



MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

EFFECTIVE 01/01/2020

Version 2020.5

Updated: 11-27-2019

(For All Medicaid, MSCAN and CHIP Beneficiaries)

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 (generic Cleocin-T) clindamycin lotion clindamycin solution	ACZONE (dapsons) AKNE-MYCIN (erythromycin) azelaic acid AZELEX (azelaic acid) CLEOCIN-T (clindamycin) CLINDAMYCIN PAC (clindamycin) CLINDAGEL (clindamycin) clindamycin foam clindamycin gel daily (generic Clindagel) dapsons ERY (erythromycin) ERYGEL (erythromycin) erythromycin gel, swabs, solution EVOCLIN (clindamycin) KLARON (sulfacetamide) sulfacetamide	
	RETINOIDS		
	RETIN-A (tretinoin) tretinoin cream	Adapalene AKLIEF (trifarotene) ^{NR} ALTRENO (tretinoin) ATRALIN (tretinoin) AVITA (tretinoin) DIFFERIN (adapalene) FABIOR (tazarotene) PLIXDA (adapalene) RETIN-A MICRO (tretinoin) 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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		TAZORAC (tazarotene) tretinoin gel tretinoin micro	
COMBINATION DRUGS/OTHERS			
	benzoyl peroxide/clindamycin (generic DUAC) EPIDUO (adapalene/benzoyl peroxide) sodium sulfacetamide/sulfur foam/gel/suspension SSS 10/5 Cream (sodium sulfacetamide/sulfur)	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) DUAC (benzoyl peroxide/clindamycin) EPIDUO FORTE (adapalene/benzoyl peroxide) erythromycin/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 cleanser/cream/lotion/pads sodium sulfacetamide/sulfur/meratan SSS 10/5 Foam (sodium sulfacetamide/sulfur) 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 <small>SmartPA</small>			
	CHOLINESTERASE INHIBITORS		
	donepezil (tablets and ODT) 5mg, 10mg galantamine galantamine ER rivastigmine capsules rivastigmine patches	ARICEPT (donepezil) ARICEPT 23 MG (donepezil) ARICEPT ODT (donepezil) donepezil 23mg EXELON Capsules (rivastigmine) EXELON Patches (rivastigmine) EXELON Solution (rivastigmine) RAZADYNE (galantamine) RAZADYNE ER (galantamine)	<p>All Agents</p> <ul style="list-style-type: none"> Documented diagnosis for both preferred and Non-Preferred <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months
	NMDA RECEPTOR ANTAGONIST		
	memantine	NAMENDA TABS (memantine) NAMENDA SOLUTION(memantine) NAMENDA XR (memantine) memantine XR	

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COMBINATION AGENTS		
	NAMZARIC (memantine/donepezil)	<p>Namzaric</p> <ul style="list-style-type: none"> • Documented diagnosis AND • 30 days of concurrent therapy with donepezil + memantine in the past 6 months
ANALGESICS, NARCOTIC - SHORT ACTING		
acetaminophen/codeine benzhydrocodone/APAP codeine dihydrocodeine/ APAP/caffeine ENDOCET (oxycodone/APAP) hydrocodone/APAP hydromorphone 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) 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 LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAGNACET (oxycodone/APAP) meperidine solution meperidine tablet NALOCET (oxycodone/APAP)	<p>MS DOM Opioid Initiative</p> <ul style="list-style-type: none"> • Short-Acting Opioids • Long-Acting Opioids • Morphine Equivalent Daily Dose • Concomitant use of Opioids and Benzodiazepines <p>Criteria details found here</p> <p>Minimum Age Limit 18 years – tramadol and codeine products</p> <p>Quantity Limits Applicable <u>quantity limit</u> in 31 rolling days.</p> <ul style="list-style-type: none"> • 62 tablets – bupropion/codeine combinations, codeine, dihydrocodeine combinations, fentanyl, hydromorphone, levorphanol, meperidine, morphine, oxycodone, oxycodone/ibuprofen, oxymorphone, pentazocine, tapentadol, tramadol • 62 tablets CUMULATIVE – hydrocodone combinations, oxycodone combinations

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NORCO (hydrocodone/APAP)
 NUCYNTA (tapentadol)
 ONSOLIS (fentanyl)
 OPANA (oxymorphone)
 OXAYDO (oxycodone)
 pentazocine/naloxone
 PERCOCET (oxycodone/APAP)
 PERCODAN (oxycodone/ASA)
 PRIMLEV (oxycodone/APAP)
 REPREXAIN (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)

