

MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 7/01/2018

Version 2018.5i

Updated: 08-17-2018

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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) CLINDAMYCIN PAC (clindamycin) CLINDAGEL (clindamycin) clindamycin foam dapsone ERY (erythromycin) ERYGEL (erythromycin) EVOCLIN (clindamycin) KLARON (sulfacetamide) sulfacetamide	
	RETINOIDS		
	RETIN-A (tretinoin) tretinoin cream	adapalene ATRALIN (tretinoin) AVITA (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)	

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		BENZACLIN GEL (benzoyl peroxide/clindamycin) 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) NEUAC (benzoyl peroxide/clindamycin) ONEXTON (benzoyl peroxide/clindamycin) PRASCION (sulfacetamide sodium/sulfur) ROSANIL (sulfacetamide sodium/sulfur) SE BPO (benzoyl peroxide) sodium sulfacetamide/sulfur lotion/suspension/cleanser/pads sodium sulfacetamide/sulfur/meratan sulfacetamide sodium/sulfur/urea VELTIN (clindamycin/tretinoin) ZENCIA WASH (sulfacetamide sodium/sulfur) ZIANA (clindamycin/tretinoin)	
	KERATOLYTICS (BENZOYL PEROXIDES)		
	benzoyl peroxide	BPO (benzoyl peroxide) INOVA (benzoyl peroxide) LAVOCLEN (benzoyl peroxide)	
	ISOTRETINOIN		
	AMNESTEEM (isotretinoin) CLARAVIS (isotretinoin) MYORISAN(isotretinoin) ZENATANE (isotretinoin)	ABSORICA (isotretinoin) isotretinoin	
ALPHA-1 PROTEINASE INHIBITORS			
	ARALAST (alpha-1 proteinase inhibitor) GLASSIA (alpha-1 proteinase inhibitor)		

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	PROLASTIN C (alpha-1 proteinase inhibitor) ZEMAIRA (alpha-1 proteinase inhibitor)		
ALZHEIMER'S AGENTS SmartPA			
	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	<p>All Agents</p> <ul style="list-style-type: none"> Documented diagnosis for both preferred and Non-Preferred <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months
	NMDA RECEPTOR ANTAGONIST		
	memantine	NAMENDA TABS (memantine) NAMENDA SOLUTION(memantine) NAMENDA XR (memantine) memantine XR	
	COMBINATION AGENTS		
		NAMZARIC (memantine/donepezil)	<p>Namzaric</p> <ul style="list-style-type: none"> Documented diagnosis AND 30 days of concurrent therapy with donepezil + memantine in the past 6 months
ANALGESICS, NARCOTIC - SHORT ACTING			
	acetaminophen/codeine codeine dihydrocodeine/ APAP/caffeine hydrocodone/APAP	ABSTRAL (fentanyl) ACTIQ (fentanyl) butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine	<p>Minimum Age Limit</p> <p>18 years – tramadol and codeine products</p>

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hydromorphone
meperidine
morphine
oxycodone capsules
oxycodone liquid
oxycodone tablets
oxycodone/APAP
oxycodone/aspirin
oxycodone/ibuprofen
pentazocine/APAP
tramadol
tramadol/APAP

butorphanol tartrate (nasal)
DEMEROL (meperidine)
DILAUDID (hydromorphone)
fentanyl
FENTORA (fentanyl)
FIORICET W/ CODEINE
(butorbital/APAP/caffeine/codeine)
FIORINAL W/ CODEINE
(butorbital/ASA/caffeine/codeine)
hydrocodone/ibuprofen
IBUDONE (hydrocodone/ibuprofen)
LAZANDA NASAL SPRAY (fentanyl)
levorphanol
LORCET (hydrocodone/APAP)
LORTAB (hydrocodone/APAP)
MAGNACET (oxycodone/APAP)
NORCO (hydrocodone/APAP)
NUCYNTA (tapentadol)
ONSOLIS (fentanyl)
OPANA (oxymorphone)
OXYCTA (oxycodone)
oxycodone tablets
pentazocine/naloxone
PERCOCET (oxycodone/APAP)
PERCODAN (oxycodone/ASA)
REPREXAIN (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)

Quantity Limits

Applicable quantity limit in 31 rolling days.

- **62 tablets** – butalbital/codeine combinations, codeine, dihydrocodeine combinations, fentanyl, hydromorphone, levorphanol, meperidine, morphine, oxycodone, oxycodone/ibuprofen, oxymorphone, pentazocine, tapentadol, tramadol
- **62 tablets CUMULATIVE** – hydrocodone combinations, oxycodone combinations
- **124 tablets** – butalbital/APAP 750
- **145 tablets** – butalbital/APAP 650
- **186 tablets** – butalbital/APAP 325, butalbital/ASA 325
- **5mL (2 x 2.5 bottles)** – butorphanol nasal
- **180 mL CUMULATIVE** – oxycodone liquids

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VICODIN (hydrocodone/APAP)
VICOPROFEN (hydrocodone/ibuprofen)
XODOL (hydrocodone/acetaminophen)
ZAMICET (hydrocodone/APAP)
ZOLVIT (hydrocodone/APAP)
ZYDONE (hydrocodone/acetaminophen)

ANALGESICS, NARCOTIC - LONG ACTING SmartPA

EMBEDA (morphine/naltrexone)
fentanyl patches
morphine ER tablets

ARYMO ER (morphine)
BELBUCA (buprenorphine)
buprenorphine patch
BUTRANS (buprenorphine)
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

Minimum Age Limit

- **18 years** – Xartemis XR, Zohydro ER, tramadol products

Quantity Limits

Applicable quantity limit per rolling days

- **31 tablets/31 days** - Conzip ER, Exalgo ER, Hysingla ER, Ryzolt, Ultram ER
- **62 tablets/31 days** – Arymo ER, Belbuca, Embeda, Kadian, methadone, Morphabond, morphine ER, Nucynta ER, Opana ER, oxycodone ER, Oxycontin, Xtampza ER, Zohydro ER
- **10 patches/31 days** – Duragesic
- **4 patches/31 days** – Butrans
- **40 tablets/10 days** – Xartemis XR

Non-Preferred Criteria

- Have tried 2 different preferred agents in the past 6 months **OR**
- Documented diagnosis of cancer **OR** Antineoplastic therapy **AND** 90

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ULTRAM ER (tramadol)
XARTEMIS XR (oxycodone/APAP)
XTAMPZA (oxycodone myristate)
ZOHYDRO ER (hydrocodone bitartrate)

consecutive days on the requested agent in the past 105 days

Xartemis XR –

- Have tried 2 different preferred agents in the past 30 days
- Maximum duration of therapy = 20 days per calendar year

ANALGESICS/ANESTHETICS (Topical)

VOLTAREN Gel (diclofenac sodium) ^{SmartPA}

capsaicin
DICLO GEL KIT(diclofenac sodium)
diclofenac sodium 1% gel
diclofenac sodium solution
FLECTOR (diclofenac epolamine) ^{SmartPA}
FROTEK (ketoprofen)
LIDAMANTLE HC (lidocaine/hydrocortisone)
LIDO TRANS PAK (lidocaine)
lidocaine
lidocaine/prilocaine
LIDODERM (lidocaine) ^{SmartPA}
LIDTOPIC MAX (lidocaine)
PENNSAID Solution (diclofenac sodium) ^{SmartPA}
xylocaine
SYNERA (lidocaine/tetracaine)
TRANZAREL (lidocaine)
XRYLIDERM (lidocaine)
ZOSTRIX (capsaicin)

Non-Preferred Criteria

- Have tried 1 preferred agent in the past 6 months

Lidoderm

- Documented diagnosis of Herpetic Neuralgia **OR**
- Documented diagnosis of Diabetic Neuropathy

ANDROGENIC AGENTS ^{SmartPA}

ANDRODERM (testosterone patch)

ANDROGEL (testosterone gel)

All Agents

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testosterone gel packets	ANDROXY (fluoxymesterone) ^{NR} AXIRON (testosterone gel) FORTESTSA (testosterone gel) NATESTO (testosterone) STRIANT (testosterone) TESTIM (testosterone gel) testosterone pump VOGELXO (testosterone)	<ul style="list-style-type: none"> Limited to male gender <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months
ANGIOTENSIN MODULATORS SmartPA		
ACE INHIBITORS		
benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril	ACCUPRIL (quinapril) ACEON (perindopril) ALTACE (ramipril) EPANED (enalapril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril perindopril PRINIVIL (lisinopril) QBRELIS (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> ≤ 6 years – Epaned <i>Smart PA will automatically be issued for this age</i> <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred <u>single entity</u> agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
ACE INHIBITOR COMBINATIONS		
benazepril/amlodipine benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ	ACCURETIC (quinapril/HCTZ) CAPOZIDE (captopril/HCTZ) LOTENSIN HCT (benazepril/HCTZ) LOTREL (benazepril/amlodipine) moexipril/HCTZ	<p>Non-Preferred Criteria</p> <p>ACE Inhibitor/CCB</p> <ul style="list-style-type: none"> Have tried 2 different preferred <u>ACEI/CCB</u> agents in the past 6 months OR 90 consecutive days on the requested

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	lisinopril/HCTZ quinapril/HCTZ trandolapril/verapamil	PRESTALIA (perindopril/amlodipine) PRINZIDE (lisinopril/HCTZ) TARKA (trandolapril/verapamil) UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	agent in the past 105 days ACE Inhibitor/Diuretic <ul style="list-style-type: none"> Have tried 2 different preferred <u>ACEI/Diuretic</u> agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)			
	irbesartan losartan MICARDIS (telmisartan) telmisartan valsartan	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) candesartan COZAAR (losartan) DIOVAN (valsartan) EDARBI (azilsartan) eprosartan olmesartan TEVETEN (eprosartan)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred <u>single entity</u> agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
ARB COMBINATIONS			
	ENTRESTO (valsartan/sacubitril) ^{Smart PA} 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) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) olmesartan/amlodipine	Entresto <ul style="list-style-type: none"> Age ≥ 18 years AND Documented diagnosis of heart failure Non-Preferred Criteria ARB/Beta Blocker, ARB/CCB or ARB/CCB/Diuretic <ul style="list-style-type: none"> Have tried 1 preferred <u>ARB/CCB</u> agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days

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		olmesartan/amlodipine/HCTZ olmesartan/HCTZ telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWINSTA (telmisartan/amlodipine)	ARB/Diuretic <ul style="list-style-type: none">Have tried 2 different preferred <u>ARB/Diuretic</u> products in the past 6 months OR90 consecutive days on the requested agent in the past 105 days
DIRECT RENIN INHIBITORS			
		TEKURNA (aliskiren)	Non-Preferred Criteria <ul style="list-style-type: none">Documented diagnosis of hypertension ANDHave tried 2 different preferred <u>ACEI or ARB single-entity</u> products in the past 6 months OR90 consecutive days on the requested agent in the past 105 days
DIRECT RENIN INHIBITOR COMBINATIONS			
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKURNA-HCT (aliskiren/hctz) VALTURN (aliskiren/valsartan)	Non-Preferred Criteria <ul style="list-style-type: none">Documented diagnosis of hypertension ANDHave tried 2 different preferred <u>ACEI or ARB diuretic agents</u> in the past 6 months OR90 consecutive days on the requested agent in the past 105 days
ANTIBIOTICS (GI)			
	metronidazole neomycin tinidazole	DIFICID (fidaxomicin) FLAGYL (metronidazole) FLAGYL ER (metronidazole) paromomycin SOLOSEC (secnidazole) TINDAMAX (tinidazole)	Xifaxan – <ul style="list-style-type: none">Documented diagnosis of Hepatic Encephalopathy ANDOne trial of Lactulose ORFailure or intolerance to lactulose ORHospital discharge on Xifaxan OR

