



MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 04/01/2019
Version 2019.2i
Updated: 03-29-2019

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ACNE AGENTS			
	ANTI-INFECTIVE		<p>Maximum Age Limit</p> <ul style="list-style-type: none"> • 21 years – all agents
	clindamycin (gel, lotion, solution) erythromycin	ACZONE (dapson) AKNE-MYCIN (erythromycin) azelaic acid AZELEX (azelaic acid) CLEOCIN-T (clindamycin) CLINDAMYCIN PAC (clindamycin) CLINDAGEL (clindamycin) clindamycin foam dapson ERY (erythromycin) ERYGEL (erythromycin) EVOCLIN (clindamycin) KLARON (sulfacetamide) sulfacetamide	
	RETINOIDS		
	RETIN-A (tretinoin) tretinoin cream	adapalene ALTRENO (tretinoin) ATRALIN (tretinoin) AVITA (tretinoin) DIFFERIN (adapalene) FABIOR (tazarotene) PLIXDA (adapalene) RETIN-A MICRO (tretinoin) tazarotene TAZORAC (tazarotene) tretinoin gel tretinoin micro	
	COMBINATION DRUGS/OTHERS		
	EPIDUO (adapalene/benzoyl peroxide)	ACANYA (benzoyl peroxide/clindamycin)	

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PREFERRED BRANDS will not count toward the two brand monthly Rx limit.

Drugs highlighted in yellow denote a change in PDL status.

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	erythromycin/benzoyl peroxide sodium sulfacetamide/sulfur cream/foam/gel	adapalene/benzoyl peroxide AKTIPAK (erythromycin/benzoyl peroxide) BENZACLIN GEL (benzoyl peroxide/clindamycin) BENZACLIN KIT (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) benzoyl peroxide/clindamycin DUAC (benzoyl peroxide/clindamycin) EPIDUO FORTEO (adapalene/benzoyl peroxide) 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

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ARALAST (alpha-1 proteinase inhibitor)
GLASSIA (alpha-1 proteinase inhibitor)
PROLASTIN C (alpha-1 proteinase inhibitor)
ZEMAIRA (alpha-1 proteinase inhibitor)

ALZHEIMER'S AGENTS SmartPA

CHOLINESTERASE INHIBITORS

donepezil (Tablets and ODT) 5mg, 10mg
galantamine
galantamine ER
rivastigmine capsules
rivastigmine patches

ARICEPT (donepezil)
ARICEPT 23 MG (donepezil)
ARICEPT ODT (donepezil)
donepezil 23mg
EXELON Capsules (rivastigmine)
EXELON Patches (rivastigmine)
EXELON Solution (rivastigmine)
RAZADYNE (galantamine)
RAZADYNE ER (galantamine)

All Agents

- Documented diagnosis for both preferred and Non-Preferred

Non-Preferred Criteria

- 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)

Namzaric

- Documented diagnosis **AND**
- 30 days of concurrent therapy with donepezil + memantine in the past 6 months

ANALGESICS, NARCOTIC - SHORT ACTING

acetaminophen/codeine
codeine

ABSTRAL (fentanyl)
ACTIQ (fentanyl)

Minimum Age Limit

18 years – tramadol and codeine

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

APADAZ (benzhydrocodone/APAP)^{NR}
butalbital/APAP/caffeine/codeine
butalbital/ASA/caffeine/codeine
butorphanol tartrate (nasal)
DEMEROL (meperidine)
DILAUDID (hydromorphone)
fentanyl
FENTORA (fentanyl)
FIORICET W/ CODEINE
(butalbital/APAP/caffeine/codeine)
FIORINAL W/ CODEINE
(butalbital/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)
OXAYDO (oxycodone)
pentazocine/naloxone
PERCOCET (oxycodone/APAP)
PERCODAN (oxycodone/ASA)
REPREXINE (hydrocodone/ibuprofen)
ROXICET (oxycodone/acetaminophen)
ROXICODONE (oxycodone)
ROXYBOND (oxycodone)
RYBIX (tramadol)
SUBSYS (fentanyl)
SYNALGOS-DC (dihydrocodeine/ aspirin/caffeine)
TYLENOL W/CODEINE (APAP/codeine)

products

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

ANALGESICS, NARCOTIC - LONG ACTING SmartPA

<p>EMBEDA (morphine/naltrexone) fentanyl patches morphine ER tablets</p>	<p>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)</p>	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 18 years – Xartemis XR, Zohydro ER, tramadol products <p>Quantity Limits</p> <p>Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> • 31 tablets/31 days - Conzip ER, Exalgo ER, Hysingla ER, Ryzolt, Ultram ER • 62 tablets/31 days – 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 <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR
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tramadol ER
ULTRAM ER (tramadol)
XARTEMIS XR (oxycodone/APAP)
XTAMPZA (oxycodone myristate)
ZOHYDRO ER (hydrocodone bitartrate)

- Documented diagnosis of cancer **OR** Antineoplastic therapy **AND** 90 consecutive days on the requested agent in the past 105 days

ANALGESICS/ANESTHETICS (Topical)

PENNSAID Solution (diclofenac sodium) ^{SmartPA}
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)
xylocaine
SYNERA (lidocaine/tetracaine)
TRANZAREL (lidocaine)
XRYLIDERM (lidocaine)
ZOSTRIX (capsaicin)
ZTlido (lidocaine)

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

ZTlido

- Documented diagnosis of Herpetic Neuralgia

ANDROGENIC AGENTS ^{SmartPA}

ANDRODERM (testosterone patch)
testosterone gel packets

ANDROGEL (testosterone gel)
ANDROXY (fluoxymesterone)
AXIRON (testosterone gel)
FORTESTSA (testosterone gel)
NATESTO (testosterone)
STRIANT (testosterone)
TESTIM (testosterone gel)
testosterone pump

All Agents

- Limited to male gender

Non-Preferred Criteria

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

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VOGELXO (testosterone)
XYOSTED (testosterone enanthate)

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)

Minimum Age Limit

- ≤ 6 years – Epaned *Smart PA will automatically be issued for this age*

Non-Preferred Criteria

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

ACE INHIBITOR COMBINATIONS

benazepril/amlodipine
benazepril/HCTZ
captopril/HCTZ
enalapril/HCTZ
fosinopril/HCTZ
lisinopril/HCTZ
quinapril/HCTZ
trandolapril/verapamil

ACCURETIC (quinapril/HCTZ)
CAPOZIDE (captopril/HCTZ)
LOTENSIN HCT (benazepril/HCTZ)
LOTREL(benazepril/amlodipine)
moexipril/HCTZ
PRESTALIA (perindopril/amlodipine)
PRINZIDE (lisinopril/HCTZ)
TARKA (trandolapril/verapamil)
UNIRETIC (moexipril/HCTZ)
VASERETIC (enalapril/HCTZ)
ZESTORETIC (lisinopril/HCTZ)

Non-Preferred Criteria ACE Inhibitor/CCB

- Have tried 2 different preferred *ACEI/CCB* agents in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days

ACE Inhibitor/Diuretic

- Have tried 2 different preferred *ACEI/Diuretic* agents in the past 6 months **OR**
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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)
ARB COMBINATIONS		
	ENTRESTO (valsartan/sacubitril) ^{Smart PA} irbesartan/HCTZ losartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ) olmesartan/amlodipine 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) EDARBYCLOL (azilsartan/chlorthalidone) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) olmesartan/amlodipine/HCTZ olmesartan/HCTZ telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine)

- Non-Preferred Criteria**
- Have tried 2 different preferred single entity agents in the past 6 months **OR**
 - 90 consecutive days on the requested agent in the past 105 days

- Entresto**
- Age \geq 18 years **AND**
 - Documented diagnosis of heart failure

- Non-Preferred Criteria ARB/Beta Blocker, ARB/CCB or ARB/CCB/Diuretic**
- Have tried 1 preferred ARB/CCB agent in the past 6 months **OR**
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- ARB/Diuretic**
- Have tried 2 different preferred ARB/Diuretic products in the past 6 months **OR**
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DIRECT RENIN INHIBITORS		
		TEKTURNA (aliskiren)
DIRECT RENIN INHIBITOR COMBINATIONS		
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz) VALTURNIA (aliskiren/valsartan)
ANTIBIOTICS (GI)		
	FIRVANQ (vancomycin) metronidazole neomycin tinidazole	DIFICID (fidaxomicin) FLAGYL (metronidazole) FLAGYL ER (metronidazole) paromomycin SOLOSEC (secnidazole) TINDAMAX (tinidazole) VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)
ANTIBIOTICS (MISCELLANEOUS)		
KETOLIDES		

- Non-Preferred Criteria**
- Documented diagnosis of hypertension **AND**
 - Have tried 2 different preferred ACEI or ARB single-entity products in the past 6 months **OR**
 - 90 consecutive days on the requested agent in the past 105 days
- Non-Preferred Criteria**
- Documented diagnosis of hypertension **AND**
 - Have tried 2 different preferred ACEI or ARB diuretic agents in the past 6 months **OR**
 - 90 consecutive days on the requested agent in the past 105 days

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

ANTIBIOTICS (Topical)

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bacitracin bacitracin/polymixin BACTROBAN cream (mupirocin) gentamicin sulfate mupirocin ointment	ALTABAX (retapamulin) BACTROBAN OINTMENT (mupirocin) CORTISPORIN (bacitracin/neomycin/polymyxin/HC) mupirocin cream	
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ANTIBIOTICS (VAGINAL)