- **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

ANALGESICS, NARCOTIC - LONG ACTING SmartPA

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BUTRANS (buprenorphine)
fentanyl patches
morphine ER tablets

ARYMO ER (morphine)
BELBUCA (buprenorphine)
buprenorphine patch
CONZIP ER (tramadol)
DOLOPHINE (methadone)
DURAGESIC (fentanyl)
EMBEDA (morphine/naltrexone)
EXALGO (hydromorphone)
hydromorphone ER
HYSINGLA ER (hydrocodone)
KADIAN (morphine)
methadone
MORPHABOND (morphine)
morphine ER capsules
MS CONTIN (morphine)
NUCYNTA ER (tapentadol)
OPANA ER (oxycodone)
oxycodone ER
OXYCONTIN (oxycodone)
oxycodone 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

Non-Preferred Criteria

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

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consecutive days on the requested agent in the past 105 days

ANALGESICS/ANESTHETICS (Topical)

<p>diclofenac sodium solution VOLTAREN Gel (diclofenac sodium) ^{SmartPA}</p>	<p>capsaicin DICLO GEL KIT(diclofenac sodium) diclofenac sodium 1% gel FLECTOR (diclofenac epolamine) ^{SmartPA} FROTEK (ketoprofen) LIDAMANTLE HC (lidocaine/hydrocortisone) LIDO TRANS PAK (lidocaine) lidocaine lidocaine 5% patch lidocaine/prilocaine LIDODERM (lidocaine) ^{SmartPA} LIDTOPIC MAX (lidocaine) PENNSAID Solution (diclofenac sodium) ^{SmartPA} SYNERA (lidocaine/tetracaine) TRANZAREL (lidocaine) XRYLIDERM (lidocaine) xylocaine ZOSTRIX (capsaicin) ZTlido (lidocaine)</p>
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- 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}

<p>ANDRODERM (testosterone patch) testosterone gel packets</p>	<p>ANDROGEL (testosterone gel) ANDROXY (fluoxymesterone) AXIRON (testosterone gel) FORTESTSA (testosterone gel) NATESTO (testosterone) STRIANT (testosterone)</p>
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- All Agents**
- Limited to male gender
- Non-Preferred Criteria**
- Have tried 2 different preferred agents in the past 6 months

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TESTIM (testosterone gel)
testosterone pump
VOGELXO (testosterone)
XYOSTED (testosterone enanthate)

ANGIOTENSIN MODULATORS SmartPA

ACE INHIBITORS

benazepril
captopril
enalapril
fosinopril
lisinopril
quinapril
ramipril
trandolapril

ACCUPRIL (quinapril)
ACEON (perindopril)
ALTACE (ramipril)
EPANED (enalapril)
LOTENSIN (benazepril)
MAVIK (trandolapril)
moexipril
perindopril
PRINIVIL (lisinopril)
QBRELIS (lisinopril)
UNIVASC (moexipril)
VASOTEC (enalapril)
ZESTRIL (lisinopril)

Minimum Age Limit

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

Non-Preferred Criteria

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

ACE INHIBITOR COMBINATIONS

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

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

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

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

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		telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine)	<ul style="list-style-type: none"> • Have tried 2 different preferred <u>ARB/Diuretic</u> products in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
DIRECT RENIN INHIBITORS			
		TEKTURNA (aliskiren)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Documented diagnosis of hypertension AND • Have tried 2 different preferred <u>ACE/ or ARB single-entity</u> products in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
DIRECT RENIN INHIBITOR COMBINATIONS			
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz) VALTURNA (aliskiren/valsartan)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Documented diagnosis of hypertension AND • Have tried 2 different preferred <u>ACE/ or ARB diuretic agents</u> 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)	

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VANOCIN (vancomycin)
vancomycin
XIFAXAN (rifaximin)

ANTIBIOTICS (MISCELLANEOUS)

KETOLIDES

KETEK (telithromycin)

LINCOSAMIDE ANTIBIOTICS

clindamycin capsules
clindamycin solution

CLEOCIN (clindamycin)
CLEOCIN SOLUTION (clindamycin)

MACROLIDES

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

BIAXIN (clarithromycin)
BIAXIN SUSPENSION (clarithromycin)
BIAXIN XL (clarithromycin)
E.E.S. (erythromycin ethylsuccinate)
E.E.S. Suspension 400 (erythromycin ethylsuccinate)
E-MYCIN (erythromycin)
ERYC (erythromycin)
ERYPED Suspension (erythromycin ethylsuccinate)
ERYTHROCIN (erythromycin stearate)
erythromycin estolate
PCE (erythromycin)
ZITHROMAX (azithromycin)
ZMAX (azithromycin)