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VANCOCIN (vancomycin)
vancomycin
XIFAXAN (rifaximin)

- One claim in the past 365 days

ANTIBIOTICS (MISCELLANEOUS)

KETOLIDES

KETEK (telithromycin)

LINCOSAMIDE ANTIBIOTICS

clindamycin capsules
clindamycin solution

CLEOCIN (clindamycin)
CLEOCIN SOLUTION (clindamycin)

MACROLIDES

azithromycin
clarithromycin ER
clarithromycin IR
E.E.S. Suspension 200 (erythromycin
ethylsuccinate)
ERY-TAB (erythromycin)
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)

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Oxazolidinones			
		SIVEXTRO (tedizolid) ZYVOX (linezolid)	Sivextro, Zyvox - MANUAL PA Quantity Limit • 6 tablets/month - Sivextro
ANTIBIOTICS (Topical)			
	bacitracin bacitracin/polymixin BACTROBAN cream (mupirocin) gentamicin sulfate mupirocin ointment	ALTABAX (retapamulin) BACTROBAN OINTMENT (mupirocin) CORTISPORIN (bacitracin/neomycin/ polymyxin/HC) mupirocin cream	
ANTIBIOTICS (VAGINAL)			
	CLEOCIN OVULES (clindamycin) clindamycin cream CLINDESSE (clindamycin) metronidazole vaginal VANDAZOLE (metronidazole)	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) METROGEL (metronidazole) NUVESSA (metronidazole)	
ANTICOAGULANTS <small>SmartPA</small>			
	ORAL		
	COUMADIN (warfarin) ELIQUIS (apixaban) PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban)	BEVYXXA (betrixaban) SAVAYSA (edoxaban tosylate)	DVT Prophylaxis - following hip replacement XARELTO 10MG, ELIQUIS, PRADAXA 110MG • 70 total days of therapy per calendar year • Documented diagnosis of hip replacement AND duration of therapy limited to 35 days

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			DVT Prophylaxis - following knee replacement XARELTO 10MG & ELIQUIS <ul style="list-style-type: none">70 total days of therapy per calendar yearDocumented diagnosis of knee replacement AND duration of therapy limited to 12 days Eliquis 5mg Starter Pack - ONLY approved for treatment of DVT/PE Non-Preferred Criteria <ul style="list-style-type: none">Have tried 2 different preferred agents in the past 6 months OR1 claim with the same agent in the past 90 days
	LOW MOLECULAR WEIGHT HEPARIN (LMWH)		
	enoxaparin	ARIXTRA (fondaparinux) fondaparinux FRAGMIN (dalteparin) LOVENOX (enoxaparin) Prefilled Syringe	LMWH – All Agents <ul style="list-style-type: none">LMWH therapy in the past 3 months AND<ul style="list-style-type: none">Documented diagnosis of cancer ORFemale and age 8 to 51 yearsORNO LMWH therapy in the past 3 months AND<ul style="list-style-type: none">Duration of therapy is < 17 days ORDocumented diagnosis of cancer ORFemale and age 8 to 51 years ORTotal hip/knee replacement or hip

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fracture surgery in the past 6 months **AND** duration of therapy < 35 days

LMWH Non-Preferred Criteria

- Have tried 1 different preferred agent in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days

ANTICONVULSANTS SmartPA

ADJUVANTS

carbamazepine
carbamazepine XR
DEPAKOTE ER (divalproex)
DEPAKOTE SPRINKLE (divalproex)
divalproex
divalproex ER
EPITOL (carbamazepine)
gabapentin
GABITRIL (tiagabine)
lamotrigine
levetiracetam
levetiracetam ER
oxcarbazepine
topiramate tablet
topiramate sprinkle capsule
TRILEPTAL Suspension (oxcarbazepine)
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)
KEPPRA (levetiracetam)
KEPPRA XR (levetiracetam)
LAMICTAL (lamotrigine)
LAMICTAL CHEWABLE (lamotrigine)
LAMICTAL XR (lamotrigine)
LAMICTAL ODT (lamotrigine)
lamotrigine ER/XR
lamotrigine ODT
NEURONTIN (gabapentin)
oxcarbazepine suspension
OXTELLAR XR (oxcarbazepine)
POTIGA (ezogabine)

Minimum Age Limit

- **1 year** - Banzel
- **2 years** – Onfi

Quantity Limit

- **3 Twin Packs/31 days** - Diastat

Non-Preferred Criteria

- Have tried 2 different preferred agents in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days **AND** documented diagnosis of seizure

Banzel/Onfi

- Documented diagnosis of Lennox-Gastaut **AND**
- Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days **AND** documented diagnosis of seizure

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		QUDEXY XR (topiramate) ROWEEPRA (levetiracetam) SABRIL (vigabatrin) SPRITAM (levetiracetam) STAVZOR (valproic acid) SUBVENITE (lamotrigine) ^{NR} TEGRETOL (carbamazepine) TEGRETOL XR (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate) topiramate ER (generic Qudexy XR) ^{Step Edit} TRILEPTAL Tablets (oxcarbazepine) TROKENDI XR (topiramate) vigabatrin ZONEGRAN (zonisamide)	Sabril Powder for Oral Solution <ul style="list-style-type: none"> Documented diagnosis of infantile spasms OR Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure Topiramate ER – Step Edit <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure OR 30 day trial with topiramate IR in the past 6 months
	SELECTED BENZODIAZEPINES		
	DIASTAT (diazepam rectal)	diazepam rectal gel ONFI (clobazam)	
	HYDANTOINS		
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
	SUCCINIMIDES		
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
ANTIDEPRESSANTS, OTHER ^{SmartPA}			
	bupropion	APLENZIN (bupropion HBr)	Minimum Age Limit

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	bupropion SR bupropion XL TRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules VIIBRYD (vilazodone)	desvenlafaxine DESYREL (trazodone) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion) 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)	<ul style="list-style-type: none"> • 18 years - all drugs • Cymbalta – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder) <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred <u>'Antidepressants, Other' Class</u> in the past 6 months OR • Have tried BOTH a preferred <u>'Antidepressant, SSRI' and 'Antidepressants, Other'</u> in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days <p>Cymbalta (see Fibromyalgia Agents)</p>
ANTIDEPRESSANTS, SSRIs <small>SmartPA</small>			
	citalopram escitalopram fluoxetine fluvoxamine paroxetine CR paroxetine IR sertraline	CELEXA (citalopram) fluoxetine DR fluvoxamine ER LEXAPRO (escitalopram) LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine suspension PAXIL CR (paroxetine) PAXIL SUSPENSION (paroxetine) PAXIL Tablets (paroxetine) PEXEVA (paroxetine)	<p>Minimum Age Limits</p> <ul style="list-style-type: none"> • 6 years - Zoloft • 7 years – Prozac • 8 years - Luvox • 12 years - Lexapro • 18 years – Celexa, Luvox CR, Paxil, Pexeva, Prozac 90 mg <p>Citalopram Criteria</p> <ul style="list-style-type: none"> • <18 years and 90 consecutive days on citalopram in the past 105 days OR

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		PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	<ul style="list-style-type: none"> < 60 years AND max daily dose ≤ 40 mg/day OR ≥ 60 years AND max daily dose ≤ 20 mg/day <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
ANTIEMETICS SmartPA			
	5HT3 RECEPTOR BLOCKERS		
	ondansetron ondansetron ODT ondansetron solution	ANZEMET (dolasetron) granisetron SANCUSO (granisetron) ZOFTRAN (ondansetron) ZOFTRAN ODT (ondansetron) ZUPLENZ (ondansetron)	<p>Quantity Limits</p> <ul style="list-style-type: none"> 4 tablets/28 days - Varubi 6 tablets/31 days – Akynzeo 30 tablets/31 days – Zofran tablets/ODT 100 ml/31 days – Zofran solution <p>Non-Preferred Agents</p> <ul style="list-style-type: none"> Have tried 1 preferred agent in the past 6 months <p>Injectables in this class closed to point of sale. PA required if not administered in clinic/hospital</p>
	ANTIEMETIC COMBINATIONS		
		AKYNZEO (netupitant/palonosetron) DICLEGIS (doxylamine/pyridoxine)	<p>Akynzeo -</p> <ul style="list-style-type: none"> Documented diagnosis of cancer OR Antineoplastic history AND Chemotherapy regimen includes use of a highly or moderately emetogenic chemotherapeutic agent AND

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			<ul style="list-style-type: none"> History of prior use of preferred combination antiemetic therapy AND Concurrent use of dexamethasone per PI
	CANNABINOIDS		
		CESAMET (nabilone) MARINOL (dronabinol) dronabinol SYNDROS (dronabinol)	
	NMDA RECEPTOR ANTAGONIST		
	EMEND (aprepitant)	aprepitant VARUBI (rolapitant)	Varubi - MANUAL PA <ul style="list-style-type: none"> Documented diagnosis of cancer OR Antineoplastic history AND Chemotherapy regimen includes use of a highly or moderately emetogenic chemotherapeutic agent AND History of prior use of preferred combination antiemetic therapy AND Concurrent use of dexamethasone and 5HT3 per PI
ANTIFUNGALS (Oral) SmartPA			
	clotrimazole fluconazole griseofulvin microsize suspension nystatin terbinafine	ANCOBON (flucytosine) ^ CRESEMBA (isavuconazonium) DIFLUCAN (fluconazole) GRIFULVIN V (griseofulvin, microsize) griseofulvin microsize tablets griseofulvin ultramicrosize tablet GRIS-PEG (griseofulvin) itraconazole ^ ketoconazole LAMISIL (terbinafine)	Minimum Age Limit <ul style="list-style-type: none"> 4-12 years – Lamisil Granules <u>Smart PA will automatically be issued for this age range</u> 12-17 years – griseofulvin tablets <u>Smart PA will automatically be issued for this age range</u> Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months

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NOXAFIL (posaconazole) ^
ONMEL (itraconazole) ^
SPORANOX (itraconazole) ^
TERBINEX Kit (terbinafine/ciclopirox)
VFEND (voriconazole) ^
voriconazole ^

HIV opportunistic infection

- Non-Preferred agent indicated for treatment (^) **AND**
- Documented diagnosis of HIV

Cresamba - MANUAL PA

- Minimum age limit \geq 18 years **AND**
- Documented diagnosis of invasive aspergillosis **OR** invasive mucormycosis **AND**
- Prescriber is an oncologist/hematologist or infectious disease specialist

Sporanox

- HIV opportunistic infection criteria **OR**
- Documented diagnosis of a transplant **OR**
- History of an immunosuppressant in the past 6 months **OR**
- Have tried 2 different preferred agents in the past 6 months

ANTIFUNGALS (Topical) SmartPA

ANTIFUNGALS

ciclopirox cream/gel/solution/suspension
clotrimazole
ketoconazole shampoo
nystatin

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)

