperidine morphine	ABSTRAL (fentanyl) ACTIQ (fentanyl) buprenorphine/APAP/caffeine/codeine buprenorphine/ASA/caffeine/codeine buprenorphine tartrate (nasal) DEMEROL (meperidine) DILAUDID (hydromorphone)	<b>Quantity Limits</b> Applicable <u>quantity limit</u> in 31 rolling days. <ul style="list-style-type: none"><li><b>62 tablets</b> – buprenorphine/codeine combinations, codeine, dihydrocodeine combinations, fentanyl, hydromorphone, levorphanol, meperidine, morphine,</li></ul>	

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<p>oxycodone capsules oxycodone tablets oxycodone/APAP oxycodone/aspirin oxycodone/ibuprofen pentazocine/APAP tramadol tramadol/APAP</p>	<p>fentanyl FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine) hydrocodone/ibuprofen <b>IBUDONE (hydrocodone/ibuprofen)</b> LAZANDA NASAL SPRAY (fentanyl) levorphanol LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAGNACET (oxycodone/APAP) NORCO (hydrocodone/APAP) NUCYNТА (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXYCTA (oxycodone) oxycodone tablets pentazocine/naloxone PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) REPREXАINE (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)</p>	<p>oxycodone, oxycodone/ibuprofen, oxymorphone, pentazocine, tapentadol, tramadol</p> <ul style="list-style-type: none"> <li>• <b>62 tablets CUMULATIVE</b> – hydrocodone combinations, oxycodone combinations</li> <li>• <b>124 tablets</b> – butalbital/APAP 750</li> <li>• <b>145 tablets</b> – butalbital/APAP 650</li> <li>• <b>186 tablets</b> – butalbital/APAP 325, butalbital/ASA 325</li> <li>• <b>5mL (2 x 2.5 bottles)</b> – butorphanol nasal</li> <li>• <b>180 mL CUMULATIVE</b> – oxycodone liquids</li> </ul>
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		ZAMICET (hydrocodone/APAP) ZOLVIT (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen)	
<b>ANALGESICS, NARCOTIC - LONG ACTING</b> <small>SmartPA</small>			
	EMBEDA (morphine/naltrexone) fentanyl patches morphine ER tablets	ARYMO ER (morphine) BELBUCA (buprenorphine) <b>BUTRANS (buprenorphine)</b> CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EXALGO (hydromorphone) hydromorphone ER HYSINGLA ER (hydrocodone) KADIAN (morphine) methadone MORPHABOND (morphine) morphine ER capsules MS CONTIN (morphine) 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)	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>18 years</b> – Xartemis XR, Zohydro ER</li> </ul> <p><b>Quantity Limits</b> Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> <li>• <b>31 tablets/31 days</b> - Conzip ER, Exalgo ER, Hysingla ER, Ryzolt, Ultram ER</li> <li>• <b>62 tablets/31 days</b> – Arymo ER, Belbuca, Embeda, Kadian, methadone, Morphabond, morphine ER, Nucynta ER, Opana ER, oxycodone ER, Oxycontin, Xtampza ER, Zohydro ER</li> <li>• <b>10 patches/31 days</b> – Duragesic</li> <li>• <b>4 patches/31 days</b> – Butrans</li> <li>• <b>40 tablets/10 days</b> – Xartemis XR</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• Documented diagnosis of cancer <b>OR</b> Antineoplastic therapy <b>AND</b> 90 consecutive days on the requested agent in the past 105 days</li> </ul> <p><b>Xartemis XR – <u>MANUAL PA</u></b></p>

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			<ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 30 days</li> <li>Maximum duration of therapy = 20 days per calendar year</li> </ul>
<b>ANALGESICS/ANESTHETICS (Topical)</b>			
	VOLTAREN Gel (diclofenac sodium) <sup>SmartPA</sup>	capsaicin DICLO GEL KIT(diclofenac sodium) <sup>NR</sup> diclofenac sodium 1% gel <sup>NR</sup> diclofenac sodium solution FLECTOR (diclofenac epolamine) <sup>SmartPA</sup> FROTEK (lidocaine/hydrocortisone) <sup>NR</sup> LIDAMANTLE HC (lidocaine/hydrocortisone) LIDO TRANS PAK (lidocaine) <sup>NR</sup> lidocaine lidocaine/prilocaine LIDODERM (lidocaine) <sup>SmartPA</sup> LIDTOPIC MAX (lidocaine) <sup>NR</sup> PENNSAID Solution (diclofenac sodium ) <sup>SmartPA</sup> xylocaine SYNERA (lidocaine/tetracaine) TRANZAREL (lidocaine) <sup>NR</sup> XRYLIDERM (lidocaine) <sup>NR</sup> ZOSTRIX (capsaicin)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 1 preferred agent in the past 6 months</li> </ul> <b>Lidoderm</b> <ul style="list-style-type: none"> <li>Documented diagnosis of Herpetic Neuralgia <b>OR</b></li> <li>Documented diagnosis of Diabetic Neuropathy</li> </ul>
<b>ANDROGENIC AGENTS</b> <sup>SmartPA</sup>			
	ANDRODERM (testosterone patch) testosterone gel packets	ANDROGEL (testosterone gel) ANDROXY (fluoxymesterone) <sup>NR</sup> AXIRON (testosterone gel) FORTESTSA (testosterone gel) NATESTO (testosterone)	<b>All Agents</b> <ul style="list-style-type: none"> <li>Limited to male gender</li> </ul> <b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents</li> </ul>

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		STRIANT (testosterone) TESTIM (testosterone gel) testosterone pump VOGELXO (testosterone)	in the past 6 months
<b>ANGIOTENSIN MODULATORS</b> <small>SmartPA</small>			
	<b>ACE INHIBITORS</b>		
	benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril	ACCUPRIL (quinapril) ALTACE (ramipril) EPANED (enalapril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril perindopril PRINIVIL (lisinopril) QBRELIS (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• ≤ 6 years – Epaned <u>Smart PA will automatically be issued for this age</u></li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred <u>single entity</u> agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
	<b>ACE INHIBITOR COMBINATIONS</b>		
	benazepril/amlodipine benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ trandolapril/verapamil quinapril/HCTZ	ACCURETIC (quinapril/HCTZ) LOTENSIN HCT (benazepril/HCTZ) LOTREL(benazepril/amlodipine) moexipril/HCTZ PRESTALIA (perindopril/amlodipine) TARKA (trandolapril/verapamil) UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	<p><b>Non-Preferred Criteria</b></p> <p><b>ACE Inhibitor/CCB</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred <u>ACEI/CCB</u> agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul> <p><b>ACE Inhibitor/Diuretic</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred <u>ACEI/Diuretic</u> agents in the past 6</li> </ul>

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			months <b>OR</b>
			<ul style="list-style-type: none"> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
	<b>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)</b>		
	irbesartan losartan MICARDIS (telmisartan) telmisartan valsartan	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) candesartan COZAAR (losartan) DIOVAN (valsartan) EDARBI (azilsartan) eprosartan olmesartan TEVETEN (eprosartan)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred <u>single entity</u> agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
	<b>ARB COMBINATIONS</b>		
	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)	<b>Non-Preferred Criteria ARB/Beta Blocker, ARB/CCB or ARB/CCB/Diuretic</b> <ul style="list-style-type: none"> <li>Have tried 1 preferred <u>ARB/CCB</u> agent in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul> <b>ARB/Diuretic</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred <u>ARB/Diuretic</u> products in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul> <b>Entresto – <u>MANUAL PA</u></b> <ul style="list-style-type: none"> <li>Age ≥ 18 years</li> <li>HF (NYHA Class II-IV)</li> </ul>

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		TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine)	<ul style="list-style-type: none"> <li>EF ≤ 40%</li> <li>No concurrent therapy with an ACEI or ARB</li> </ul>
<b>DIRECT RENIN INHIBITORS</b>			
		TEKTURNA (aliskiren)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Documented diagnosis of hypertension <b>AND</b></li> <li>Have tried 2 different preferred <u>ACEI or ARB single-entity</u> products in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>DIRECT RENIN INHIBITOR COMBINATIONS</b>			
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz) VALTURNA (aliskiren/valsartan)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Documented diagnosis of hypertension <b>AND</b></li> <li>Have tried 2 different preferred <u>ACEI or ARB diuretic agents</u> in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>ANTIBIOTICS (GI)</b>			
	ALINIA (nitazoxanide) metronidazole neomycin tinidazole	DIFICID (fidaxomicin) FLAGYL ER (metronidazole) TINDAMAX (tinidazole) VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)	<b>Xifaxan – MANUAL PA</b> <ul style="list-style-type: none"> <li>Documented diagnosis of Hepatic Encephalopathy <b>AND</b></li> <li>One trial of Lactulose <b>OR</b></li> <li>Failure or intolerance to lactulose <b>OR</b></li> <li>Hospital discharge on Xifaxan <b>OR</b></li> <li>One claim in the past 365 days</li> </ul>
<b>ANTIBIOTICS (MISCELLANEOUS)</b>			

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KETOLIDES		
		KETEK (telithromycin)
LINCOSAMIDE ANTIBIOTICS		
	clindamycin capsules clindamycin solution	CLEOCIN (clindamycin) CLEOCIN SOLUTION (clindamycin)
MACROLIDES		
	azithromycin clarithromycin ER clarithromycin IR E.E.S. Suspension 200 (erythromycin ethylsuccinate) ERY-TAB (erythromycin) 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 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)
<b>ANTIBIOTICS (Topical)</b>		

**Sivextro, Zyvox - [MANUAL PA](#)**

**Quantity Limit**

• 6 tablets/month - Sivextro

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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	
<b>ANTIBIOTICS (VAGINAL)</b>			
	CLEOCIN OVULES (clindamycin) clindamycin CLINDESSE (clindamycin) metronidazole vaginal VANDAZOLE (metronidazole)	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) METROGEL (metronidazole) NUVESSA (metronidazole)	
<b>ANTICOAGULANTS</b> <small>SmartPA</small>			
	<b>ORAL</b>		
	COUMADIN (warfarin) ELIQUIS (apixaban) PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban)	BEVYXXA (betrixaban) <sup>NR</sup> SAVAYSA (edoxaban tosylate)	<p><b><u>DVT Prophylaxis - following hip replacement</u></b>  <b>XARELTO 10MG, ELIQUIS, PRADAXA 110MG</b></p> <ul style="list-style-type: none"> <li>70 total days of therapy per calendar year</li> <li>Documented diagnosis of hip replacement <b>AND</b> duration of therapy limited to 35 days</li> </ul> <p><b><u>DVT Prophylaxis - following knee replacement</u></b>  <b>XARELTO 10MG &amp; ELIQUIS</b></p> <ul style="list-style-type: none"> <li>70 total days of therapy per calendar year</li> <li>Documented diagnosis of knee replacement <b>AND</b> duration of therapy limited to 12 days</li> </ul>

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			<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"><li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li><li>• 1 claim with the same agent in the past 90 days</li></ul>
	<b>LOW MOLECULAR WEIGHT HEPARIN (LMWH)</b>		
	enoxaparin	ARIXTRA (fondaparinux) FRAGMIN (dalteparin) fondaparinux LOVENOX (enoxaparin) Prefilled Syringe	<b>LMWH – All Agents</b> <ul style="list-style-type: none"><li>• LMWH therapy in the past 3 months <b>AND</b><ul style="list-style-type: none"><li>◦ Documented diagnosis of cancer <b>OR</b></li><li>◦ Female and age 8 to 51 years</li></ul></li><li><b>OR</b></li><li>• NO LMWH therapy in the past 3 months <b>AND</b><ul style="list-style-type: none"><li>◦ Duration of therapy is &lt; 17 days <b>OR</b></li><li>◦ Documented diagnosis of cancer <b>OR</b></li><li>◦ Female and age 8 to 51 years <b>OR</b></li><li>◦ Total hip/knee replacement or hip fracture surgery in the past 6 months <b>AND</b> duration of therapy &lt; 35 days</li></ul></li></ul> <b>LMWH Non-Preferred Criteria</b> <ul style="list-style-type: none"><li>• Have tried 1 different preferred agent in the past 6 months <b>OR</b></li><li>• 90 consecutive days on the requested agent in the past 105 days</li></ul>
<b>ANTICONVULSANTS</b>	SmartPA		
	<b>ADJUVANTS</b>		

