MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2019
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Conduent's SmartPA Pharmacy Application (SmartPA) is a proprietary electronic prior authorization system used for Medicaid fee for service claims. MSCAN plans may/may not -have electronic PA functionality. However, they must adhere to Medicaid's PA criteria.

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ACNE AGENTS			
	ANTI-INFECTIVE		**Maximum Age Limit** • **21 years** – all agents
	clindamycin (gel, lotion, solution) erythromycin	ACZONE (dapsone) AKNE-MYCIN (erythromycin) azelaic acid AZELEX (azelaic acid) CLEOCIN-T (clindamycin) CLINDAMYCIN PAC (clindamycin) CLINDAGEL (clindamycin) clindamycin foam dapsone ERY (erythromycin) ERYGEL (erythromycin) EVOCLIN (clindamycin) KLARON (sulfacetamide) sulfacetamide	
	RETINOIDS		
	RETIN-A (tretinoin) tretinoin cream	adapalene ALTRENO (tretinoin) ATRALIN (tretinoin) AVITA (tretinoin) DIFFERIN (adapalene) FABIOR (tazarotene) PLIXDA (adapalene) RETIN-A MICRO (tretinoin) tazarotene TAZORAC (tazarotene)	

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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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		tretinoin gel tretinoin micro
	COMBINATION DRUGS/OTHERS	
	EPIDUO (adapalene/benzoyl peroxide) erythromycin/benzoyl peroxide sodium sulfacetamide/sulfur cream/foam/gel	ACANYA (benzoyl peroxide/clindamycin) adapalene/benzoyl peroxide AKTIPAK (erythromycin/benzoyl peroxide) 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)

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		LAVOCLEN (benzoyl peroxide)	
	ISOTRETINOIN		
	AMNESTEEM (isotretinoin) CLARAVIS (isotretinoin) MYORISAN(isotretinoin) ZENATANE (isotretinoin)	ABSORICA (isotretinoin) isotretinoin	
ALPHA-1 PROTEINASE INHIBITORS			
	ARALAST (alpha-1 proteinase inhibitor) GLASSIA (alpha-1 proteinase inhibitor) PROLASTIN C (alpha-1 proteinase inhibitor) ZEMAIRA (alpha-1 proteinase inhibitor)		
ALZHEIMER'S AGENTS SmartPA			
	CHOLINESTERASE INHIBITORS		**All Agents** • Documented diagnosis for both preferred and Non-Preferred **Non-Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months
	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)	
	NMDA RECEPTOR ANTAGONIST		
	memantine	NAMENDA TABS (memantine)	

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		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 dihydrocodeine/ APAP/caffeine ENDOCET (oxycodone/APAP) hydrocodone/APAP hydromorphone meperidine morphine oxycodone capsules oxycodone liquid oxycodone tablets oxycodone/APAP oxycodone/aspirin oxycodone/ibuprofen pentazocine/APAP tramadol tramadol/APAP	ABSTRAL (fentanyl) ACTIQ (fentanyl) APADAZ (benzhydrocodone/APAP) benzhydrocodone/APAP butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine butorphanol tartrate (nasal) DEMEROL (meperidine) DILAUDID (hydromorphone) DVORAH (dihydrocodeine/ APAP/caffeine) 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	**MS DOM Opioid Initiative** • Short-Acting Opioids • Long-Acting Opioids • Morphine Equivalent Daily Dose • Concomitant use of Opioids and Benzodiazepines Criteria details found here **Minimum Age Limit** **18 years** – tramadol and codeine products **Quantity Limits** Applicable quantity limit in 31 rolling days. • **62 tablets** – bultalbital/codeine combinations, codeine, dihydrocodeine combinations, fentanyl, hydromorphone, levorphanol, meperidine, morphine, oxycodone, oxycodone/ibuprofen,

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		LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAGNACET (oxycodone/APAP) NALOCET (oxycodone/APAP) NORCO (hydrocodone/APAP) NUCYNTA (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXAYDO (oxycodone) pentazocine/naloxone PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) PRIMLEV (oxycodone/APAP) REPREXAINE (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) ROXICODONE (oxycodone) ROXYBOND (oxycodone) RYBIX (tramadol) SUBSYS (fentanyl) SYNALGOS-DC (dihydrocodeine/ aspirin/caffeine) TYLENOL W/CODEINE (APAP/codeine) TYLOX (oxycodone/APAP) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) VICOPROFEN (hydrocodone/ibuprofen) XODOL (hydrocodone/acetaminophen) ZAMICET (hydrocodone/APAP) ZOLVIT (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen)	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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ANALGESICS, NARCOTIC - LONG ACTING SmartPA			
	BUTRANS (buprenorphine) EMBEDA (morphine/naltrexone) fentanyl patches morphine ER tablets	ARYMO ER (morphine) BELBUCA (buprenorphine) buprenorphine patch CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EXALGO (hydromorphone) hydromorphone ER HYSINGLA ER (hydrocodone) KADIAN (morphine) methadone MORPHABOND (morphine) morphine ER capsules MS CONTIN (morphine) NUCYNTA ER (tapentadol) OPANA ER (oxymorphone) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol) XARTEMIS XR (oxycodone/APAP) XTAMPZA (oxycodone myristate) ZOHYDRO ER (hydrocodone bitartrate)	**MS DOM Opioid Initiative** • Short-Acting Opioids • Long-Acting Opioids • Morphine Equivalent Daily Dose • Concomitant use of Opioids and Benzodiazepines Criteria details found here **Minimum Age Limit** • **18 years** – Xartemis XR, Zohydro ER, tramadol products **Quantity Limits** Applicable quantity limit per rolling days • **31 tablets/31 days** - Conzip ER, Exalgo ER, Hysingla ER, Ryzolt, Ultram ER • **62 tablets/31 days –** Arymo ER, Belbuca, Embeda, Kadian, methadone, Morphabond, morphine ER, Nucynta ER, Opana ER, oxycodone ER, Oxycontin, Xtampza ER, Zohydro ER • **10 patches/31 days –** Duragesic • **4 patches/31 days –** Butrans • **40 tablets/10 days –** Xartemis XR

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			Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months **OR** • Documented diagnosis of cancer **OR** Antineoplastic therapy **AND** 90 consecutive days on the requested agent in the past 105 days
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			

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	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 VOGELXO (testosterone) XYOSTED (testosterone enanthate)	**All Agents** • Limited to male gender **Non-Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months
ANGIOTENSIN MODULATORS SmartPA			
	ACE INHIBITORS		
	benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril	ACCUPRIL (quinapril) ACEON (perindopril) ALTACE (ramipril) EPANED (enalapril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril perindopril PRINIVIL (lisinopril) QBRELIS (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	**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		

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	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** • 90 consecutive days on the requested agent in the past 105 days
	ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)		
	irbesartan losartan MICARDIS (telmisartan) telmisartan valsartan	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) candesartan COZAAR (losartan) DIOVAN (valsartan) EDARBI (azilsartan) eprosartan olmesartan TEVETEN (eprosartan)	**Non-Preferred Criteria** • 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
	ARB COMBINATIONS		
	ENTRESTO (valsartan/sacubitril)[Smart PA] irbesartan/HCTZ losartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ)	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ)	**Entresto** • Age ≥ 18 years **AND** • Documented diagnosis of heart failure

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	olmesartan/amlodipine telmisartan/HCTZ valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/HCTZ	BYVALSON (nebivolol/valsartan) candesartan/HCTZ DIOVAN-HCT (valsartan/HCTZ) EDARBYCLOR (azilsartan/chlorthalidone) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) olmesartan/amlodipine/HCTZ olmesartan/HCTZ telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine)	**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** • 90 consecutive days on the requested agent in the past 105 days **ARB/Diuretic** • Have tried 2 different preferred *ARB/Diuretic* products in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
DIRECT RENIN INHIBITORS			
		TEKTURNA (aliskiren)	**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
DIRECT RENIN INHIBITOR COMBINATIONS			
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz)	**Non-Preferred Criteria** • Documented diagnosis of hypertension **AND**

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		VALTURNA (aliskiren/valsartan)	• 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
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		
		KETEK (telithromycin)	
	LINCOSAMIDE ANTIBIOTICS		
	clindamycin capsules clindamycin solution	CLEOCIN (clindamycin) CLEOCIN SOLUTION (clindamycin)	
	MACROLIDES		