CLEOCIN OVULES (clindamycin) CLINDESSE (clindamycin) metronidazole vaginal	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) clindamycin cream METROGEL (metronidazole) NUVESSA (metronidazole) VANDAZOLE (metronidazole)	
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ANTICOAGULANTS SmartPA

ORAL		
COUMADIN (warfarin) ELIQUIS (apixaban) PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban)	BEVYXXA (betrixaban) SAVAYSA (edoxaban tosylate)	<p><u>DVT Prophylaxis - following hip replacement</u> XARELTO 10MG, ELIQUIS, PRADAXA 110MG</p> <ul style="list-style-type: none"> 70 total days of therapy per calendar year Documented diagnosis of hip replacement AND duration of therapy limited to 35 days <p><u>DVT Prophylaxis - following knee replacement</u> XARELTO 10MG & ELIQUIS</p> <ul style="list-style-type: none"> 70 total days of therapy per calendar year Documented diagnosis of knee replacement AND duration of therapy limited to 12 days <p>Eliquis 5mg Starter Pack - ONLY</p>

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			<p>approved for treatment of DVT/PE</p> <p>XARELTO 2.5MG</p> <ul style="list-style-type: none"> • Documented diagnosis of coronary artery disease OR • Documented diagnosis of peripheral artery disease AND • History of therapy with aspirin in the past 30 days AND • History of 90 days therapy with anti-platelet agent in the past year OR • History of 30 days therapy with warfarin in the past year <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR • 1 claim with the same agent in the past 90 days
LOW MOLECULAR WEIGHT HEPARIN (LMWH)			
	enoxaparin	ARIXTRA (fondaparinux) fondaparinux FRAGMIN (dalteparin) LOVENOX (enoxaparin) Prefilled Syringe	<p>LMWH – All Agents</p> <ul style="list-style-type: none"> • LMWH therapy in the past 3 months AND <ul style="list-style-type: none"> ◦ Documented diagnosis of cancer OR ◦ Female and age 8 to 51 years OR • NO LMWH therapy in the past 3 months AND <ul style="list-style-type: none"> ◦ Duration of therapy is < 17 days OR ◦ Documented diagnosis of cancer OR ◦ Female and age 8 to 51 years OR

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- o Total hip/knee replacement or hip 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

<ul style="list-style-type: none"> carbamazepine carbamazepine ER DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER divalproex sprinkle EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam levetiracetam ER oxcarbazepine oxcarbazepine suspension topiramate tablet topiramate sprinkle capsule valproic acid VIMPAT (lacosamide) zonisamide 	<ul style="list-style-type: none"> APTIOM (eslicarbazepine) BANZEL (rufinamide) BRIVIACT (brivaracetam) carbamazepine XR CARBATROL (carbamazepine) DEPAKENE (valproic acid) DEPAKOTE (divalproex) EPIDIOLEX (cannabidiol) EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) FYCOMPA (perampanel) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) LAMICTAL XR (lamotrigine) lamotrigine ER/XR lamotrigine ODT NEURONTIN (gabapentin) OXTELLAR XR (oxcarbazepine) 	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 1 year - Banzel • 2 years – Epidiolex, Onfi, Sympazan <p>Quantity Limit</p> <ul style="list-style-type: none"> • 3 Twin Packs/31 days - Diastat <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days days AND documented diagnosis of seizure <p>Banzel/Onfi/Sympazan</p> <ul style="list-style-type: none"> • Documented diagnosis of Lennox-Gastaut AND • Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days days AND documented diagnosis of seizure
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		<p>POTIGA (ezogabine) QUDEXY XR (topiramate) ROWEEPRA (levetiracetam) SABRIL (vigabatrin) SPRITAM (levetiracetam) SYMPAZAN (clobazam) STAVZOR (valproic acid) SUBVENITE (lamotrigine) TEGRETOL (carbamazepine) TEGRETOL XR (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate) topiramate ER (generic Qudexy XR) Step Edit TRILEPTAL Tablets (oxcarbazepine) TRILEPTAL Suspension (oxcarbazepine) TROKENDI XR (topiramate) vigabatrin ZONEGRAN (zonisamide)</p>	<p>Epidiolex</p> <ul style="list-style-type: none"> • Documented diagnosis of Dravet syndrome OR • Documented diagnosis of Lennox-Gastaut AND • Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months OR • 1 claim for the requested agent in the past 30 days <p>Sabril Powder for Oral Solution</p> <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 <p>Topiramate ER – Step Edit</p> <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure OR • 30 day trial with topiramate IR in the past 6 months
SELECTED BENZODIAZEPINES			
	DIASTAT (diazepam rectal)	clobazam diazepam rectal gel ONFI (clobazam) ONFI SUSPENSION (clobazam)	
HYDANTOINS			

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	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
SUCCINIMIDES			
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
ANTIDEPRESSANTS, OTHER <small>SmartPA</small>			
	bupropion bupropion SR bupropion XL TRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules VIIBRYD (vilazodone)	APLENZIN (bupropion HBr) desvenlafaxine ER desvenlafaxine fumarate ER 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) PARNATE (tranylcypromine) phenelzine PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine venlafaxine XR venlafaxine ER tablets WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion HCl)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 18 years - all drugs • 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</u>' Class in the past 6 months OR • Have tried BOTH a preferred '<u>Antidepressant, SSRI</u>' and '<u>Antidepressants, Other</u>' in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days <p>Cymbalta (see Fibromyalgia Agents)</p>

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ANTIDEPRESSANTS, SSRIs SmartPA

citalopram escitalopram fluoxetine fluvoxamine paroxetine CR paroxetine IR sertraline	CELEXA (citalopram) fluoxetine DR fluvoxamine ER LEXAPRO (escitalopram) LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine suspension PAXIL CR (paroxetine) PAXIL SUSPENSION (paroxetine) PAXIL Tablets (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	<p>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 • < 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
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ANTIEMETICS SmartPA

5HT3 RECEPTOR BLOCKERS		
ondansetron ondansetron ODT ondansetron solution	ANZEMET (dolasetron) granisetron SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) ZUPLLENZ (ondansetron)	<p>Quantity Limits</p> <ul style="list-style-type: none"> • 4 tablets/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

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			Injectables in this class closed to point of sale. PA required if not administered in clinic/hospital
ANTIEMETIC COMBINATIONS			
		AKYNZEO (netupitant/palonosetron) BONJESTA (doxylamine/pyridoxine) DICLEGIS (doxylamine/pyridoxine)	
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 5-HT3 per PI
ANTIFUNGALS (Oral) SmartPA			
	clotrimazole fluconazole griseofulvin microsize suspension nystatin terbinafine	ANCOBON (flucytosine) ^ CRESEMBA (isavuconazonium) DIFLUCAN (fluconazole) flucytosine GRIFULVIN V (griseofulvin, microsize) griseofulvin microsize tablets griseofulvin ultramicrosize tablet GRIS-PEG (griseofulvin)	Minimum Age Limit <ul style="list-style-type: none"> • 4-12 years – Lamisil Granules <i>Smart PA will automatically be issued for this age range</i> • 12-17 years – griseofulvin tablets <i>Smart PA will automatically be issued for this age range</i> Non-Preferred Criteria

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itraconazole ^
ketoconazole
LAMISIL (terbinafine)
NOXAFIL (posaconazole) ^
ONMEL (itraconazole) ^
SPORANOX (itraconazole) ^
TERBINEX Kit (terbinafine/ciclopirox)
TOLSURA (itraconazole)^{NR}
VFEND (voriconazole) ^
voriconazole ^

- Have tried 2 different preferred agents in the past 6 months
- HIV opportunistic infection**
- Non-Preferred agent indicated for treatment (^) **AND**
- Documented diagnosis of HIV
- Cresemba - 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)

- Non-Preferred Criteria**
- Have tried 2 different preferred agents in the past 6 months

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ANTIFUNGAL/STEROID COMBINATIONS

	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)	
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ANTIFUNGALS (VAGINAL)

	clotrimazole vaginal cream miconazole 1, 7cream TERAZOL 3 Cream (terconazole) – currently unavailable from manufacturer tioconazole VAGISTAT 3 (miconazole) VAGISTAT 1 (tioconazole)	GYNAZOLE 1 (butoconazole) miconazole 3 vaginal cream, suppository TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole	
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ANTI-HISTAMINES, MINIMALLY SEDATING AND COMBINATIONS SmartPA

MINIMALLY SEDATING ANTI-HISTAMINES

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	cetirizine loratadine	CLARINEX (desloratadine) levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	Non-Preferred Criteria • 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-aooe) AJOVY (fremanezumab-vfrm) EMGALITY (galcanezumab-gnlm)	
ANTIMIGRAINE AGENTS, TRIPTANS <small>SmartPA</small>			
ORAL			
	rizatriptan rizatriptan ODT sumatriptan tablets	almotriptan AMERGE (naratriptan) AXERT (almotriptan) eletriptan FROVA (frovatriptan) frovatriptan IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT(rizatriptan) naratriptan RELPAK (eletriptan) TREMIMET (sumatriptan/naproxen) zolmitriptan	Minimum Age Limit – ALL FORMULATIONS • 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 • 6 tablets/31 days - Axert, Relpax Zomig