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carbamazepine carbamazepine XR DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam levetiracetam ER oxcarbazepine topiramate tablet topiramate sprinkle capsule <b>TRILEPTAL Suspension (oxcarbazepine)</b> 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) <b>lamotrigine ER</b> lamotrigine ODT NEURONTIN (gabapentin) <b>oxcarbazepine suspension</b> OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine) QUDEXY XR (topiramate) <b>ROWEEPRA (levetiracetam)</b> SABRIL (vigabatrin) SPRITAM (levetiracetam) STAVZOR (valproic acid) TEGRETOL (carbamazepine) TEGRETOL XR (carbamazepine) tiagabine TOPAMAX TABLET (topiramate)	<b>Minimum Age Limit</b> • 1 year - Banzel • 2 years – Onfi  <b>Quantity Limit</b> • 3 Twin Packs/31 days - Diastat  <b>Non-Preferred Criteria</b> • Have tried 2 different preferred agents in the past 6 months <b>OR</b> • 90 consecutive days on the requested agent in the past 105 days <b>AND</b> documented diagnosis of seizure  <b>Banzel/Onfi</b> • Documented diagnosis of Lennox-Gastaut <b>AND</b> • Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months <b>OR</b> • 90 consecutive days on the requested agent in the past 105 days <b>AND</b> documented diagnosis of seizure  <b>Sabril Suspension</b> • Documented diagnosis of infantile spasms <b>OR</b> • Have tried 2 different preferred agents in the past 6 months <b>OR</b> • 90 consecutive days on the requested
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		TOPAMAX Sprinkle (topiramate) <b>topiramate ER (generic Qudexy XR) <sup>Step Edit</sup></b> TRILEPTAL Tablets (oxcarbazepine) TROKENDI XR (topiramate) vigabatrin ZONEGRAN (zonisamide)	agent in the past 105 days AND documented diagnosis of seizure  <b>Topiramate ER – Step Edit</b> <ul style="list-style-type: none"> <li>90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure <b>OR</b></li> <li>30 day trial with topiramate IR in the past 6 months</li> </ul>
	<b>SELECTED BENZODIAZEPINES</b>		
	DIASTAT (diazepam rectal)	diazepam rectal gel ONFI (clobazam)	
	<b>HYDANTOINS</b>		
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
	<b>SUCCINIMIDES</b>		
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
<b>ANTIDEPRESSANTS, OTHER <sup>SmartPA</sup></b>			
	bupropion bupropion SR bupropion XL TRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine	APLENZIN (bupropion HBr) desvenlafaxine DESYREL (trazodone) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran)	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li><b>18 years</b> - all drugs</li> <li><b>Cymbalta</b> – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder)</li> </ul> <b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred</li> </ul>

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	venlafaxine ER capsules VIIBRYD (vilazodone)	FORFIVO XL (bupropion) IRENKA (duloxetine) KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine venlafaxine XR venlafaxine ER tablets WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion HCl)	<p><u>'Antidepressants, Other' Class</u> in the past 6 months <b>OR</b></p> <ul style="list-style-type: none"> <li>Have tried BOTH a preferred <u>'Antidepressant, SSRI'</u> and <u>'Antidepressants, Other'</u> in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul> <p><b>Cymbalta (see Fibromyalgia Agents)</b></p>
<b>ANTIDEPRESSANTS, SSRIs</b> <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)	<p><b>Minimum Age Limits</b></p> <ul style="list-style-type: none"> <li><b>6 years</b> - Zoloft</li> <li><b>7 years</b> – Prozac</li> <li><b>8 years</b> - Luvox</li> <li><b>12 years</b> - Lexapro</li> <li><b>18 years</b> – Celexa, Luvox CR, Paxil, Prozac 90 mg</li> </ul> <p><b>Citalopram Criteria</b></p> <ul style="list-style-type: none"> <li>&lt;18 years and 90 consecutive days on citalopram in the past 105 days <b>OR</b></li> <li>&lt; 60 years <b>AND</b> max daily dose ≤ 40 mg/day <b>OR</b></li> <li>≥ 60 years <b>AND</b> max daily dose ≤ 20 mg/day</li> </ul>

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			<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>ANTIEMETICS</b> SmartPA			
	<b>5HT3 RECEPTOR BLOCKERS</b>		
	ondansetron ondansetron ODT ondansetron solution	ANZEMET (dolasetron) granisetron SANCUSO (granisetron) ZOFTRAN (ondansetron) ZOFTRAN ODT (ondansetron) ZUPLENZ (ondansetron)	<b>Quantity Limits</b> <ul style="list-style-type: none"> <li><b>4 tablets/31 days</b> - Varubi</li> <li><b>6 tablets/31 days</b> – Akynzeo</li> <li><b>30 tablets/31 days</b> – Zofran tablets/ODT</li> <li><b>100 ml/31 days</b> – Zofran solution</li> </ul> <b>Non-Preferred Agents</b> <ul style="list-style-type: none"> <li>Have tried 1 preferred agent in the past 6 months</li> </ul> <p>Injectables in this class closed to point of sale. PA required if not administered in clinic/hospital</p>
	<b>ANTIEMETIC COMBINATIONS</b>		
		AKYNZEO (netupitant/palonosetron) DICLEGIS (doxylamine/pyridoxine)	<b>Akynzeo - <u>MANUAL PA</u></b> <ul style="list-style-type: none"> <li>Documented diagnosis of cancer OR Antineoplastic history <b>AND</b></li> <li>Chemotherapy regimen includes use of a highly or moderately emetogenic chemotherapeutic agent <b>AND</b></li> <li>History of prior use of preferred combination antiemetic therapy <b>AND</b></li> <li>Concurrent use of dexamethasone per PI</li> </ul>
	<b>CANNABINOIDS</b>		

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		CESAMET (nabilone) MARINOL (dronabinol) dronabinol SYNDROS (dronabinol)	
	<b>NMDA RECEPTOR ANTAGONIST</b>		
	EMEND (aprepitant)	aprepitant VARUBI (rolapitant)	<b>Varubi - <u>MANUAL PA</u></b> <ul style="list-style-type: none"> <li>Documented diagnosis of cancer OR Antineoplastic history <b>AND</b></li> <li>Chemotherapy regimen includes use of a highly or moderately emetogenic chemotherapeutic agent <b>AND</b></li> <li>History of prior use of preferred combination antiemetic therapy <b>AND</b> Concurrent use of dexamethasone per PI</li> </ul>
<b>ANTIFUNGALS (Oral)</b> <span>SmartPA</span>			
	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 ^	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li><b>4-12 years</b> – Lamisil Granules <u>Smart PA will automatically be issued for this age range</u></li> <li><b>12-17 years</b> – griseofulvin tablets <u>Smart PA will automatically be issued for this age range</u></li> </ul> <b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul> <b>HIV opportunistic infection</b> <ul style="list-style-type: none"> <li>Non-Preferred agent indicated for treatment (^) <b>AND</b></li> <li>Documented diagnosis of HIV</li> </ul>

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			<p><b>Cresamba - <u>MANUAL PA</u></b></p> <ul style="list-style-type: none"> <li>• Minimum age limit <math>\geq</math> 18 years <b>AND</b></li> <li>• Documented diagnosis of invasive aspergillosis <b>OR</b> invasive mucormycosis <b>AND</b></li> <li>• Prescriber is an oncologist/hematologist or infectious disease specialist</li> </ul> <p><b>Sporanox</b></p> <ul style="list-style-type: none"> <li>• HIV opportunistic infection criteria <b>OR</b></li> <li>• Documented diagnosis of a transplant <b>OR</b></li> <li>• History of an immunosuppressant in the past 6 months <b>OR</b></li> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>
<b>ANTIFUNGALS (Topical)</b> <small>SmartPA</small>			
	<b>ANTIFUNGALS</b>		<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>
	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)	

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		LUZU (luliconazole) MENTAX (butenafine) NAFTIN (naftifine) NIZORAL (ketoconazole) oxiconazole OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide)	
<b>ANTIFUNGAL/STEROID COMBINATIONS</b>			
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)	
<b>ANTIFUNGALS (VAGINAL)</b>			
	clotrimazole vaginal cream miconazole 1, 3 cream, 7cream, TERAZOL 3 Cream (terconazole) – currently unavailable from manufacturer <b>terconazole</b> tioconazole VAGISTAT 3 (miconazole) VAGISTAT 1 (tioconazole)	GYNAZOLE 1 (butoconazole) miconazole 3 vaginal suppository TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole)	
<b>ANTI-HISTAMINES, MINIMALLY SEDATING AND COMBINATIONS</b> <small>SmartPA</small>			
<b>MINIMALLY SEDATING ANTI-HISTAMINES</b>			
	cetirizine loratadine	CLARINEX (desloratadine) levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of allergy or urticaria <b>AND</b></li> <li>• Have tried 2 different preferred agents in the past 12 months</li> </ul>

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 1/01/2018

Version 2018.10a

Updated: 2-02-2018

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		<b>MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS</b>	
	cetirizine/pseudoephedrine loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)	
<b>ANTIMIGRAINE AGENTS, TRIPTANS</b> <small>SmartPA</small>			
		<b>ORAL</b>	
	eletriptan rizatriptan rizatriptan ODT sumatriptan tablets	almotriptan AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT(rizatriptan) naratriptan RELPAK (eletriptan) TREXIMET (sumatriptan/naproxen) zolmitriptan ZOMIG (zolmitriptan)	<b>Minimum Age Limit – ALL FORMULATIONS</b> <ul style="list-style-type: none"> <li>• <b>6 years</b> – Maxalt</li> <li>• <b>12-17 years</b> – Axert, Treximet, Zomig nasal spray <i>Smart PA will automatically be issued for this age range</i></li> <li>• <b>18 years</b> – Amerge, Frova, Imitrex, Onzetra Xsail, Relpax, Zembrace Symtouch, Zomig tablets</li> </ul> <b>Quantity Limit - ORAL</b> <ul style="list-style-type: none"> <li>• <b>6 tablets/31 days</b> - Axert, Relpax Zomig</li> <li>• <b>9 tablets/31 days</b> - Amerge, Frova, Imitrex, Treximet</li> <li>• <b>12 tablets/31 days</b> – Maxalt</li> </ul> <b>Non-Preferred Criteria - ORAL</b> <ul style="list-style-type: none"> <li>• Have tried 2 preferred preferred oral agents in the past 90 days</li> </ul>
		<b>NASAL</b>	

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	sumatriptan	IMITREX (sumatriptan) ONZETRA Xsail (sumatriptan) ZOMIG (zolmitriptan)	<b>Quantity Limit - NASAL</b> • 1 box/31 days  <b>Non-Preferred Criteria - NASAL</b> • Have tried 2 preferred oral agents in the past 90 days <b>AND</b> • Have tried either a preferred nasal sumatriptan or injectable sumatriptan in the past 90 days
	<b>INJECTABLES</b>		
	sumatriptan	IMITREX (sumatriptan) SUMAVEL (sumatriptan) ZEMBRACE (sumatriptan)	<b>CUMULATIVE Quantity Limit - INJECTION</b> 4 injections/31 days
	<b>OTHER</b>		
		ZECUITY PATCH (sumatriptan)	<b>Quantity Limit</b> • 4 patches/31 days  <b>Zecuity</b> • Have tried 2 preferred agents (oral, nasal, or injectable) in the past 90 days
<b>*ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS</b>			
	AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) COTELLIC (cobimetinib) GILOTRIF (afatinib) GLEEVEC (imatinib mesylate) ICLUSIG (ponatinib) IMBRUVICA (ibrutinib) INLYTA (axitinib) IRESSA (gefitinib) JAKAFI (ruxolitinib)	ALECENSA (alectinib) ALUNBRIG (brigatinib) CABOMETYX (cabozantinib s-malate) FARYDAK (panobinostat) GLEOSTINE (lomustine) IBRANCE (palbociclib) <i>SmartPA</i> KISQALI (ribociclib) LENVIMA (lenvatinib) <i>SmartPA</i> LYNPARZA (olaparib) <i>SmartPA</i> NERLYNX (neratinib maleate) <sup>NR</sup> RUBRACA (rucaparib)	<b>Farydak - <u>MANUAL PA</u></b> • Documented diagnosis of multiple myeloma <b>AND</b> • Used in combination with bortezomib and dexamethasone per PI <b>AND</b> • History of 2 prior regimens including bortezomib and an immunomodulatory agent  <b>Ibrance</b>