Non-Preferred Criteria

- Have tried 2 different preferred agents in the past 6 months

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		ketoconazole cream ketoconazole foam LAMISIL (terbinafine) solution LOPROX (ciclopirox) LUZU (luliconazole) MENTAX (butenafine) naftifine NAFTIN (naftifine) NIZORAL (ketoconazole) oxiconazole OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide)	
ANTIFUNGAL/STEROID COMBINATIONS			
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)	
ANTIFUNGALS (VAGINAL)			
	clotrimazole vaginal cream miconazole 1, 3 cream, 7cream, TERAZOL 3 Cream (terconazole) – currently unavailable from manufacturer terconazole tioconazole VAGISTAT 3 (miconazole) VAGISTAT 1 (tioconazole)	GYNAZOLE 1 (butoconazole) miconazole 3 vaginal suppository TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole)	
ANTIHISTAMINES, MINIMALLY SEDATING AND COMBINATIONS <small>SmartPA</small>			
MINIMALLY SEDATING ANTIHISTAMINES			

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	cetirizine loratadine	CLARINEX (desloratadine) levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	Non-Preferred Criteria <ul style="list-style-type: none">• Documented diagnosis of allergy or urticaria AND• Have tried 2 different preferred agents in the past 12 months
MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS			
	cetirizine/pseudoephedrine loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)	
ANTIMIGRAINE AGENTS, CALCITONIN GENE RELATED PEPTIDE INHIBITOR			
		AIMOVIG (erenumab) ^{NR}	
ANTIMIGRAINE AGENTS, TRIPTANS ^{SmartPA}			
	ORAL		
	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)	Minimum Age Limit – ALL FORMULATIONS <ul style="list-style-type: none">• 6 years – Maxalt• 12-17 years – Axert, Treximet, Zomig nasal spray <i>Smart PA will automatically be issued for this age range</i>• 18 years – Amerge, Frova, Imitrex, Onzetra Xsail, Relpax, Zembrace Symtouch, Zomig tablets Quantity Limit - ORAL <ul style="list-style-type: none">• 6 tablets/31 days - Axert, Relpax Zomig• 9 tablets/31 days - Amerge, Frova, Imitrex, Treximet

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			<ul style="list-style-type: none">• 12 tablets/31 days – Maxalt Non-Preferred Criteria - ORAL <ul style="list-style-type: none">• Have tried 2 preferred oral agents in the past 90 days
		NASAL	
	sumatriptan	IMITREX (sumatriptan) ONZETRA Xsail (sumatriptan) ZOMIG (zolmitriptan)	Quantity Limit - NASAL <ul style="list-style-type: none">• 1 box/31 days Non-Preferred Criteria - NASAL <ul style="list-style-type: none">• Have tried 2 preferred oral agents in the past 90 days AND• Have tried either a preferred nasal sumatriptan or injectable sumatriptan in the past 90 days
		INJECTABLES	
	sumatriptan	IMITREX (sumatriptan) SUMAVEL (sumatriptan) ZEMBACE (sumatriptan)	CUMULATIVE Quantity Limit - INJECTION 4 injections/31 days
		OTHER	
		ZECUITY PATCH (sumatriptan)	Quantity Limit <ul style="list-style-type: none">• 4 patches/31 days Zecuity <ul style="list-style-type: none">• Have tried 2 preferred agents (oral, nasal, or injectable) in the past 90 days
*ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS			
	AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib)	ALECENSA (alectinib) ALUNBRIG (brigatinib) CABOMETYX (cabozantinib s-malate)	Farydak - <u>MANUAL PA</u> <ul style="list-style-type: none">• Documented diagnosis of multiple

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COMETRIQ (cabozantinib)
COTELLIC (cobimetinib)
GILOTRIF (afatinib)
GLEEVEC (imatinib mesylate)
ICLUSIG (ponatinib)
IMBRUVICA (ibrutinib)
INLYTA (axitinib)
IRESSA (gefitinib)
JAKAFI (ruxolitinib)
MEKINIST (trametinib dimethyl sulfoxide)
NEXAVAR (sorafenib)
SPRYCEL (dasatinib)
STIVARGA (regorafenib)
SUTENT (sunitinib)
TAFINLAR (dabrafenib)
TARCEVA (erlotinib)
TASIGNA (nilotinib)
TYKERB (lapatinib ditosylate)
vandetanib
VOTRIENT (pazopanib)
XALKORI (crizotinib)
ZELBORAF (vemurafenib)
ZYDELIG (idelalisib)
ZYKADIA (ceritinib)

CALQUENCE (acalabrutinib)
ERLEADA (apalutamide)^{NR}
FARYDAK (panobinostat)
GLEOSTINE (lomustine)
IBRANCE (palbociclib) **SmartPA**
IDHIFA (enasidenib)
imatinib
KISQALI (ribociclib) **SmartPA**
LENVIMA (lenvatinib) **SmartPA**
LYNPARZA (olaparib) **SmartPA**
NERLYNX (neratinib maleate)
RUBRACA (rucaparib)
RYDAPT (midostaurin)
TAGRISSO (osimertinib)
VERZENIO (abemaciclib)
XATMEP (methotrexate)
ZEJULA (niraparib)

myeloma **AND**

- Used in combination with bortezomib and dexamethasone per PI **AND**
- History of 2 prior regimens including bortezomib and an immunomodulatory agent

Ibrance

- Documented diagnosis of WD-DDLS for retroperitoneal sarcoma
- Documented diagnosis of breast cancer **AND**
- Concurrent therapy with letrozole **OR**
- History of therapy with fulvestrant in the past 60 days **AND**
- History of endocrine therapy in the past 720 days

Lenvima

- Documented diagnosis of thyroid cancer **OR**
- Documented diagnosis of renal cell carcinoma **AND**
- History of 1 claim for everolimus in the past 30 days **AND**
- History of 1 anti-angiogenic agent in the past 2 years.

Lynparza Capsules - [MANUAL PA](#)

Lynparza Tablets

- Documented diagnosis of ovarian

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cancer, fallopian tube or peritoneal cancer **AND** history of platinum-based chemotherapy in the past 2 years **OR**

- [MANUAL PA](#)

ANTIPARASITICS (Topical) ^{SmartPA}

PEDICULICIDES

permethrin 1%
NATROBA (spinosad)
SKLICE (ivermectin)

lindane
malathion
OVIDE (malathion)
ULESFIA (benzyl alcohol)

Minimum Age/Weight Limit for Pediculicides

- **50 kg** - lindane shampoo
- **2 months** – permethrin 1%(OTC)
- **6 months** – Natroba, SKLICE, Ulesfia
- **2 years** – piperonyl/pyrethrins (OTC)
- **6 years** – Ovide

Non-Preferred Criteria

- History of 2 preferred topical lice agents in the past 90 days

Ulesfia

Ulesfia is no longer covered due to no longer being rebated.

SCABICIDES

permethrin 5%
STROMEKTOL Tablet (ivermectin)

ELIMITE (permethrin)
EURAX CREAM (crotamiton)
EURAX LOTION (crotamiton)

Minimum Age/Weight Limit for Topical Scabicides

- **50 kg** - lindane lotion
- **2 months** – permethrin 5%
- **18 years** – Eurax

Non-Preferred Criteria

- History of permethrin 5% in the past 90 days

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ANTIPARKINSON'S AGENTS (Oral) ^{SmartPA}

ANTICHOLINERGICS		
	benztropine trihexyphenidyl	COGENTIN (benztropine)
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		
	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) rasagiline XADAGO (safinamide) ZELAPAR (selegiline)

Non-Preferred Criteria

- Documented diagnosis of Parkinson's disease **AND**
- Have tried 2 different preferred agents in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days

Xadago:

- Documented diagnosis of Parkinson's disease **AND**
- History of a preferred carbidopa/levodopa combination product in the past 30 days **AND**
- History of selegiline product in the past 45 days

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OTHERS			
	amantadine bromocriptine levodopa/carbidopa	GOCOVRI (amantadine) levodopa/carbidopa ODT levodopa/carbidopa/entacapone LODOSYN (carbidopa) OSMOLEX ER (amantadine) PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine) RYTARY ER (levodopa/carbidopa) SINEMET (levodopa/carbidopa) SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)	Lodosyn <ul style="list-style-type: none"> Documented diagnosis of Parkinson's disease AND History of a carbidopa/levodopa combination product in the past 45 days
ANTIPSYCHOTICS SmartPA			
ORAL			
	amitriptyline/perphenazine aripiprazole clozapine fluphenazine haloperidol olanzapine perphenazine risperidone SAPHRIS (asenapine) quetiapine quetiapine XR thioridazine thiothixene trifluoperazine ziprasidone	ABILIFY (aripiprazole) ADASUVE (loxapine) aripiprazole solution aripiprazole ODT chlorpromazine clozapine ODT CLOZARIL (clozapine) FANAPT (iloperidone) FAZACLO (clozapine) GEODON (ziprasidone) HALDOL (haloperidol) INVEGA (paliperidone) LATUDA (lurasidone) NAVANE (thiothixene) NUPLAZID (pimavanserin)	Minimum Age Limits <ul style="list-style-type: none"> 2 years- Droperidol 3 years - Haldol 5 years – Risperdal, thioridazine 6 years – Abilify, trifluoperazine 10 years – Latuda, Saphris, Seroquel, Symbyax 12 years- Molidone, perphenazine, pimozole, thiothixene 13 years – Zyprexa 18 years – Amitriptyline/perphenazine, Clozaril, Fanapt, fluphenazine, Geodon, Invega, loxapine, Nuplazid, Rexulti, Vraylar,

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		olanzapine/fluoxetine paliperidone REXULTI (brexpiprazole) RISPERDAL (risperidone) SEROQUEL (quetiapine) SEROQUEL XR (quetiapine) SYMBYAX (olanzapine/fluoxetine) ZYPREXA (olanzapine) VRAYLAR (cariprazine)	Concurrent Therapy Limits – Ages 0-17 years <ul style="list-style-type: none"> 90 days with >2 antipsychotics in the last 120 days will require a manual PA Non-Preferred Criteria- Atypical Agents <ul style="list-style-type: none"> Have tried 2 preferred atypical antipsychotic agents in the past 12 months OR 30 consecutive days on the requested atypical agent in the past 180 days Nuplazid <ul style="list-style-type: none"> Documented diagnosis of Parkinson's disease
SmartPA			
	INJECTABLE, ATYPICALS		
	ABILIFY MAINTENA (aripiprazole) ARISTADA ER (aripiprazole lauroxil) INVEGA SUSTENNA (paliperidone palmitate) INVEGA TRINZA (paliperidone) RISPERDAL CONSTA (risperidone) ZYPREXA RELPREVV (olanzapine)	ABILIFY (aripiprazole) GEODON (ziprasidone) olanzapine ZYPREXA (olanzapine)	Minimum Age Limits <ul style="list-style-type: none"> 18 years – all injectable agents Quantity Limits <ul style="list-style-type: none"> 3 syringes/year – Aristada Initio Long Acting Injectable Agents All Agents <ul style="list-style-type: none"> Documented diagnosis of schizophrenia or schizoaffective disorder Abilify Maintena or Risperdal Consta

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- Documented diagnosis of schizophrenia or schizoaffective disorder **OR**
- Documented diagnosis of bipolar disorder