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	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 macrocyrstals	FURADANTIN (nitrofurantoin) MACROBID (nitrofurantoin monohydrate macrocyrstals) MACRODANTIN (nitrofurantoin)	
	OXAZOLIDINONES		
		SIVEXTRO (tedizolid) ZYVOX (linezolid)	**Sivextro, Zyvox - MANUAL PA** **Quantity Limit** • **6 tablets/month –** Sivextro
ANTIBIOTICS (Topical)			

	bacitracin bacitracin/polymixin gentamicin sulfate mupirocin ointment	ALTABAX (retapamulin) CORTISPORIN (bacitracin/neomycin/ polymyxin/HC) mupirocin cream	
ANTIBIOTICS (VAGINAL)			
	CLEOCIN OVULES (clindamycin) CLINDESSE (clindamycin) metronidazole vaginal	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) clindamycin cream METROGEL (metronidazole) NUVESSA (metronidazole) VANDAZOLE (metronidazole)	
ANTICOAGULANTS SmartPA			
	ORAL		
	COUMADIN (warfarin) ELIQUIS (apixaban) PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban)	BEVYXXA (betrixaban) SAVAYSA (edoxaban tosylate)	**DVT Prophylaxis - following hip replacement** XARELTO 10MG, ELIQUIS, PRADAXA 110MG • 70 total days of therapy per calendar year • Documented diagnosis of hip replacement **AND** duration of therapy limited to 35 days **DVT Prophylaxis - following knee replacement** XARELTO 10MG & ELIQUIS • 70 total days of therapy per calendar year • Documented diagnosis of knee

			replacement **AND** duration of therapy limited to 12 days **Eliquis 5mg Starter Pack - ONLY** approved for treatment of DVT/PE **XARELTO 2.5MG** • 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 **Non-Preferred Criteria** • 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	**LMWH – All Agents** • LMWH therapy in the past 3 months **AND** ○ Documented diagnosis of cancer **OR**

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			○ Female and age 8 to 51 years **OR** • NO LMWH therapy in the past 3 months **AND** ○ Duration of therapy is < 17 days **OR** ○ Documented diagnosis of cancer **OR** ○ Female and age 8 to 51 years **OR** ○ 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		
	carbamazepine carbamazepine ER DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER divalproex sprinkle EPITOL (carbamazepine) gabapentin	APTIOM (eslicarbazepine) BANZEL (rufinamide) BRIVIACT (brivaracetam) carbamazepine XR CARBATROL (carbamazepine) DEPAKENE (valproic acid) DEPAKOTE (divalproex) DIACOMIT (stiripentol) EPIDIOLEX (cannabidiol)	**Minimum Age Limit** • **1 year** - Banzel • **2 years** – Diacomit, Epidiolex,Onfi,Sympazan **Quantity Limit** • **3 Twin Packs/31 days -** Diastat **Non-Preferred Criteria**

	GABITRIL (tiagabine) lamotrigine levetiracetam levetiracetam ER oxcarbazepine oxcarbazepine suspension topiramate tablet topiramate sprinkle capsule valproic acid VIMPAT (lacosamide) zonisamide	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) 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)	• 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 **Banzel/Onfi/Sympazan** • 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 **Diacomit** • Documented diagnosis of Dravet syndrome **AND** • Active claim for clobazam **Epidiolex** • 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

		TROKENDI XR (topiramate) vigabatrin ZONEGRAN (zonisamide)	past 30 days **Sabril Powder for Oral Solution** • 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 days **AND** documented diagnosis of seizure **Topiramate ER – Step Edit** • 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		

	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
	SUCCINIMIDES		
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
ANTIDEPRESSANTS, OTHER SmartPA			
	bupropion bupropion SR bupropion XL TRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules 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	**Minimum Age Limit** • **18 years** - all drugs • **Cymbalta** – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder) **Non-Preferred Criteria** • Have tried 2 different preferred '*Antidepressants, Other' Class* in the past 6 months **OR** • Have tried BOTH a preferred '*Antidepressant, SSRI' and 'Antidepressants, Other'* in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days **Cymbalta (see Fibromyalgia Agents)**

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		venlafaxine ER tablets WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion HCl)	
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 SUPENSION (paroxetine) PAXIL Tablets (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	**Minimum Age Limits** • **6 years** - Zoloft • **7 years** – Prozac • **8 years** - Luvox • **12 years** - Lexapro • **18 years –** Celexa, Luvox CR, Paxil, Pexeva, Prozac 90 mg **Citalopram Criteria** • <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 **Non-Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
ANTIEMETICS SmartPA			
	5HT3 RECEPTOR BLOCKERS		
	ondansetron	ANZEMET (dolasetron)	**Quantity Limits**

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	ondansetron ODT ondansetron solution	granisetron SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) ZUPLENZ (ondansetron)	• **4 tablets/28 days** - Varubi • **6 tablets/31 days –** Akynzeo • **30 tablets/31 days –** Zofran tablets/ODT • **100 ml/31 days** – Zofran solution **Non-Preferred Agents** • Have tried 1 preferred agent in the past 6 months 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** • 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) itraconazole ^ ketoconazole LAMISIL (terbinafine) NOXAFIL (posaconazole) ^ ONMEL (itraconazole) ^ SPORANOX (itraconazole) ^ TERBINEX Kit (terbinafine/ciclopirox) TOLSURA (itraconazole) VFEND (voriconazole) ^ voriconazole ^	**Minimum Age Limit** • **4-12 years** – Lamisil Granules *Smart PA will automatically be issued for this age range* • **12-17 years** – griseofulvin tablets *Smart PA will automatically be issued for this age range* **Non-Preferred Criteria** • 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 ≥ 18 years **AND** • Documented diagnosis of invasive aspergillosis **OR** invasive mucormycosis **AND** • Prescriber is an oncologist/hematologist or infectious disease specialist **Sporanox**

			• HIV opportunistic infection criteria **OR** • Documented diagnosis of a transplant **OR** • History of an immunosuppressant in the past 6 months **OR** • Have tried 2 different preferred agents in the past 6 months
ANTIFUNGALS (Topical) SmartPA			
	ANTIFUNGALS		
	ciclopirox cream/gel/solution/suspension clotrimazole ketoconazole shampoo nystatin	BENSAL HP (benzoic acid/salicylic acid) CICLODAN KIT (ciclopirox kit) ciclopirox kit/shampoo CNL 8 (ciclopirox) econazole ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) JUBLIA (efinaconazole) KERYDIN (tavaborole) ketoconazole cream ketoconazole foam LAMISIL (terbinafine) solution LOPROX (ciclopirox) LUZU (luliconazole) MENTAX (butenafine) naftifine NAFTIN (naftifine) NIZORAL (ketoconazole) oxiconazole	**Non-Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months

		OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide)	
	ANTIFUNGAL/STEROID COMBINATIONS		
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)	
ANTIFUNGALS (VAGINAL)			
	clotrimazole vaginal cream miconazole 1, 7cream TERAZOL 3 Cream (terconazole) – currently unavailable from manufacturer tioconzaole VAGISTAT 3 (miconazole) VAGISTAT 1 (tioconazole)	GYNAZOLE 1 (butoconazole) miconazole 3 vaginal cream, suppository TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole	
ANTIHISTAMINES, MINIMALLY SEDATING AND COMBINATIONS SmartPA			
	MINIMALLY SEDATING ANTIHISTAMINES		
	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		

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	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 SmartPA			
	ORAL		
	rizatriptan rizatriptan ODT sumatriptan tablets	almotriptan AMERGE (naratriptan) AXERT (almotriptan) eletriptan FROVA (frovatriptan) frovatriptan IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT(rizatriptan) naratriptan RELPAX (eletriptan) TREXIMET (sumatriptan/naproxen) zolmitriptan zolmitriptan ODT ZOMIG (zolmitriptan)	**Minimum Age Limit – ALL FORMULATIONS** • **6 years** – Maxalt • **12-17 years –** Axert, Treximet, Zomig nasal spray *Smart PA will automatically be issued for this age range* • **18 years** – Amerge, Frova, Imitrex, Onzetra Xsail, Relpax, Zembrace Symtouch, Zomig tablets **Quantity Limit - ORAL** • **6 tablets/31 days** - Axert, Relpax Zomig • **9 tablets/31 days** - Amerge, Frova, Imitrex, Treximet

			• **12 tablets/31 days** – Maxalt **Non-Preferred Criteria - ORAL** • Have tried 2 preferred preferred oral agents in the past 90 days
	NASAL		
	sumatriptan	IMITREX (sumatriptan) ONZETRA Xsail (sumatriptan) ZOMIG (zolmitriptan)	**Quantity Limit - NASAL** • **1 box/31 days** **Non-Preferred Criteria - NASAL** • 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)	**CUMULATIVE Quantity Limit - INJECTION** **4 injections/31 days**
	OTHER		
		ZECUITY PATCH (sumatriptan)	**Quantity Limit** • **4 patches/31 days** **Zecuity** • Have tried 2 preferred agents (oral, nasal, or injectable) in the past 90 days