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<p>MEKINIST (trametinib dimethyl sulfoxide)  NEXAVAR (sorafenib)  SPRYCEL (dasatinib)  STIVARGA (regorafenib)  SUTENT (sunitinib)  TAFINLAR (dabrafenib)  TARCEVA (erlotinib)  TASIGNA (nilotinib)  TYKERB (lapatinib ditosylate)  vandetanib  VOTRIENT (pazopanib)  XALKORI (crizotinib)  ZELBORAF (vemurafenib)  ZYDELIG (idelalisib)  ZYKADIA (ceritinib)</p>	<p>RYDAPT (midostaurin)  TAGRISSO (osimertinib)  <b>XATMEP (methotrexate)</b>  ZEJULA (niraparib)</p>	<ul style="list-style-type: none"> <li>• Documented diagnosis of WD-DDLS for retroperitoneal sarcoma</li> <li>• Documented diagnosis of breast cancer <b>AND</b></li> <li>• Concurrent therapy with letrozole <b>OR</b></li> <li>• History of therapy with fulvestrant in the past 60 days <b>AND</b></li> <li>• History of endocrine therapy in the past 720 days</li> </ul> <p><b>Lenvima</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of thyroid cancer <b>OR</b></li> <li>• Documented diagnosis of renal cell carcinoma <b>AND</b></li> <li>• History of 1 claim for everolimus in the past 30 days <b>AND</b></li> <li>• History of 1 anti-angiogenic agent in the past 2 years.</li> </ul> <p><b>Lynparza Capsules</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of ovarian cancer <b>AND</b></li> <li>• History of 3 prior chemotherapy agents in the past 2 years</li> </ul> <p><b>Lynparza Tablets</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of ovarian cancer <b>AND</b> history of 3 prior chemotherapy agents in the past 2 years <b>OR</b></li> <li>• Documented diagnosis of recurrent epithelial ovarian, fallopian tube or</li> </ul>
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			peritoneal cancer <b>AND</b> history of platinum-based chemotherapy in the past 2 years
<b>ANTIPARASITICS (Topical)</b> <small>SmartPA</small>			
	<b>PEDICULICIDES</b>		
	permethrin 1% NATROBA (spinosad) SKLICE (ivermectin)	lindane malathion OVIDE (malathion) ULESFIA (benzyl alcohol)	<p><b>Minimum Age/Weight Limit for Pediculicides</b></p> <ul style="list-style-type: none"> <li>• <b>50 kg</b> - lindane shampoo</li> <li>• <b>2 months</b> – permethrin 1%(OTC)</li> <li>• <b>6 months</b> – Natroba, SKLICE, Ulesfia</li> <li>• <b>2 years</b> – piperonyl/pyrethrins (OTC)</li> <li>• <b>6 years</b> – Ovide</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• History of 2 preferred topical lice agents in the past 90 days</li> </ul> <p><b>Ulesfia</b> Ulesfia is no longer covered due to no longer being rebated.</p>
	<b>SCABICIDES</b>		
	permethrin 5% STROMECTOL Tablet (ivermectin)	ELIMITE (permethrin) EURAX CREAM (crotamiton) EURAX LOTION (crotamiton)	<p><b>Minimum Age/Weight Limit for Topical Scabicides</b></p> <ul style="list-style-type: none"> <li>• <b>50 kg</b> - lindane lotion</li> <li>• <b>2 months</b> – permethrin 5%</li> <li>• <b>18 years</b> – Eurax</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• History of permethrin 5% in the past 90 days</li> </ul>
<b>ANTIPARKINSON'S AGENTS (Oral)</b> <small>SmartPA</small>			
	<b>ANTICHOLINERGICS</b>		

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	benztropine trihexyphenidyl	COGENTIN (benztropine)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"><li>• Documented diagnosis of Parkinson's disease <b>AND</b></li><li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li><li>• 90 consecutive days on the requested agent in the past 105 days</li></ul>
	COMT INHIBITORS		
		COMTAN (entacapone) TASMAR (tolcapone) tolcapone	
	DOPAMINE AGONISTS		
	ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole pramipexole ER REQUIP (ropinirole) REQUIP XL (ropinirole) ropinirole ER	
	MAO-B INHIBITORS		<b>Xadago:</b> <ul style="list-style-type: none"><li>• Documented diagnosis of Parkinson's disease <b>AND</b></li><li>• History of a preferred carbidopa/levodopa combination product in the past 30 days <b>AND</b></li><li>• History of selegiline product in the past 45 days</li></ul>
	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) rasagiline XADAGO (safinamide) ZELAPAR (selegiline)	
	OTHERS		

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	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)	<b>Lododyn</b> <ul style="list-style-type: none"> <li>Documented diagnosis of Parkinson's disease <b>AND</b></li> <li>History of a carbidopa/levodopa combination product in the past 45 days</li> </ul>
<b>ANTIPSYCHOTICS</b> SmartPA			
	<b>ORAL</b>		
	amitriptyline/perphenazine aripiprazole clozapine fluphenazine haloperidol olanzapine perphenazine risperidone <b>SAPHRIS (asenapine)</b> quetiapine <b>quetiapine XR</b> thioridazine thiothixene trifluoperazine ziprasidone	ABILIFY (aripiprazole) ADASUVE (loxapine) <b>aripiprazole solution</b> aripiprazole ODT <b>chlorpromazine</b> clozapine ODT CLOZARIL (clozapine) FANAPT (iloperidone) FAZACLO (clozapine) GEODON (ziprasidone) HALDOL (haloperidol) INVEGA (paliperidone) LATUDA (lurasidone) NAVANE (thiothixene) NUPLAZID (pimavanserin) olanzapine/fluoxetine paliperidone REXULTI (brexpiprazole) RISPERDAL (risperidone) SEROQUEL (quetiapine) SEROQUEL XR (quetiapine)	<b>Minimum Age Limits</b> <ul style="list-style-type: none"> <li><b>2 years</b>- Droperidol</li> <li><b>3 years</b> - Haldol</li> <li><b>5 years</b> – Risperdal, thioridazine</li> <li><b>6 years</b> – Abilify, trifluoperazine</li> <li><b>10 years</b> – Saphris, Seroquel, Symbyax</li> <li><b>12 years</b>- Molidone, perphenazine, pimozone, thiothixene</li> <li><b>13 years</b> – Latuda, Zyprexa</li> <li><b>18 years</b> – Amitriptyline/perphenazine, Clozaril, Fanapt, fluphenazine, Geodon, Invega, loxapine, Nuplazid, Rexulti, Vraylar,</li> </ul> <b>Concurrent Therapy Limits – Ages 0-17 years</b> <ul style="list-style-type: none"> <li>90 days with &gt;2 typical antipsychotics in the last 120 days will require a manual PA</li> </ul>

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		SYMBYAX (olanzapine/fluoxetine) ZYPREXA (olanzapine) VRAYLAR (cariprazine)	<b>Non-Preferred Criteria- Atypical Agent</b> <ul style="list-style-type: none"> <li>Have tried 2 preferred atypical antipsychotic agents in the past 12 months <b>OR</b></li> <li>30 consecutive days on the requested atypical agent in the past 180 days</li> </ul> <b>Latuda</b> <ul style="list-style-type: none"> <li>Females of childbearing age             <ul style="list-style-type: none"> <li>≥ 13 years will approve automatically</li> </ul> </li> <li>Males see Non-Preferred Criteria noted above</li> </ul> <b>Nuplazid</b> <ul style="list-style-type: none"> <li>Documented diagnosis of Parkinson's disease</li> </ul>
<b>SmartPA</b>			
	<b>INJECTABLE, ATYPICALS</b>	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.  <b>Minimum Age Limits</b> <ul style="list-style-type: none"> <li>18 years – all injectable agents</li> </ul> <b>LTC Long Acting Injectable Criteria</b> <ul style="list-style-type: none"> <li>Minimum Age <b>AND</b></li> <li>Documented diagnosis <b>AND</b></li> <li>Non-Compliant with the oral formulation <b>OR</b></li> </ul>

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		<ul style="list-style-type: none"> <li>History of the requested injectable agent in the past 90 days <ul style="list-style-type: none"> <li><b>3 claims</b> - Abilify Maintena, Aristada, Invega Sustenna, Zyprexa Relprevv</li> <li><b>6 claims</b> - Risperdal Consta</li> </ul> </li> </ul> <p><b>Invega Trinza</b></p> <ul style="list-style-type: none"> <li>Minimum Age <b>AND</b></li> <li>Documented diagnosis <b>AND</b></li> <li>History of 4 claims of Invega Sustenna in the past 180 days</li> </ul>
<b>ANTIRETROVIRALS</b> <small>SmartPA</small>		
	<b>INTEGRASE STRAND TRANSFER INHIBITORS</b>	
	ISENRESS (raltegravir potassium) TIVICAY (dolutegravir sodium)	ISENRESS HD (raltegravir potassium) <sup>NR</sup> VITEKTA (elvitegravir)
	<b>NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>	
	abacavir sulfate didanosine DR capsule EMTRIVA (emtricitabine) lamivudine stavudine VIDEX SOLUTION (didanosine) VIREAD (tenofovir disoproxil fumarate) zidovudine	RETROVIR (zidovudine) VIDEX EC (didanosine) EPIVIR (lamivudine) ZERIT (stavudine) <b>ZIAGEN (abacavir sulfate)</b>
	<b>NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)</b>	
	EDURANT (rilpivirine) nevirapine nevirapine ER SUSTIVA (efavirenz)	efavirenz INTELENCE (etravirine) RESCRIPTOR (delavirdine mesylate) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)
		<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>1 claim with the requested agent in the past 105 days</li> </ul>

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PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR			Tybost - <a href="#">MANUAL PA</a>
		TYBOST (cobicistat)	
PROTEASE INHIBITORS (PEPTIDIC)			
	EVOTAZ (atazanavir/cobicistat) NORVIR (ritonavir) REYATAZ (atazanavir) VIRACEPT (nelfinavir mesylate)	CRIXIVAN (indinavir) LEXIVA (fosamprenavir) INVIRASE (saquinavir mesylate)	
PROTEASE INHIBITORS (NON-PEPTIDIC)			
	PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir) PREZCOBIX (darunavir/cobicistat)	
ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS			
		SELZENTRY (maraviroc)	
ENTRY INHIBITORS – FUSION INHIBITORS			
		FUZEON (enfuvirtide)	
COMBINATION PRODUCTS - NRTIs			Stribild – <a href="#">MANUAL PA</a>
	abacavir/lamivudine abacavir/lamivudine/zidovudine lamivudine/zidovudine TRIZIVIR (abacavir/lamivudine/zidovudine)	COMBIVIR (lamivudine/zidovudine) EPZICOM (abacavir/lamivudine) JULUCA (dolutegravir/rilpivirine) <sup>NR</sup>	
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOG RTIs			
	DESCOVY (emtricitabine/tenofovir alafenam) TRUVADA (emtricitabine/tenofovir)		
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & INTEGRASE INHIBITORS			
	GENVOYA	STRIBILD	

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EFFECTIVE 1/01/2018

Version 2018.10a

Updated: 2-02-2018

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	(elvitegravir/cobicistat/emtricitabine/tenofovir)	(elvitegravir/cobicistat/emtricitabine/tenofovir) TRIUMEQ (abacavir/lamivudine/ dolutegravir)	<ul style="list-style-type: none"><li>• Genotype testing supporting resistance to other regimens <b>OR</b></li><li>• Intolerance or contraindication to preferred combination of drugs <b>AND</b></li><li>• Medical reasoning beyond convenience or enhanced compliance over preferred agents <b>AND</b></li><li>• CrCl &gt; 70mL/min to initiate therapy <b>OR</b> CrCl &gt;50mL/min to continue therapy</li></ul> <p><b>Triumeq – <a href="#">MANUAL PA</a></b></p> <ul style="list-style-type: none"><li>• Medical reasoning beyond convenience or enhanced compliance over the preferred agents (Epzicom + Tivicay)</li></ul>
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & NON-NUCLEOSIDE RTIs			
	ATRIPLA (efavirenz/emtricitabine/tenofovir) ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)	COMPLERA (emtricitabine/rilpivirine/tenofovir)	
COMBINATION PRODUCTS – PROTEASE INHIBITORS			
	KALETRA (lopinavir/ritonavir)	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)	

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		ZOVIRAX Ointment (acyclovir)	
<b>AROMATASE INHIBITORS</b>			
	anastrozole ARIMIDEX (anastrozole) exemestane letrozole	AROMASIN (exemestane) FEMARA (letrozole)	
<b>ATOPIC DERMATITIS</b> SmartPA			
	ELIDEL (pimecrolimus)	EUCRISA (crisaborole) DUPIXENT (dupilumab) PROTOPIC (tacrolimus) tacrolimus	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>2 years</b> – Elidel, Protopic 0.03%</li> <li>• <b>6 years</b> – Protopic 0.1%</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 1 preferred agent in the past 6 months</li> </ul> <p><b>Dupixent &amp; Eucrisa - <a href="#">MANUAL PA</a></b></p>
<b>BETA BLOCKERS, ANTIANGINALS &amp; SINUS NODE AGENTS</b> SmartPA			

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acebutolol atenolol bisoprolol BYSTOLIC (nebivolol) <span style="color: red;">Step Edit</span> 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)	<span style="color: red;"><b>Bystolic – Step Edit</b></span> <ul style="list-style-type: none"> <li>90 consecutive days on the requested agent in the past 105 days <b>OR</b></li> <li>Have tried 1 preferred agent in the past 6 months</li> </ul> <span style="color: red;"><b>Non-Preferred Criteria – All Agents</b></span> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>BETA- AND ALPHA-BLOCKERS</b>		
carvedilol labetalol	carvedilol CR COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	<span style="color: red;"><b>Coreg CR</b></span> <ul style="list-style-type: none"> <li>Documented diagnosis for hypertension <b>AND</b></li> <li>Have tried generic carvedilol <b>AND</b> 1 preferred agent in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>BETA BLOCKER/DIURETIC COMBINATIONS</b>		
atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ timolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	