ANTIRETROVIRALS SmartPA

INTEGRASE STRAND TRANSFER INHIBITORS

ISENTRESS (raltegravir potassium)
TIVICAY (dolutegravir sodium)

ISENTRESS HD (raltegravir potassium)
VITEKTA (elvitegravir)

Non-Preferred Criteria

- 1 claim with the requested agent in the past 105 days

NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

abacavir sulfate
didanosine DR capsule
EMTRIVA (emtricitabine)
lamivudine
stavudine
VIDEX SOLUTION (didanosine)
VIREAD (tenofovir disoproxil fumarate)
zidovudine

EPIVIR (lamivudine)
RETROVIR (zidovudine)
tenofovir disoproxil fumarate
VIDEX EC (didanosine)
ZERIT (stavudine)
ZIAGEN (abacavir sulfate)

NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)

EDURANT (rilpivirine)
nevirapine
nevirapine ER
SUSTIVA (efavirenz)

efavirenz
INTELENCE (etravirine)
RESCRIPTOR (delavirdine mesylate)
VIRAMUNE (nevirapine)
VIRAMUNE ER (nevirapine)

PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR

TYBOST (cobicistat)

Tybost - [MANUAL PA](#)

PROTEASE INHIBITORS (PEPTIDIC)

EVOTAZ (atazanavir/cobicistat)

atazanavir

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	NORVIR (ritonavir) REYATAZ (atazanavir) VIRACEPT (nelfinavir mesylate)	CRIXIVAN (indinavir) fosamprenavir INVIRASE (saquinavir mesylate) LEXIVA (fosamprenavir) ritonavir	
	PROTEASE INHIBITORS (NON-PEPTIDIC)		
	PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir) PREZCOBIX (darunavir/cobicistat)	
	ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS		
		SELZENTRY (maraviroc)	
	ENTRY INHIBITORS – FUSION INHIBITORS		
		FUZEON (enfuvirtide)	
	COMBINATION PRODUCTS - NRTIs		
	abacavir/lamivudine abacavir/lamivudine/zidovudine lamivudine/zidovudine TRIZIVIR (abacavir/lamivudine/zidovudine)	COMBIVIR (lamivudine/zidovudine) EPZICOM (abacavir/lamivudine) JULUCA (dolutegravir/rilpivirine)	
	COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOG RTIs		
	DESCOVY (emtricitabine/tenofovir alafenam) TRUVADA (emtricitabine/tenofovir)		
	COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & INTEGRASE INHIBITORS		
	BIKTARVY (bictegravir/emtricitabine/tenofovir) GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir)	STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) SYMFI (efavirenz/lamivudine/tenofovir) ^{NR} SYMFI-LO (efavirenz/lamivudine/tenofovir) ^{NR} TRIUMEQ (abacavir/lamivudine/ dolutegravir)	Stribild – <u>MANUAL PA</u> • Genotype testing supporting resistance to other regimens OR • Intolerance or contraindication to

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			preferred combination of drugs AND • Medical reasoning beyond convenience or enhanced compliance over preferred agents AND • CrCl > 70mL/min to initiate therapy OR CrCl >50mL/min to continue therapy
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & NON-NUCLEOSIDE RTIs			
	ATRIPLA (efavirenz/emtricitabine/tenofovir) ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)	CIMDUO (lamivudine/tenofovir) ^{NR} COMPLERA (emtricitabine/rilpivirine/tenofovir)	
COMBINATION PRODUCTS – PROTEASE INHIBITORS			
	KALETRA (lopinavir/ritonavir)	lopinavir/ritonavir	
ANTIVIRALS (Oral)			
ANTI-CYTOMEGALOVIRUS AGENTS			
	valganciclovir tablets	PREVYMIS (letermovir) VALCYTE (valganciclovir) valganciclovir solution	valganciclovir solution – automatic approval for age <12 years
ANTIHERPETIC AGENTS			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir)	

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		SITAVIG (acyclovir) VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
ANTIVIRALS (Topical)			
	ZOVIRAX Cream (acyclovir)	acyclovir ointment DENA VIR (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir)	
AROMATASE INHIBITORS			
	anastrozole ARIMIDEX (anastrozole) exemestane letrozole	AROMASIN (exemestane) FEMARA (letrozole)	
ATOPIC DERMATITIS <small>SmartPA</small>			
	ELIDEL (pimecrolimus)	EUCRISA (crisaborole) DUPIXENT (dupilumab) PROTOPIC (tacrolimus) tacrolimus	Minimum Age Limit <ul style="list-style-type: none"> • 2 years – Elidel, Protopic 0.03% • 6 years – Protopic 0.1% Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 1 preferred agent in the past 6 months Dupixent & Eucrisa - MANUAL PA
BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS <small>SmartPA</small>			

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acebutolol atenolol bisoprolol BYSTOLIC (nebivolol) Step Edit metoprolol metoprolol XL nadolol pindolol propranolol sotalol timolol	BETAPACE (sotalol) betaxolol CORGARD (nadolol) HEMANGEOL (propranolol) INDERAL LA (propranolol) INNOPRAN XL (propranolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) SOTYLIZE (sotalol) TENORMIN (atenolol) TOPROL XL (metoprolol) ZEBETA (bisoprolol)	Bystolic – Step Edit <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days OR Have tried 1 preferred agent in the past 6 months Non-Preferred Criteria – All Agents <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
BETA- AND ALPHA-BLOCKERS		
carvedilol labetalol	carvedilol CR COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	Coreg CR <ul style="list-style-type: none"> Documented diagnosis for hypertension AND Have tried generic carvedilol AND 1 preferred agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
BETA BLOCKER/DIURETIC COMBINATIONS		
atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ timolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	

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ANTIANGINALS			
		RANEXA (ranolazine)	Ranexa <ul style="list-style-type: none">• Documented diagnosis of angina AND• 1 claim for a calcium channel blocker, beta-blocker, nitrate, or combination agent in the past 30 days OR• 90 consecutive days on the requested agent in the past 105 days
SINUS NODE AGENTS			
		CORLANOR (ivabradine)	Corlanor - MANUAL PA
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 TOVIAZ (fesoterodine fumarate)	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	Non-Preferred Criteria <ul style="list-style-type: none">• Have tried 2 different preferred agents in the past 6 months

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		trospium VESICARE (solifenacin)	
BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA			
	BISPHOSPHONATES		Non-Preferred Criteria <ul style="list-style-type: none">Documented diagnosis for osteoporosis or osteopenia ANDHave tried 2 different preferred agents in the past 6 months
	alendronate BINOSTO (alendronate) risedronate	ACTONEL (risedronate) alendronate solution ATELVIA (risedronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) FOSAMAX PLUS D (alendronate/vitamin D) ibandronate PROLIA (denosumab) 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">Cardura, Flomax, Proscar, terazosin, or Uroxatral AND a documented diagnosis based on a state accepted diagnosis Non-Preferred Criteria - MALE <ul style="list-style-type: none">Have tried 2 different preferred agents in the past 6 months OR90 consecutive days on the requested agent in the past 105 days
	alfuzosin doxazosin tamsulosin terazosin	CARDURA (doxazosin) CARDURA XL (doxazosin) dutasteride/tamsulosin FLOMAX (tamsulosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) UROXATRAL (alfuzosin)	

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

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BRONCHODILATORS, BETA AGONIST

INHALERS, SHORT-ACTING

PROAIR HFA (albuterol)
PROAIR RESPICLICK (albuterol)
PROVENTIL HFA (albuterol)
VENTOLIN HFA (albuterol)

XOPENEX HFA (levalbuterol) ^{SmartPA}

Minimum Age Limit

- **4 years** - Xopenex HFA

Non-Preferred Criteria

- 1 claim for a preferred agent in the past 6 months

INHALERS, LONG ACTING ^{SmartPA}

SEREVENT (salmeterol)

ARCAPTA (indacaterol)
STRIVERDI RESPIMAT (olodaterol)

Minimum Age Limit

- **4 years** – Serevent
- **18 years** – Arcapta, Striverdi Respimat

Arcapta & Striverdi Respimat

- Documented diagnosis of COPD **AND**
- Have tried 1 preferred agent in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days

INHALATION SOLUTION ^{SmartPA}

albuterol

ACCUNEB (albuterol)
BROVANA (arformoterol)
levalbuterol
LONHALA MAGNAIR (glycopyrrolate)^{NR}
metaproterenol
PERFOROMIST (formoterol)
XOPENEX (levalbuterol)

Minimum Age Limit

- **6 years** – Xopenex
- **18 years** – Brovana, Perforomist

Non-Preferred Criteria

- 1 claim for a different preferred agent in the past 6 months **OR**
- 3 claims with the requested agent in

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

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diltiazem ER Cap 24 HR
felodipine ER
nifedipine ER
verapamil ER

CARDIZEM LA (diltiazem)
DILACOR XR (diltiazem)
diltiazem ER Cap 12 HR
diltiazem ER Tab 24 HR
nisoldipine
NORVASC (amlodipine)
PROCARDIA XL (nifedipine)
SULAR (nisoldipine)
TIAZAC (diltiazem)
verapamil ER PM
VERELAN/VERELAN PM (verapamil)

- 90 consecutive days on the requested agent in the past 105 days

CALORIC AGENTS

BOOST (includes all Boost)
BREAKFAST ESSENTIALS
BRIGHT BEGINNINGS
CARNATION INSTANT BREAKFAST
DUOCAL
ENSURE
JUVEN
GLUCERNA
NUTREN (includes all Nutren)
OSMOLITE
PEDIASURE
PROMOD
RESOURCE
SCANDISHAKE
SOLCARB
TWOOCAL HN

COMPLEAT
EO28 SPLASH
FIBERSOURCE
ISOSOURCE
JEVITY
KINDERCAL
PEPTAMEN
PROMOTE
SIMPLY THICK
TOLEREX
VITAL
VIVONEX

Non-Preferred Agents - [MANUAL PA](#)

CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)

BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS

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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">Have tried 2 different preferred agents in the past 6 months
	cefadroxil cephalexin capsules	cephalexin tablets DAXBIA (cephalexin) ^{NR} KEFLEX (cephalexin)	
CEPHALOSPORINS – Second Generation SmartPA			
	cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)	
CEPHALOSPORINS – Third Generation SmartPA			
	cefdinir suspension cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SUPRAX (cefixime)	Maximum Age Limit <ul style="list-style-type: none">18 years – cefdinir suspension
COLONY STIMULATING FACTORS			
	LEUKINE (sargramostim) GRANIX (tbo-filgrastim) ZARXIO (filgrastim)	NEULASTA (pegfilgrastim) NEUPOGEN Syringe (filgrastim) NEUPOGEN Vial (filgrastim) ^{Smart PA}	Neupogen Vial – automatic approval for age <18 years
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">3 months - Pulmozyme2 years – Coly-Mycin M, Kalydeco

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ORKAMBI (lumacaftor/ivacaftor)
PULMOZYME (dornase alfa)
SYMDEKO (tezacaftor/ivacaftor)^{NR}
TOBI (tobramycin)
TOBI PODHALER (tobramycin)
tobramycin

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

All Agents

- Documented diagnosis Cystic Fibrosis

Kalydeco, Okambi & Symdeko

- 1 claim with in the same agent in the past 105 days **OR**
- [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

COSENTYX (secukinumab) ^{SmartPA}
ENBREL (etanercept)
HUMIRA (adalimumab)
methotrexate

ACTEMRA (tocilizumab)
CIMZIA (certolizumab)
ENTYVIO (vedolizumab)
ILARIS (canakinumab)
INFLECTRA (infliximab)
KEVZARA (sarilumab)
KINERET (anakinra)
ORENCIA (abatacept)

Orencia IV Infusion, Remicade IV Infusion, Renflexis and Stelara (first dose) are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification.