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		zolmitriptan ODT ZOMIG (zolmitriptan)	<ul style="list-style-type: none"> • 9 tablets/31 days - Amerge, Frova, Imitrex, Treximet • 12 tablets/31 days – Maxalt <p>Non-Preferred Criteria - ORAL</p> <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)	<p>Quantity Limit - NASAL</p> <ul style="list-style-type: none"> • 1 box/31 days <p>Non-Preferred Criteria - NASAL</p> <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) ZEMBRACE (sumatriptan)	<p>CUMULATIVE Quantity Limit - INJECTION</p> <p>4 injections/31 days</p>
OTHER			
		ZECUITY PATCH (sumatriptan)	<p>Quantity Limit</p> <ul style="list-style-type: none"> • 4 patches/31 days <p>Zecuity</p> <ul style="list-style-type: none"> • Have tried 2 preferred agents (oral, nasal, or injectable) in the past 90 days

***ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS**

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AFINITOR (everolimus)
 BOSULIF (bosutinib)
 CAPRELSA (vandetanib)
 COMETRIQ (cabozantinib)
 COTELLIC (cobimetinib)
 GILOTRIF (afatinib)
 GLEEVEC (imatinib mesylate)
 ICLUSIG (ponatinib)
 IMBRUVICA (ibrutinib)
 INLYTA (axitinib)
 IRESSA (gefitinib)
 JAKAFI (ruxolitinib)
 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)

ALECENSA (alectinib)
 ALUNBRIG (brigatinib)
 BRAFTOVI (encorafenib)
 COPIKTRA (duvelisib)^{NR}
 CABOMETYX (cabozantinib s-malate)
 CALQUENCE (acalabrutinib)
 DAURISMO (glasdegib)^{NR}
 ERLEADA (apalutamide)
 FARYDAK (panobinostat)
 GLEOSTINE (lomustine)
 IBRANCE (palbociclib)^{SmartPA}
 IDHIFA (enasidenib)
 imatinib
 KISQALI (ribociclib)
 LENVIMA (lenvatinib)^{SmartPA}
 LORBRENA (lorlatinib)^{SmartPA}
 LYNPARZA (olaparib)^{SmartPA}
 NERLYNX (neratinib maleate)
 MEKTOVI (binimetnib)
 RUBRACA (rucaparib)
 RYDAPT (midostaurin)
 TAGRISSO (osimertinib)
 TALZENNA (talazoparib)
 TIBSOVO (ivosidenib)
 VERZENIO (abemaciclib)
 VITRAKVI (loratreectinib)^{NR}
 VIZIMPRO (dacomitinib)
 XATMEP (methotrexate)
 XOSPATA (gilteritinib)^{NR}
 ZEJULA (niraparib)

Farydak - MANUAL PA

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

Ibrance

- 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 hepatocellular carcinoma **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

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Lynparza Tablets

- Documented diagnosis of ovarian 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) spinosad ULESFIA (benzyl alcohol)	<p>Minimum Age/Weight Limit for Pediculicides</p> <ul style="list-style-type: none"> • 50 kg - lindane shampoo • 2 months – permethrin 1%(OTC) • 6 months – Natroba, SKLICE, Ulesfia • 2 years – piperonyl/pyrethrins (OTC) • 6 years – Ovide <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • History of 2 preferred topical lice agents in the past 90 days <p>Ulesfia Ulesfia is no longer covered due to no longer being rebated.</p>
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SCABICIDES

	permethrin 5% STROMEKTOL Tablet (ivermectin)	ELIMITE (permethrin) EURAX CREAM (crotamiton) EURAX LOTION (crotamiton)	<p>Minimum Age/Weight Limit for Topical Scabicides</p> <ul style="list-style-type: none"> • 50 kg - lindane lotion • 2 months – permethrin 5% • 18 years – Eurax <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • History of permethrin 5% in the past 90 days
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ANTIPARKINSON'S AGENTS (Oral) SmartPA			
ANTICHOLINERGICS			
	benztropine trihexyphenidyl	COGENTIN (benztropine)	
Non-Preferred Criteria <ul style="list-style-type: none"> Documented diagnosis of Parkinson's disease AND Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days 			
			COMT INHIBITORS
		COMTAN (entacapone) 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)	
			Xadago: <ul style="list-style-type: none"> 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

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			the past 45 days
OTHERS			
	amantadine bromocriptine carbidopa levodopa/carbidopa	DUOPA (levodopa/carbidopa) GOCOVRI (amantadine) INBRIJA (levodopa) ^{NR} 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 and Inbrija <ul style="list-style-type: none"> • Documented diagnosis of Parkinson's disease AND • History of a carbidopa/levodopa combination product in the past 45 days
ANTIPSYCHOTICS <small>SmartPA</small>			
ORAL			
	amitriptyline/perphenazine aripiprazole clozapine fluphenazine haloperidol olanzapine olanzapine ODT perphenazine quetiapine quetiapine XR risperidone SAPHRIS (asenapine) thioridazine thiothixene	ABILIFY (aripiprazole) ABILIFY MYCITE (aripiprazole) ^{NR} ADASUVE (loxapine) aripiprazole solution aripiprazole ODT chlorpromazine clozapine ODT CLOZARIL (clozapine) FANAPT (iloperidone) FAZACLO (clozapine) GEODON (ziprasidone) HALDOL (haloperidol) INVEGA ER (paliperidone) LATUDA (lurasidone)	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 – Abilify Mycite, Amitriptyline/perphenazine, Clozaril, Fanapt, fluphenazine, Geodon, Invega, loxapine, Nuplazid, Rexulti, Vraylar,

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

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

ANTIRETROVIRALS SmartPA

SINGLE TABLET REGIMENS

BIKTARVY (bictegravir/emtricitabine/tenofovir)
GENVOYA
(elvitegravir/cobicistat/emtricitabine/tenofovir)
ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)
SYMFI (efavirenz/lamivudine/tenofovir)
SYMFI-LO (efavirenz/lamivudine/tenofovir)

ATRIPLA (efavirenz/emtricitabine/tenofovir)
COMPLERA (emtricitabine/rilpivirine/tenofovir)
DELSTRIGO (doravirine/lamivudine/tenofovir)
JULUCA (dolutegravir/rilpivirine)
STRIBILD
(elvitegravir/cobicistat/emtricitabine/tenofovir)
SYMTUZA (darunavir/cobicistat/emtricitabine/tenofovir)
TRIUMEQ (abacavir/lamivudine/ dolutegravir)

- Stribild – MANUAL PA**
- Genotype testing supporting resistance to other regimens **OR**
 - Intolerance or contraindication to preferred combination of drugs **AND**
 - Medical reasoning beyond convenience or enhanced compliance over preferred agents **AND**
 - CrCl > 70mL/min to initiate therapy **OR** CrCl >50mL/min to continue therapy

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
EMTRIVA (emtricitabine)
lamivudine
tenofovir disoproxil fumarate
ZIAGEN Solution (abacavir sulfate)
zidovudine

didanosine DR capsule
EPIVIR (lamivudine)
RETROVIR (zidovudine)
stavudine
VIDEX EC (didanosine)
VIDEX SOLUTION (didanosine)
VIREAD (tenofovir disoproxil fumarate)
ZERIT (stavudine)
ZIAGEN Tablet (abacavir sulfate)

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NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)	
EDURANT (rilpivirine) SUSTIVA (efavirenz)	efavirenz INTELENCE (etravirine) nevirapine nevirapine ER PIFELTRO (doravirine) RESCRIPTOR (delavirdine mesylate) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)
PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR	
	TYBOST (cobicistat)
PROTEASE INHIBITORS (PEPTIDIC)	
atazanavir EVOTAZ (atazanavir/cobicistat) NORVIR (ritonavir)	CRIXIVAN (indinavir) fosamprenavir INVIRASE (saquinavir mesylate) LEXIVA (fosamprenavir) REYATAZ (atazanavir) ritonavir VIRACEPT (nelfinavir mesylate)
PROTEASE INHIBITORS (NON-PEPTIDIC)	
PREZCOBIX (darunavir/cobicistat) PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir)
ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS	
	SELZENTRY (maraviroc)
ENTRY INHIBITORS – FUSION INHIBITORS	
	FUZEON (enfuvirtide)
COMBINATION PRODUCTS - NRTIs	
abacavir/lamivudine lamivudine/zidovudine	abacavir/lamivudine/zidovudine COMBIVIR (lamivudine/zidovudine)

Tybost - [MANUAL PA](#)

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		EPZICOM (abacavir/lamivudine) JULUCA (dolutegravir/rilpivirine) TRIZIVIR (abacavir/lamivudine/zidovudine)	
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOG RTIs			
	DESCOVY (emtricitabine/tenofovir alafenam) TRUVADA (emtricitabine/tenofovir)		
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & NON-NUCLEOSIDE RTIs			
	CIMDUO (lamivudine/tenofovir) ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)	ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir) DELSTRIGO (doravirine/lamivudine/tenofovir)	
COMBINATION PRODUCTS – PROTEASE INHIBITORS			
	KALETRA (lopinavir/ritonavir)	lopinavir/ritonavir	
CD4 DIRECTED HIV-1 INHIBITOR			
	TROGARZO (ibalizumab)		
ANTIVIRALS (Oral)			
ANTI-CYTOMEGALOVIRUS AGENTS			
	valganciclovir tablets	PREVYMIS (letermovir) VALCYTE (valganciclovir) valganciclovir solution	valganciclovir solution – automatic approval for age <12 years
ANTI-CYTOMEGALOVIRUS AGENTS			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) SITAVIG (acyclovir)	