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ANTIANGINALS			
		RANEXA (ranolazine)	<b>Ranexa</b> <ul style="list-style-type: none"> <li>Documented diagnosis of angina <b>AND</b></li> <li>1 claim for a calcium channel blocker, beta-blocker, nitrate, or combination agent in the past 30 days <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
SINUS NODE AGENTS			
		CORLANOR (ivabradine)	<b>Corlanor</b> - <a href="#">MANUAL PA</a>
BILE SALTS			
	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) CHOLBAM (cholic acid) OCALIVA (obeticholic acid) URSO (ursodiol) URSO FORTE (ursodiol)	
BLADDER RELAXANT PREPARATIONS <small>SmartPA</small>			
	oxybutynin ER, IR <b>TOVIAZ (fesoterodine fumarate)</b>	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	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul>

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		trospium VESICARE (solifenacin)	
BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA			
	BISPHOSPHONATES		Non-Preferred Criteria <ul style="list-style-type: none"><li>Documented diagnosis for osteoporosis or osteopenia AND</li><li>Have tried 2 different preferred agents in the past 6 months</li></ul>
	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) TYMLOS (abaloparatide)	
	OTHERS		
	calcitonin salmon FORTICAL (calcitonin)	EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) raloxifene	
BPH AGENTS SmartPA			
	ALPHA BLOCKERS		Female <ul style="list-style-type: none"><li>Cardura, Flomax, Proscar, terazosin, or Uroxatral AND a documented diagnosis based on a state accepted diagnosis</li></ul> Non-Preferred Criteria - MALE <ul style="list-style-type: none"><li>Have tried 2 different preferred agents in the past 6 months OR</li><li>90 consecutive days on the requested agent in the past 105 days</li></ul>
	alfuzosin doxazosin tamsulosin terazosin	CARDURA (doxazosin) CARDURA XL (doxazosin) dutasteride/tamsulosin FLOMAX (tamsulosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) UROXATRAL (alfuzosin)	

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			<b>Cialis – <u>MANUAL PA</u></b> <ul style="list-style-type: none"><li>• Male gender <b>AND</b></li><li>• Documented diagnosis for Benign Prostatic Hypertrophy <b>AND</b></li><li>• NO history of Erectile Dysfunction <b>AND</b></li><li>• Signed waiver stating treatment is NOT for Erectile Dysfunction <b>AND</b></li><li>• Have tried 2 different preferred agents in the past 6 months</li></ul>
	<b>5-ALPHA-REDUCTASE (5AR) INHIBITORS</b>		
	finasteride	AVODART (dutasteride) PROSCAR (finasteride)	
	<b>PDE5 INHIBITORS</b>		
		CIALIS (tadalafil)	
<b>BRONCHODILATORS &amp; COPD AGENTS</b>			
	<b>ANTICHOLINERGICS &amp; COPD AGENTS</b>		
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA HANDIHALER (tiotropium)	DALIRESP (roflumilast) INCRUSE ELLIPTA (umeclidinium) <b>SEEBRI (glycopyrrolate)</b> SPIRIVA RESPIMAT (tiotropium) TUDORZA PRESSAIR (aclidinium)	
	<b>ANTICHOLINERGIC-BETA AGONIST COMBINATIONS</b>		
	albuterol/ipratropium COMBIVENT RESPIMAT (albuterol/ipratropium)	ANORO ELLIPTA (umeclidinium/vilanterol) BEVESPI (glycopyrrolate/formoterol) STIOLTO RESPIMAT (tiotropium/olodaterol) UTIBRON (indacaterol/glycopyrrolate)	
<b>BRONCHODILATORS, BETA AGONIST</b>			

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INHALERS, SHORT-ACTING			
	PROAIR HFA (albuterol) PROAIR RESPICLICK (albuterol) PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol)	XOPENEX HFA (levalbuterol) <sup>SmartPA</sup>	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>• <b>4 years</b> - Xopenex HFA</li> </ul> <b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• 1 claim for a preferred agent in the past 6 months</li> </ul>
INHALERS, LONG ACTING <sup>SmartPA</sup>			
	SEREVENT (salmeterol)	ARCAPTA (indacaterol) STRIVERDI RESPIMAT (olodaterol)	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>• <b>4 years</b> – Serevent</li> <li>• <b>18 years</b> – Arcapta, Striverdi Respimat</li> </ul> <b>Arcapta &amp; Striverdi Respimat</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of COPD <b>AND</b></li> <li>• Have tried 1 preferred agent in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
INHALATION SOLUTION <sup>SmartPA</sup>			
	albuterol	ACCUNEb (albuterol) BROVANA (arformoterol) levalbuterol metaproterenol PERFORMOMIST (formoterol) XOPENEX (levalbuterol)	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>• <b>6 years</b> – Xopenex</li> <li>• <b>18 years</b> – Brovana, Performomist</li> </ul> <b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• 1 claim for a different preferred agent in the past 6 months <b>OR</b></li> <li>• 3 claims with the requested agent in the past 105 days</li> </ul>

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			<b>Xopenex</b> <ul style="list-style-type: none"> <li>1 claim for a albuterol in the past 30 days</li> </ul>
	<b>ORAL</b>		
	albuterol metaproterenol terbutaline	VOSPIRE ER (albuterol)	
<b>CALCIUM CHANNEL BLOCKERS</b> <small>SmartPA</small>			
	<b>SHORT-ACTING</b>		
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine PROCARDIA (nifedipine)	<b>Quantity Limit - nimodipine</b> <ul style="list-style-type: none"> <li>252 tablets/ 21 days</li> <li>2520 mL/21 days</li> </ul> <b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred <u>Short Acting</u> CCB agents in the past 6 months OR</li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul> <b>nimodipine</b> <ul style="list-style-type: none"> <li>Documented diagnosis of subarachnoid hemorrhage in the past 45 days <b>AND</b></li> <li>Duration of therapy = 21 days</li> </ul>
	<b>LONG-ACTING</b>		
	amlodipine DILT XR 24 HR Caps (diltiazem) diltiazem ER Cap 24 HR (generic Cardizem CD) diltiazem ER Cap 24 HR	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred <u>Long Acting</u> CCB agents in the past 6 months OR</li> <li>90 consecutive days on the requested</li> </ul>

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	felodipine ER nifedipine ER verapamil ER	DILACOR XR (diltiazem) diltiazem ER Cap 12 HR diltiazem ER Tab 24 HR nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	agent in the past 105 days
<b>CALORIC AGENTS</b>			
	BOOST (includes all Boost) BREAKFAST ESSENTIALS BRIGHT BEGINNINGS CARNATION INSTANT BREAKFAST DUOCAL ENSURE JUVEN GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE PROMOD RESOURCE SCANDISHAKE SOLCARB TWOOCAL HN	COMPLEAT EO28 SPLASH FIBERSOURCE ISOSOURCE JEVITY KINDERCAL PEPTAMEN PROMOTE TOLEREX VITAL VIVONEX	<b>Non-Preferred Agents - <a href="#">MANUAL PA</a></b>
<b>CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)</b>			
<b>BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS</b>			

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	amoxicillin/clavulanate amoxicillin/clavulanate XR	AUGMENTIN 125 and 250 (amoxicillin/clavulanate) Suspension AUGMENTIN (amoxicillin/clavulanate) Tablets AUGMENTIN XR (amoxicillin/clavulanate) MOXATAG (amoxicillin)	
CEPHALOSPORINS – First Generation SmartPA			Non-Preferred Criteria – all generations <ul style="list-style-type: none"><li>Have tried 2 different preferred agents in the past 6 months</li></ul>
	cefadroxil cephalexin capsules	cephalexin tablets KEFLEX (cephalexin)	
CEPHALOSPORINS – Second Generation SmartPA			
	cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)	Maximum Age Limit <ul style="list-style-type: none"><li>18 years – cefdinir suspension</li></ul>
CEPHALOSPORINS – Third Generation SmartPA			
	cefdinir suspension cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	
COLONY STIMULATING FACTORS			
	LEUKINE (sargramostim) GRANIX (tbo-filgrastim) ZARXIO (filgrastim)	NEULASTA (pegfilgrastim) NEUPOGEN Syringe and Vial (filgrastim)	
CYSTIC FIBROSIS AGENTS SmartPA			
	BETHKIS (tobramycin) KITABIS (tobramycin)	CAYSTON (aztreonam) COLY-MYCIN M (colistimethate sodium) KALYDECO (ivacaftor)	Age Limits <ul style="list-style-type: none"><li>3 months - Pulmozyme</li><li>2 years – Coly-Mycin M, Kalydeco</li></ul>

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ORKAMBI (lumacaftor/ivacaftor)  
PULMOZYME (dornase alfa)  
TOBI (tobramycin)  
TOBI PODHALER (tobramycin)  
tobramycin

- **6 years** – Bethkis, Kitabis, Orkambi 100/125mg,, TOBI, TOBI Podhaler
- **7 years** – Cayston
- **12 years** – Orkambi 200/125mg

## All Agents

- Documented diagnosis Cystic Fibrosis

## Kalydeco

- Requires 1 claim with Kalydeco in the past 105 days **OR**
- **NEW STARTS – MANUAL PA**
  - Diagnosis of CFTR mutation responsive to Kalydeco **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

- 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

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 1/01/2018

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	<p>SmartPA</p> <p>COSENTYX (secukinumab) ENBREL (etanercept) HUMIRA (adalimumab) methotrexate</p>	<p>ACTEMRA (tocilizumab) CIMZIA (certolizumab) ENTYVIO (vedolizumab) ILARIS (canakinumab) INFLECTRA (infliximab) <b>KEVZARA (sarilumab)</b> KINERET (anakinra) ORENCIA (abatacept) OTEZLA (apremilast) OTREXUP (methotrexate) RASUVO (methotrexate) REMICADE (infliximab) <b>RENFLEXIS (infliximab-abda)</b> RHEUMATREX (methotrexate) <b>SILIQ (brodalumab)</b> SIMPONI (golimumab) STELARA (ustekinumab) TALTZ (ixekizumab) <b>TREMFYA (guselkumab)</b> TREXALL (methotrexate) XELJANZ (tofacitinib) XELJANZ XR (tofacitinib)</p>	<p>Orencia IV Infusion, Remicade IV Infusion and Stelara (first dose) are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification.</p> <p><b>Cosentyx</b></p> <ul style="list-style-type: none"> <li>• <b>≥ 18 years</b> = Minimum Age</li> <li>• Documented diagnosis of plaque psoriasis, psoriatic arthritis or ankylosing spondylitis in the past 2 years <b>AND</b></li> <li>• 90 consecutive days of Humira in the past year</li> </ul>
	<p>SmartPA</p> <p>ERETHROPOIESIS STIMULATING PROTEINS</p> <p>ARANESP (darbepoetin) EPOGEN (rHuEPO) PROCRIT (rHuEPO)</p>	<p>MIRCERA (methoxy polyethylene glycol-epoetin-beta)</p>	<p><b>Mircera</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis chronic renal failure in the past 2 years <b>AND</b></li> <li>• Trial of a preferred agent in the past 6 months <b>OR</b></li> <li>• 1 claim for the requested agent in past 105 days</li> </ul>

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FIBROMYALGIA AGENTS			
	duloxetine LYRICA (pregabalin) SAVELLA (milnacipran)	CYMBALTA (duloxetine) <sup>SmartPA</sup>	<b>Cymbalta (see Antidepressant, Other)</b>  <b>Minimum Age Limit</b> – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder)
FLUOROQUINOLONES (Oral) <sup>SmartPA</sup>			
	ciprofloxacin tablets levofloxacin tablets	AVELOX (moxifloxacin) BAXDELA (delafloxacin) <sup>NR</sup> ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin suspension moxifloxacin NOROXIN (norfloxacin) ofloxacin	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>1 claim for a preferred agent in past 30 days</li> </ul> <b>Cipro Suspension for age &lt; 12 years</b> <ul style="list-style-type: none"> <li>Anthrax infection or exposure <b>OR</b></li> <li>Cystic Fibrosis <b>OR</b></li> <li>Pneumonic plague <b>OR</b> tularemia <b>AND</b> history of doxycycline in the past 3 months <b>OR</b></li> <li>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"> <li>Penicillin, 2nd or 3rd generation cephalosporin, or macrolide</li> </ul> </li> </ul> <b>Levaquin solution for age &lt; 12 years</b> <ul style="list-style-type: none"> <li>Anthrax infection or exposure <b>OR</b></li> <li>7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months <b>AND</b> <ul style="list-style-type: none"> <li>Penicillin, 2nd or 3rd generation cephalosporin, or macrolide</li> </ul> </li> <li>Cipro suspension in the past 3 months</li> </ul>