Cosentyx

- **≥ 18 years** = Minimum Age
- Documented diagnosis of plaque

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OTEZLA (apremilast)
OTREXUP (methotrexate)
RASUVO (methotrexate)
REMICADE (infliximab)
RENFLEXIS (infliximab-abda)
RHEUMATREX (methotrexate)
SILIQ (brodalumab)
SIMPONI (golimumab)
STELARA (ustekinumab)
TALTZ (ixekizumab)
TREMIFYA (guselkumab)
TREXALL (methotrexate)
XELJANZ (tofacitinib)
XELJANZ XR (tofacitinib)

psoriasis, psoriatic arthritis or
ankylosing spondylitis in the past 2
years **AND**
• 90 consecutive days of Humira in the
past year

ERYTHROPOIESIS STIMULATING PROTEINS SmartPA

ARANESP (darbepoetin)
EPOGEN (rHuEPO)
PROCRIT (rHuEPO)

MIRCERA (methoxy polyethylene glycol-epoetin-
beta)
RETACRIT (rHuEPO)

Non Preferred Criteria

- Documented diagnosis of cancer or chronic renal failure OR Antineoplastic therapy in the past 6 months **AND**
- Trial of a preferred agent in the past 6 months **OR**
- 1 claim for the requested agent in the past 105 days

Mircera

- Documented diagnosis chronic renal failure in the past 2 years **AND**
- Trial of a preferred agent in the past 6 months **OR**
- 1 claim for the requested agent in past 105 days

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FIBROMYALGIA/NEUROPATHIC PAIN AGENTS

	duloxetine gabapentin LYRICA (pregabalin) SAVELLA (milnacipran)	CYMBALTA (duloxetine) ^{SmartPA} duloxetine DR GRALISE (gabapentin) HORIZANT (gabapentin) IRENKA (duloxetine) LYRICA CR (pregabalin) NEURONTIN (gabapentin)	Cymbalta (see Antidepressant, Other) Minimum Age Limit – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder)
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FLUOROQUINOLONES (Oral) ^{SmartPA}

	ciprofloxacin tablets levofloxacin tablets	AVELOX (moxifloxacin) BAXDELA (delafloxacin) ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin suspension moxifloxacin NOROXIN (norfloxacin) ofloxacin	Non-Preferred Criteria <ul style="list-style-type: none"> 1 claim for a preferred agent in past 30 days Cipro Suspension for age < 12 years <ul style="list-style-type: none"> Anthrax infection or exposure OR Cystic Fibrosis OR Pneumonic plague OR tularemia AND history of doxycycline in the past 3 months OR 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months <ul style="list-style-type: none"> Penicillin, 2nd or 3rd generation cephalosporin, or macrolide Levaquin solution for age < 12 years <ul style="list-style-type: none"> Anthrax infection or exposure OR 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months AND <ul style="list-style-type: none"> Penicillin, 2nd or 3rd generation cephalosporin, or macrolide Cipro suspension in the past 3 months
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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) ^{Age Edit}
CONDYLOX (podofilox) ^{Age Edit}
podofilox ^{Age Edit}

CARAC (fluorouracil)
diclofenac 3% gel
imiquimod ^{Age Edit}
EFUDEX (fluorouracil)
fluorouracil 0.5% cream
fluorouracil 5% cream
PICATO (ingenol) ^{Age Edit}
SOLARAZE (diclofenac)
TOLAK (fluorouracil)
VEREGEN (sinecatechins) ^{Age Edit}
ZYCLARA (imiquimod) ^{Age Edit}

Minimum Age Limit

- **12 years** – Aldara
- **18 years** – Condylox, Picato, Veregen

GLUCOCORTICOIDS (Inhaled) ^{SmartPA}

GLUCOCORTICOIDS

budesonide 0.25mg and 0.5mg
PULMICORT (budesonide) Flexhaler

AEROSPAN (flunisolide)
ALVESCO (ciclesonide)
ARMONAIR RESPICLICK (fluticasone)
ARNUITY ELLIPTA (fluticasone)
ASMANEX TWISTHALER (mometasone)
ASMANEX HFA (mometasone)
budesonide 1mg
FLOVENT Diskus (fluticasone)
FLOVENT HFA (fluticasone)
PULMICORT (budesonide) Respules

Non-Preferred Criteria

- 90 consecutive days on the requested agent in the past 105 days **OR**
- Have tried 1 preferred agent in the past 6 months

Flovent HFA 44 & 110 mcg –
automatic approval for age <12 years

NOTE: Institutional sized products are Non-Preferred

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		QVAR (beclomethasone dipropionate) QVAR REDIHALER (beclomethasone dipropionate)	
	GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS		
	ADVAIR Diskus (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	AIRDUO Resplick (fluticasone/salmeterol) BREO ELLIPTA (fluticasone/vilanterol)	Non-Preferred Criteria <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days OR • Have tried 2 different preferred agents in the past 6 months
GI ULCER THERAPIES			
	H2 RECEPTOR ANTAGONISTS		
	cimetidine famotidine tablet PEPCID (famotidine) ranitidine syrup ranitidine tablet ZANTAC (ranitidine)	AXID (nizatidine) famotidine suspension nizatidine ranitidine capsule	
	PROTON PUMP INHIBITORS		
	NEXIUM Rx(esomeprazole) esomeprazole DR omeprazole Rx pantoprazole PROTONIX PACKET (pantoprazole)	ACIPHEX SPRINKLE (rabeprazole) ACIPHEX Tablet (rabeprazole) DEXILANT (dexlansoprazole) lansoprazole Rx omeprazole sod. bicarb. PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole) PRILOSEC SUSPENSION (omeprazole) PROTONIX (pantoprazole) rabeprazole	

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

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

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oxidase inhibitor per PI

HYPOGLYCEMICS, BIGUANIDES SmartPA

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)

MANUAL PA

- Addition of a fourth concurrent oral agent in a different drug class
 - Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days
 - Combination agents count as 2 classes

Riomet Solution

- 90 consecutive days on the requested agent in the past 105 days

HYPOGLYCEMICS, DPP4s and COMBINATON SmartPA

JANUMET (sitagliptin/metformin)
JANUMET XR (sitagliptin/metformin)
JANUVIA (sitagliptin)
JENTADUETO (linagliptin/metformin)
TRADJENTA (linagliptin)

alogliptin
alogliptin/metformin
alogliptin/pioglitazone
JENTADUETO XR (linagliptin/metformin)
KAZANO (alogliptin/metformin)
KOMBIGLYZE XR (saxagliptin/metformin)*
NESINA (alogliptin)
ONGLYZA (saxagliptin) *
OSENi (alogliptin/pioglitazone)

MANUAL PA

- Required with concomitant use of GLP-1 product in the past 30 days **OR**
- Addition of a fourth concurrent oral agent in a different drug class
 - Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days
 - Combination agents count as 2 classes

Kombiglyze XR and Onglyza Criteria

- 90 consecutive days on the requested agent in the past 105 days

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HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS SmartPA

BYDUREON (exenatide)
VICTOZA (liraglutide)

ADLYXIN (lixisenatide)
BYDUREON BCISE (exenatide)
BYETTA (exenatide)
OZEMPIC (semaglutide)
SOLIQUA (insulin glargine/lixisenatide)
SYMLIN (pramlintide)
TRULICITY (dulaglutide)
XULTOPHY (insulin degludec/ liraglutide)

MANUAL PA

- Required with concomitant use of DPP-4 product in the past 30 days
OR
- Addition of a fourth concurrent oral agent in a different drug class
 - Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days
 - Combination agents count as 2 classes

Symlin is excluded from all criteria

HYPOGLYCEMICS, INSULINS AND RELATED AGENTS SmartPA

HUMALOG VIAL (insulin lispro)
HUMALOG MIX VIAL (insulin lispro/ lispro protamine)
HUMULIN VIAL (insulin)
LANTUS SOLOSTAR & VIAL (insulin glargine)
LEVEMIR FLEXPEN & VIAL (insulin detemir)
NOVOLOG FLEXPEN & VIAL (insulin aspart)
NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine)

AFREZZA (insulin)
ADMELOG (insulin lispro)
APIDRA (insulin glulisine)
BASAGLAR (insulin glargine)
FIASP (insulin aspart)
HUMALOG JR (insulin lispro)
HUMALOG KWIKPEN (insulin lispro)
HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine)
HUMULIN KWIKPEN (insulin)
NOVOLIN FLEXPEN (insulin)
NOVOLIN VIAL (insulin)
TOUJEO (insulin glargine)

Insulin pen formulations are not covered for Long Term Care (LTC) beneficiaries.

Non-Preferred Criteria

- Documented diagnosis of Diabetes Mellitus **AND**
- Have tried 1 preferred product in the past 6 months

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TRESIBA (insulin degludec)

HYPOGLYCEMICS, MEGLITINIDES SmartPA

nateglinide
repaglinide

PRANDIMET (repaglinide/metformin)
PRANDIN (repaglinide)
repaglinide/metformin
STARLIX (nateglinide)

MANUAL PA

- Addition of a fourth concurrent oral agent in a different drug class
 - Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days
 - Combination agents count as 2 classes

HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS SmartPA

HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS

FARXIGA (dapagliflozin)
JARDIANCE (empagliflozin)

INVOKANA (canagliflozin)
STEGLATRO (ertugliflozin)

MANUAL PA

- Addition of a fourth concurrent oral agent in a different drug class
 - Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days
 - Combination agents count as 2 classes

HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS

SYNJARDY (empagliflozin/metformin)

GLYXAMBI (empagliflozin/linagliptin)
INVOKAMET (canagliflozin/metformin)
INVOKAMET XR (canagliflozin/metformin)
QTERN (dapagliflozin/saxagliptin)
SEGLUROMET (ertugliflozin/metformin)

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		STEGLUJAN (ertugliflozin/sitagliptin) SYNJARDY XR (empagliflozin/metformin) XIGDUO XR (dapagliflozin/metformin)	
HYPOGLYCEMICS, TZDS			
	THIAZOLIDINEDIONES		MANUAL PA <ul style="list-style-type: none">• Addition of a fourth concurrent oral agent in a different drug class<ul style="list-style-type: none">○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days○ Combination agents count as 2 classes
	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)		All Agents <ul style="list-style-type: none">• Documented diagnosis Idiopathic Pulmonary Fibrosis Esbriet & OFEV <ul style="list-style-type: none">• No concurrent therapy with either agent
IMMUNOSUPPRESSIVE (ORAL) <small>SmartPA</small>			
	AZASAN (azathioprine) azathioprine	ASTAGRAF XL (tacrolimus) ENVARSUS XR (tacrolimus)	Minimum Age Limit <ul style="list-style-type: none">• 13 years - Rapamune

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

HECORIA (tacrolimus)
mycophenolic acid
PROGRAF (tacrolimus)