NITROFURAN DERIVATIVES

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	nitrofurantoin nitrofurantoin monohydrate macrocrystals	FURADANTIN (nitrofurantoin) MACROBID (nitrofurantoin monohydrate macrocrystals) MACRODANTIN (nitrofurantoin)	
OXAZOLIDINONES			
		SIVEXTRO (tedizolid) ZYVOX (linezolid)	Sivextro, Zyvox - MANUAL PA Quantity Limit • 6 tablets/month – Sivextro
PLEUROMUTLINS			
		XENLETA (lefamulin) ^{NR}	
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)	BEVYXXA (betrixaban) SAVAYSA (edoxaban tosylate)	<u>DVT Prophylaxis - following hip replacement</u> XARELTO 10MG, ELIQUIS,

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	PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban)	<p>PRADAXA 110MG</p> <ul style="list-style-type: none"> 70 total days of therapy per calendar year Documented diagnosis of hip replacement AND duration of therapy limited to 35 days <p><u>DVT Prophylaxis - following knee replacement</u></p> <p>XARELTO 10MG & ELIQUIS</p> <ul style="list-style-type: none"> 70 total days of therapy per calendar year Documented diagnosis of knee replacement AND duration of therapy limited to 12 days <p>Eliquis 5mg Starter Pack - ONLY approved for treatment of DVT/PE</p> <p>XARELTO 2.5MG</p> <ul style="list-style-type: none"> Documented diagnosis of coronary artery disease OR Documented diagnosis of peripheral artery disease AND History of therapy with aspirin in the past 30 days AND History of 90 days therapy with anti-platelet agent in the past year OR History of 30 days therapy with warfarin in the past year <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR
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			<ul style="list-style-type: none"> 1 claim with the same agent in the past 90 days
LOW MOLECULAR WEIGHT HEPARIN (LMWH)			
	enoxaparin	ARIXTRA (fondaparinux) fondaparinux FRAGMIN (dalteparin) LOVENOX (enoxaparin) Prefilled Syringe	<p>LMWH – All Agents</p> <ul style="list-style-type: none"> LMWH therapy in the past 3 months AND <ul style="list-style-type: none"> Documented diagnosis of cancer OR Female and age 8 to 51 years OR NO LMWH therapy in the past 3 months AND <ul style="list-style-type: none"> Duration of therapy is < 17 days OR Documented diagnosis of cancer OR Female and age 8 to 51 years OR Total hip/knee replacement or hip fracture surgery in the past 6 months AND duration of therapy < 35 days <p>LMWH Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 1 different preferred agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
ANTICONVULSANTS	SmartPA		
ADJUVANTS			

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

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		NAYZILAM (midazolam) ^{NR} SYMPAZAN (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) DRIZALMA SPRINKLE (duloxetine) ^{NR} 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	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 18 years - all drugs • Cymbalta – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder) <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred '<u>Antidepressants, Other</u>' Class in the past 6 months OR • Have tried BOTH a preferred '<u>Antidepressant, SSRI</u>' and '<u>Antidepressants, Other</u>' in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days <p>Cymbalta (see Fibromyalgia Agents)</p>

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PRISTIQ (desvenlafaxine)
REMERON (mirtazapine)
tranylcypromine
venlafaxine XR
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 SUSPENSION (paroxetine)
PAXIL Tablets (paroxetine)
PEXEVA (paroxetine)
PROZAC (fluoxetine)
SARAFEM (fluoxetine)
ZOLOFT (sertraline)

Minimum Age Limits

- **6 years** - Zolof
- **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

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5HT3 RECEPTOR BLOCKERS

ondansetron
ondansetron ODT
ondansetron solution

ANZEMET (dolasetron)
granisetron
SANCUSO (granisetron)
ZOFRAN (ondansetron)
ZOFRAN ODT (ondansetron)
ZUPLLENZ (ondansetron)

Quantity Limits

- 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**

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

Sporanox

- HIV opportunistic infection criteria **OR**

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- 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
OXISTAT (oxiconazole)
PEDIADERM AF (nystatin)
PENLAC (ciclopirox)