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*ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS

AFINITOR (everolimus)
BOSULIF (bosutinib)
CAPRELSA (vandetanib)
COMETRIQ (cabozantinib)
COTELLIC (cobimetinib)
GILOTRIF (afatanib)
GLEEVEC (imatinib mesylate)
ICLUSIG (ponatinib)
IMBRUVICA (ibrutnib)
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 (ceritnib)

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

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

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		XOSPATA (gilteritinib) XPOVIO (selinexor)[NR] ZEJULA (niraparib)	carcinoma **AND** • History of 1 claim for everolimus in the past 30 days **AND** • History of 1 anti-angiogenic agent in the past 2 years. **Lynparza Capsules - MANUAL PA** **Lynparza Tablets** • Documented diagnosis of ovarian 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)	**Minimum Age/Weight Limit for Pediculicides** • **50 kg** - lindane shampoo • **2 months** – permethrin 1%(OTC) • **6 months** – Natroba, SKLICE, Ulesfia • **2 years** – piperonyl/pyrethrins (OTC) • **6 years** – Ovide **Non-Preferred Criteria** • History of 2 preferred topical lice agents in the past 90 days

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			Ulesfia Ulesfia is no longer covered due to no longer being rebated.
	SCABICIDES		
	permethrin 5% STROMECTOL Tablet (ivermectin)	ELIMITE (permethrin) EURAX CREAM (crotamiton) EURAX LOTION (crotamiton)	**Minimum Age/Weight Limit for Topical Scabicides** • **50 kg** - lindane lotion • **2 months** – permethrin 5% • **18 years** – Eurax **Non-Preferred Criteria** • History of permethrin 5% in the past 90 days
ANTIPARKINSON'S AGENTS (Oral) SmartPA			
	ANTICHOLINERGICS		
	benztropine trihexyphenidyl	COGENTIN (benztropine)	**Non-Preferred Criteria** • Documented diagnosis of Parkinson's disease **AND** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
	COMT INHIBITORS		
		COMTAN (entacapone) entacapone TASMAR (tolcapone) tolcapone	
	DOPAMINE AGONISTS		

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	ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole pramipexole ER REQUIP (ropinirole) REQUIP XL (ropinirole) ropinirole ER	
	MAO-B INHIBITORS		
	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) rasagiline XADAGO (safinamide) ZELAPAR (selegiline)	**Xadago:** • Documented diagnosis of Parkinson's disease **AND** • History of a preferred carbidopa/levodopa combination product in the past 30 days **AND** • History of selegiline product in the past 45 days
	OTHERS		
	amantadine bromocriptine carbidopa levodopa/carbidopa	DUOPA (levodopa/carbidopa) GOCOVRI (amantadine) INBRIJA (levodopa) levodopa/carbidopa ODT levodopa/carbidopa/entacapone LODOSYN (carbidopa) OSMOLEX ER (amantadine) PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine)	**Lodosyn and Inbrija** • Documented diagnosis of Parkinson's disease **AND** • History of a carbidopa/levodopa combination product in the past 45 days

		RYTARY ER (levodopa/carbidopa) SINEMET (levodopa/carbidopa) SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)	
ANTIPSYCHOTICS SmartPA			
	ORAL		
	amitriptyline/perphenazine aripiprazole clozapine fluphenazine haloperidol olanzapine olanzapine ODT perphenazine quetiapine quetiapine XR risperidone SAPHRIS (asenapine) thioridazine thiothixene trifluoperazine ziprasidone	ABILIFY (aripiprazole) ABILIFY MYCITE (aripiprazole) ADASUVE (loxapine) aripiprazole solution aripiprazole ODT chlorpromazine clozapine ODT CLOZARIL (clozapine) FANAPT (iloperidone) FAZACLO (clozapine) GEODON (ziprasidone) HALDOL (haloperidol) INVEGA ER(paliperidone) LATUDA (lurasidone) NAVANE (thiothixene) NUPLAZID (pimavanserin) olanzapine/fluoxetine paliperidone ER REXULTI (brexpiprazole) RISPERDAL (risperidone) SEROQUEL (quetiapine) SEROQUEL XR (quetiapine)	**Minimum Age Limits** • **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, **Concurrent Therapy Limits – Ages 0-17 years** • 90 days with >2 antipsychotics in the last 120 days will require a manual PA **Non-Preferred Criteria- Atypical Agents**

		SYMBYAX (olanzapine/fluoxetine) VERSACLOZ (clonazpine) VRAYLAR (cariprazine) ZYPREXA (olanzapine)	• Have tried 2 preferred atypical antipsychotic agents in the past 12 months **OR** • 30 consecutive days on the requested atypical agent in the past 180 days **Nuplazid** • 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)	**Minimum Age Limits** • **18 years –** all injectable agents **Quantity Limits** • **3 syringes/year** – Aristada Initio **Long Acting Injectable Agents All Agents** • Documented diagnosis of schizophrenia or schizoaffective disorder **Abilify Maintena or Risperdal Consta** • Documented diagnosis of 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) DOVATO (dolutegravir/lamivudine) 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)	
	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)	**Tybost - MANUAL PA**
	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		

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		SELZENTRY (maraviroc)
	ENTRY INHIBITORS – FUSION INHIBITORS	
		FUZEON (enfuvirtide)
	COMBINATION PRODUCTS - NRTIs	
	abacavir/lamivudine lamivudine/zidovudine	abacavir/lamivudine/zidovudine COMBIVIR (lamivudine/zidovudine) DOVATO (dolutegravir/lamivudine) 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

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	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) 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)	

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AROMATASE INHIBITORS			
	anastrozole ARIMIDEX (anastrozole) exemestane letrozole	AROMASIN (exemestane) FEMARA (letrozole)	
ATOPIC DERMATITIS SmartPA			
	ELIDEL (pimecrolimus)	DUPIXENT (dupilumab) EUCRISA (crisaborole) pimecrolimus PROTOPIC (tacrolimus) tacrolimus	**Minimum Age Limit** • **2 years** – Elidel, Eucrisa, Protopic 0.03% • **6 years** – Protopic 0.1% **Eucrisa** • 1 claim for topical steroid or Elidel in the past year **Non-Preferred Criteria** • Have tried 1 preferred agent in the past 6 months **Dupixent- MANUAL PA**
BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS SmartPA			

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	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)	**Bystolic – Step Edit** • 90 consecutive days on the requested agent in the past 105 days **OR** • Have tried 1 preferred agent in the past 6 months **Non-Preferred Criteria – All Agents** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
	BETA- AND ALPHA-BLOCKERS		
	carvedilol labetalol	carvedilol CR COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	**Coreg CR** • Documented diagnosis for hypertension **AND** • Have tried generic carvedilol **AND** 1 preferred agent in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
	BETA BLOCKER/DIURETIC COMBINATIONS		
	atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	

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	timolol/HCTZ		
	ANTIANGINALS		
		RANEXA (ranolazine) ranolazine	**Ranexa** • Documented diagnosis of angina **AND** • 1 claim for a calcium channel blocker, beta-blocker, nitrate, or combination agent in the past 30 days **OR** • 90 consecutive days on the requested agent in the past 105 days
	SINUS NODE AGENTS		
		CORLANOR (ivabradine)	**Corlanor - 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 oxybutinin IR TOVIAZ (fesoterodine fumarate)	darifenacin DETROL (tolterodine) DETROL LA (tolterodine)	**Non-Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months

		DITROPAN XL (oxybutynin) ENABLEX (darifenacin) GELNIQUE (oxybutynin) MYRBETRIQ (mirabegron) OXYTROL (oxybutynin) SANCTURA (trospium) SANCTURA XR (trospium) solifenacin 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	**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)	EVENITY (romosozumab-aqqg) EVISTA (raloxifene)	

		FORTEO (teriparatide) MIACALCIN (calcitonin) PROLIA (denosumab) raloxifene TYMLOS (abaloparatide) XGEVA (denosumab)	
BPH AGENTS SmartPA			
	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)	**Female** • Cardura, Flomax, Proscar, terazosin, or Uroxatral **AND** a documented diagnosis based on a state accepted diagnosis **Non-Preferred Criteria - MALE** • 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			