• **18 years** - Zortress

Astagraf, Cellcept, Envarsus XR, Hecoria, Prograf

- Documented diagnosis for heart transplant, kidney transplant, liver transplant, or a State accepted diagnosis

Azasan

- Documented diagnosis of kidney transplant, RA, or a State accepted diagnosis

Gengraf, Neoral, Sandimmune

- Documented diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA, or a State – accepted diagnosis **OR**
- A **MANUAL PA** review for a diagnosis of Kimura's disease or multifocal motor neuropathy

Myfortic

- Documented diagnosis of kidney transplant or psoriasis

Rapamune & Zortress

- Documented diagnosis of kidney transplant

IMMUNE GLOBULINS

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CARIMUNE NF
FLEBOGAMMA DIF
GAMASTAN SD
GAMMAGARD
GAMMAKED
GAMUNEX-C
HIZENTRA
HYQVIA
OCTAGAM

BIVIGAM
CUVITRU
GAMMAGARD SD
GAMMAPLEX
PRIVIGEN

INTRANASAL RHINITIS AGENTS

ANTICHOLINERGICS

ipratropium

ATROVENT (ipratropium)

ANTIHISTAMINES

PATANASE (olopatadine)

ASTEPRO (azelastine)
azelastine
olopatadine

ANTIHISTAMINE/CORTICOSTEROID COMBINATION SmartPA

DYMISTA (azelastine/fluticasone)
TICALAST (azelastine/fluticasone)

CORTICOSTEROIDS SmartPA

FLONASE (fluticasone)
fluticasone
QNASL (beclomethasone)

BECONASE AQ (beclomethasone)
budesonide
flunisolide
NASONEX (mometasone)
OMNARIS (ciclesonide)
RHINOCORT AQUA (budesonide)
TICANASE KIT (flonase kit)

Non-Preferred Criteria

- Documented diagnosis for allergic rhinitis **AND**
- Have tried 2 different preferred agents in the past 6 months

Budesonide

Smart PA will be issued for pregnant

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triamcinolone
VERAMYST (fluticasone)
XHANCE (fluticasone)
ZETONNA (ciclesonide)

women.

- A documented diagnosis of pregnancy **OR** a pregnancy indicator submitted on the pharmacy claim at Point of Sale

IRON CHELATING AGENTS

FERRIPROX (deferiprone)
EXJADE (deferasirox)

JADENU (deferasirox)
JADENU SPRINKLES (deferasirox)

IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS SmartPA

IRRITABLE BOWEL SYNDROME CONSTIPATION

AMITIZA (lubiprostone)
LINZESS (linaclotide)

MOVANTIK (naloxegol)
RELISTOR (methylnaltrexone)
SYMPROIC (naldemedine)
TRULANCE (plecanatide)

Minimum Age Limit All Subclasses

- **18 years** –except Bentyl, Levsin

Gender Limits

- **Female** - Amitiza 8mcg

Chronic Idiopathic Constipation (CIC)

AMITIZA 24MCG, LINZESS 72MCG,
LINZESS 145 MCG, TRULANCE

All CIC Agents:

- Documented diagnosis of CIC in the past year **AND**
- No history of GI or bowel obstruction

Non Preferred CIC Agents

- Above CIC criteria **AND**
- 30 days of therapy with 2 preferred agent in the past 6 months **OR**
- 1 claim with the same agent in the past 105 days

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		<p><u>Irritable Bowel Syndrome – Constipation Dominant (IBS-C)</u> AMITIZA 8MCG, LINZESS 290 MCG</p> <ul style="list-style-type: none">• Documented diagnosis of IBS-C in the past year AND• No history of GI or bowel obstruction <p><u>Opioid Induced Constipation (OIC)</u> AMITIZA 24MG, MOVANTIK, RELISTOR, SYMPROIC</p> <p>All OIC Agents:</p> <ul style="list-style-type: none">• Documented diagnosis of OIC in the past year AND• 1 claim for an opioid in the past 30 days AND• No history of GI or bowel obstruction AND• Documented diagnosis of chronic pain in the past year <p>Non Preferred OIC Agents</p> <ul style="list-style-type: none">• Above OIC criteria AND• 30 days of therapy with 1 preferred agent in the past 6 months OR• 1 claim with the same agent in the past 105 days <p>Relistor Injection</p> <ul style="list-style-type: none">• Above OIC criteria AND• Documented diagnosis of active cancer in the past year AND• Documented diagnosis of palliative care in the past 6 months
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IRRITABLE BOWEL SYNDROME DIARRHEA		
	dicyclomine hyoscyamine VIBERZI (eluxadoline)	alosetron BENTYL (dicyclomine) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LOTRONEX (alosetron)
		<p>Viberzi</p> <ul style="list-style-type: none"> Documented diagnosis of Irritable Bowel Syndrome – Diarrhea Dominant (IBS-D) in the past year <p>Lotronex</p> <ul style="list-style-type: none"> 1 claim for the same agent in the past 105 days OR MANUAL PA - All new patients require manual review. <p>Xifaxan - (see Antibiotics, GI)</p>
SHORT BOWEL SYNDROME AND SELECTED GI AGENTS		
		<p>FULYZAQ (crofelemer) GATTEX (teduglutide) MYTESI (crofelemer) NUTRESTORE POWDER PACK (glutamine) XERMELO (telotristat ethyl) ZORBTIVE (somatropin)</p> <p>Carcinoid Syndrome Agent XERMELO</p> <ul style="list-style-type: none"> Documented diagnosis of carcinoid syndrome in the past year AND 1 claim for a somatostatin analog in the past 30 days <p>HIV/AIDS Non-infectious Diarrhea FULYZAQ, MYTESI</p> <ul style="list-style-type: none"> Documented diagnosis of HIV/AIDS in the past year AND Documented diagnosis of non-infectious diarrhea in the past year AND 1 claim for an antiretroviral in the past 30 days

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Short Bowel Syndrome (SBS)
GATTEX, NUTRESTORE, ZORBTIVE

Gattex or Zorbtive

- 1 claim for the same agent in the past 105 days **OR**
- **MANUAL PA** - All new patients require manual review.

Nutrestore - MANUAL PA

LEUKOTRIENE MODIFIERS SmartPA

ACCOLATE (zafirlukast)
montelukast granules
montelukast tablets

SINGULAIR Tablets (montelukast)
SINGULAR GRANULES (montelukast granules)
ZYFLO CR (zileuton)
zafirlukast
zileuton

Minimum Age Limit

- **12 years** – Zyflo & Zyflo CR

Non-Preferred Criteria

- Have tried 2 different preferred agents in the past 6 months

LIPOTROPICS, OTHER (NON-STATINS) SmartPA

BILE ACID SEQUESTRANTS

cholestyramine
colestipol

COLESTID (colestipol)
QUESTRAN (cholestyramine)
WELCHOL (colesevelam)

All Agents, All Sub-Classes both Preferred (exception is Zetia) and Non-Preferred

- 90 consecutive days on the requested agent in the past 105 days **OR**
- Have tried 1 statin or statin combination agent in the past year **OR**
- One of the following exceptions:
 - Welchol **AND** Type 2 diabetes **AND** 1 preferred oral antidiabetic agent in the past 180 days **OR**

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

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		TRIGLIDE (fenofibrate) TRILIPIX (fenofibric acid)	
	MTP INHIBITOR		
		JUXTAPID (lomitapide)	MANUAL PA
	APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR		
		KYNAMRO (mipomersen)	MANUAL PA
	NIACIN		
	niacin ER NIACOR (niacin)	NIASPAN (niacin)	Non-Preferred Criteria • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
	PCSK-9 INHIBITOR		
		PRALUENT (alirocumab) REPATHA (evolocumab)	MANUAL PA
LIPOTROPICS, STATINS <small>SmartPA</small>			
	STATINS		
	atorvastatin LESCOL (fluvastatin) LESCOL XL (fluvastatin) lovastatin pravastatin rosuvastatin simvastatin	ALTOPREV (lovastatin) CRESTOR (rosuvastatin) FLOLIPID (simvastatin) ^{NR} fluvastatin ER LIPITOR (atorvastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin)	Simvastatin 80mg • 12 months of therapy with simvastatin 80mg AND • NO myopathy contraindication Non-Preferred Criteria • Have tried 2 different preferred statin or statin combination agents in the past 6 months OR

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

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		GRASTEK ORALAIR RAGWITEK	
SUBLINGUAL NITROGLYCERIN			
	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)	
MOVEMENT DISORDER AGENTS			
		AUSTEDO (deutetrabenazine) ^{SmartPA} INGREZZA (valbenazine) ^{SmartPA} tetrabenazine ^{SmartPA} XENAZINE (tetrabenazine) ^{SmartPA}	Austedo: <ul style="list-style-type: none">• MANUAL PA for diagnosis of tardive dyskinesia OR• Documented diagnosis of Huntington's Chorea AND• 30 days of therapy with brand Xenazine in the past 6 months tetrabenazine: <ul style="list-style-type: none">• Brand Xenazine is the preferred Non-Preferred agent Xenazine: <ul style="list-style-type: none">• Documented diagnosis of Huntington's Chorea
MULTIPLE SCLEROSIS AGENTS ^{SmartPA}			
	AUBAGIO (teriflunomide) AVONEX (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE 20mg (glatiramer)	AMPYRA (dalfampridine) COPAXONE 40mg (glatiramer) EXTAVIA (interferon beta-1b) glatiramer	All Agents <ul style="list-style-type: none">• Documented diagnosis of multiple sclerosis Non-Preferred Criteria

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GILENYA (fingolimod)
REBIF (interferon beta-1a)

GLATOPA (glatiramer)
OCREVUS (ocrelizumab)
PLEGRIDY (interferon beta-1a)
TECFIDERA (dimethyl fumarate)
ZINBRYTA (daclizumab)

- Have tried 2 different preferred agents in the past 6 months **OR**
- 3 claims with the requested agent in the last 105 days

Ampyra – MANUAL PA

- **18 years** – minimum age limit **AND**
- **60 tablets/30 days (2 tablets/day)** – quantity limit **AND**
- Documented gait disorder associated with MS **AND**
- NO seizure diagnosis or moderate to severe renal impairment **AND**
- Initial authorization – requires a baseline Timed 25-foot Walk (T25FW) assessment and will be approved for 12 weeks **OR**
- Additional prior authorizations - requires a benefit assessment measured by a 20% improvement in the T25FW from baseline. Renewal will not be approved if the 20% improvement is not maintained. A renewal will be issued in a 6 month interval

MUSCULAR DYSTROPHY AGENTS

EMFLAZA (deflazacort)
EXONDYS (eteplirsen)

Exondys – MANUAL PA

NSAIDS SmartPA

NON-SELECTIVE

diclofenac EC
diclofenac SR
etodolac tab

ADVIL (ibuprofen)
ANAPROX (naproxen)
CAMBIA (diclofenac)

Non-Preferred Criteria

- Have tried 2 different preferred non-selective or NSAID/GI protectant

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flurbiprofen ibuprofen indomethacin ketoprofen ketorolac nabumetone naproxen 250mg and 500mg piroxicam sulindac	CATAFLAM (diclofenac) DAYPRO (oxaprozin) etodolac cap etodolac tab SR FELDENE (piroxicam) fenoprofen INDOCIN (indomethacin) indomethacin cap ER ketoprofen ER meclofenamate mefenamic acid NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) naproxen 275mg and 550mg NUPRIN (ibuprofen) oxaprozin PONSTEL (mefenamic acid) PROFENO (fenoprofen) ^{NR} SPRIX NASAL SPRAY (ketorolac) TIVORBEX (indomethacin) Tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac) ZORVOLEX (diclofenac)	combination agents in the past 6 months
NSAID/GI PROTECTANT COMBINATIONS		
	ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months