Non-Preferred Criteria

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

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		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 tioconazole VAGISTAT 3 (miconazole) VAGISTAT 1 (tioconazole)	GNAZOLE 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	cetirizine chewable CLARINEX (desloratadine) levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Documented diagnosis of allergy or urticaria AND • Have tried 2 different preferred agents in the past 12 months
MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS			
	cetirizine/pseudoephedrine loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)	

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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)
 TOSYMRA (sumatriptan)
 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, Tosymra, Zembrace Syntouch, 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

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NASAL		
sumatriptan	IMITREX (sumatriptan) ONZETRA Xsail (sumatriptan) TOSYMRA (sumatriptan) ^{NR} ZOMIG (zolmitriptan)	<p>Quantity Limit - NASAL</p> <ul style="list-style-type: none"> • 1 box/31 days <p>Non-Preferred Criteria - NASAL</p> <ul style="list-style-type: none"> • Have tried 2 preferred oral agents in the past 90 days AND • Have tried either a preferred nasal sumatriptan or injectable sumatriptan in the past 90 days
INJECTABLES		
sumatriptan	IMITREX (sumatriptan) SUMAVEL (sumatriptan) ZEMBRACE (sumatriptan)	<p>CUMULATIVE Quantity Limit - INJECTION</p> <p>4 injections/31 days</p>
OTHER		
	ZECUITY PATCH (sumatriptan)	<p>Quantity Limit</p> <ul style="list-style-type: none"> • 4 patches/31 days <p>Zecuity</p> <ul style="list-style-type: none"> • Have tried 2 preferred agents (oral, nasal, or injectable) in the past 90 days
*ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS		
AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib)	ALECENSA (alectinib) ALUNBRIG (brigatinib) BALVERSA (erdafitinib) BRAFTOVI (encorafenib)	<p>Farydak - MANUAL PA</p> <ul style="list-style-type: none"> • Documented diagnosis of multiple myeloma AND

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

COPIKTRA (duvelisib)
 CABOMETYX (cabozantinib s-malate)
 CALQUENCE (acalabrutinib)
 DAURISMO (glasdegib)
 ERLEADA (apalutamide)
 FARYDAK (panobinostat)
 GLEOSTINE (lomustine)
 IBRANCE (palbociclib) ^{SmartPA}
 IDHIFA (enasidenib)
 imatinib
 KISQALI (ribociclib) ^{SmartPA}
 LENVIMA (lenvatinib) ^{SmartPA}
 LORBRENA (lorlatinib)
 LYNPARZA (olaparib) ^{SmartPA}
 MEKTOVI (binimetinib)
 NERLYNX (neratinib maleate)
 NUBEQA (darolutamide)^{NR}
PIQRAY (alpelisib)
 ROZLYTREK (entrectinib) ^{NR}
 RUBRACA (rucaparib)
 RYDAPT (midostaurin)
 TAGRISSO (osimertinib)
 TALZENNA (talazoparib)
 TIBSOVO (ivosidenib)
 TURALIO (pexidartinib) ^{NR}
 VERZENIO (abemaciclib)
 VITRAKVI (larotrectinib)
 VIZIMPRO (dacomitinib)
 XATMEP (methotrexate)
 XOSPATA (gilteritinib)
XPOVIO (selinexor)
 ZEJULA (niraparib)

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

Ibrance

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

Lenvima

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

Lynparza Capsules - [MANUAL PA](#)

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Lynparza Tablets

- Documented diagnosis of ovarian cancer, fallopian tube or peritoneal cancer **AND** history of platinum-based chemotherapy in the past 2 years **OR**
- [MANUAL PA](#)

ANTIPARASITICS (Topical) ^{SmartPA}

PEDICULICIDES

permethrin 1%
NATROBA (spinosad)

lindane
malathion
OVIDE (malathion)
SKLICE (ivermectin)
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

Ulesfia

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

SCABICIDES

permethrin 5%
STROMEKTOL Tablet (ivermectin)

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

Minimum Age/Weight Limit for Topical Scabicides

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

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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

ropinirole

MIRAPEX (pramipexole)
MIRAPEX ER (pramipexole)
NEUPRO (rotigotine)
pramipexole
pramipexole ER
REQUIP (ropinirole)
REQUIP XL (ropinirole)
ropinirole ER