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		VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
ANTI-INFLUENZA AGENTS			
	oseltamivir TAMIFLU (oseltamivir)	FLUMADINE (rimantadine) RAPIVAB (peramivir) RELENZA (zanamivir) rimantadine XOFLUZA (baloxavir marboxil)	
ANTIVIRALS (Topical)			
	ZOVIRAX Cream (acyclovir)	acyclovir ointment DENAVIR (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir)	
AROMATASE INHIBITORS			
	anastrozole ARIMIDEX (anastrozole) exemestane letrozole	AROMASIN (exemestane) FEMARA (letrozole)	
ATOPIC DERMATITIS			
	SmartPA ELIDEL (pimecrolimus) EUCRISA (crisaborole)	DUPIXENT (dupilumab) pimecrolimus PROTOPIC (tacrolimus) tacrolimus	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 2 years – Elidel, Eucrisa, Protopic 0.03% • 6 years – Protopic 0.1% <p>Eucrisa</p> <ul style="list-style-type: none"> • 1 claim for topical steroid or Elidel in the past year <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred agent in the

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past 6 months

Dupixent- [MANUAL PA](#)

BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS SmartPA

acebutolol atenolol bisoprolol BYSTOLIC (nebivolol) Step Edit metoprolol metoprolol ER nadolol pindolol propranolol propranolol ER sotalol	BETAPACE (sotalol) betaxolol CORGARD (nadolol) HEMANGEOL (propranolol) INDERAL LA (propranolol) INDERAL XL (propranolol) INNOPRAN XL (propranolol) KAPSPARGO SPRINKLES (metoprolol) KERLONE (bextaxolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) SOTYLIZE (sotalol) TENORMIN (atenolol) TOPROL XL (metoprolol) ZEBETA (bisoprolol)	<p>Bystolic – Step Edit</p> <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days OR • Have tried 1 preferred agent in the past 6 months <p>Non-Preferred Criteria – All Agents</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
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BETA- AND ALPHA-BLOCKERS

carvedilol labetalol	carvedilol CR COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	<p>Coreg CR</p> <ul style="list-style-type: none"> • Documented diagnosis for hypertension AND • Have tried generic carvedilol AND 1 preferred agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
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BETA BLOCKER/DIURETIC COMBINATIONS

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	atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ timolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	
ANTIANGINALS			
		RANEXA (ranolazine)	Ranexa <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 SmartPA			
	oxybutynin ER oxybutynin IR TOVIAZ (fesoterodine fumarate)	darifenacin DETROL (tolterodine) DETROL LA (tolterodine)	Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months

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DITROPAN XL (oxybutynin)
ENABLEX (darifenacin)
GELNIQUE (oxybutynin)
MYRBETRIQ (mirabegron)
OXYTROL (oxybutynin)
SANCTURA (trospium)
SANCTURA XR (trospium)
tolterodine
tolterodine ER
trospium
trospium ER
VESICARE (solifenacin)

BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA

BISPHOSPHONATES

alendronate
BINOSTO (alendronate)
risedronate

ACTONEL (risedronate)
ACTONEL WITH CALCIUM (risedronate/calcium)
alendronate solution
ATELVIA (risedronate)
BONIVA (ibandronate)
DIDRONEL (etidronate)
FOSAMAX (alendronate)
FOSAMAX PLUS D (alendronate/vitamin D)
ibandronate
PROLIA (denosumab)
XGEVA (denosumab)

Non-Preferred Criteria

- Documented diagnosis for osteoporosis or osteopenia **AND**
- Have tried 2 different preferred agents in the past 6 months

OTHERS

calcitonin salmon
FORTICAL (calcitonin)

EVISTA (raloxifene)
FORTEO (teriparatide)
MIACALCIN (calcitonin)
raloxifene
TYMLOS (abaloparatide)

BPH AGENTS SmartPA

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ALPHA BLOCKERS		
	alfuzosin doxazosin tamsulosin terazosin	CARDURA (doxazosin) CARDURA XL (doxazosin) dutasteride/tamsulosin FLOMAX (tamsulosin) HYTRIN (terazosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) silodosin UROXATRAL (alfuzosin)
		<p>Female</p> <ul style="list-style-type: none"> Cardura, Flomax, Proscar, terazosin, or Uroxatral AND a documented diagnosis based on a state accepted diagnosis <p>Non-Preferred Criteria - MALE</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
5-ALPHA-REDUCTASE (5AR) INHIBITORS		
	finasteride	AVODART (dutasteride) dutasteride PROSCAR (finasteride)
PDE5 INHIBITORS		
		CIALIS (tadalafil)
BRONCHODILATORS & COPD AGENTS		
ANTICHOLINERGICS & COPD AGENTS		
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA HANDIHALER (tiotropium) TUDORZA PRESSAIR (aclidinium)	DALIRESP (roflumilast) INCRUSE ELLIPTA (umeclidinium) SEEBRI (glycopyrrolate) SPIRIVA RESPIMAT (tiotropium) YUPELRI (revefenacin) ^{NR}
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS		
	albuterol/ipratropium BEVESPI (glycopyrrolate/formoterol)	ANORO ELLIPTA (umeclidinium/vilanterol) COMBIVENT RESPIMAT (albuterol/ipratropium) ^{* SmartPA} STIOLTO RESPIMAT (tiotropium/olodaterol)
		<p>Combivent Respimat</p> <ul style="list-style-type: none"> 1 claim for a Combivent Respimat in the past 90 days

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TRELEGY ELLIPTA (fluticasone furoate/
umeclidinium/vilanterol)
UTIBRON (indacaterol/glycopyrrolate)

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

Xopenex HFA Criteria

- 1 claim for a preferred albuterol inhaler in the past 30 days

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

BROVANA (arformoterol)
levalbuterol
LONHALA MAGNAIR (glycopyrrolate)
metaproterenol
PERFOROMIST (formoterol)

Minimum Age Limit

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

Non-Preferred Criteria

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		XOPENEX (levalbuterol)	<ul style="list-style-type: none"> 1 claim for a different preferred agent in the past 6 months OR 3 claims with the requested agent in the past 105 days <p>Xopenex</p> <ul style="list-style-type: none"> 1 claim for a albuterol in the past 30 days
ORAL			
	albuterol ER albuterol IR metaproterenol terbutaline	VOSPIRE ER (albuterol)	
CALCIUM CHANNEL BLOCKERS <small>SmartPA</small>			
SHORT-ACTING			
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine NYMALIZE SOLUTION (nimodipine) PROCARDIA (nifedipine)	<p>Quantity Limit - nimodipine</p> <ul style="list-style-type: none"> 252 tablets/ 21 days 2520 mL/21 days <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred <u>Short Acting</u> CCB agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days <p>nimodipine</p> <ul style="list-style-type: none"> Documented diagnosis of subarachnoid hemorrhage in the past 45 days AND Duration of therapy = 21 days
LONG-ACTING			

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amlodipine
DILT XR 24 HR Caps (diltiazem)
diltiazem ER Cap 24 HR (generic Cardizem CD)
diltiazem ER Cap 24 HR
felodipine ER
nifedipine ER
verapamil ER

ADALAT CC (nifedipine)
CALAN SR (verapamil)
CARDENE SR (nicardipine)
CARDIZEM CD (diltiazem)
CARDIZEM LA (diltiazem)
DILACOR XR (diltiazem)
diltiazem ER Cap 12 HR
diltiazem ER Tab 24 HR
nisoldipine
NORVASC (amlodipine)
PROCARDIA XL (nifedipine)
SULAR (nisoldipine)
TIAZAC (diltiazem)
verapamil ER PM
VERELAN/VERELAN PM (verapamil)

Non-Preferred Criteria

- Have tried 2 different preferred Long Acting CCB agents in the past 6 months OR
- 90 consecutive days on the requested agent in the past 105 days

CALORIC AGENTS

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

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

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

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CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)		
BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS		
amoxicillin/clavulanate amoxicillin/clavulanate XR	AUGMENTIN 125 and 250 Suspension (amoxicillin/clavulanate) AUGMENTIN (amoxicillin/clavulanate) Tablets AUGMENTIN XR (amoxicillin/clavulanate) MOXATAG (amoxicillin)	
CEPHALOSPORINS – First Generation SmartPA		
cefadroxil cephalexin capsules cephalexin suspension	cephalexin tablets DAXBIA (cephalexin) KEFLEX (cephalexin)	Non-Preferred Criteria – all generations • Have tried 2 different preferred agents in the past 6 months
CEPHALOSPORINS – Second Generation SmartPA		
cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)	
CEPHALOSPORINS – Third Generation SmartPA		
cefdinir suspension cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	Maximum Age Limit • 18 years – cefdinir suspension
COLONY STIMULATING FACTORS SmartPA		
GRANIX (tbo-filgrastim) NEUPOGEN Vial (filgrastim)	FULPHILA (pegfilgrastim) LEUKINE (sargramostim) NEUPOGEN Syringe (filgrastim) NEULASTA (pegfilgrastim)	Non-Preferred Criteria • MANUAL PA Neupogen Syringe – use preferred

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NIVESTYM (filgrastim-aafi)
UDENYCA (pegfilgrastim-cbqv)^{NR}
ZARXIO (filgrastim)