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COX II SELECTIVE			
	meloxicam	CELEBREX (celecoxib) celecoxib MOBIC (meloxicam) NULOX (meloxicam) VIVLODEX (meloxicam)	Non-Preferred Criteria – COX II <ul style="list-style-type: none"> • Documented diagnosis of Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or Ankylosing Spondylitis AND • 90 consecutive days on the requested agent in the past 105 days OR • Have tried 1 preferred COX-II Selective and 1 preferred Non-Selective Agent OR • Have tried 1 preferred COX-II Selective agent and a documented diagnosis of GI Bleed, GERD, PUD, GI Perforation, or Coagulation Disorder
OPHTHALMIC ANTIBIOTICS			
	bacitracin/neomycin/gramicidin bacitracin/polymyxin CILOXAN Ointment (ciprofloxacin) ciprofloxacin erythromycin gentamicin polymyxin/trimethoprim tobramycin TOBREX ointment (tobramycin) VIGAMOX (moxifloxacin)	AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) CILOXAN Solution (ciprofloxacin) GARAMYCIN (gentamicin) gatifloxacin levofloxacin MOXEZA (moxifloxacin) moxifloxacin NATACYN (natamycin) neomycin/bacitracin/polymyxin b NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin)	

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		(oxy-tcn/polymyx sul) OCUFLOX (ofloxacin) ofloxacin POLYTRIM (polymyxin/trimethoprim) sulfacetamide TOBREX drops (tobramycin) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	
ANTIBIOTIC STEROID COMBINATIONS			
	neomycin/polymyxin/dexamethasone PRED-G (gentamicin/prednisolone) sulfacetamide/prednisolone TOBRADEX SUSPENSION/OINTMENT (tobramycin/dexamethasone) ZYLET (loteprednol/tobramycin)	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	
OPHTHALMIC ANTI-INFLAMMATORIES 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)	Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months

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PRED FORTE (prednisolone)
VOLTAREN (diclofenac)

OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS SmartPA

cromolyn
olopatadine

ALAMAST (pemirolast)
ALOCRIL (nedocromil)
ALOMIDE (lodoxamide)
ALREX (loteprednol)
azelastine
BEPREVE (bepotastine)
ELESTAT (epinastine)
EMADINE (emedastine)
epinastine
LASTACRAFT (alcaftadine)
OPTIVAR (azelastine)
PATADAY (olopatadine)
PATANOL (olopatadine)
PAZEO (olopatadine)

Non-Preferred Criteria

- Have tried 2 different preferred agents in the past 6 months

OPHTHALMIC, DRY EYE AGENTS

RESTASIS droperette (cyclosporine)

RESTASIS Multidose (cyclosporine)
XIIDRA (lifitegrast) Smart PA

Minimum Age Limit

- 16 years – Restasis
- 17 years – Xiidra

Quantity Limits

- 5.5 mL/31 days – Restasis Multidose
- 60 units/31 days – Restasis droperette, Xiidra

Xiidra Criteria:

- History of 4 claims for Restasis in the past 6 months

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OPHTHALMIC, GLAUCOMA AGENTS			SmartPA
	BETA BLOCKERS		Non-Preferred Criteria <ul style="list-style-type: none">• 2 different preferred agents in the past 6 months OR• 90 consecutive days on the requested agent in the past 105 days
	betaxolol BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol solution	BETAGAN (levobunolol) BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel TIMOPTIC (timolol)	
	CARBONIC ANHYDRASE INHIBITORS		
	AZOPT (brinzolamide) dorzolamide TRUSOPT (dorzolamide)		
	COMBINATION AGENTS		
	COMBIGAN (brimonidine/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine)	COSOPT (dorzolamide/timolol) COSOPT PF(dorzolamide/timolol)	
	PARASYMPATHOMIMETICS		
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)	
	PROSTAGLANDIN ANALOGS		
	latanoprost TRAVATAN Z (travoprost)	bimatoprost LUMIGAN (bimatoprost) RESCULA (unoprostone)	

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		travoprost XALATAN (latanoprost) VYZULTA (latanoprostene bunod) ZIOPTAN (tafluprost)	
	RHO KINASE INHIBITORS		
		RHOPRESSA (netarsudil) ^{NR}	
	SYMPATHOMIMETICS		
	ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine	dipivefrin PROPINE (dipivefrin)	
OPIATE DEPENDENCE TREATMENTS			
	DEPENDENCE		
	naltrexone tablets SUBOXONE FILM (buprenorphine/naloxone) ^{SmartPA}	buprenorphine tablets buprenorphine/naloxone tablets BUNAVAIL (buprenorphine/naloxone) PROBUPHINE (buprenorphine) SUBLOCADE (buprenorphine) VIVITROL (naltrexone) ZUBSOLV (buprenorphine/naloxone)	<p><u>Buprenorphine/Naloxone and buprenorphine:</u> Suboxone</p> <ul style="list-style-type: none"> Detailed buprenorphine/naloxone and buprenorphine criteria found here <p>Non-Preferred Criteria:</p> <ul style="list-style-type: none"> Bunavail is preferred over Zubsolv and other generic forms of buprenorphine/naloxone <p>Bunavail <i>NOTE: Bunavail is not indicated for induction therapy</i></p> <ul style="list-style-type: none"> History of Suboxone therapy within the past 6 months OR History of Bunavail therapy within the

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EFFECTIVE 7/01/2018

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			past 3 months AND • All other buprenorphine/naloxone criteria found here Probuphine, Sublocade, Vivitrol - MANUAL PA
TREATMENT			
	naloxone injection NARCAN NASAL SPRAY (naloxone)	EVZIO (naloxone)	
OTIC ANTIBIOTICS			
	CIPRO HC (ciprofloxacin/hydrocortisone) ^{Age Edit} CIPRODEX (ciprofloxacin/dexamethasone) ^{Age Edit} COLY-MYCIN S (colistin/neomycin/ hydrocortisone) neomycin/polymyxin/hydrocortisone ofloxacin	ciprofloxacin CORTISPORIN-TC (colistin/neomycin/ hydrocortisone) DERMOTIC (fluocinolone) OTOVEL (ciprofloxacin/fluocinolone)	Maximum Age Limit • 9 years - Cipro HC • 15 years - Ciprodex
PANCREATIC ENZYMES ^{SmartPA}			
	CREON (pancreatin) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) pancrelipase PERTZYE (pancrelipase) ULTRESA (pancrelipase) VIOKACE (pancrelipase)	Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months
PARATHYROID AGENTS			
	calcitriol ergocalciferol paricalcitol	doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone) RAYALDEE (calcifediol) ROCALTROL (calcitriol)	

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SENSIPAR (cinacalcet)
ZEMPLAR (paricalcitol)

PHOSPHATE BINDERS

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 oxyhydroxide)

PLATELET AGGREGATION INHIBITORS SmartPA

AGGRENOX (dipyridamole/aspirin)
BRILINTA (ticagrelor)
cilostazol
clopidogrel
dipyridamole
EFFIENT (prasugrel)
pentoxifylline

DURLAZA (aspirin)
PERSANTINE (dipyridamole)
PLAVIX (clopidogrel)
prasugrel
PLETAL (cilostazol)
ticlopidine
ZONTIVITY (vorapaxar) Clinical Edit

Zontivity – MANUAL PA

- Documented diagnosis of myocardial infarction or peripheral artery disease **AND**
- No diagnosis of stroke, transient ischemic attack or intracranial hemorrhage **AND**
- Concurrent therapy with aspirin and/or clopidogrel

Non-Preferred Criteria

- Documented diagnosis **AND**
- Have tried 2 different preferred agents in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days

PRENATAL VITAMINS

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COMPLETE NATAL DHA
CONCEPT DHA Capsule
PRENATA CHEWABLE Tablet
PRENATAL PLUS Tablet
PRENATAL VITAMIN PLUS LOW IRON Tablet
PREPLUS Ca/Fe27/FA 1 Tablet
TARON-C DHA Capsule
TRICARE PRENATAL Tablet
TRINATAL Rx 1 Tablet
TRIVEEN-DUO DHA COMBO PACK

Products not listed here are assumed to be Non-Preferred.

PSEUDOBULBAR AFFECT AGENTS

NUEDEXTA (dextromethorphan/quinidine)

Non-Preferred Criteria

- 90 consecutive days on the requested agent in the past 105 days **OR**
- Documented diagnosis for Pseudobulbar Affect

PULMONARY ANTIHYPERTENSIVES^{SmartPA}

ENDOTHELIN RECEPTOR ANTAGONIST

TRACLEER (bosentan)

LETAIRIS (ambrisentan)*
OPSUMIT (macitentan)

All PAH Agents – Preferred and Non-Preferred

- Documented diagnosis of pulmonary hypertension

Non-Preferred Criteria

- Have tried 1 preferred PAH agent in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days

PDE5's

sildenafil

ADCIRCA (tadalafil)
REVATIO (sildenafil)

Non-Preferred Criteria

- Have tried 1 preferred PAH agent in

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

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			the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
SOLUBLE GUANYLATE CYCLASE STIMULATORS			
		ADEMPAS (riociguat)	Adempas <ul style="list-style-type: none"> Have tried 1 preferred PAH agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days OR MANUAL PA for PAH WHO Group 4
ROSACEA TREATMENTS			
	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) RHOFAD (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 ≥21 years. Other labeled indications are limited to <21 years.