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	ANTICHOLINERGICS & COPD AGENTS		
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA HANDIHALER (tiotropium) TUDORZA PRESSAIR (aclidinium)	DALIRESP (roflumilast) INCRUSE ELLIPTA (umeclidinium) LONHALA MAGNAIR (glycopyrrolate) SEEBRI (glycopyrrolate) SPIRIVA RESPIMAT (tiotropium) YUPELRI (revefenacin)	
	ANTICHOLINERGIC-BETA AGONIST COMBINATIONS		
	albuterol/ipratropium BEVESPI (glycopyrrolate/formoterol)	ANORO ELLIPTA (umeclidinium/vilanterol) COMBIVENT RESPIMAT (albuterol/ipratropium)* SmartPA STIOLTO RESPIMAT (tiotropium/olodaterol) TRELEGY ELLIPTA (fluticasone furoate/ umeclidinium/vilanterol) UTIBRON (indacaterol/glycopyrrolate)	**Combivent Respimat** • 1 claim for a Combivent Respimat in the past 90 days
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

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			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 metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	**Minimum Age Limit** • **6 years** – Xopenex • **18 years** – Brovana, Perforomist **Non-Preferred Criteria** • 1 claim for a different preferred agent in the past 6 months **OR** • 3 claims with the requested agent in the past 105 days **Xopenex** • 1 claim for a preferred albuterol in the past 30 days
	ORAL		
	albuterol ER albuterol IR	VOSPIRE ER (albuterol)	

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	metaproterenol terbutaline		
CALCIUM CHANNEL BLOCKERS SmartPA			
	SHORT-ACTING		
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine NYMALIZE SOLUTION (nimodipine) PROCARDIA (nifedipine)	**Quantity Limit - nimodipine** • **252 tablets/ 21 days** • **2520 mL/21 days** **Non-Preferred Criteria** • Have tried 2 different preferred *Short Acting* CCB agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days **nimodipine** • Documented diagnosis of subarachnoid hemorrhage in the past 45 days **AND** • Duration of therapy = 21 days
	LONG-ACTING		
	amlodipine DILT XR 24 HR Caps (diltiazem) diltiazem ER Cap 24 HR (generic Cardizem CD) diltiazem ER Cap 24 HR felodipine ER nifedipine ER verapamil ER	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem) DILACOR XR (diltiazem) diltiazem ER Cap 12 HR diltiazem ER Tab 24 HR	**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

		KATERZIA (amlodipine) nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	
CALORIC AGENTS			
	BOOST (includes all Boost) BREAKFAST ESSENTIALS BRIGHT BEGINNINGS DUOCAL ENSURE GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE PROMOD RESOURCE SCANDISHAKE TWOCAL HN	All other products (caloric /nutritional agents) not listed as preferred will require a manual prior authorization.	**Non-Preferred Agents - MANUAL PA**
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) NIVESTYM (filgrastim-aafi) UDENYCA (pegfilgrastim-cbqv)NR ZARXIO (filgrastim)	**Non-Preferred Criteria** • **MANUAL PA** **Neupogen Syringe –** use preferred Neupogen Vial

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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 • **6 months** – Kalydeco Granules • **2 years –** Coly-Mycin M, Orkambi Granules • **6 years –** Bethkis, Kalydeco Tablet, Kitabis, Orkambi 100/125mg Tablet, Symdeko, TOBI, TOBI Podhaler • **7 years** – Cayston • **12 years** – Orkambi 200/125mg Tablet **Maximum Age Limits** • **5 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

CYTOKINE & CAM ANTAGONISTS			
	COSENTYX (secukinumab) SmartPA ENBREL (etanercept) HUMIRA (adalimumab) methotrexate	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) RINVOQ (upadacitinib) NR SILIQ (brodalumab) SIMPONI (golimumab) SKYRIZI (risankizumab) STELARA (ustekinumab) TALTZ (ixekizumab) TREMFYA (guselkumab) TREXALL (methotrexate) XELJANZ (tofacitinib) XELJANZ XR (tofacitinib)	Orencia IV Infusion, Remicade IV Infusion, Renflexis and Stelara (first dose) are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification. **Cosentyx** • **≥ 18 years** = Minimum Age • Documented diagnosis of plaque 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

	EPOGEN (rHuEPO) MIRCERA (methoxy polyethylene glycol-epoetin-beta) PROCRIT (rHuEPO)	ARANESP (darbepoetin) RETACRIT (rHuEPO)	**Mircera** • Documented diagnosis chronic renal failure in the past 2 years **Non Preferred Criteria** • Documented diagnosis of cancer or chronic renal failure OR Antineoplastic therapy in the past 6 months **AND** • Trial of a preferred agent in the past 6 months **OR** 1 claim for the requested agent in the past 105 days

FACTOR DEFICIENCY PRODUCTS

FACTOR VIII		
ADVATE	ADYNOVATE	
ALPHANATE	AFSTYLA	
FEIBA NF	ELOCTATE	
HEMOFIL M	JIVI	
HUMATE-P	KCENTRA	
KOATE	KOGENATE FS	
KOATE-DVI	KOVALTRY	
MONOCLATE-P	NOVOSEVEN RT	
NOVOEIGHT	OBIZUR	
NUWIQ	VONVENDI	

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	RECOMBINATE WILATE	XYNTHA XYNTHA SOLOFUSE	
	FACTOR IX		
	ALPHANINE SD ALPROLIX BEBULIN BENEFIX IXINITY MONONINE PROFILNINE RIXUBIS	IDELVION REBINYN	
	OTHER FACTOR PRODUCTS		
	COAGADEX FIBRYGA HEMLIBRA RIASTAP	CORIFACT TRETTEN	
FIBROMYALGIA/NEUROPATHIC PAIN AGENTS			
	duloxetine gabapentin LYRICA (pregabalin) pregabalin SAVELLA (milnacipran)	CYMBALTA (duloxetine) SmartPA duloxetine DR GRALISE (gabapentin) HORIZANT (gabapentin) IRENKA (duloxetine) LYRICA CR (pregabalin) NEURONTIN (gabapentin)	**Cymbalta (see Antidepressant, Other)** **Minimum Age Limit** – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder)

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FLUOROQUINOLONES (Oral) SmartPA			
	ciprofloxacin tablets levofloxacin tablets	AVELOX (moxifloxacin) BAXDELA (delaflozacin) CIPRO (ciprofloxacin) CIPRO SUSPENSION (ciprofloxacin) CIPRO XR (ciprofloxacin) ciprofloxacin ER ciprofloxacin suspension FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin solution moxifloxacin NOROXIN (norfloxacin) ofloxacin	**Non-Preferred Criteria** • 1 claim for a preferred agent in past 30 days **Cipro Suspension for age < 12 years** • 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 ○ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide **Levaquin solution for age < 12 years** • Anthrax infection or exposure OR • 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months **AND** ○ 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)	

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GENITAL WARTS & ACTINIC KERATOSIS AGENTS

	ALDARA (imiquimod) Age Edit CONDYLOX (podofilox) Age Edit podofilox Age Edit	CARAC (fluorouracil) diclofenac 3% gel imiquimod Age Edit EFUDEX (fluorouracil) fluorouracil 0.5% cream fluorouracil 5% cream PICATO (ingenol) Age Edit SOLARAZE (diclofenac) TOLAK (fluorouracil) VEREGEN (sinecatechins) Age Edit ZYCLARA (imiquimod) Age Edit	**Minimum Age Limit** • **12 years** – Aldara • **18 years** – Condylox, Picato, Veregen

GLUCOCORTICOIDS (Inhaled) SmartPA

GLUCOCORTICOIDS			
	budesonide 0.25mg and 0.5mg PULMICORT FLEXHALER (budesonide) QVAR REDIHALER (beclomethasone diproprionate)	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ARMONAIR RESPICLICK (fluticasone) ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) ASMANEX TWISTHALER (mometasone) budesonide 1mg FLOVENT DISKUS(fluticasone) FLOVENT HFA (fluticasone) PULMICORT (budesonide) Respules QVAR (beclomethasone diproprionate)	**Non-Preferred Criteria** • 90 consecutive days on the requested agent in the past 105 days **OR** • Have tried 1 preferred agent in the past 6 months **Flovent HFA 44 & 110 mcg –** automatic approval for age <12 years *NOTE:* Institutional sized products are Non-Preferred

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	GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS		
	ADVAIR DISKUS (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	AIRDUO Respiclick (fluticasone/salmeterol) BREO ELLIPTA (fluticasone/vilanterol) fluticasone/salmeterol WIXELA INHUB (fluticasone/salmeterol)	**Non-Preferred Criteria** • 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) rabeprazole	