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GAUCHER'S DISEASE			
	ELELYSO (taliglucerase alfa) ZAVESCA (miglustat)	CERDELGA (eliglustat) CEREZYME (imiglucerase) VPRIV (velaglucerase alfa)	
GENITAL WARTS & ACTINIC KERATOSIS AGENTS			
	ALDARA (imiquimod) <sup>Age Edit</sup> CONDYLOX (podofilox) <sup>Age Edit</sup> podofilox <sup>Age Edit</sup>	CARAC (fluorouracil) diclofenac 3% gel imiquimod <sup>Age Edit</sup> EFUDEX (fluorouracil) fluorouracil 0.5% cream fluorouracil 5% cream PICATO (ingenol) <sup>Age Edit</sup> SOLARAZE (diclofenac) TOLAK (fluorouracil) VEREGEN (sinecatechins) <sup>Age Edit</sup> ZYCLARA (imiquimod) <sup>Age Edit</sup>	<b>Minimum Age Limit</b> • <b>12 years</b> – Aldara • <b>18 years</b> – Condylox, Picato, Veregen
GLUCOCORTICOIDS (Inhaled) <sup>SmartPA</sup>			
GLUCOCORTICOIDS			
	budesonide 0.25mg and 0.5mg PULMICORT (budesonide) Flexhaler	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ARMONAIR RESPICLICK (fluticasone) ARNUITY ELLIPTA (fluticasone) ASMANEX TWISTHALER (mometasone) <sup>#</sup> ASMANEX HFA (mometasone) budesonide 1mg FLOVENT Diskus (fluticasone) FLOVENT HFA (fluticasone) PULMICORT (budesonide) Respules <sup>#</sup> QVAR (beclomethasone dipropionate)* QVAR REDIHALER (beclomethasone dipropionate)	<b>Non-Preferred Criteria</b> • 90 consecutive days on the requested agent in the past 105 days <b>OR</b> • Have tried 1 preferred agent in the past 6 months  <b>Flovent HFA</b> – automatic approval for ages 0-6 years of age  <u>NOTE:</u> Institutional sized products are Non-Preferred  <b>ArmonAir</b> - <u><b>MANUAL PA</b></u>

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			<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"><li>• 90 consecutive days on the requested agent in the past 105 days <b>OR</b></li><li>• Have tried 2 different preferred agents in the past 6 months</li></ul> <b>AirDuo - <a href="#">MANUAL PA</a></b>
	<b>GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS</b>		
	ADVAIR Diskus (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	AIRDUO Resplick (fluticasone/salmeterol) BREO ELLIPTA (fluticasone/vilanterol)	
<b>GI ULCER THERAPIES</b>			
	<b>H2 RECEPTOR ANTAGONISTS</b>		
	cimetidine famotidine tablet PEPCID (famotidine) ranitidine syrup ranitidine tablet ZANTAC (ranitidine)	AXID (nizatidine) famotidine suspension nizatidine ranitidine capsule	
	<b>PROTON PUMP INHIBITORS</b>		
	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	
	<b>OTHER</b>		

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	CARAFATE SUSPENSION (sucralfate) misoprostol sucralfate tablet	CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) sucralfate suspension	
<b>GROWTH HORMONE</b> SmartPA			
	NORDITROPIN (somatropin) NUTROPIN AQ (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin) ZOMACTON (somatropin)	<p><b>All Agents for Age &gt; 18 years</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome or an approvable indication <b>OR</b></li> <li>Documented procedure of cranial irradiation</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 1 preferred agent in the past 6 months <b>OR</b></li> <li>84 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>H. PYLORI COMBINATION TREATMENTS</b>			
	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)	OMECLAMOX (omeprazole, clarithromycin, amoxicillin) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	<p><b>Quantity Limit</b></p> <ul style="list-style-type: none"> <li>1 treatment course/year</li> </ul>
<b>HEPATITIS B TREATMENTS</b>			
	entecavir EPIVIR HBV SOLUTION (lamivudine) lamivudine HBV VIREAD (tenofovir disoproxil fumarate)	adefovir dipivoxil BARACLUDE (entecavir) EPIVIR HBV TABLET (lamivudine) HEPSERA (adefovir dipivoxil) tenofovir disoproxil fumarate TYZEKA (telbivudine) VEMLIDY (tenofovir alafenamide fumarate)	

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HEPATITIS C TREATMENTS			
	EPCLUSA (sofosbuvir/velpatasvir) ∞ <b>MAVYRET (glecaprevir/pibrentasvir)∞</b> PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets ZEPATIER (elbasvir/grazoprevir)∞	DAKLINZA (daclatasvir) ∞ <b>HARVONI (ledipasvir/sofosbuvir)∞</b> OLYSIO (simeprevir)∞ REBETOL (ribavirin) RIBAPAK DOSEPACK (ribavirin) ribavirin capsules RIBASPHERE (ribavirin) <b>SOVALDI (sofosbuvir)∞</b> <b>TECHNIVIE (ombitasvir/paritaprevir/ritonavir) ∞</b> <b>VIEKIRA (ombitasvir/paritaprevir/ritonavir)∞</b> <b>VIEKIRA XR (ombitasvir/paritaprevir/ritonavir)∞</b> <b>VOSEVI (sofosbuvir/velpatasvir/voxilaprevir)∞</b>	∞ <b>Daklinza, Epclusa, Harvoni, Mavyret, Olysio, Sovaldi, Technivie, Viekira, Vosevi, Zepatier – <a href="#">MANUAL PA</a></b>
HEREDITARY ANGIOEDEMA			
	BERINERT (C1 esterase inhibitor)	CINRYZE VIAL (C1 esterase inhibitor) FIRAZYR SYRINGE (icatibant acetate) <b>HAEGARDA (C1 esterase inhibitor)</b> KALBITOR VIAL (ecallantide) RUCONEST VIAL (C1 esterase inhibitor, recombinant)	
HYPERURICEMIA & GOUT <small>SmartPA</small>			
	allopurinol <b>colchicine capsule</b> probenecid probenecid/colchicine	colchicine tablet COLCRYS (colchicine) <b>DUZALLO (lesinurad/allopurinol)<sup>NR</sup></b> <b>MITIGARE (colchicine)</b> ULORIC (febuxostat) ZURAMPIC (lesinurad) ZYLOPRIM (allopurinol)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul> <b>Zurampic Criteria</b> <ul style="list-style-type: none"> <li>Have tried a xanthine oxidase inhibitor in the past 6 months <b>AND</b></li> <li>Concurrent use with a xanthine</li> </ul>

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			oxidase inhibitor per PI
<b>HYPOGLYCEMICS, BIGUANIDES</b> <small>SmartPA</small>			
	metformin HCL tablet metformin HCL ER 24HR tablet	FORTAMET ER glucophage glucophage XR GLUMETZA (metformin) metformin 24HR (generic Fortamet) metformin 24 HR(generic Glumetza) RIOMET SOLUTION* (metformin)	<p><b>MANUAL PA</b></p> <ul style="list-style-type: none"> <li>Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> <li>Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days</li> <li>Combination agents count as 2 classes</li> </ul> </li> </ul> <p><b>Riomet Solution</b></p> <ul style="list-style-type: none"> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>HYPOGLYCEMICS, DPP4s and COMBINATON</b> <small>SmartPA</small>			
	JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) TRADJENTA (linagliptin)	alogliptin <sup>NR</sup> alogliptin/metformin <sup>NR</sup> alogliptin/pioglitazone <sup>NR</sup> <b>JENTADUETO XR (linagliptin/metformin)</b> KAZANO (alogliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin)* NESINA (alogliptin) ONGLYZA (saxagliptin) * OSENi (alogliptin/pioglitazone)	<p><b>MANUAL PA</b></p> <ul style="list-style-type: none"> <li>Required with concomitant use of GLP-1 product in the past 30 days <b>OR</b></li> <li>Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> <li>Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days</li> <li>Combination agents count as 2 classes</li> </ul> </li> </ul> <p><b>Kombiglyze XR and Onglyza Criteria</b></p> <ul style="list-style-type: none"> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>

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HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS <small>SmartPA</small>			
	BYDUREON (exenatide) VICTOZA (liraglutide)	ADLYXIN (lixisenatide) BYDUREON BCISE (exenatide) <sup>NR</sup> BYETTA (exenatide) SOLIQUA (insulin glargine/lixisenatide) SYMLIN (pramlintide) TANZEUM (albiglutide)* TRULICITY (dulaglutide) XULTOPHY (insulin degludec/ liraglutide)	<p><b>MANUAL PA</b></p> <ul style="list-style-type: none"> <li>Required with concomitant use of DPP-4 product in the past 30 days</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Addition of a fourth concurrent oral agent in a different drug class               <ul style="list-style-type: none"> <li>Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days</li> <li>Combination agents count as 2 classes</li> </ul> </li> </ul> <p><b>Symlin is excluded from all criteria</b></p> <p><b>Tanzeum Criteria</b></p> <ul style="list-style-type: none"> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
HYPOGLYCEMICS, INSULINS AND RELATED AGENTS <small>SmartPA</small>			
	HUMALOG VIAL (insulin lispro) HUMALOG MIX VIAL (insulin lispro/ lispro protamine) HUMULIN VIAL (insulin) LANTUS SOLOSTAR & VIAL (insulin glargine) LEVEMIR FLEXPEN & VIAL (insulin detemir) NOVOLOG FLEXPEN & VIAL (insulin aspart) NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine)	AFREZZA (insulin) APIDRA (insulin glulisine) BASAGLAR (insulin glargine) <b>HUMALOG JR (insulin lispro)</b> HUMALOG KWIKPEN (insulin lispro) HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine) HUMULIN KWIKPEN (insulin) NOVOLIN FLEXPEN (insulin) NOVOLIN VIAL (insulin)	<p>Insulin pen formulations are not covered for Long Term Care (LTC) beneficiaries.</p> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of Diabetes Mellitus <b>AND</b></li> <li>Have tried 1 preferred product in the past 6 months</li> </ul>

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		TOUJEO (insulin glargine) TRESIBA (insulin degludec)	
<b>HYPOGLYCEMICS, MEGLITINIDES</b> SmartPA			
	nateglinide repaglinide	PRANDIMET (repaglinide/metformin) PRANDIN (repaglinide) repaglinide/metformin STARLIX (nateglinide)	<b>MANUAL PA</b> <ul style="list-style-type: none"> <li>Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> <li>Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days</li> <li>Combination agents count as 2 classes</li> </ul> </li> </ul>
<b>HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS</b> SmartPA			
	<b>HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS</b>		
	FARXIGA (dapagliflozin) JARDIANCE (empagliflozin)	INVOKANA (canagliflozin)	<b>MANUAL PA</b> <ul style="list-style-type: none"> <li>Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> <li>Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days</li> <li>Combination agents count as 2 classes</li> </ul> </li> </ul>
	<b>HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS</b>		
	SYNJARDY (empagliflozin/meformin)	GLYXAMBI (empagliflozin/linagliptin) INVOKAMET (canagliflozin/metformin) INVOKAMET XR (canagliflozin/metformin) QTERN (dapagliflozin/saxagliptin) <sup>NR</sup> SYNJARDY XR (empagliflozin/meformin) XIGDUO XR (dapagliflozin/metformin)	

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HYPOGLYCEMICS, TZDS			
		THIAZOLIDINEDIONES	<a href="#">MANUAL PA</a> <ul style="list-style-type: none"> <li>• Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> <li>◦ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days</li> <li>◦ Combination agents count as 2 classes</li> </ul> </li> </ul>
	pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	
		TZD COMBINATIONS	
	pioglitazone/metformin	ACTOPLUS MET (pioglitazone/metformin) ACTOPLUSMET XR (pioglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) AVANDAMET (rosiglitazone/metformin) DUETACT (pioglitazone/glimepiride)	
IDIOPATHIC PULMONARY FIBROSIS <small>SmartPA</small>			
	ESBRIET (pirfenidone) OFEV (nintedanib)		<b>All Agents</b> <ul style="list-style-type: none"> <li>• Documented diagnosis Idiopathic Pulmonary Fibrosis</li> </ul> <b>Esbriet &amp; OFEV</b> <ul style="list-style-type: none"> <li>• No concurrent therapy with either agent</li> </ul>
IMMUNOSUPPRESSIVE (ORAL) <small>SmartPA</small>			
	AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine	ASTAGRAF XL (tacrolimus) ENVARUSUS XR (tacrolimus) HECORIA (tacrolimus) PROGRAF (tacrolimus)	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>• <b>13 years</b> - Rapamune</li> <li>• <b>18 years</b> - Zortress</li> </ul> <b>Astagraf, Cellcept, Envarsus XR,</b>

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	cyclosporine modified GENGRAF (cyclosporine) mycophenolate mofetil MYFORTIC (mycophenolic acid) NEORAL (cyclosporine) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) sirolimus tacrolimus ZORTRESS (everolimus)		<p><b>Hecoria, Prograf</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis for heart transplant, kidney transplant, liver transplant, or a State accepted diagnosis</li> </ul> <p><b>Azasan</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of kidney transplant, RA, or a State accepted diagnosis</li> </ul> <p><b>Gengraf, Neoral, Sandimmune</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA, or a State – accepted diagnosis <b>OR</b></li> <li>A <a href="#">MANUAL PA</a> review for a diagnosis of Kimura's disease or multifocal motor neuropathy</li> </ul> <p><b>Myfortic</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of kidney transplant or psoriasis</li> </ul> <p><b>Rapamune &amp; Zortress</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of kidney transplant</li> </ul>
<b>IMMUNE GLOBULINS</b>			
	CARIMUNE NF FLEBOGAMMA DIF GAMASTAN SD GAMMAGARD	BIVIGAM CUVITRU GAMMAGARD SD GAMMAPLEX	