Neupogen Vial

CYSTIC FIBROSIS AGENTS SmartPA

tobramycin(generic TOB I) labeler 00093,00781, 65162, 17478

BETHKIS (tobramycin)
CAYSTON (aztreonam)
COLY-MYCIN M (colistimethate sodium)
KALYDECO (ivacaftor)
KITABIS (tobramycin)
ORKAMBI (lumacaftor/ivacaftor)
PULMOZYME (dornase alfa)
SYMDEKO (tezacaftor/ivacaftor)
TOBI (tobramycin)
TOBI PODHALER (tobramycin)
tobramycin (generic Kitabis) labeler 70644

Minimum Age Limits

- **3 months** – Pulmozyme
- **1 year** – Kalydeco Granules
- **2 years** – Coly-Mycin M, Orkambi Granules
- **6 years** – Bethkis, Kalydeco Tablet, Kitabis, Orkambi 100/125mg Tablet, TOBI, TOBI Podhaler
- **7 years** – Cayston
- **12 years** – Orkambi 200/125mg Tablet, Symdeko

Maximum Age Limits

- **11 years** – Kalydeco and Orkambi Granules

All Agents

- Documented diagnosis Cystic Fibrosis

Kalydeco, Orkambi & Symdeko

- **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

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CYTOKINE & CAM ANTAGONISTS

<p>COSENTYX (secukinumab) ^{SmartPA} ENBREL (etanercept) HUMIRA (adalimumab) methotrexate</p>	<p>ACTEMRA (tocilizumab) CIMZIA (certolizumab) ENTYVIO (vedolizumab) ILARIS (canakinumab) ILUMYA (tildrakizumab) INFLECTRA (infliximab) KEVZARA (sarilumab) KINERET (anakinra) OLUMIANT (baricitinib) ORENCIA (abatacept) 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)</p>	<p>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.</p> <p>Cosentyx</p> <ul style="list-style-type: none"> • ≥ 18 years = Minimum Age • Documented diagnosis of plaque psoriasis, psoriatic arthritis or ankylosing spondylitis in the past 2 years AND • 90 consecutive days of Humira in the past year
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ERYTHROPOIESIS STIMULATING PROTEINS ^{SmartPA}

<p>EPOGEN (rHuEPO) MIRCERA (methoxy polyethylene glycol-epoetin-beta)</p>	<p>ARANESP (darbepoetin) RETACRIT (rHuEPO)</p>	<p>Mircera</p> <ul style="list-style-type: none"> • Documented diagnosis chronic renal failure in the past 2 years
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	PROCRIT (rHuEPO)		<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • 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
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)	<p>Cymbalta (see Antidepressant, Other)</p> <p>Minimum Age Limit – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder)</p>
FLUOROQUINOLONES (Oral) ^{SmartPA}			
	ciprofloxacin tablets levofloxacin tablets	AVELOX (moxifloxacin) BAXDELA (delafloxacin) CIPRO (ciprofloxacin) CIPRO SUSPENSION (ciprofloxacin) CIPRO XR (ciprofloxacin) ciprofloxacin ER ciprofloxacin suspension FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin solution moxifloxacin NOROXIN (norfloxacin) ofloxacin	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • 1 claim for a preferred agent in past 30 days <p>Cipro Suspension for age < 12 years</p> <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 <p>Levaquin solution for age < 12 years</p>

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			<ul style="list-style-type: none"> • Anthrax infection or exposure OR • 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months AND <ul style="list-style-type: none"> ◦ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide • Cipro suspension in the past 3 months
GAUCHER'S DISEASE			
	ELELYSO (taliglucerase alfa) ZAVESCA (miglustat)	CERDELGA (eliglustat) CEREZYME(imiglucerase) VPRIV (velaglucerase alfa)	
GENITAL WARTS & ACTINIC KERATOSIS AGENTS			
	ALDARA (imiquimod) ^{Age Edit} CONDYLOX (podofilox) ^{Age Edit} podofilox ^{Age Edit}	CARAC (fluorouracil) diclofenac 3% gel ^{Age Edit} imiquimod ^{Age Edit} EFUDEX (fluorouracil) fluorouracil 0.5% cream fluorouracil 5% cream PICATO (ingenol) ^{Age Edit} SOLARAZE (diclofenac) TOLAK (fluorouracil) VEREGEN (sinecatechins) ^{Age Edit} ZYCLARA (imiquimod) ^{Age Edit}	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 12 years – Aldara • 18 years – Condylox, Picato, Veregen
GLUCOCORTICOIDS (Inhaled) ^{SmartPA}			
GLUCOCORTICOIDS			
	budesonide 0.25mg and 0.5mg PULMICORT FLEXHALER (budesonide) QVAR REDHALER (beclomethasone dipropionate)	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ARMONAIR RESPICLICK (fluticasone) ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) ASMANEX TWISTHALER (mometasone)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days OR • Have tried 1 preferred agent in the past 6 months <p>Flovent HFA 44 & 110 mcg –</p>

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		budesonide 1mg FLOVENT DISKUS(fluticasone) FLOVENT HFA (fluticasone) PULMICORT (budesonide) Respules QVAR (beclomethasone dipropionate)	automatic approval for age <12 years <i>NOTE:</i> Institutional sized products are Non-Preferred
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) fluticasone/salmeterol WIXELA INHUB (fluticasone/salmeterol) ^{NR}	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 DR (pantoprazole)	

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		rabeprazole	
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) ZOMACTON (somatropin) ZORBTIVE (somatropin)	<p>All Agents for Age ≥ 18 years</p> <ul style="list-style-type: none"> Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome or an approvable indication OR Documented procedure of cranial irradiation <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 1 preferred agent in the past 6 months OR 84 consecutive days on the requested agent in the past 105 days
H. PYLORI COMBINATION TREATMENTS			
	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)	lansoprazole, amoxicillin, clarithromycin OMECLAMOX (omeprazole, clarithromycin, amoxicillin) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	<p>Quantity Limit</p> <ul style="list-style-type: none"> 1 treatment course/year
HEPATITIS B TREATMENTS			
	entecavir EPIVIR HBV SOLUTION (lamivudine) lamivudine HBV	adefovir dipivoxil BARACLUDE (entecavir) EPIVIR HBV TABLET (lamivudine)	

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	tenofovir disoproxil fumarate	HEPSERA (adefovir dipivoxil) TYZEKA (telbivudine) VEMLIDY (tenofovir alafenamide fumarate) VIREAD (tenofovir disoproxil fumarate)	
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HEPATITIS C TREATMENTS

	EPCLUSA (sofosbuvir/velpatasvir) ∞ MAVYRET (glecaprevir/pibrentasvir)∞ PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets ZEPATIER (elbasvir/grazoprevir)∞	COPEGUS (ribavirin) DAKLINZA (daclatasvir) ∞ HARVONI (ledipasvir/sofosbuvir)∞ MODERIBA (ribavirin) OLYSIO (simeprevir) REBETOL (ribavirin) RIBASPHERE (ribavirin) RIBASPHERE RIBAPAK DOSEPACK (ribavirin) ribavirin capsules sofosbuvir/velpatasvir 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
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HEREDITARY ANGIOEDEMA

	FIRAZYR SYRINGE (icatibant acetate)	BERINERT (C1 esterase inhibitor) CINRYZE VIAL (C1 esterase inhibitor) HAEGARDA (C1 esterase inhibitor) KALBITOR VIAL (ecallantide) RUCONEST VIAL (C1 esterase inhibitor, recombinant) TAKHZYRO (lanadelumab-flyo)	
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HYPERURICEMIA & GOUT SmartPA

	allopurinol	colchicine tablet	Non-Preferred Criteria • Have tried 2 different preferred agents
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colchicine capsule probenecid probenecid/colchicine	COLCRYS (colchicine) DUZALLO (lesinurad/allopurinol) MITIGARE (colchicine) ULORIC (febuxostat) ZURAMPIC (lesinurad) ZYLOPRIM (allopurinol)	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 oxidase inhibitor per PI
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HYPOGLYCEMICS, BIGUANIDES SmartPA

metformin HCL tablet metformin HCL ER 24HR tablet (generic GlucophageXR)	FORTAMET ER GLUCOPHAGE (metformin) GLUCOPHAGE XR (metformin ER) GLUMETZA (metformin ER) metformin 24HR (generic Fortamet) metformin 24 HR(generic Glumetza) RIOMET SOLUTION* (metformin)	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 Riomet Solution <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days
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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) * OSEN (alogliptin/pioglitazone)	MANUAL PA <ul style="list-style-type: none"> • 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 <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
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			<p>classes</p> <p>Kombiglyze XR and Onglyza Criteria</p> <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days
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HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS SmartPA

	BYDUREON (exenatide) BYETTA (exenatide) VICTOZA (liraglutide)	ADLYXIN (lixisenatide) BYDUREON BCISE (exenatide) OZEMPIC (semaglutide) SOLIQUA (insulin glargine/lixisenatide) SYMLIN (pramlintide) TRULICITY (dulaglutide) XULTOPHY (insulin degludec/ liraglutide)	<p>MANUAL PA</p> <ul style="list-style-type: none"> • 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 <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 <p>Symlin is excluded from all criteria</p>
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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)	<p>Insulin pen formulations are not covered for Long Term Care (LTC) beneficiaries.</p> <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Documented diagnosis of Diabetes Mellitus AND • Have tried 1 preferred product in the past 6 months
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NOVOLIN FLEXPEN (insulin)
NOVOLIN VIAL (insulin)
TOUJEO (insulin glargine)
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
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 - 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)