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	OTHER		
	CARAFATE SUSPENSION (sucralfate) misoprostol sucralfate tablet	CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) sucralfate suspension	
GROWTH HORMONE SmartPA			
	NORDITROPIN (somatropin) NUTROPIN AQ (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) ZOMACTON (somatropin) ZORBTIVE (somatropin)	**All Agents for Age ≥ 18 years** • Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome or an approvable indication **OR** • Documented procedure of cranial irradiation **Non-Preferred Criteria** • 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)	**Quantity Limit** • 1 treatment course/year
HEPATITIS B TREATMENTS			
	entecavir	adefovir dipivoxil	

	EPIVIR HBV SOLUTION (lamivudine) lamivudine HBV tenofovir disoproxil fumarate	BARACLUDE (entecavir) EPIVIR HBV TABLET (lamivudine) HEPSERA (adefovir dipivoxil) TYZEKA (telbivudine) VEMLIDY (tenofovir alafenamide fumarate) VIREAD (tenofovir disoproxil fumarate)	
HEPATITIS C TREATMENTS			
	EPCLUSA (sofosbuvir/velpatasvir) ∞ MAVYRET (glecaprevir/pibrentasvir)∞ PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets sofosbuvir/velpatasvir∞ ZEPATIER (elbasvir/grazoprevir)∞	COPEGUS (ribavirin) DAKLINZA (daclatasvir) ∞ HARVONI (ledipasvir/sofosbuvir)∞ MODERIBA (ribavirin) OLYSIO (simeprevir) REBETOL (ribavirin) RIBASPHERE (ribavirin) RIBASPHERE RIBAPAK DOSEPACK (ribavirin) ribavirin capsules SOVALDI (sofosbuvir)∞ TECHNIVIE (ombitasvir/paritaprevir/ritonavir) VIEKIRA (ombitasvir/paritaprevir/ritonavir) VIEKIRA XR (ombitasvir/paritaprevir/ritonavir) VOSEVI (sofosbuvir/velpatasvir/voxilaprevir)∞	**∞ Daklinza, Epclusa, Harvoni, Mavyret, Sovaldi, Vosevi, Zepatier – MANUAL PA**
HEREDITARY ANGIOEDEMA			
	FIRAZYR SYRINGE (icatibant acetate)	BERINERT (C1 esterase inhibitor) CINRYZE VIAL (C1 esterase inhibitor) HAEGARDA (C1 esterase inhibitor) icatibant KALBITOR VIAL (ecallantide) RUCONEST VIAL (C1 esterase inhibitor,	

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		recombinant) TAKHZYRO (lanadelumab-flyo)	
HYPERURICEMIA & GOUT SmartPA			
	allopurinol colchicine capsule probenecid probenecid/colchicine	colchicine tablet COLCRYS (colchicine) DUZALLO (lesinurad/allopurinol) MITIGARE (colchicine) ULORIC (febuxostat) ZURAMPIC (lesinurad) ZYLOPRIM (allopurinol)	**Non-Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **Zurampic Criteria** • Have tried a xanthine oxidase inhibitor in the past 6 months **AND** • Concurrent use with a xanthine oxidase infibitor per PI
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** • Addition of a fourth concurrent oral agent in a different drug class ○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days ○ Combination agents count as 2 classes **Riomet Solution** • 90 consecutive days on the requested agent in the past 105 days
HYPOGLYCEMICS, DPP4s and COMBINATON SmartPA			

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	JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) TRADJENTA (linagliptin)	alogliptin alogliptin/metformin alogliptin/pioglitazone JENTADUETO XR (linagliptin/metformin) KAZANO (alogliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin)* NESINA (alogliptin) ONGLYZA (saxagliptin) * OSENI (alogliptin/pioglitazone)	**MANUAL PA** • Required with concomitant use of GLP-1 product in the past 30 days **OR** • Addition of a fourth concurrent oral agent in a different drug class ○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days ○ Combination agents count as 2 classes **Kombiglyze XR and Onglyza Criteria** • 90 consecutive days on the requested agent in the past 105 days
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)	**MANUAL PA** • Required with concomitant use of DPP-4 product in the past 30 days **OR** • Addition of a fourth concurrent oral agent in a different drug class ○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days ○ Combination agents count as 2 classes **Symlin** is excluded from all criteria

HYPOGLYCEMICS, INSULINS AND RELATED AGENTS SmartPA			
	HUMALOG VIAL (insulin lispro) HUMALOG MIX VIAL (insulin lispro/ lispro protamine) HUMULIN VIAL (insulin) LANTUS SOLOSTAR & VIAL (insulin glargine) LEVEMIR FLEXPEN & VIAL (insulin detemir) NOVOLOG FLEXPEN & VIAL (insulin aspart) NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine)	AFREZZA (insulin) ADMELOG (insulin lispro) APIDRA (insulin glulisine) BASAGLAR (insulin glargine) FIASP (insulin aspart) HUMALOG JR (insulin lispro) HUMALOG KWIKPEN (insulin lispro) HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine) HUMULIN KWIKPEN (insulin) NOVOLIN FLEXPEN (insulin) NOVOLIN VIAL (insulin) TOUJEO (insulin glargine) TRESIBA (insulin degludec)	Insulin pen formulations are not covered for Long Term Care (LTC) beneficiaries. **Non-Preferred Criteria** • Documented diagnosis of Diabetes Mellitus **AND** • Have tried 1 preferred product in the past 6 months
HYPOGLYCEMICS, MEGLITINIDES SmartPA			
	nateglinide repaglinide	PRANDIMET (repaglinide/metformin) PRANDIN (repaglinide) repaglinide/metformin STARLIX (nateglinide)	**MANUAL PA** • Addition of a fourth concurrent oral agent in a different drug class ○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days ○ Combination agents count as 2

			classes
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS SmartPA			
	HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS		
	FARXIGA (dapagliflozin) JARDIANCE (empagliflozin)	INVOKANA (canagliflozin) STEGLATRO (ertugliflozin)	MANUAL PA • Addition of a fourth concurrent oral agent in a different drug class ○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days ○ Combination agents count as 2 classes
	HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS		
	SYNJARDY (empagliflozin/metformin)	GLYXAMBI (empagliflozin/linagliptin) INVOKAMET (canaglifozin/metformin) INVOKAMET XR (canaglifozin/metformin) QTERN (dapaglifozin/saxagliptin) SEGLUROMET (ertugliflozin/metformin) STEGLUJAN (ertugliflozin/sitagliptin) SYNJARDY XR (empagliflozin/metformin) XIGDUO XR (dapaglifozin/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			
	AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine) IMURAN (azathioprine) mycophenolate mofetil	ASTAGRAF XL (tacrolimus) ENVARSUS 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

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	MYFORTIC (mycophenolic acid) NEORAL (cyclosporine) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) sirolimus tacrolimus ZORTRESS (everolimus)		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			
	CARIMUNE NF FLEBOGAMMA DIF GAMASTAN SD	BIVIGAM CABLIVI CUTAQUIG	

	GAMMAGARD GAMMAKED GAMUNEX-C HIZENTRA HYQVIA OCTAGAM PANZYGA	CUVITRU GAMMAGARD SD GAMMAPLEX PRIVIGEN	
INTRANASAL RHINITIS AGENTS			
	ANTICHOLINERGICS		
	ipratropium	ATROVENT (ipratropium)	
	ANTIHISTAMINES		
	PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine olopatadine	
	ANTIHISTAMINE/CORTICOSTEROID COMBINATION SmartPA		
		DYMISTA (azelastine/fluticasone) TICALAST (azelastine/fluticasone)	
	CORTICOSTEROIDS SmartPA		
	FLONASE (fluticasone) fluticasone QNASL (beclomethasone)	BECONASE AQ (beclomethasone) budesonide flunisolide mometasone NASONEX (mometasone)	**Non-Preferred Criteria** • Documented diagnosis for allergic rhinitis **AND** • Have tried 2 different preferred agents in the past 6 months