SEDATIVE HYPNOTICS

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SmartPA		
BENZODIAZEPINES		
	estazolam flurazepam temazepam (15mg and 30mg)	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) RESTORIL (temazepam) temazepam (7.5mg and 22.5mg) triazolam
		Single source benzodiazepines and barbiturates are NOT covered – NO PA's will be issued for these drugs. Quantity Limits – CUMULATIVE Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i> • 31 units/31 days - all strengths Triazolam – CUMULATIVE Quantity limit per rolling days for all strengths • 10 units/31 days • 60 units/365 days
SmartPA		
OTHERS		
	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 ZOLPIMIST (zolpidem)
		Quantity Limits – CUMULATIVE Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i> • 31 units/31 days • 1 canister/31 days – Zolpimist & male • 1 canister/62 days – Zolpimist & female Gender and Dose Limits for zolpidem • Female - Ambien 5mg, Ambien CR 6.25mg, Intermezzo 1.75 mg • Male – all zolpidem strengths Non-Preferred Criteria

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- Have tried 2 different preferred agents in the past 6 months

Hetlioz

- Circadian rhythm sleep disorder **AND**
- Diagnosis indicating total blindness of the patient

SELECT CONTRACEPTIVE PRODUCTS

INJECTABLE CONTRACEPTIVES

medroxyprogesterone acetate IM

DEPO-PROVERA IM (medroxyprogesterone acetate)
DEPO-SUBQ PROVERA 104
(medroxyprogesterone acetate)

ORAL CONTRACEPTIVES SmartPA

ALL CONTRACEPTIVES ARE PREFERRED
EXCEPT FOR THOSE SPECIFICALLY
INDICATED AS NON-PREFERRED

AMETHIA (levonorgestrel/ethinyl estradiol)
AMETHYST (levonorgestrel/ethinyl estradiol)
BEYAZ (ethinyl estradiol/drospirenone/levomefolate)
BRIELLYN (norethindrone/ethinyl estradiol)
CAMRESE (levonorgestrel/ethinyl estradiol)
CAMRESE LO (levonorgestrel/ethinyl estradiol)
ethinyl estradiol/drospirenone
GENERESS FE (norethindrone/ethinyl estradiol/fe)
Gianvi (ethinyl estradiol/drospirenone)
GILDAGIA (norethindrone/ethinyl estradiol)
INTROVALE (levonorgestrel/ethinyl estradiol)
JOLESSA (levonorgestrel/ethinyl estradiol)
LOESTRIN 24 FE (norethindrone/ethinyl estradiol)
LO LOESTRIN FE (norethindrone/ethinyl estradiol)
LORYNA (ethinyl estradiol/drospirenone)
NATAZIA (estradiol valerate/dienogest)

Non-Preferred Criteria

- 1 claim with the requested agent in the past 105 days

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norethindrone/ethinyl estradiol/fe chew tab
OCELLA (ethinyl estradiol/drospirenone)
OVCON-35 (norethindrone/ethinyl estradiol)
PHILITH (norethindrone/ethinyl estradiol)
QUASENSE (levonorgestrel/ethinyl estradiol)
SAFYRAL (ethinyl
estradiol/drospirenone/levomefolate)
SYEDA (ethinyl estradiol/drospirenone)
TILIA FE (norethindrone/ethinyl estradiol/fe)
TRI-LEGEST FE (norethindrone/ethinyl
estradiol/fe)
VESTURA (ethinyl estradiol/drospirenone)
WYMZYA FE (norethindrone/ethinyl
estradiol/fe)
ZARAH (ethinyl estradiol/drospirenone)
ZENCHENT FE (norethindrone/ethinyl
estradiol/fe)
ZEOSA (norethindrone/ethinyl estradiol/fe)

SKELETAL MUSCLE RELAXANTS SmartPA

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)

Minimum Age Limit

18 years – carisoprodol with codeine products

Non-Preferred Agents

- Documented diagnosis for an approvable indication **AND**
- Have tried 2 different preferred agents in the past 6 months

Carisoprodol

- Documented diagnosis of acute musculoskeletal condition **AND**
- NO history with meprobamate in the past 90 days **AND**

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SKELAXIN (metaxalone)
SOMA (carisoprodol)
tizanidine capsules
ZANAFLEX (tizanidine)

- 1 claim for cyclobenzaprine in the past 21 days **OR** a documented intolerance to cyclobenzaprine **AND**
- **Quantity Limits**
 - 18 tablets - to allow tapering off
 - 84 tablets/6 months

SMOKING DETERRENT

NICOTINE TYPE

nicotine gum
nicotine lozenge
nicotine patch

NICODERM CQ PATCH
NICORETTE LOZENGE
NICORETTE GUM
NICOTROL INHALER
NICOTROL NASAL SPRAY

NON-NICOTINE TYPE

bupropion ER
CHANTIX (varenicline)

ZYBAN (bupropion)

Minimum Age Limit - Chantix

- 18 years

Quantity Limits

- Chantix 0.5 mg, 1mg tablets and continuing pack – 336 tablets/year
- Chantix Starter – 2 treatment courses/year

STERIODS (Topical) SmartPA

LOW POTENCY

CAPEX (fluocinolone)
desonide
hydrocortisone cr, oint, soln.

alclometasone
DERMA-SMOOTH-FS (fluocinolone)
DESONATE (desonide)
DESOWEN (desonide)
fluocinolone oil
hydrocortisone lotion
PEDIACARE HC (hydrocortisone)
PEDIADERM (hydrocortisone)

Non-Preferred Criteria

- Have tried 2 different preferred low potency agents in the past 6 months

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		VERDESO (desonide)	
	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)	Non-Preferred Criteria • Have tried 2 different preferred medium potency agents in the past 6 months
	HIGH POTENCY		
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. 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)	Non-Preferred Criteria • Have tried 2 different preferred high potency agents in the past 6 months

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VERY HIGH POTENCY			
	CLOBEX (clobetasol) clobetasol shampoo clobetasol propionate cream clobetasol propionate ointment halobetasol cream halobetasol ointment	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)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred very high potency agents in the past 6 months
STIMULANTS AND RELATED AGENTS <small>SmartPA</small>			
SHORT-ACTING			
	amphetamine salt combination dexmethylphenidate IR FOCALIN (dexmethylphenidate) METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) dextroamphetamine IR dextroamphetamine solution EVEKEO (amphetamine) methamphetamine methylphenidate chewable methylphenidate solution ZENZEDI (dextroamphetamine)	Minimum Age Limit <ul style="list-style-type: none"> 3 years - Adderall, Evekeo, Procentra, Zenzedi 6 years – Desoxyn, Focalin, Methylin Maximum Age Limit <ul style="list-style-type: none"> 21 years – if ≥ 21 years of age, diagnosis of ADD/ADHD is required Quantity Limits Applicable <u>quantity limit</u> per rolling days <ul style="list-style-type: none"> 62 tablets/31 days –Adderall, Desoxyn, Evekeo, Focalin, Methylin, Zenzedi 310 mL/31 days – Methylin solution, Procentra

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 7/01/2018

Version 2018.5i

Updated: 08-17-2018

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			Non-Preferred Criteria <ul style="list-style-type: none">• Have tried 2 different preferred Short Acting agents in the past 6 months OR• 1 claim for a 30 day supply with the requested agent in the past 105 days
	LONG-ACTING		
	amphetamine salt combination ER APTENSIO XR (methylphenidate) armodafinil FOCALIN XR (dexamethylphenidate) methylphenidate CD (generic Metadate CD) methylphenidate ER (generic Concerta) modafinil QUILLICHEW (methylphenidate) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine) VYVANSE CHEWABLE(lisdexFamfetamine)	ADDERALL XR (amphetamine salt combination) ADZENYS ER SUSPENSION (amphetamine) ADZENYS XR ODT (amphetamine) CONCERTA (methylphenidate) COTEMPLA XR-ODT (methylphenidate) DAYTRANA (methylphenidate) DEXEDRINE (dextroamphetamine) dexamethylphenidate ER dextroamphetamine ER DYANAVEL XR (amphetamine) methylphenidate ER Caps (generic Ritalin LA) methylphenidate ER Tabs (generic Ritalin SR) MYDAYIS (amphetamine salt combination) NUVIGIL (armodafinil) PROVIGIL (modafinil) RITALIN LA (methylphenidate) RITALIN SR (methylphenidate)	Minimum Age Limit <ul style="list-style-type: none">• 6 years – Adderall XR, Adzenys ER Suspension, 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• 13 years – Mydayis• 16 years – Provigil• 18 years – Nuvigil Maximum Age Limit <ul style="list-style-type: none">• 18 years – Cotempla XR ODT, Daytrana• 21 years – if ≥ 21 years of age, diagnosis of ADD/ADHD is required Quantity Limits <p>Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none">• 31 tablets/31 days – Adderall XR, Adzenys XR ODT, Aptensio XR, Concerta 18, 27, & 54 mg, Cotempla XR-ODT 8.6 mg, Daytrana, Dexedrine Spansule, Focalin XR,

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- Metadate CD, Methylin ER, methylphenidate ER 72mg, Nuvigil 150 & 200 mg, Provigil 200mg, Quillichew, Ritalin LA & SR, Vyvanse
- **46.5 tablets/31 days** – Provigil 100 mg
 - **62 tablets/31 days** – Concerta 36mg, Cotempla XR-ODT 17.3 & 25.9 mg, Nuvigil 50mg
 - **248 mL/31 days** – Dyanavel XR
 - **372 mL/31 days** – Quillivant XR
 - **465mL/31 days** – Adzenys ER

Provigil

- Documented diagnosis of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder

Non-Preferred Criteria

- Have tried 2 different preferred Long Acting agents in the past 6 months
OR
- 1 claim for a 30 day supply with the requested agent in the past 105 days

Nuvigil

- Documented diagnosis of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder **AND**
- 1 claim for a 30 day supply with the requested agent in the past 105 days
OR
- 30 days of therapy with Provigil in the past 6 months **AND** 30 days of therapy in the past 6 months with a preferred stimulant that is indicated

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			for the treatment of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder
	NON-STIMULANTS		
	atomoxetine guanfacine ER Step Edit	clonidine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release) STRATTERA (atomoxetine)	<p>Minimum Age Limit 6 years – Intuniv, Kapvay, Strattera</p> <p>Maximum Age Limit</p> <ul style="list-style-type: none"> • 18 years – Intuniv, Kapvay • 21 years – diagnosis of ADD/ADHD is required <p>Quantity Limits Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> • 31 tablets/31 days – Intuniv, Strattera • 124 tablets/31 days – Kapvay <p>Guanfacine ER</p> <ul style="list-style-type: none"> • Have tried the short acting product in the past 6 months • 1 claim for a 30 day supply with guanfacine ER in the past 105 days <p>Kapvay & Intuniv</p> <ul style="list-style-type: none"> • Diagnosis for ADD or ADHD AND • Have tried 1 Short or Long Acting stimulant in the past 6 months OR • Have tried 1 preferred Non-Stimulant in the past 6 months OR • Have tried the short acting product in the past 6 months

TETRACYCLINES SmartPA

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doxycycline hyclate caps/tabs
doxycycline monohydrate caps (50mg & 100mg)
minocycline caps IR
tetracycline

ACTICLATE (doxycycline)
ADOXA (doxycycline monohydrate)
demeclocycline
doxycycline monohydrate caps (75mg & 150mg)
doxycycline monohydrate tabs
DYNACIN (minocycline)
minocycline ER
minocycline tabs
MONODOX (doxycycline monohydrate)
OKEBO (doxycycline)
ORACEA (doxycycline)
SOLODYN (minocycline)
TARGADOX (doxycycline)^{NR}
VIBRAMYCIN cap/susp/syrup
XIMINO (minocycline)

Non-Preferred Agents

- Have tried 2 different preferred agents in the past 6 months

Demeclocycline

- Documented diagnosis of Diabetes Insipidus or SIADH will allow automatic approval.

ULCERATIVE COLITIS and CROHN'S AGENTS ^{SmartPA} *See Cytokine & CAM Antagonists Class for additional agents

ORAL

APRISO (mesalamine)
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
PENTASA 250mg (mesalamine)
PENTASA 500mg (mesalamine)
UCERIS (budesonide)

Gender Limits

- **Male** - Giazio

Non-Preferred Criteria

- Documented diagnosis for Ulcerative Colitis **AND**
- 2 different preferred agents in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days

budesonide EC

- Documented diagnosis for Crohn's disease **OR**
- Documented diagnosis for Ulcerative Colitis **AND**

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			<ul style="list-style-type: none">• 2 different preferred agents in the past 6 months OR• 90 consecutive days on the requested agent in the past 105 days
RECTAL			
	CANASA (mesalamine) mesalamine	ROWASA (mesalamine) SF-ROWASA (mesalamine) UCERIS Foam (budesonide)	

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