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QTERN (dapagliflozin/saxagliptin)
SEGLUROMET (ertugliflozin/metformin)
STEGLUJAN (ertugliflozin/sitagliptin)
SYNJARDY XR (empagliflozin/metformin)
XIGDUO XR (dapagliflozin/metformin)

HYPOGLYCEMICS, TZDS

THIAZOLIDINEDIONES

pioglitazone

ACTOS (pioglitazone)
AVANDIA (rosiglitazone)

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

TZD COMBINATIONS

pioglitazone/metformin

ACTOPLUS MET (pioglitazone/metformin)
ACTOPLUSMET XR (pioglitazone/metformin)
AVANDAMET (rosiglitazone/metformin)
AVANDARYL (rosiglitazone/glipizide)
DUETACT (pioglitazone/glimepiride)
pioglitazone/glimepiride

IDIOPATHIC PULMONARY FIBROSIS SmartPA

ESBRIET (pirfenidone)
OFEV (nintedanib)

All Agents

- Documented diagnosis Idiopathic Pulmonary Fibrosis
- Esbriet & OFEV**
- No concurrent therapy with either agent

IMMUNOSUPPRESSIVE (ORAL) SmartPA

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

ASTAGRAF XL (tacrolimus)
ENVARUSUS XR (tacrolimus)
HECORIA (tacrolimus)
mycophenolic acid
PROGRAF (tacrolimus)

Minimum Age Limit

- 13 years - Rapamune
- 18 years - Zortress

Astagraf, Cellcept, Envarsus XR, Hecoria, Prograf

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

Azasan

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

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

- Documented diagnosis of kidney transplant

Zortress

- Documented diagnosis of kidney transplant or liver 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
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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 mometasone NASONEX (mometasone) OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide) TICANASE KIT (flonase kit)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Documented diagnosis for allergic rhinitis AND • Have tried 2 different preferred agents in the past 6 months <p>Budesonide <i>Smart PA will be issued for pregnant women.</i></p>

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

- 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)

MOTEGRITY (prucalopride)^{NR}
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, MOTEGRITY, 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 24MCG, 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)
SHORT BOWEL SYNDROME AND SELECTED GI AGENTS		
		FULYZAQ (crofelemer) GATTEX (teduglutide) MYTESI (crofelemer) NUTRESTORE POWDER PACK (glutamine) XERMELO (telotristat ethyl) ZORBTIVE (somatropin)

Viberzi

- Documented diagnosis of Irritable Bowel Syndrome – Diarrhea Dominant (IBS-D) in the past year

Lotronex

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

Xifaxan - (see Antibiotics, GI)

Carcinoid Syndrome Agent
XERMELO

- Documented diagnosis of carcinoid syndrome in the past year **AND**
- 1 claim for a somatostatin analog in the past 30 days

HIV/AIDS Non-infectious Diarrhea
FULYZAQ, MYTESI

- 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

Short Bowel Syndrome (SBS)
GATTEX, NUTRESTORE, ZORBTIVE

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

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			<p>hypertriglyceridemia OR</p> <ul style="list-style-type: none"> o 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) TRIGLIDE (fenofibrate) TRILIPIX (fenofibric acid)	<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
MTP INHIBITOR			
		JUXTAPID (lomitapide)	<u>MANUAL PA</u>

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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 SmartPA

STATINS

atorvastatin
fluvastatin
LESCOL (fluvastatin)
LESCOL XL (fluvastatin)
lovastatin
pravastatin
rosuvastatin
simvastatin

ALTOPREV (lovastatin)
CRESTOR (rosuvastatin)
FLOLIPID (simvastatin)
fluvastatin ER
LIPITOR (atorvastatin)
LIVALO (pitavastatin)
MEVACOR (lovastatin)
PRAVACHOL (pravastatin)
ZOCOR (simvastatin)
ZYPITAMAG (pitavastatin)

Simvastatin 80mg

- 12 months of therapy with simvastatin 80mg **AND**
- NO myopathy contraindication

Non-Preferred Criteria

- Have tried 2 different preferred statin or statin combination agents in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days

STATIN COMBINATIONS

SIMCOR (simvastatin/niacin)
VYTORIN (simvastatin/ezetimibe)

ADVICOR (lovastatin/niacin)
atorvastatin/amlodipine
CADUET (atorvastatin/amlodipine)
ezetimibe/simvastatin

Non-Preferred Criteria

- Have tried 2 different preferred statin or statin combination agents in the past 6 months **OR**

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LIPTRUZET (atorvastatin/ezetimibe)

- 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)
SYMJEPI (epinephrine)^{NR}

- Quantity Limits**
- 2 kits/31 days

MISCELLANEOUS

alprazolam
hydroxyurea
hydroxyzine hcl syrup
hydroxyzine pamoate
MAKENA (hydroxyprogesterone caproate)
megestrol suspension 625mg/5mL

alprazolam ER^{SmartPA}
ENDARI (glutamine)
hydroxyprogesterone caproate
hydroxyzine hcl tablets
KORLYM (mifepristone)
MEGACE ES (megestrol)
SIKLOS (hydroxyurea)
VISTARIL (hydroxyzine pamoate)

- Alprazolam ER CUMULATIVE quantity limit**
- 31 tablets/31 days
 - **Exception** –previously stable on 2 tablets/day in the past 90 days
- Hydroxyzine hcl 10mg tablets**
- 6-12 years - *Smart PA will automatically be issued for this age range*

SUBLINGUAL ALLERGEN EXTRACT IMMUNOTHERAPY

GRASTEK
ORALAIR
RAGWITEK

SUBLINGUAL NITROGLYCERIN

nitroglycerin lingual 12gm
nitroglycerin sublingual
NITROLINGUAL PUMPSPRAY (nitroglycerin)

nitroglycerin lingual 4.9gm
NITROLINGUAL (nitroglycerin) 4.9gm
NITROMIST (nitroglycerin)

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	12gm NITROSTAT SUBLINGUAL (nitroglycerin)		
MOVEMENT DISORDER AGENTS SmartPA			
	INGREZZA (valbenazine) tetrabenazine	AUSTEDO (deutetrabenazine) XENAZINE (tetrabenazine)	<p>Ingrezza:</p> <ul style="list-style-type: none"> • MANUAL PA <p>tetrabenazine:</p> <ul style="list-style-type: none"> • Documented diagnosis of Huntington's Chorea <p>Non-Preferred Criteria</p> <p>Austedo:</p> <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 preferred tetrabenazine in the past 6 months
MULTIPLE SCLEROSIS AGENTS SmartPA			
	AUBAGIO (teriflunomide) AVONEX (interferon beta-1a) AVONEX PEN (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE 20mg (glatiramer) GILENYA (fingolimod) REBIF (interferon beta-1a) REBIF REBIDOSE (interferon beta-1a)	AMPYRA (dalfampridine) COPAXONE 40mg (glatiramer) EXTAVIA (interferon beta-1b) glatiramer GLATOPA (glatiramer) OCREVUS (ocrelizumab) PLEGRIDY (interferon beta-1a) TECFIDERA (dimethyl fumarate) ZINBRYTA (daclizumab)	<p>All Agents</p> <ul style="list-style-type: none"> • Documented diagnosis of multiple sclerosis <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR • 3 claims with the requested agent in the last 105 days <p>Ampyra – MANUAL PA</p> <ul style="list-style-type: none"> • 18 years – minimum age limit AND • 60 tablets/30 days (2 tablets/day) – quantity limit AND • Documented gait disorder associated

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- 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
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NSAIDS SmartPA

NON-SELECTIVE		
diclofenac EC diclofenac IR diclofenac SR etodolac IR tab flurbiprofen ibuprofen indomethacin ketoprofen ketorolac nabumetone naproxen 250mg and 500mg piroxicam sulindac	ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac) CATAFLAM (diclofenac) DAYPRO (oxaprozin) etodolac cap etodolac tab SR FELDENE (piroxicam) FENORTHO (fenoprofen) fenoprofen INDOCIN capsules, suspension & suppositories (indomethacin) indomethacin cap ER ketoprofen ER	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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		meclfenamate mefenamic acid NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) naproxen 275mg and 550mg NUPRIN (ibuprofen) oxaprozin PONSTEL (mefenamic acid) PROFENO (fenoprofen) SPRIX NASAL SPRAY (ketorolac) TIVORBEX (indomethacin) tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac) ZORVOLEX (diclofenac)	
NSAID/GI PROTECTANT COMBINATIONS			
		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months
COX II SELECTIVE			
	meloxicam	CELEBREX (celecoxib) celecoxib MOBIC (meloxicam) 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

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- 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
 ciprofloxacin
 erythromycin
 GENTAK Ointment (gentamicin)
 gentamicin
 ILOTYCIN (erythromycin)
 moxifloxacin
 ofloxacin
 polymyxin/trimethoprim
 tobramycin