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		OMNARIS (ciclesonide) TICANASE KIT (flonase kit) triamcinolone VERAMYST (fluticasone) XHANCE (fluticasone) ZETONNA (ciclesonide)	**Budesonide** *Smart PA will be issued for pregnant women.* • A documented diagnosis of pregnancy **OR** a pregnancy indicator submitted on the pharmacy claim at Point of Sale
IRON CHELATING AGENTS			
	FERRIPROX (deferiprone) EXJADE (deferasirox)	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) RELISTOR (methylnaltrexone) SYMPROIC (naldemedine) TRULANCE (plecanatide)	**Minimum Age Limit All Subclasses** • **18 years –***except Bentyl, Gattex, 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 **Irritable Bowel Syndrome – Constipation Dominant (IBS-C)** AMITIZA 8MCG, LINZESS 290 MCG • Documented diagnosis of IBS-C in the past year **AND** • No history of GI or bowel obstruction **Opioid Induced Constipation (OIC)** AMITIZA 24MCG, MOVANTIK, RELISTOR, SYMPROIC **All OIC Agents:** • 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 **Non Preferred OIC Agents** • 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 **Relistor Injection** • Above OIC criteria **AND** • Documented diagnosis of active cancer in the past year **AND** • Documented diagnosis of palliative care in the past 6 months
	IRRITABLE BOWEL SYNDROME DIARRHEA		
	dicyclomine hyoscyamine VIBERZI (eluxadoline)	alosetron BENTYL (dicyclomine) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LOTRONEX (alosetron)	**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)**
	SHORT BOWEL SYNDROME AND SELECTED GI AGENTS		
		FULYZAQ (crofelemer) GATTEX (teduglutide) MYTESI (crofelemer) NUTRESTORE POWDER PACK (glutamine)	**Carcinoid Syndrome Agent** XERMELO

		XERMELO (telotristat ethyl) ZORBTIVE (somatropin)	• 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 **Gattex or Zorbtive** • 1 claim for the same agent in the past 105 days **OR** • **MANUAL PA** - All new patients require manual review. **Nutrestore - MANUAL PA**
LEUKOTRIENE MODIFIERS SmartPA			
	ACCOLATE (zafirlukast) montelukast granules montelukast tablets	SINGULAIR Tablets (montelukast) SINGULAR GRANULES (montelukast granules) zafirlukast zileuton	**Minimum Age Limit** • **12 years** – Zyflo & Zyflo CR **Non-Preferred Criteria** • Have tried 2 different preferred

		ZYFLO CR (zileuton)	agents in the past 6 months
LIPOTROPICS, OTHER (NON-STATINS) SmartPA			
BILE ACID SEQUESTRANTS			
	cholestyramine colestipol	colesevelam COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)	**All Agents, All Sub-Classes both Preferred (exception is Zetia) and Non-Preferred** • 90 consecutive days on the requested agent in the past 105 days**OR** • Have tried 1 statin or statin combination agent in the past year **OR** • One of the following exceptions: ○ Welchol **AND** Type 2 diabetes **AND** 1 preferred oral antidiabetic agent in the past 180 days **OR** ○ Pregnant female **OR** ○ Documented diagnosis of liver disease **OR** ○ Documented diagnosis for hypertriglyceridemia **OR** ○ Clinical justification a statin or statin combination product cannot be used **Non-Preferred Criteria** • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
OMEGA-3 FATTY ACIDS			

	LOVAZA (omega-3-acid ethyl esters)	VASCEPA (icosapent ethyl)	**Non-Preferred Criteria** • 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)	**Fibric Acid Derivative Non-Preferred Criteria** • Have tried 2 different fibric acid derivatives in the past 6 months
	MTP INHIBITOR		
		JUXTAPID (lomitapide)	**MANUAL PA**
	APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR		
		KYNAMRO (mipomersen)	**MANUAL PA**

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	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) EZALLOR SPRINKLE (rosuvastatin)NR 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)	**Non-Preferred Criteria** • Have tried 2 different preferred statin or statin combination agents in the past 6 months **OR**

		ezetimibe/simvastatin 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)	ADRENACLICK (epinephrine) AUVI-Q (epinephrine) EPINEPHRINE SNAP EMS KIT (epinephrine) EPIPEN (epinephrine) EPIPEN JR (epinephrine) SYMJEPI (epinephrine)	**Quantity Limits** • **2 kits/31 days**
	MISCELLANEOUS		
	alprazolam hydroxyurea hydroxyzine hcl syrup hydroxyzine pamoate MAKENA (hydroxyprogesterone caproate) megestrol suspension 625mg/5mL	alprazolam ER 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** **Hydroxyzine hcl 10mg tablets** • **6-12 years** - *Smart PA will automatically be issued for this age range*
	SUBLINGUAL ALLERGEN EXTRACT IMMUNOTHERAPY		
		GRASTEK ORALAIR RAGWITEK	

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	SUBLINGUAL NITROGLYCERIN		
	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)	
MOVEMENT DISORDER AGENTS SmartPA			
	INGREZZA (valbenazine) tetrabenazine	AUSTEDO (deutetrabenazine) XENAZINE (tetrabenazine)	**Ingrezza:** • **MANUAL PA** **tetrabenazine:** • Documented diagnosis of Huntington's Chorea **Non-Preferred Criteria** **Austedo:** • 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)	AMPYRA (dalfampridine) COPAXONE 40mg (glatiramer) dalfampridine EXTAVIA (interferon beta-1b) glatiramer GLATOPA (glatiramer)	**All Agents** • Documented diagnosis of multiple sclerosis **Non-Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **OR**

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	REBIF (interferon beta-1a) REBIF REBIDOSE (interferon beta-1a)	MAVENCLAD (cladribine) MAYZENT (siponimod) OCREVUS (ocrelizumab) PLEGRIDY (interferon beta-1a) TECFIDERA (dimethyl fumarate) ZINBRYTA (daclizumab)	• 3 claims with the requested agent in the last 105 days **Ampyra – MANUAL PA** • **18 years** – minimum age limit **AND** • **60 tablets/30 days (2 tablets/day)** – quantity limit **AND** • Documented gait disorder associated with MS **AND** • NO seizure diagnosis or moderate to severe renal impairment **AND** • *Initial authorization* – requires a baseline Timed 25-foot Walk (T25FW) assessment and will be approved for 12 weeks **OR** • *Additional prior authorizations* - requires a benefit assessment measured by a 20% improvement in the T25FW from baseline. Renewal will not be approved if the 20% improvement is not maintained. A renewal will be issued in a 6 month interval **Mavenclad – MANUAL PA**
MUSCULAR DYSTROPHY AGENTS			
		EMFLAZA (deflazacort) EXONDYS (eteplirsen)	**Exondys- MANUAL PA**
NSAIDS SmartPA			

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	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 meclofenamate 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)	**Non-Preferred Criteria** • Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months

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		ZORVOLEX (diclofenac)	
	NSAID/GI PROTECTANT COMBINATIONS		
		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	**Non-Preferred Criteria** • 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) QMIIZ ODT (meloxicam) VIVLODEX (meloxicam)	**Non-Preferred Criteria – COX II** • Documented diagnosis of Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or Ankylosing Spondylitis **AND** • 90 consecutive days on the requested agent in the past 105 days **OR** • Have tried 1 preferred COX-II Selective and 1 preferred Non-Selective Agent **OR** • Have tried 1 preferred COX-II Selective agent and a documented diagnosis of GI Bleed, GERD, PUD, GI Perforation, or Coagulation Disorder

OPHTHALMIC ANTIBIOTICS

	bacitracin/neomycin/gramicidin bacitracin/polymyxin 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 TOBREX drops (tobramycin) TOBREX ointment (tobramycin) VIGAMOX (moxifloxacin) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)
ANTIBIOTIC STEROID COMBINATIONS		
	neomycin/bacitracin/polymyxin/hc ointment neomycin/polymyxin/dexamethasone PRED-G (gentamicin/prednisolone) sulfacetamide/prednisolone TOBRADEX SUSPENSION/OINTMENT	BLEPHAMIDE (sulfacetamide/prednisolone) gatifloxacin/prednisolone MAXITROL(neomycin/polymyxin/dexamethasone) neomycin/polymyxin/gramicidin neomycin/polymyxin/hydrocortisone

	(tobramycin/dexamethasone) ZYLET (loteprednol/tobramycin)	TOBRADEX ST SUSPENSION (tobramycin/dexamethasone) tobramycin/dexamethasone	
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) LOTEMAX SM (loteprednol)NR OCUFEN (flurbiprofen) OMNIPRED (prednisolone) PRED FORTE (prednisolone) PROLENSA (bromfenac) VOLTAREN (diclofenac)	**Non-Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS SmartPA			
	ALREX (loteprednol) azelastine cromolyn olopatadine 0.1%	ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (lodoxamide) BEPREVE (bepotastine) ELESTAT (epinastine) EMADINE (emedastine) epinastine	**Non-Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months