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	GAMMAKED GAMUNEX-C HIZENTRA HYQVIA OCTAGAM	PRIVIGEN	
<b>INTRANASAL RHINITIS AGENTS</b>			
	<b>ANTICHOLINERGICS</b>		
	ipratropium	ATROVENT (ipratropium)	
	<b>ANTIHISTAMINES</b>		
	PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine olopatadine	
	<b>ANTIHISTAMINE/CORTICOSTEROID COMBINATION</b> SmartPA		
		DYMISTA (azelastine/fluticasone) TICALAST (azelastine/fluticasone) <sup>NR</sup>	
	<b>CORTICOSTEROIDS</b> 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) XHANCE (fluticasone) <sup>NR</sup>	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis for allergic rhinitis <b>AND</b></li> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul> <p><b>Budesonide</b> <u>Smart PA will be issued for pregnant women.</u></p> <ul style="list-style-type: none"> <li>A documented diagnosis of pregnancy <b>OR</b> a pregnancy indicator submitted on the pharmacy claim at Point of Sale</li> </ul>

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		ZETONNA (ciclesonide)	
<b>IRON CHELATING AGENTS</b>			
	FERRIPROX (deferiprone) EXJADE (deferasirox)	JADENU (deferasirox) JADENU SPRINKLES (deferasirox)	
<b>IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS</b> <small>SmartPA</small>			
	<b>IRRITABLE BOWEL SYNDROME CONSTIPATION</b>		
	AMITIZA (lubiprostone) LINZESS (linaclotide)	MOVANTIK (naloxegol) RELISTOR (methylnaltrexone) SYMPROIC (naldemedine) <sup>NR</sup> TRULANCE (plecanatide)	<p><b>Minimum Age Limit All Subclasses</b></p> <ul style="list-style-type: none"> <li>• <b>18 years</b> –except Bentyl, Levsin</li> </ul> <p><b>Gender Limits</b></p> <ul style="list-style-type: none"> <li>• <b>Female</b> - Amitiza 8mcg</li> </ul> <p><b>Chronic Idiopathic Constipation (CIC)</b></p> <p>AMITIZA 24MCG, LINZESS 72MCG, LINZESS 145 MCG, TRULANCE</p> <p><b>All CIC Agents:</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of CIC in the past year <b>AND</b></li> <li>• No history of GI or bowel obstruction</li> </ul> <p><b>Non Preferred CIC Agents</b></p> <ul style="list-style-type: none"> <li>• Above CIC criteria <b>AND</b></li> <li>• 30 days of therapy with 2 preferred agent in the past 6 months <b>OR</b></li> <li>• 1 claim with the same agent in the past 105 days</li> </ul> <p><b>Irritable Bowel Syndrome – Constipation Dominant (IBS-C)</b></p> <p>AMITIZA 8MCG, LINZESS 290 MCG</p>

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		<ul style="list-style-type: none"> <li>• Documented diagnosis of IBS-C in the past year <b>AND</b></li> <li>• No history of GI or bowel obstruction</li> </ul> <p><b>Opioid Induced Constipation (OIC)</b> AMITIZA 24MG, MOVANTIK, RELISTOR, SYMPROIC</p> <p><b>All OIC Agents:</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of OIC in the past year <b>AND</b></li> <li>• 1 claim for an opioid in the past 30 days <b>AND</b></li> <li>• No history of GI or bowel obstruction <b>AND</b></li> <li>• Documented diagnosis of chronic pain in the past year</li> </ul> <p><b>Non Preferred OIC Agents</b></p> <ul style="list-style-type: none"> <li>• Above OIC criteria <b>AND</b></li> <li>• 30 days of therapy with 1 preferred agent in the past 6 months <b>OR</b></li> <li>• 1 claim with the same agent in the past 105 days</li> </ul> <p><b>Relistor Injection</b></p> <ul style="list-style-type: none"> <li>• Above OIC criteria <b>AND</b></li> <li>• Documented diagnosis of active cancer in the past year <b>AND</b></li> <li>• Documented diagnosis of palliative care in the past 6 months</li> </ul>
	IRRITABLE BOWEL SYNDROME DIARRHEA	

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	dicyclomine hyoscyamine <b>VIBERZI (eluxadoline)</b>	alosetron BENTYL (dicyclomine) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LOTRONEX (alosetron)	<b>Viberzi</b> <ul style="list-style-type: none"> <li>Documented diagnosis of Irritable Bowel Syndrome – Diarrhea Dominant (IBS-D) in the past year</li> </ul> <b>Lotronex</b> <ul style="list-style-type: none"> <li>1 claim for the same agent in the past 105 days <b>OR</b></li> <li><b>MANUAL PA</b> - All new patients require manual review.</li> </ul> <b>Xifaxan - (see Antibiotics, GI)</b>
<b>SHORT BOWEL SYNDROME AND SELECTED GI AGENTS</b>			
		FULYZAQ (crofelemer) GATTEX (teduglutide) MYTESI (crofelemer) NUTRESTORE POWDER PACK (glutamine) XERMELO (telotristat ethyl) ZORBTIVE (somatropin)	<b>Carcinoid Syndrome Agent</b> <b>XERMELO</b> <ul style="list-style-type: none"> <li>Documented diagnosis of carcinoid syndrome in the past year <b>AND</b></li> <li>1 claim for a somatostatin analog in the past 30 days</li> </ul> <b>HIV/AIDS Non-infectious Diarrhea</b> <b>FULYZAQ, MYTESI</b> <ul style="list-style-type: none"> <li>Documented diagnosis of HIV/AIDS in the past year <b>AND</b></li> <li>Documented diagnosis of non-infectious diarrhea in the past year <b>AND</b></li> <li>1 claim for an antiretroviral in the past 30 days</li> </ul> <b>Short Bowel Syndrome (SBS)</b> <b>GATTEX, NUTRESTORE, ZORBTIVE</b>

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			<b>Gattex or Zorbive</b> <ul style="list-style-type: none"> <li>1 claim for the same agent in the past 105 days <b>OR</b></li> <li><b>MANUAL PA</b> - All new patients require manual review.</li> </ul> <b>Nutrestore - MANUAL PA</b>
<b>LEUKOTRIENE MODIFIERS</b> SmartPA			
	ACCOLATE (zafirlukast) montelukast granules montelukast tablets	SINGULAIR Tablets (montelukast) SINGULAR GRANULES (montelukast granules) ZYFLO CR (zileuton) zafirlukast zileuton	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li><b>12 years</b> – Zyflo &amp; Zyflo CR</li> </ul> <b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul>
<b>LIPOTROPICS, OTHER (Non-statins)</b> SmartPA			
<b>BILE ACID SEQUESTRANTS</b>			
	cholestyramine colestipol	COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)	<b>All Agents, All Sub-Classes both Preferred (exception is Zetia) and Non-Preferred</b> <ul style="list-style-type: none"> <li>90 consecutive days on the requested agent in the past 105 days <b>OR</b></li> <li>Have tried 1 statin or statin combination agent in the past year <b>OR</b></li> <li>One of the following exceptions:               <ul style="list-style-type: none"> <li>Welchol <b>AND</b> Type 2 diabetes <b>AND</b> 1 preferred oral antidiabetic agent in the past 180 days <b>OR</b></li> <li>Pregnant female <b>OR</b></li> <li>Documented diagnosis of liver disease <b>OR</b></li> </ul> </li> </ul>

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			<ul style="list-style-type: none"> <li>Documented diagnosis for hypertriglyceridemia <b>OR</b></li> <li>Clinical justification a statin or statin combination product cannot be used</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months</li> </ul>
<b>OMEGA-3 FATTY ACIDS</b>			
	LOVAZA (omega-3-acid ethyl esters)	VASCEPA (icosapent ethyl)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months</li> </ul>
<b>CHOLESTEROL ABSORPTION INHIBITORS</b>			
	ZETIA (ezetimibe)	ezetimibe	Zetia does not have to meet the trial of 1 statin or statin combination agent in the past year
<b>FIBRIC ACID DERIVATIVES</b>			
	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)	<p><b>Fibric Acid Derivative Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different fibric acid derivatives in the past 6 months</li> </ul>
<b>MTP INHIBITOR</b>			

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

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	VYTORIN (simvastatin/ezetimibe)	ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine) LIPTRUZET (atorvastatin/ezetimibe)	<ul style="list-style-type: none"> <li>Have tried 2 different preferred statin or statin combination agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>MISCELLANEOUS BRAND/GENERIC</b>			
	<b>CLONIDINE</b>		
	CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)	
	<b>EPINEPHRINE</b>		
	epinephrine autoinject pens (labeler 49502)	ADRENALICK (epinephrine) AUVI-Q (epinephrine) EPIPEN (epinephrine) EPIPEN JR (epinephrine)	<b>Quantity Limits</b> <ul style="list-style-type: none"> <li>2 kits/31 days</li> </ul>
	<b>MISCELLANEOUS</b>		
	alprazolam hydroxyzine hcl syrup hydroxyzine pamoate MAKENA (hydroxyprogesterone caproate) megestrol suspension 625mg/5mL	alprazolam ER <sup>SmartPA</sup> hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) VISTARIL (hydroxyzine pamoate)	<b>Alprazolam ER CUMULATIVE quantity limit</b> <ul style="list-style-type: none"> <li>31 tablets/31 days</li> <li><b>Exception</b> –previously stable on 2 tablets/day in the past 90 days</li> </ul> <b>Hydroxyzine hcl 10mg tablets</b> <ul style="list-style-type: none"> <li>6-12 years - <u>Smart PA will automatically be issued for this age range</u></li> </ul>
	<b>SUBLINGUAL ALLERGEN EXTRACT IMMUNOTHERAPY</b>		
		GRASTEK ORALAIR RAGWITEK	

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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			
		AUSTEDO (deutetrabenazine) <sup>SmartPA</sup> INGREZZA (valbenazine) tetrabenazine <sup>SmartPA</sup> XENAZINE (tetrabenazine) <sup>SmartPA</sup>	<b>Austedo:</b> <ul style="list-style-type: none"> <li>Documented diagnosis of Huntington's Chorea <b>AND</b></li> <li>30 days of therapy with brand Xenazine in the past 6 months</li> </ul> <b>tetrabenazine:</b> <ul style="list-style-type: none"> <li>Brand Xenazine is the preferred Non-Preferred agent</li> </ul> <b>Xenazine:</b> <ul style="list-style-type: none"> <li>Documented diagnosis of Huntington's Chorea</li> </ul>
MULTIPLE SCLEROSIS AGENTS <sup>SmartPA</sup>			
	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) OCREVUS (ocrelizumab) PLEGRIDY (interferon beta-1a) TECFIDERA (dimethyl fumarate) ZINBRYTA (daclizumab)	<b>All Agents</b> <ul style="list-style-type: none"> <li>Documented diagnosis of multiple sclerosis</li> </ul> <b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>3 claims with the requested agent in the last 105 days</li> </ul> <b>Ampyra – <u>MANUAL PA</u></b> <ul style="list-style-type: none"> <li><b>18 years</b> – minimum age limit <b>AND</b></li> </ul>

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

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	naproxen 250mg and 500mg piroxicam sulindac	indomethacin cap ER ketoprofen ER meclofenamate mefenamic acid NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) <b>naproxen 275mg and 550mg</b> NUPRIN (ibuprofen) oxaprozin PONSTEL (mefenamic acid) PROFENO (fenoprofen) <sup>NR</sup> SPRIX NASAL SPRAY (ketorolac) TIVORBEX (indomethacin) Tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac) ZORVOLEX (diclofenac)	
<b>NSAID/GI PROTECTANT COMBINATIONS</b>			
		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months</li> </ul>
<b>COX II SELECTIVE</b>			
	meloxicam	CELEBREX (celecoxib) celecoxib MOBIC (meloxicam) NULOX (meloxicam) VIVLODEX (meloxicam)	<b>Non-Preferred Criteria – COX II</b> <ul style="list-style-type: none"> <li>Documented diagnosis of Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or Ankylosing Spondylitis <b>AND</b></li> <li>90 consecutive days on the requested</li> </ul>