AZASITE (azithromycin)
 bacitracin
 BESIVANCE (besifloxacin)
 BLEPH-10 (sulfacetamide)
 CILOXAN Ointment (ciprofloxacin)
 CILOXAN Solution (ciprofloxacin)
 GARAMYCIN (gentamicin)
 gatifloxacin
 levofloxacin
 MOXEZA (moxifloxacin)
 NATACYN (natamycin)
 neomycin/bacitracin/polymyxin b
 NEO-POLYCIN (neomy/baci/polymyxin b)
 NEOSPORIN (bacitracin/neomycin/gramicidin)
 (oxy-tcn/polymyx sul)
 OCUFLOX (ofloxacin)
 POLYTRIM (polymyxin/trimethoprim)
 sulfacetamide
 TOBEX drops (tobramycin)
 TOBEX ointment (tobramycin)
 VIGAMOX (moxifloxacin)
 ZYMAR (gatifloxacin)
 ZYMAXID (gatifloxacin)

ANTIBIOTIC STEROID COMBINATIONS

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neomycin/bacitracin/polymyxin/hc ointment 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/polymyxin/gramicidin neomycin/polymyxin/hydrocortisone TOBRADEX ST SUSPENSION (tobramycin/dexamethasone) tobramycin/dexamethasone
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OPHTHALMIC ANTI-INFLAMMATORIES SmartPA

dexamethasone diclofenac DUREZOL (difluprednate) FLAREX (fluorometholone) fluorometholone flurbiprofen FML (fluorometholone) FML FORTE (fluorometholone) FML SOP (fluorometholone) ketorolac MAXIDEX (dexamethasone) NEVANAC (nepafenac) prednisolone acetate prednisolone NA phosphate PRED MILD (prednisolone) VEXOL (rimexolone)	ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac BROMSITE (bromfenac) ILEVRO (nepafenac) INVELTYS (loteprednol etabonate) LOTEMAX (loteprednol) OCUFEN (flurbiprofen) OMNIPRED (prednisolone) PRED FORTE (prednisolone) PROLENSA (bromfenac) VOLTAREN (diclofenac)	<p style="color: red;">Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months
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OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS SmartPA

ALREX (loteprednol) azelastine cromolyn olopatadine 0.1%	ALAMAST (pemirolast) ALOCRIAL (nedocromil) ALOMIDE (Iodoxamide) BEPREVE (bepotastine) ELESTAT (epinastine) EMADINE (emedastine)	<p style="color: red;">Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months
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epinastine
LASTACFT (alcaftadine)
olopatadine 0.2%
OPTIVAR (azelastine)
PATADAY (olopatadine)
PATANOL (olopatadine)
PAZEO (olopatadine)

OPHTHALMIC, DRY EYE AGENTS

	RESTASIS droperette (cyclosporine)	CEQUA (cyclosporine 0.09%) ^{NR} RESTASIS Multidose (cyclosporine) XIIDRA (lifitegrast) ^{Smart PA}	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> 16 years – Restasis 17 years – Xiidra 18 years – Cequa <p>Quantity Limits</p> <ul style="list-style-type: none"> 5.5 mL/31 days – Restasis Multidose 60 units/31 days – Cequa, Restasis droperette, Xiidra <p>Non-Preferred Criteria:</p> <ul style="list-style-type: none"> History of 4 claims for Restasis in the past 6 months
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OPHTHALMIC, GLAUCOMA AGENTS ^{SmartPA}

BETA BLOCKERS			
	BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol drops 0.25%, 0.5%	BETAGAN (levobunolol) betaxolol BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel timolol daily drop 0.5% (generic Istalol) TIMOPTIC (timolol)	<p>Non-Preferred Criteria</p> <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

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		TIMOPTIC XE (timolol)
CARBONIC ANHYDRASE INHIBITORS		
	dorzolamide	AZOPT (brinzolamide) 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	bimatoprost LUMIGAN (bimatoprost) RESCULA (unoprostone) TRAVATAN Z (travoprost) travoprost XALATAN (latanoprost) XELPROS (latanoprost) VYZULTA (latanoprostene bunod) ZIOPTAN (tafluprost)
RHO KINASE INHIBITORS		
	RHOPRESSA (netarsudil)	
SYMPATHOMIMETICS		

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ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine 0.2%	brimonidine 0.15% dipivefrin PROPINE (dipivefrin)
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OPIATE DEPENDENCE TREATMENTS

DEPENDENCE		
naltrexone tablets SUBOXONE FILM (buprenorphine/naloxone) ^{SmartPA}	buprenorphine tablets buprenorphine/naloxone film buprenorphine/naloxone tablets BUNAVAIL (buprenorphine/naloxone) LUCEMYRA (lofexidine) PROBUPHINE (buprenorphine) SUBLOCADE (buprenorphine) VIVITROL (naltrexone) ZUBSOLV (buprenorphine/naloxone)	<p>Buprenorphine/Naloxone and buprenorphine:</p> <p>Suboxone</p> <ul style="list-style-type: none"> Detailed buprenorphine/naloxone and buprenorphine criteria found here <p>Non-Preferred Criteria:</p> <ul style="list-style-type: none"> Bunavail is preferred over Zubsolv and other generic forms of buprenorphine/naloxone <p>Bunavail</p> <p><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 past 3 months AND All other buprenorphine/naloxone criteria found here <p>Probuphine, Sublocade, Vivitrol - <u>MANUAL PA</u></p>
TREATMENT		
naloxone injection NARCAN NASAL SPRAY (naloxone)	EVZIO (naloxone)	

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OTIC ANTIBIOTICS			
	CIPRODEX (ciprofloxacin/dexamethasone) ^{Age Edit} CIPRO HC (ciprofloxacin/hydrocortisone) ^{Age Edit} COLY-MYCIN S (colistin/neomycin/hydrocortisone) ofloxacin	ciprofloxacin CORTISPORIN-TC (colistin/neomycin/hydrocortisone) DERMOTIC (fluocinolone) neomycin/polymyxin/hydrocortisone OTIPRIO (ciprofloxacin) OTOVEL (ciprofloxacin/fluocinolone)	Maximum Age Limit <ul style="list-style-type: none"> • 9 years - Cipro HC
PANCREATIC ENZYMES ^{SmartPA}			
	CREON (pancreatin) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) pancrelipase PERTZYE (pancrelipase) ULTRESA (pancrelipase) VIOKACE (pancrelipase)	Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months
PARATHYROID AGENTS			
	calcitriol ergocalciferol paricalcitol ROCALTROL (calcitriol) ZEMPLAR (paricalcitol)	cinacalcet doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone) RAYALDEE (calcifediol) SENSIPAR (cinacalcet)	
PHOSPHATE BINDERS			
	calcium acetate ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) sevelamer carbonate tablets	AURYXIA (ferric citrate) FOSRENOL (lanthanum) lanthanum PHOSLO (calcium acetate) RENAGEL (sevelamer HCl) RENVELA (sevelamer carbonate) sevelamer carbonate powder packets	

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VELPHORO (sucroferric oxyhydroxide)

PLATELET AGGREGATION INHIBITORS SmartPA

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

dipyridamole/aspirin
DURLAZA ER (aspirin)
EFFIENT (prasugrel)
PERSANTINE (dipyridamole)
PLAVIX (clopidogrel)
PLETAL (cilostazol)
ticlopidine
YOSPRALA (aspirin/omeprazole)
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

PLATELET STIMULATING AGENTS

PROMACTA (eltrombopag olamine)

DOPTELET (avatrombopag maleate)
MULPLETA (lusutrombopag)
NPLATE (romiplostim)
RITUXAN (rituximab)
TAVALISSE (fostamatinib disodium)

PRENATAL VITAMINS

COMPLETE NATAL DHA
CONCEPT DHA Capsule
PRENATA CHEWABLE Tablet
PRENATAL PLUS Tablet
PRENATAL VITAMIN PLUS LOW IRON Tablet
PREPLUS Ca/Fe27/FA 1 Tablet

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

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TARON-C DHA Capsule
TRICARE PRENATAL Tablet
TRINATAL Rx 1 Tablet
TRIVEEN-DUO DHA COMBO PACK

PSEUDOBULBAR AFFECT AGENTS

		NUEDEXTA (dextromethorphan/quinidine)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days OR • Documented diagnosis for Pseudobulbar Affect
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PULMONARY ANTIHYPERTENSIVES SmartPA

ENDOTHELIN RECEPTOR ANTAGONIST

	TRACLEER (bosentan) Tablets	<p>LETAIRIS (ambrisentan)* OPSUMIT (macitentan) TRACLEER (bosentan) Suspension</p>	<p>All PAH Agents – Preferred and Non-Preferred</p> <ul style="list-style-type: none"> • Documented diagnosis of pulmonary hypertension <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
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PDE5's

	sildenafil (generic Revatio)	<p>ADCIRCA (tadalafil) REVATIO (sildenafil)</p>	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days <p>Revatio suspension</p> <ul style="list-style-type: none"> • < 12 years of age AND documented diagnosis of Pulmonary Hypertension,
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			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 Revatio tablets <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 • > 1 years of age AND Non-Preferred Criteria
PROSTACYCLINS			
	ORENITRAM ER (treprostinil)	TYVASO (treprostinil) VENTAVIS (iloprost)	Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
SELECTIVE PROSTACYCLIN RECEPTOR AGONISTS			
		UPTRAVI (selexipag)	Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
SOLUBLE GUANYLATE CYCLASE STIMULATORS			
		ADEMPAS (riociguat)	Adempas <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR

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- 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) RHOFADE (oxymetazoline HCl) ROSULA (sodium sulfacetamide/sulfur) sodium sulfacetamide/sulfur (cleanser, pads, suspension) SOOLANTRA (ivermectin) SUMADAN(sodium sulfacetamide/sulfur wash) SUMAXIN(sodium sulfacetamide/sulfur pads) SUMAXIN TS(sodium sulfacetamide/sulfur suspension)	Topical Sulfonamides used for Rosacea will require a manual PA for ≥ 21 years. Other labeled indications are limited to < 21 years.
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SEDATIVE HYPNOTICS