		LASTACAFT (alcaftadine) olopatadine 0.2% OPTIVAR (azelastine) PATADAY (olopatadine) PATANOL (olopatadine) PAZEO (olopatadine)	
OPHTHALMIC, DRY EYE AGENTS			
	RESTASIS droperette (cyclosporine)	CEQUA (cyclosporine 0.09%) RESTASIS Multidose (cyclosporine) XIIDRA (lifitegrast)[Smart PA]	**Minimum Age Limit** • **16 years** – Restasis • **17 years** – Xiidra • **18 years –** Cequa **Quantity Limits** • **5.5 mL/31 days** – Restasis Multidose • **60 units/31 days –** Cequa**,** Restasis droperette, Xiidra **Non-Preferred Criteria:** • History of 4 claims for Restasis in the past 6 months
OPHTHALMIC, GLAUCOMA AGENTS [SmartPA]			
	BETA BLOCKERS		
	BETIMOL (timolol) carteolol ISTALOL (timolol)	BETAGAN (levobunolol) betaxolol BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol)	**Non-Preferred Criteria** • 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on the

	levobunolol metipranolol timolol drops 0.25%, 0.5%	timolol gel timolol daily drop 0.5% (generic Istalol) TIMOPTIC (timolol) TIMOPTIC XE (timolol)	requested agent in the past 105 days
	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 (lantanoprost) VYZULTA (latananoprostene bunod)	

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		ZIOPTAN (tafluprost)	
	RHO KINASE INHIBITORS/COMBINATIONS		
	RHOPRESSA (netarsudil) ROCKLATAN (netarsudil/latanoprost)		
	SYMPATHOMIMETICS		
	ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine 0.2%	brimonidine 0.15% dipivefrin PROPINE (dipivefrin)	
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)	**Buprenorphine/Naloxone and buprenorphine:** **Suboxone** • Detailed buprenorphine/naloxone and buprenorphine provider summary found here **Non-Preferred Criteria:** • Bunavail is preferred over Zubsolv and other generic forms of buprenorphine/naloxone **Bunavail** *NOTE: Bunavail is not indicated for induction therapy* • History of Suboxone therapy within

			the past 6 months **OR** • History of Bunavail therapy within the past 3 months **AND** • All other buprenorphine/naloxone provider summary found here **Probuphine, Sublocade, Vivitrol - MANUAL PA**
	TREATMENT		
	naloxone injection NARCAN NASAL SPRAY (naloxone)	EVZIO (naloxone)	
OTIC ANTIBIOTICS			
	CIPRODEX (ciprofloxacin/dexamethasone) 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** • **9 years** - Cipro HC
PANCREATIC ENZYMES SmartPA			
	CREON (pancreatin) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) pancrelipase PERTZYE (pancrelipase) ULTRESA (pancrelipase) VIOKACE (pancrelipase)	**Non-Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months
PARATHYROID AGENTS			

	calcitriol ergocalciferol paricalcitol 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 VELPHORO (sucroferric oxyhydronxide)	
PLATELET AGGREGATION INHIBITORS SmartPA			
	AGGRENOX (dipyridamole/aspirin) BRILINTA (ticagrelor) cilostazol clopidogrel dipyridamole pentoxifylline prasugrel	dipyridamole/aspirin DURLAZA ER (aspirin) EFFIENT (prasugrel) omeprazole/asprin 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 TARON-C DHA Capsule TRICARE PRENATAL Tablet TRINATAL Rx 1 Tablet TRIVEEN-DUO DHA COMBO PACK	Products not listed here are assumed to be Non-Preferred.	
PSEUDOBULBAR AFFECT AGENTS			
		NUEDEXTA (dextromethorphan/quinidine)	**Non-Preferred Criteria** • 90 consecutive days on the requested agent in the past 105 days

			OR • Documented diagnosis for Pseudobulbar Affect
PULMONARY ANTIHYPERTENSIVES SmartPA			
	ENDOTHELIN RECEPTOR ANTAGONIST		
	TRACLEER (bosentan) Tablets	bosentan LETAIRIS (ambrisentan)* OPSUMIT (macitentan) TRACLEER (bosentan) Suspension	**All PAH Agents – Preferred and Non-Preferred** • Documented diagnosis of pulmonary hypertension **Non-Preferred Criteria** • Have tried 1 preferred PAH agent in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
	PDE5's		
	sildenafil (generic Revatio)	ADCIRCA (tadalafil) REVATIO (sildenafil)	**Non-Preferred Criteria** • Have tried 1 preferred PAH agent in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days **Revatio suspension** • **< 12 years** of age **AND** documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation **OR** history of heart transplant **OR** 90 consecutive days

			on the requested agent in the past 105 days **Revatio tablets** • **< 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** • Have tried 1 preferred PAH agent in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
	SELECTIVE PROSTACYCLIN RECEPTOR AGONISTS		
		UPTRAVI (selexipag)	**Non-Preferred Criteria** • Have tried 1 preferred PAH agent in the past 6 months **OR** 90 consecutive days on the requested agent in the past 105 days
	SOLUABLE GUANYLATE CYCLASE STIMULATORS		

		ADEMPAS (riociguat)	**Adempas** • Have tried 1 preferred PAH agent in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days **OR** • **MANUAL PA** for PAH WHO Group 4
ROSACEA TREATMENTS			
	metronidazole (cream, gel, lotion)	AVAR (sulfacetamide sodium/sulfur) FINACEA (azelaic acid) METROCREAM (metronidazole cream) METROGEL (metronidazole gel) METROLOTION (metronidazole lotion) MIRVASO (brimonidine) NORITATE (metronidazole) OVACE (sulfacetamide sodium) 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.
SEDATIVE HYPNOTICS			
	BENZODIAZEPINES SmartPA		

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	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. **MS DOM Opioid Initiative** • Concomitant use of Opioids and Benzodiazepines Criteria details found here **Quantity Limits – CUMULATIVE** Quantity limit per rolling days for all strengths. *SmartPA will allow an early refill override for one dose or therapy change per year.* • **31 units/31 days** - all strengths **Triazolam – CUMULATIVE** Quantity limit per rolling days for all strengths • **10 units/31 days** • **60 units/365 days**
OTHERS	**SmartPA**		
	zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (sovorexant) EDLUAR (zolpidem) eszopiclone HETLIOZ (tasimelteon) INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ramelteon	**Quantity Limits – CUMULATIVE** Quantity limit per rolling days for all strengths. *SmartPA will allow an early refill override for one dose or therapy change per year.* • **31 units/31 days** • **1 canister/31 days** – Zolpimist & male • **1 canister/62 days –** Zolpimist & female

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

		ethinyl estradiol/drospirenone GENERESS FE (norethindrone/ethinyl estradiol/fe) Gianvi (ethinyl estradiol/drospirenone) GILDAGIA (norethindrone/ethinyl estradiol) INTROVALE (levonorgestrel/ethinyl estradiol) JOLESSA (levonorgestrel/ethinyl estradiol) LOESTRIN 24 FE (norethindrone/ethinyl estradiol) LO LOESTRIN FE (norethindrone/ethinyl estradiol) LORYNA (ethinyl estradiol/drospirenone) NATAZIA (estradiol valerate/dienogest) norethindrone/ethinyl estradiol/fe chew tab OCELLA (ethinyl estradiol/drospirenone) OVCON-35 (norethindrone/ethinyl estradiol) PHILITH (norethindrone/ethinyl estradiol) QUASENSE (levonorgestrel/ethinyl estradiol) SAFYRAL (ethinyl estradiol/drospirenone/levomefolate) SYEDA (ethinyl estradiol/drospirenone) TILIA FE (norethindrone/ethinyl estradiol/fe) TRI-LEGEST FE (norethindrone/ethinyl estradiol/fe) VESTURA (ethinyl estradiol/drospirenone) WYMZYA FE (norethindrone/ethinyl estradiol/fe) ZARAH (ethinyl estradiol/drospirenone) ZENCHENT FE (norethindrone/ethinyl estradiol/fe) ZEOSA (norethindrone/ethinyl estradiol/fe)	

SKELETAL MUSCLE RELAXANTS SmartPA

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	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 NORGESIC FORTE (orphenedrine)[NR] 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 NICOTROL INHALER NICOTROL NASAL SPRAY	

	NON-NICOTINE TYPE		
	bupropion ER CHANTIX (varenicline)	ZYBAN (bupropion)	**Minimum Age Limit – Chantix** • **18 years** **Quantity Limits** • **Chantix 0.5 mg, 1mg tablets and continuing pack –** 336 tablets/year • **Chantix Starter –** 2 treatment courses/year
STEROIDS (Topical) SmartPA			
	LOW POTENCY		
	CAPEX (fluocinolone) desonide hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTHE-FS (fluocinolone) DESONATE (desonide) DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	**Non-Preferred Criteria** • Have tried 2 different preferred low potency agents in the past 6 months
	MEDIUM POTENCY		
	fluocinolone hydrocortisone mometasone cr, oint. prednicarbate cr PANDEL (hydrocortisone probutate)	betamethasone valerate foam CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate) ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution	**Non-Preferred Criteria** • Have tried 2 different preferred medium potency agents in the past 6 months