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		<ul style="list-style-type: none"> <li>agent in the past 105 days <b>OR</b></li> <li>Have tried 1 preferred COX-II Selective and 1 preferred Non-Selective Agent <b>OR</b></li> <li>Have tried 1 preferred COX-II Selective agent and a documented diagnosis of GI Bleed, GERD, PUD, GI Perforation, or Coagulation Disorder</li> </ul>
<b>OPHTHALMIC ANTIBIOTICS</b>		
bacitracin/neomycin/gramicidin bacitracin/polymyxin CILOXAN Ointment (ciprofloxacin) ciprofloxacin erythromycin gentamicin polymyxin/trimethoprim tobramycin <b>TOBREX ointment (tobramycin)</b> VIGAMOX (moxifloxacin)	AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) CILOXAN Solution (ciprofloxacin) GARAMYCIN (gentamicin) gatifloxacin levofloxacin MOXEZA (moxifloxacin) moxifloxacin <sup>NR</sup> NATACYN (natamycin) neomycin/bacitracin/polymyxin b NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin) (oxy-tcn/polymyx sul) OCUFLOX (ofloxacin) ofloxacin POLYTRIM (polymyxin/trimethoprim) sulfacetamide TOBREX drops (tobramycin) ZYMAR (gatifloxacin)	

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		ZYMAXID (gatifloxacin)	
<b>ANTIBIOTIC STEROID COMBINATIONS</b>			
	neomycin/polymyxin/dexamethasone PRED-G (gentamicin/prednisolone) sulfacetamide/prednisolone TOBRADEX SUSPENSION/OINTMENT (tobramycin/dexamethasone) <b>ZYLET (loteprednol/tobramycin)</b>	BLEPHAMIDE (sulfacetamide/prednisolone) gatifloxacin/prednisolone MAXITROL (neomycin/polymyxin/dexamethasone) neomycin/bacitracin/polymyxin/hc neomycin/polymyxin/gramicidin neomycin/polymyxin/hydrocortisone TOBRADEX ST SUSPENSION (tobramycin/dexamethasone) tobramycin/dexamethasone	
<b>OPHTHALMIC ANTI-INFLAMMATORIES</b> SmartPA			
	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)	<b>Non-Preferred Criteria</b> • Have tried 2 different preferred agents in the past 6 months
<b>OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS</b> SmartPA			
	cromolyn ketotifen OTC	ALAMAST (pemirolast) ALOCRIL (nedocromil)	<b>Non-Preferred Criteria</b> • Have tried 2 different preferred agents

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	olopatadine	ALOMIDE (lodoxamide) ALREX (loteprednol) azelastine BEPREVE (bepotastine) ELESTAT (epinastine) EMADINE (emedastine) epinastine LASTACRAFT (alcaftadine) OPTIVAR (azelastine) PATADAY (olopatadine) PATANOL (olopatadine) PAZEO (olopatadine)	in the past 6 months
<b>OPHTHALMIC, DRY EYE AGENTS</b>			
	RESTASIS droperette (cyclosporine)	RESTASIS Multidose (cyclosporine) XIIDRA (lifitegrast) <sup>Smart PA</sup>	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• 16 years – Restasis</li> <li>• 17 years – Xiidra</li> </ul> <p><b>Quantity Limits</b></p> <ul style="list-style-type: none"> <li>• 5.5 mL/31 days – Restasis Multidose</li> <li>• 60 units/31 days – Restasis droperette, Xiidra</li> </ul> <p><b>Xiidra Criteria:</b></p> <ul style="list-style-type: none"> <li>• History of 4 claims for Restasis in the past 6 months</li> </ul>
<b>OPHTHALMIC, GLAUCOMA AGENTS</b> <sup>SmartPA</sup>			
<b>BETA BLOCKERS</b>			
	betaxolol BETIMOL (timolol) carteolol	BETAGAN (levobunolol) BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• 2 different preferred agents in the past 6 months <b>OR</b></li> </ul>

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	ISTALOL (timolol) levobunolol metipranolol timolol solution	timolol gel TIMOPTIC (timolol)	• 90 consecutive days on the requested agent in the past 105 days
	CARBONIC ANHYDRASE INHIBITORS		
	AZOPT (brinzolamide) dorzolamide TRUSOPT (dorzolamide)		
	COMBINATION AGENTS		
	COMBIGAN (brimonidine/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine)	COSOPT (dorzolamide/timolol) COSOPT PF(dorzolamide/timolol)	
	PARASYMPATHOMIMETICS		
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)	
	PROSTAGLANDIN ANALOGS		
	latanoprost TRAVATAN Z (travoprost)	bimatoprost LUMIGAN (bimatoprost) RESCULA (unoprostone) travoprost XALATAN (latanoprost) VYZULTA (latanoprostene bunod) <sup>NR</sup> ZIOPTAN (tafluprost)	
	SYMPATHOMIMETICS		
	ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine)	dipivefrin PROPINE (dipivefrin)	

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	brimonidine		
OPIATE DEPENDENCE TREATMENTS			
	DEPENDENCE		
	naltrexone tablets SUBOXONE FILM (buprenorphine/naloxone) <sup>SmartPA</sup>	buprenorphine tablets buprenorphine/naloxone tablets BUNAVAIL (buprenorphine/naloxone) ZUBSOLV (buprenorphine/naloxone)	<p><b>Buprenorphine/Naloxone and buprenorphine:</b> <b>Suboxone</b></p> <ul style="list-style-type: none"> <li>Detailed buprenorphine/naloxone and buprenorphine criteria found <a href="#">here</a></li> </ul> <p><b>Non-Preferred Criteria:</b></p> <ul style="list-style-type: none"> <li>Bunavail is preferred over Zubsolv and other generic forms of buprenorphine/naloxone</li> </ul> <p><b>Bunavail</b> <i>NOTE: Bunavail is not indicated for induction therapy</i></p> <ul style="list-style-type: none"> <li>History of Suboxone therapy within the past 6 months <b>OR</b></li> <li>History of Bunavail therapy within the past 3 months <b>AND</b></li> <li>All other buprenorphine/naloxone criteria found <a href="#">here</a></li> </ul>
	TREATMENT		
	naloxone injection NARCAN NASAL SPRAY (naloxone)	EVZIO (naloxone)	

## OTIC ANTIBIOTICS

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	<b>CIPRO HC (ciprofloxacin/hydrocortisone)</b> <sup>Age Edit</sup> <b>CIPRODEX (ciprofloxacin/dexamethasone)</b> <sup>Age Edit</sup> <b>COLY-MYCIN S (colistin/neomycin/hydrocortisone)</b> neomycin/polymyxin/hydrocortisone <b>ofloxacin</b>	<b>ciprofloxacin</b> CORTISPORIN-TC (colistin/neomycin/hydrocortisone) DERMOTIC (fluocinolone) OTOVEL (ciprofloxacin/fluocinolone)	<b>Maximum Age Limit</b> • <b>9 years</b> - Cipro HC • <b>15 years</b> - Ciprodex
<b>PANCREATIC ENZYMES</b> <sup>SmartPA</sup>			
	CREON (pancreatin) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) <b>pancrelipase</b> PERTZYE (pancrelipase) ULTRESA (pancrelipase) VIOKACE (pancrelipase)	<b>Non-Preferred Criteria</b> • Have tried 2 different preferred agents in the past 6 months
<b>PARATHYROID AGENTS</b>			
	calcitriol ergocalciferol paricalcitol	doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone) RAYALDEE (calcifediol) ROCALTROL (calcitriol) SENSIPAR (cinacalcet) <b>ZEMPLAR (paricalcitol)</b>	
<b>PHOSPHATE BINDERS</b>			
	calcium acetate ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) RENAGEL (sevelamer HCl)	AURYXIA (ferric citrate) FOSRENOL (lanthanum) lanthanum PHOSLO (calcium acetate) RENVELA (sevelamer carbonate) sevelamer carbonate VELPHORO (sucroferric oxyhydrionide)	

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PLATELET AGGREGATION INHIBITORS <small>SmartPA</small>			
	AGGRENOLX (dipyridamole/aspirin) BRILINTA (ticagrelor) cilostazol clopidogrel dipyridamole EFFIENT (prasugrel) pentoxifylline	DURLAZA (aspirin) PERSANTINE (dipyridamole) PLAVIX (clopidogrel) prasugrel PLETAL (cilostazol) ticlopidine ZONTIVITY (vorapaxar) <small>Clinical Edit</small>	<b>Zontivity – MANUAL PA</b> <ul style="list-style-type: none"> <li>Documented diagnosis of myocardial infarction or peripheral artery disease <b>AND</b></li> <li>No diagnosis of stroke, transient ischemic attack or intracranial hemorrhage <b>AND</b></li> <li>Concurrent therapy with aspirin and/or clopidogrel</li> </ul> <b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Documented diagnosis <b>AND</b></li> <li>Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
PRENATAL VITAMINS			
	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 CITRANATAL 90 DHA PACK CITRANATAL ASSURE COMBO PACK CITRANATAL B-CALM PACK CITRANATAL DHA PACK CITRANATAL HARMONY Capsule CITRANATAL RX Tablet COMPLETE NATAL DHA COMPLETENATE Tablet CHEW CONCEPT OB Capsule CORENATE-DHA COMBO PACK DUET DHA BALANCED COMBO PACK DUET DHA BALANCED COMBO PACK	Products not listed here are assumed to be Non-Preferred.

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ED CYTE F Tablet  
FOLCAL DHA Capsule  
FOLCAPS OMEGA-3 Capsule  
FOLIVANE-EC CALCIUM DHA COMBO  
FOLIVANE-OB Capsule  
FOLIVANE-PRX DHA NF Capsule  
GESTICARE DHA COMBO PACK  
ICAR-C PLUS SR Capsule  
ICAR-C PLUS Tablet  
NATAFORT Tablet  
NATELLE ONE Capsule  
NESTABS DHA COMBO PACK  
NESTABS PRENATAL Tablet  
NEXA SELECT Capsule  
PNV-DHA SOFTGEL  
PNV-SELECT Tablet  
PAIRE OB PLUS DHA COMBO PACK  
PR NATAL 400 COMBO PACK  
PR NATAL 430 COMBO PACK  
PR NATAL 430 EC COMBO PACK  
PREFERA OB Tablet  
PREFERA-OB ONE SOFTGEL  
PREFERA-OB PLUS DHA COMBO PACK  
PREFERA-OB PLUS DHA COMBO PACK  
PREFERA-OB Tablet  
PRENATABS FA Tablet  
PRENATAL 19 Tablet  
PRENATAL PLUS IRON Tablet  
PRENATAL VITAMINS Tablet  
PRENATE DHA SOFTGEL  
PRENATE ELITE Tablet  
PRENATE ESSENTIAL SOFTGEL  
PRENATE PLUS Tablet  
PRENAVITE Tablet  
PRENEXA Capsule  
PREQUE 10 Tablet

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		RELNATE DHA PRENATAL SOFTGEL ROVIN-NV DHA Capsule ROVIN-NV Tablet SE-CARE CHEWABLE Tablet SELECT-OB + DHA PACK SELECT-OB CAPLET SE-NATAL 19 CHEWABLE Tablet SE-NATAL 19 Tablet SE-TAN DHA Capsule TARON-BC Tablet TARON-PREX PRENATAL DHA CAP	
<b>PSEUDOBULBAR AFFECT AGENTS</b>			
		NUEDEXTA (dextromethorphan/quinidine)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>90 consecutive days on the requested agent in the past 105 days <b>OR</b></li> <li>Documented diagnosis for Pseudobulbar Affect</li> </ul>
<b>PULMONARY ANTIHYPERTENSIVES</b> <sup>SmartPA</sup>			
<b>ENDOTHELIN RECEPTOR ANTAGONIST</b>			
	TRACLEER (bosentan)	<b>LETAIRIS (ambrisentan)*</b> OPSUMIT (macitentan)	<b>All PAH Agents – Preferred and Non-Preferred</b> <ul style="list-style-type: none"> <li>Documented diagnosis of pulmonary hypertension</li> </ul> <b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>PDE5's</b>			
	sildenafil	ADCIRCA (tadalafil)	<b>Non-Preferred Criteria</b>

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		REVATIO (sildenafil)	<ul style="list-style-type: none"> <li>Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul> <p><b>Revatio suspension or sildenafil 25mg, 50mg, or 100mg</b></p> <ul style="list-style-type: none"> <li><b>&lt; 12 years</b> of age <b>AND</b> documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation <b>OR</b> history of heart transplant <b>OR</b> 90 consecutive days on the requested agent in the past 105 days</li> </ul> <p><b>Revatio tablets</b></p> <ul style="list-style-type: none"> <li><b>&lt; 1 year</b> of age <b>AND</b> documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation <b>OR</b> 90 consecutive days on the requested agent in the past 105 days</li> <li><b>&gt; 18 years</b> of age <b>AND</b> Non-Preferred Criteria</li> </ul>
<b>PROSTACYCLINS</b>			
	ORENITRAM ER (treprostinil)	TYVASO (treprostinil) VENTAVIS (iloprost)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>SELECTIVE PROSTACYCLIN RECEPTOR AGONISTS</b>			
		UPTRAVI (selexipag)	<b>Non-Preferred Criteria</b>

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			<ul style="list-style-type: none"> <li>Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>SOLUBLE GUANYLATE CYCLASE STIMULATORS</b>			
		ADEMPAS (riociguat)	<b>Adempas</b> <ul style="list-style-type: none"> <li>Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days <b>OR</b></li> <li><a href="#">MANUAL PA</a> for PAH WHO Group 4</li> </ul>
<b>ROSACEA TREATMENTS</b>			
	metronidazole (cream, gel, lotion)	AVAR (sulfacetamide sodium/sulfur) FINACEA (azelaic acid) METROCREAM (metronidazole cream) METROGEL (metronidazole gel) METROLOTION (metronidazole lotion) MIRVASO (brimonidine) NORITATE (metronidazole) OVACE (sulfacetamide sodium) RHOFADE (oxymetazoline HCl) ROSULA (sodium sulfacetamide/sulfur) sodium sulfacetamide/sulfur (cleanser, pads, suspension) SOOLANTRA (ivermectin) SUMADAN(sodium sulfacetamide/sulfur wash) SUMAXIN(sodium sulfacetamide/sulfur pads) SUMAXIN TS(sodium sulfacetamide/sulfur suspension)	Topical Sulfonamides used for Rosacea will require a manual PA for $\geq 21$ years. Other labeled indications are limited to $< 21$ years.