BENZODIAZEPINES SmartPA			
	estazolam flurazepam temazepam (15mg and 30mg)	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) quazepam 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>

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OTHERS		SmartPA
<p>zaleplon zolpidem</p>	<p>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)</p>	<ul style="list-style-type: none"> • 31 units/31 days - all strengths <p>Triazolam – CUMULATIVE Quantity limit per rolling days for all strengths</p> <ul style="list-style-type: none"> • 10 units/31 days • 60 units/365 days <p>Quantity Limits – CUMULATIVE Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i></p> <ul style="list-style-type: none"> • 31 units/31 days • 1 canister/31 days – Zolpimist & male • 1 canister/62 days – Zolpimist & female <p>Gender and Dose Limits for zolpidem</p> <ul style="list-style-type: none"> • Female - Ambien 5mg, Ambien CR 6.25mg, Intermezzo 1.75 mg • Male – all zolpidem strengths <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months <p>Hetlioz</p> <ul style="list-style-type: none"> • Circadian rhythm sleep disorder AND • Diagnosis indicating total blindness of the patient

SELECT CONTRACEPTIVE PRODUCTS

INJECTABLE CONTRACEPTIVES

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	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) 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)	<b style="color: red;">Non-Preferred Criteria <ul style="list-style-type: none"> 1 claim with the requested agent in the past 105 days

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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
DANTRIUM (dantrolene)
dantrolene
FEXMID (cyclobenzaprine)
FLEXERIL (cyclobenzaprine)
LORZONE (chlorzoxazone)
metaxalone
orphenadrine
orphenadrine compound
orphenadrine ER
PARAFON FORTE DSC (chlorzoxazone)
ROBAXIN (methocarbamol)
SKELAXIN (metaxalone)
SOMA (carisoprodol)
tizanidine capsules
ZANAFLEX (tizanidine)

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**
- 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**

Carisoprodol with codeine
[MANUAL PA](#)

SMOKING DETERRENT

NICOTINE TYPE

nicotine gum
nicotine lozenge
nicotine patch

NICODERM CQ PATCH
NICORETTE LOZENGE
NICORETTE GUM

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		NICOTROL INHALER NICOTROL NASAL SPRAY	
NON-NICOTINE TYPE			
	bupropion ER CHANTIX (varenicline)	ZYBAN (bupropion)	<p>Minimum Age Limit - Chantix</p> <ul style="list-style-type: none"> • 18 years <p>Quantity Limits</p> <ul style="list-style-type: none"> • Chantix 0.5 mg, 1mg tablets and continuing pack – 336 tablets/year • Chantix Starter – 2 treatment courses/year
STERIODS (Topical) <small>SmartPA</small>			
LOW POTENCY			
	CAPEX (fluocinolone) desonide hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTH-ES (fluocinolone) DESONATE (desonide) DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred low potency agents in the past 6 months
MEDIUM POTENCY			
	fluocinolone hydrocortisone mometasone cr, oint. prednicarbate cr PANDEL (hydrocortisone probutate)	betamethasone valerate foam CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate) ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred medium potency agents in the past 6 months

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		SYNALAR (flucinolone)	
HIGH POTENCY			
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. flucinolone 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) flucinonide HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) SERNIVO (betamethasone dipropionate) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (flucinonide)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred high potency agents in the past 6 months
VERY HIGH POTENCY			
	CLOBEX (clobetasol) clobetasol shampoo clobetasol propionate cream clobetasol propionate ointment halobetasol cream halobetasol foam halobetasol ointment	BRYHALI (halobetasol) ^{NR} 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

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STIMULANTS AND RELATED AGENTS SmartPA

SHORT-ACTING		
amphetamine salt combination dexmethylphenidate IR dextroamphetamine IR METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) dextroamphetamine solution EVEKEO (amphetamine) FOCALIN (dexmethylphenidate) methamphetamine methylphenidate chewable methylphenidate solution ZENZEDI (dextroamphetamine)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> 3 years - Adderall, Evekeo, Procentra, Zenedi 6 years – Desoxyn, Focalin, Methylin <p>Quantity Limits Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> 62 tablets/31 days –Adderall, Desoxyn, Evekeo, Focalin, Methylin, Zenedi 310 mL/31 days – Methylin solution, Procentra <p>Documented diagnosis of: <u>ADHD</u> – ALL SA AGENTS <u>Narcolepsy</u> – ADDERALL, DESOXYN, EVEKEO, METHYLIN, PROCENTRA, RITALIN, ZENZEDI</p> <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred Short Acting agents in the past 6 months OR 1 claim for a 30 day supply with the requested agent in the past 105 days
LONG-ACTING		
amphetamine salt combination ER APTENSIO XR (methylphenidate) armodafinil	ADDERALL XR (amphetamine salt combination) ADZENYS XR ODT (amphetamine) ADZENYS ER SUSPENSION (amphetamine)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> 6 years – Adderall XR, Adzenys ER Suspension, Adzenys XR ODT,

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<p>FOCALIN XR (dexamethylphenidate) methylphenidate CD (generic Metadate CD) methylphenidate ER (generic Concerta) modafinil QUILLICHEW (methylphenidate) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine) VYVANSE CHEWABLE (lisdexamfetamine)</p>	<p>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) RELEXXI (methylphenidate) RITALIN LA (methylphenidate) RITALIN SR (methylphenidate)</p>	<p>Aptensio XR, Concerta, Cotelpla XR ODT, Daytrana, Dexedrine, Dyanavel XR Focalin XR, Metadate, CD, methylphenidate ER 72mg, Quillichew, Quillivant XR, Ritalin LA, Vyvanse</p> <ul style="list-style-type: none"> • 13 years – Mydayis • 16 years – Provigil • 18 years – Nuvigil <p>Maximum Age Limit</p> <ul style="list-style-type: none"> • 18 years – Cotelpla XR ODT, Daytrana <p>Quantity Limits Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> • 31 tablets/31 days – Adderall XR, Adzenys XR ODT, Aptensio XR, Concerta 18, 27, & 54 mg, Cotelpla XR-ODT 8.6 mg, Daytrana, Dexedrine Spansule, Focalin XR, 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, Cotelpla XR-ODT 17.3 & 25.9 mg, Nuvigil 50mg • 248 mL/31 days – Dyanavel XR • 372 mL/31 days – Quillivant XR <p>Documented diagnosis of: <u>ADHD</u> – ALL LA AGENTS <i>excluding Nuvigil</i> <u>Narcolepsy</u> – ADDERALL, APTENSIO</p>
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			<p>XR, CONCERTA, DEXEDRINE, METADATE, METHYLIN ER, MYDAYIS, NUVIGIL, PROVIGIL, QUILLICHEW, QUILLIVANT, RITALIN <u>Obstructive Sleep Apnea or Shift Work Disorder</u> – NUVIGIL, PROVIGIL <u>Bipolar Depression</u> – NUVIGIL <u>Depression, Sleep Deprivation, Steinert Myotonic Dystrophy Syndrome</u> - PROVIGIL</p> <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred Long Acting agents in the past 6 months OR • 1 claim for a 30 day supply with the requested agent in the past 105 days
NON-STIMULANTS			
	<p>atomoxetine guanfacine ER Step Edit</p>	<p>clonidine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release) STRATTERA (atomoxetine)</p>	<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 for Strattera <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>Intuniv</p> <ul style="list-style-type: none"> • Have tried the short acting guanfacine in the past 6 months OR

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- 1 claim for a 30 day supply with guanfacine ER in the past 105 days

Kapvay

- 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

<p>doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR tetracycline</p>	<p>ACTICLATE (doxycycline) ADOXA (doxycycline monohydrate) demeclocycline doxycycline monohydrate caps (75mg & 150mg) doxycycline monohydrate tabs DORYX (doxycycline hyclate) DYNACIN (minocycline) MINOCIN (minocycline) minocycline ER minocycline tabs MONODOX (doxycycline monohydrate) NUZYRA (omadacycline tosylate)^{NR} OKEBO (doxycycline) ORACEA (doxycycline) SEYSARA (saracycline)^{NR} SOLODYN (minocycline) TARGADOX (doxycycline) VIBRAMYCIN cap/susp/syrup XIMINO (minocycline)</p>	<p>Non-Preferred Agents</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months <p>Demeclocycline</p> <ul style="list-style-type: none"> • Documented diagnosis of Diabetes Insipidus or SIADH will allow automatic approval.
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ULCERATIVE COLITIS and CROHN'S AGENTS SmartPA *See Cytokine & CAM Antagonists Class for additional agents

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ORAL	
APRISO (mesalamine) balsalazide DELZICOL (mesalamine) sulfasalazine	ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) budesonide EC COLAZAL (balsalazide) DIPENTUM (olsalazine) ENTOCORT EC (budesonide) GIAZO (balsalazide) LIALDA (mesalamine) mesalamine tablet PENTASA 250mg (mesalamine) PENTASA 500mg (mesalamine) UCERIS (budesonide)
RECTAL	
CANASA (mesalamine)	mesalamine ROWASA (mesalamine) SF-ROWASA (mesalamine) UCERIS Foam (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**
- 2 different preferred agents in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days

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