		MOMEXIN (mometasone) prednicarbate oint SYNALAR (fluocinolone)	
	HIGH POTENCY		
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. fluocinolone triamcinolone	amcinonide oint betameth diprop/prop gly cr, lot, oint betamethasone dipropionate oint. BETA-VAL (betamethasone valerate) desoximetasone diflorasone DIPROLENE AF (betamethasone diprop/prop gly) ELOCON (mometasone) fluocinonide HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) SERNIVO (betamethasone dipropionate) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide)	**Non-Preferred Criteria** • Have tried 2 different preferred high potency agents in the past 6 months
	VERY HIGH POTENCY		
	CLOBEX (clobetasol) clobetasol shampoo clobetasol propionate cream clobetasol propionate ointment halobetasol cream halobetasol ointment	BRYHALI (halobetasol) clobetasol emollient clobetasol propionate foam, gel, sol DIPROLENE (betamethasone diprop/prop gly) DUOBRII LOTION (halobetasol prop/tazarotene) halobetasol foam HALONATE	**Non-Preferred Criteria** • Have tried 2 different preferred very high potency agents in the past 6 months

		(halobetasol/ammonium lactate) HALAC (halobetasol/ammonium lac) LEXETTE (halobetasol propionate) TEMOVATE Cream (clobetasol propionate) TEMOVATE Ointment (clobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) ULTRAVATE Cream, Lotion (halobetasol) ULTRAVATE Ointment (halobetasol)	
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) EVEKEO ODT(amphetamine) FOCALIN (dexmethylphenidate) methamphetamine methylphenidate chewable methylphenidate solution ZENZEDI (dextroamphetamine)	**Minimum Age Limit** • **3 years** - Adderall, Evekeo, Procentra, Zenzedi • **6 years** – Desoxyn, Evekeo ODT, Focalin, Methylin **Maximum Age Limit** • **18 years** – Evekeo ODT **Quantity Limits** Applicable quantity limit per rolling days • **62 tablets/31 days** –Adderall, Desoxyn, Evekeo, Focalin, Methylin, Zenzedi • **310 mL/31 days** – Methylin solution, Procentra

			Documented diagnosis of ADHD – ALL SA AGENTS **Non-Preferred Criteria ADD/ADHD:** • Documented diagnosis of ADD/ADHD **AND** • 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 **Documented diagnosis of narcolepsy** – ADDERALL, EVEKEO, METHYLIN, PROCENTRA, RITALIN, ZENZEDI **Non-Preferred Criteria narcolepsy:** • Documented diagnosis of narcolepsy **AND** • 30 days of therapy with preferred modafinil or armodafinil **AND** • 1 different preferred Short Acting agent indicated for narcolepsy in the past 6 months **OR** • 1 claim for a 30 day supply with the requested agent in the past 105 day
	LONG-ACTING		
	amphetamine salt combination ER APTENSIO XR (methylphenidate)	ADDERALL XR (amphetamine salt combination) ADZENYS XR ODT (amphetamine)	**Minimum Age Limit** • **6 years** – Adderall XR, Adhansia XR,

	armodafinil FOCALIN XR (dexmethylphenidate) methylphenidate CD (generic Metadate CD) methylphenidate ER (generic Concerta) modafinil QUILLICHEW (methylphenidate) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine) VYVANSE CHEWABLE (lisdexamfetamine)	ADZENYS ER SUSPENSION (amphetamine) CONCERTA (methylphenidate) COTEMPLA XR-ODT (methylphenidate) DAYTRANA (methylphenidate) DEXEDRINE (dextroamphetamine) dexmethylphenidate ER dextroamphetamine ER DYANAVEL XR (amphetamine) JORNAY PM (methylphenidate)[NR] 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) SUNOSI (solriamfetol)[NR]	Adzenys ER Suspension, Adzenys XR ODT, Aptensio XR, Concerta, Cotempla XR ODT, Daytrana, Dexedrine, Dyanavel XR Focalin XR, Jornay PM, Metadate, CD, methylphenidate ER 72mg, Quillichew, Quillivant XR, Ritalin LA, Vyvanse • **13 years** – Mydayis • **16 years** – Provigil • **18 years** – Nuvigil, Sunosi **Maximum Age Limit** • **18 years** – Cotempla XR ODT, Daytrana **Quantity Limits** Applicable quantity limit per rolling days • **31 tablets/31 days** – Adderall XR, Adhansia XR, Adzenys XR ODT, Aptensio XR, Concerta 18, 27, & 54 mg, Cotempla XR-ODT 8.6 mg , Daytrana, Dexedrine Spansule, Focalin XR, Jornay PM, Metadate CD, Methylin ER, methylphenidate ER 72mg, Nuvigil 150, 200 & 250 mg, Provigil 200mg, Quillichew, Ritalin LA & SR, Vyvanse, Sunosi • **46.5 tablets/31 days** – Provigil 100 mg • **62 tablets/31 days** – Concerta 36mg, Cotempla XR-ODT 17.3 &

			25.9 mg, Nuvigil 50mg • **248 mL/31 days** – Dyanavel XR • **372 mL/31 days** – Quillivant XR **Documented diagnosis of ADHD** – ALL LA AGENTS *excluding Nuvigil and Sunosi* **Documented diagnosis of binge eating disorder** – VYVANSE **Non-Preferred Criteria ADD/ADHD:** • Documented diagnosis of ADD/ADHD **AND** • 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 **Documented diagnosis of narcolepsy** – ADDERALL XR, APTENSIO XR, CONCERTA ER, DEXEDRINE, METADATE CD, METHYLIN ER, MYDAYIS, NUVIGIL, PROVIGIL,QUILLICHEW, QUILLIVANT XR, RITALIN LA, SUNOSI **Non-Preferred Criteria narcolepsy:** • Documented diagnosis of narcolepsy **AND** • 30 days of therapy with preferred modafinil or armodafinil in the past 6

			months **AND** • 1 different preferred Long Acting agent indicated for narcolepsy in the past 6 months **OR** • 1 claim for a 30 day supply with the requested agent in the past 105 days **Nuvigil** • Documented diagnosis of narcolepsy, obstructive sleep apnea, shift work sleep disorder or bipolar depression **Provigil** • Documented diagnosis of narcolepsy, obstructive sleep apnea, shift work sleep disorder, depression, sleep deprivation or Steinert Myotonic Dystrophy Syndrome **Sunosi** • Documented diagnosis of narcolepsy or obstructive sleep apnea **AND** • 30 days of therapy with preferred modafinil or armodafinil in the past 6 months **Minimum Age Limit** **6 years** – Intuniv, Kapvay, Strattera **Maximum Age Limit**
	NON-STIMULANTS		
	atomoxetine guanfacine ER Step Edit	clonidine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release)	

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		STRATTERA (atomoxetine)	• **18 years** – Intuniv, Kapvay • **21 years** – diagnosis of ADD/ADHD is required for Strattera **Quantity Limits** Applicable quantity limit per rolling days • **31 tablets/31 days** – Intuniv, Strattera • **124 tablets/31 days** – Kapvay **Intuniv** • Have tried the short acting guanfacine in the past 6 months **OR** • 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			
	doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR	ACTICLATE (doxycyline) ADOXA (doxycycline monohydrate) demeclocycline	**Non-Preferred Agents** • Have tried 2 different preferred agents in the past 6 months

	tetracycline	doxycycline hyclate (generic Doryx) 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 (sarecycline) SOLODYN (minocycline) TARGADOX (doxycycline) VIBRAMYCIN cap/susp/syrup XIMINO (minocycline)	**Demeclocycline** • Documented diagnosis of Diabetes Insipidus or SIADH will allow automatic approval.
ULCERATIVE COLITIS and CROHN'S AGENTS SmartPA ***See Cytokine & CAM Antagonists Class for additional agents**			
	ORAL		
	APRISO (mesalamine) balsalazide 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	**Gender Limits** • **Male** - Giazo **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

		PENTASA 250mg (mesalamine) PENTASA 500mg (mesalamine) UCERIS (budesonide)	**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
	RECTAL		
	CANASA (mesalamine)	mesalamine ROWASA (mesalamine) SF-ROWASA (mesalamine) UCERIS Foam (budesonide)	

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