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## SEDATIVE HYPNOTICS

BENZODIAZEPINES <small>SmartPA</small>			
	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.  <b>Quantity Limits – CUMULATIVE</b> 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> • <b>31 units/31 days</b> - all strengths  <b>Triazolam – CUMULATIVE</b> Quantity limit per rolling days for all strengths • <b>10 units/31 days</b> • <b>60 units/365 days</b>
OTHERS <small>SmartPA</small>			
	zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (sovorexant) EDLUAR (zolpidem) eszopiclone HETLIOZ (tasimelteon) INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER zolpidem SL <sup>NR</sup> ZOLPIMIST (zolpidem)	<b>Quantity Limits – CUMULATIVE</b> 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> • <b>31 units/31 days</b> • <b>1 canister/31 days</b> – Zolpimist & male • <b>1 canister/62 days</b> – Zolpimist & female  <b>Gender and Dose Limits for zolpidem</b> • <b>Female</b> - Ambien 5mg, Ambien CR 6.25mg, Intermezzo 1.75 mg • <b>Male</b> – all zolpidem strengths

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			<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul> <b>Hetlioz</b> <ul style="list-style-type: none"> <li>Circadian rhythm sleep disorder <b>AND</b></li> <li>Diagnosis indicating total blindness of the patient</li> </ul>
<b>SELECT CONTRACEPTIVE PRODUCTS</b>			
	<b>INJECTABLE CONTRACEPTIVES</b>		
	medroxyprogesterone acetate IM	DEPO-PROVERA IM (medroxyprogesterone acetate) DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)	
	<b>ORAL CONTRACEPTIVES</b> <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) 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)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>1 claim with the requested agent in the past 105 days</li> </ul>

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		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)	
<b>SKELETAL MUSCLE RELAXANTS</b> <small>SmartPA</small>			
	baclofen chlorzoxazone cyclobenzaprine 5mg, 10mg methocarbamol tizanidine tablets	AMRIX (cyclobenzaprine ER) carisoprodol carisoprodol compound cyclobenzaprine 7.5mg, 15mg cyclobenzaprine ER dantrolene FEXMID (cyclobenzaprine) LORZONE (chlorzoxazone) metaxalone orphenadrine orphenadrine compound PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol)	<p><b>Non-Preferred Agents</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis for an approvable indication <b>AND</b></li> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul> <p><b>Carisoprodol</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of acute musculoskeletal condition <b>AND</b></li> <li>• NO history with meprobamate in the past 90 days <b>AND</b></li> <li>• 1 claim for cyclobenzaprine in the past 21 days <b>OR</b> a documented intolerance to cyclobenzaprine <b>AND</b></li> </ul>

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		SKELAXIN (metaxalone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)	<ul style="list-style-type: none"> <li>• <b>Quantity Limits</b> <ul style="list-style-type: none"> <li>○ 18 tablets - to allow tapering off</li> <li>○ 84 tablets/6 months</li> </ul> </li> </ul>
<b>SMOKING DETERRENT</b>			
	<b>NICOTINE TYPE</b>		
	nicotine gum nicotine lozenge nicotine patch	NICODERM CQ PATCH NICORETTE LOZENGE NICORETTE GUM NICOTROL INHALER NICOTROL NASAL SPRAY	
	<b>NON-NICOTINE TYPE</b>		
	bupropion ER CHANTIX (varenicline)	ZYBAN (bupropion)	<ul style="list-style-type: none"> <li>• <b>Minimum Age Limit - Chantix</b></li> <li>• 18 years</li> <li>• <b>Quantity Limits</b> <ul style="list-style-type: none"> <li>• Chantix 0.5 mg, 1mg tablets and continuing pack – 336 tablets/year</li> <li>• Chantix Starter – 2 treatment courses/year</li> </ul> </li> </ul>
<b>STEROIDS (Topical) <small>SmartPA</small></b>			
	<b>LOW POTENCY</b>		
	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)	<ul style="list-style-type: none"> <li>• <b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred low potency agents in the past 6 months</li> </ul> </li> </ul>

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MEDIUM POTENCY			
	fluocinolone hydrocortisone mometasone cr, oint. prednicarbate cr PANDEL (hydrocortisone probutate)	betamethasone valerate foam CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate) ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint SYNALAR (fluocinolone)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred medium potency agents in the past 6 months</li> </ul>
HIGH POTENCY			
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. CAPEX (fluocinolone) fluocinolone triamcinolone	amcinonide oint betameth diprop/prop gly cr, lot, oint betamethasone dipropionate oint. BETA-VAL (betamethasone valerate) desoximetasone diflorasone DIPROLENE AF (betamethasone diprop/prop gly) ELOCON (mometasone) fluocinonide HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) SERNIVO (betamethasone dipropionate) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred high potency agents in the past 6 months</li> </ul>
VERY HIGH POTENCY			

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	<p>CLOBEX (clobetasol) clobetasol shampoo clobetasol propionate cream clobetasol propionate ointment halobetasol cream halobetasol ointment</p>	<p>clobetasol emollient clobetasol propionate foam, gel, sol DIPROLENE (betamethasone diprop/prop gly) HALONATE (halobetasol/ammonium lactate) HALAC (halobetasol/ammonium lac) TEMOVATE Cream (clobetasol propionate) TEMOVATE Ointment (clobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) ULTRAVATE Cream, Lotion (halobetasol) ULTRAVATE Ointment (halobetasol)</p>	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred very high potency agents in the past 6 months</li> </ul>
<b>STIMULANTS AND RELATED AGENTS</b> <small>SmartPA</small>			
<b>SHORT-ACTING</b>			
	<p>amphetamine salt combination dexamethylphenidate IR FOCALIN (dexamethylphenidate) METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR PROCENTRA (dextroamphetamine)</p>	<p>ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) dextroamphetamine IR dextroamphetamine solution EVEKEO (amphetamine) methamphetamine methylphenidate chewable methylphenidate solution ZENZEDI (dextroamphetamine)</p>	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li><b>3 years</b> - Adderall, Evekeo, Procentra, Zenzedi</li> <li><b>6 years</b> – Desoxyn, Focalin, Methylin</li> </ul> <p><b>Maximum Age Limit</b></p> <ul style="list-style-type: none"> <li><b>21 years</b> – diagnosis of ADD/ADHD is required</li> </ul> <p><b>Quantity Limits</b></p> <p>Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> <li><b>62 tablets/31 days</b> –Adderall, Desoxyn, Evekeo, Methylin, Zenzedi</li> <li><b>310 mL/31 days</b> – Methylin solution, Procentra</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred Short</li> </ul>

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# MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

**EFFECTIVE 1/01/2018**

**Version 2018.10a**

**Updated: 2-02-2018**

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		Acting agents in the past 6 months <b>OR</b> • 1 claim for a 30 day supply with the requested agent in the past 105 days
	<b>LONG-ACTING</b>	
amphetamine salt combination ER <b>APTENSIO XR (methylphenidate)</b> <b>armodafinil</b> FOCALIN XR (dexamethylphenidate) <b>methylphenidate CD (generic Metadate CD)</b> methylphenidate ER (generic Concerta) <b>modafinil</b> QUILLICHEW (methylphenidate) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine) VYVANSE CHEWABLE(lisdexamfetamine)	ADDERALL XR (amphetamine salt combination) <b>ADZENYS XR ODT (amphetamine)#</b> CONCERTA (methylphenidate) COTEMPLA XR-ODT (methylphenidate) <sup>NR</sup> <b>DAYTRANA (methylphenidate)#</b> DEXEDRINE (dextroamphetamine) dexamethylphenidate ER dextroamphetamine ER DYANAVEL XR (amphetamine) methylphenidate ER Caps (generic Ritalin LA) methylphenidate ER Tabs (generic Ritalin SR) <b>MYDAYIS (amphetamine salt combination)</b> NUVIGIL (armodafinil) <b>PROVIGIL (modafinil)</b> RITALIN LA (methylphenidate) RITALIN SR (methylphenidate)	<b>Minimum Age Limit</b> • <b>6 years</b> – Adderall XR, Adzenys XR ODT, Aptensio XR, Concerta, Cotempla XR ODT, Daytrana, Dexedrine, Dyanavel XR Focalin XR, Metadate, CD, methylphenidate ER 72mg, Quillichew, Quillivant XR, Ritalin LA, Vyvanse • <b>13 years</b> – Mydayis • <b>16 years</b> – Provigil • <b>18 years</b> – Nuvigil  <b>Maximum Age Limit</b> • <b>18 years</b> – Cotempla XR ODT • <b>21 years</b> – diagnosis of ADD/ADHD is required  <b>Quantity Limits</b> Applicable <u>quantity limit</u> per rolling days • <b>31 tablets/31 days</b> – Adderall XR, Adzenys XT ODT, Aptensio XR, Concerta 18, 27, & 54 mg, Daytrana, Dexedrine Spansule, Focalin XR, Metadate CD, Methylin ER, methylphenidate ER 72mg, Nuvigil 150 & 200 mg, Provigil 200mg, Quillichew, Ritalin LA & SR, Vyvanse • <b>46.5 tablets/31 days</b> – Provigil 100

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		KAPVAY (clonidine extended-release) <b>STRATTERA (atomoxetine)</b>	<p><b>Maximum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>18 years</b> – Intuniv, Kapvay</li> <li>• <b>21 years</b> – diagnosis of ADD/ADHD is required</li> </ul> <p><b>Quantity Limits</b></p> <p>Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> <li>• <b>31 tablets/31 days</b> – Intuniv, Strattera</li> <li>• <b>124 tablets/31 days</b> – Kapvay</li> </ul> <p><b>Guanfacine ER</b></p> <ul style="list-style-type: none"> <li>• Have tried the short acting product in the past 6 months</li> <li>• 1 claim for a 30 day supply with guanfacine ER in the past 105 days</li> </ul> <p><b>Kapvay &amp; Intuniv</b></p> <ul style="list-style-type: none"> <li>• Diagnosis for ADD or ADHD <b>AND</b></li> <li>• Have tried 1 Short or Long Acting stimulant in the past 6 months <b>OR</b></li> <li>• Have tried 1 preferred Non-Stimulant in the past 6 months <b>OR</b></li> <li>• Have tried the short acting product in the past 6 months</li> </ul>
<b>TETRACYCLINES</b> SmartPA			
	doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR tetracycline	ACTICLATE (doxycycline) ADOXA (doxycycline monohydrate) demeclocycline doxycycline monohydrate caps (75mg & 150mg) doxycycline monohydrate tabs DYNACIN (minocycline)	<p><b>Non-Preferred Agents</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul> <p><b>Demeclocycline</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Diabetes Insipidus or SIADH will allow</li> </ul>

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		minocycline ER minocycline tabs OKEBO (doxycycline) <sup>NR</sup> ORACEA (doxycycline) SOLODYN (minocycline) TARGADOX (doxycycline) <sup>NR</sup> VIBRAMYCIN cap/susp/syrup XIMINO (minocycline) <sup>NR</sup>	automatic approval.
<b>ULCERATIVE COLITIS and CROHN'S AGENTS</b> <sup>SmartPA</sup> *See Cytokine & CAM Antagonists Class for additional agents			
<b>ORAL</b>			
	APRISO (mesalamine) balsalazide sulfasalazine	ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) budesonide EC COLAZAL (balsalazide) DELZICOL (mesalamine) DIPENTUM (olsalazine) ENTOCORT EC (budesonide) GIAZO (balsalazide) LIALDA (mesalamine) mesalamine tablet <b>PENTASA 250mg (mesalamine)</b> PENTASA 500mg (mesalamine) UCERIS (budesonide)	<b>Gender Limits</b> • <b>Male</b> - Giazio  <b>Non-Preferred Criteria</b> • 90 consecutive days on the requested agent in the past 105 days <b>OR</b> • Documented diagnosis for Ulcerative Colitis <b>AND</b> • 2 different preferred agents in the past 6 months
<b>RECTAL</b>			
	CANASA (mesalamine) mesalamine	SFROWASA (mesalamine) UCERIS Foam (budesonide)	

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