MAO-B INHIBITORS

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	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) rasagiline XADAGO (safinamide) ZELAPAR (selegiline)	Xadago: <ul style="list-style-type: none"> • Documented diagnosis of Parkinson's disease AND • History of a preferred carbidopa/levodopa combination product in the past 30 days AND • History of selegiline product in 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) NOURIANZ (istradefylline) ^{NR} OSMOLEX ER (amantadine) PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine) RYTARY ER (levodopa/carbidopa) SINEMET (levodopa/carbidopa) SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)	Lodosyn and Inbrija <ul style="list-style-type: none"> • Documented diagnosis of Parkinson's disease AND • History of a carbidopa/levodopa combination product in the past 45 days
ANTIPSYCHOTICS <small>SmartPA</small>			
ORAL			
	amitriptyline/perphenazine aripiprazole clozapine fluphenazine	ABILIFY (aripiprazole) ABILIFY MYCITE (aripiprazole) ADASUVE (loxapine) aripiprazole solution	Minimum Age Limits <ul style="list-style-type: none"> • 2 years - Droperidol • 3 years - Haldol • 5 years – Risperdal, thioridazine

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haloperidol
olanzapine
olanzapine ODT
perphenazine
quetiapine
quetiapine XR
risperidone
risperidone ODT
SAPHRIS (asenapine)
thioridazine
thiothixene
trifluoperazine
ziprasidone

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)
SYMBYAX (olanzapine/fluoxetine)
VERSACLOZ (clonazpine)
VRAYLAR (cariprazine)
ZYPREXA (olanzapine)

- **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

- 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

ARISTADA ER (aripiprazole lauroxil)

ABILIFY (aripiprazole)

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ABILIFY MAINTENA (aripirazole)
INVEGA SUSTENNA (paliperidone palmitate)
INVEGA TRINZA (paliperidone)
PERSERIS (risperidone)
RISPERDAL CONSTA (risperidone)

GEODON (ziprasidone)
olanzapine
ZYPREXA (olanzapine)
ZYPREXA RELPREVV (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

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

COMPLERA (emtricitabine/rilpivirine/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**

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			<ul style="list-style-type: none"> • 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)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • 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

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PROTEASE INHIBITORS (PEPTIDIC)	
atazanavir EVOTAZ (atazanavir/cobicistat) NORVIR SOLUTION (ritonavir) ritonavir	CRIXIVAN (indinavir) fosamprenavir INVIRASE (saquinavir mesylate) LEXIVA (fosamprenavir) NORVIR POWDER (ritonavir) NORVIR TABLET (ritonavir) REYATAZ (atazanavir) VIRACEPT (nelfinavir mesylate)
PROTEASE INHIBITORS (NON-PEPTIDIC)	
PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir) PREZCOBIX (darunavir/cobicistat)
ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS	
	SELZENTRY (maraviroc)
ENTRY INHIBITORS – FUSION INHIBITORS	
	FUZEON (enfuvirtide)
COMBINATION PRODUCTS - NRTIs	
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)	

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

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	oseltamivir TAMIFLU (oseltamivir)	FLUMADINE (rimantadine) RAPIVAB (peramivir) RELENZA (zanamivir) rimantadine XOFLUZA (baloxavir marboxil)	
ANTIVIRALS (Topical)			
	ZOVIRAX Cream (acyclovir)	acyclovir cream, ointment DENA VIR (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir)	
AROMATASE INHIBITORS			
	anastrozole exemestane letrozole	ARIMIDEX (anastrozole) AROMASIN (exemestane) FEMARA (letrozole)	
ATOPIC DERMATITIS <small>SmartPA</small>			
	pimecrolimus labeler 68682	DUPIXENT (dupilumab) ELIDEL (pimecrolimus) EUCRISA (crisaborole) pimecrolimus PROTOPIC (tacrolimus) tacrolimus	Minimum Age Limit • 2 years – Elidel, Protopic 0.03% • 6 years – Protopic 0.1% Non-Preferred Criteria • Have tried 1 preferred agent in the past 6 months Eucrisa- MANUAL PA Dupixent- MANUAL PA
BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS <small>SmartPA</small>			

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

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

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OXYTROL (oxybutynin)
 SANCTURA (trospium)
 SANCTURA XR (trospium)
 tolterodine
 tolterodine ER
TOVIAZ (fesoterodine fumarate)
 trospium
 trospium ER
 VESICARE (solifenacin)

BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA

BISPHOSPHONATES

alendronate
ibandronate
 risedronate

ACTONEL (risedronate)
 ACTONEL WITH CALCIUM (risedronate/calcium)
 alendronate solution
 ATELVIA (risedronate)
BINOSTO (alendronate)
 BONIVA (ibandronate)
 DIDRONEL (etidronate)
 FOSAMAX (alendronate)
 FOSAMAX PLUS D (alendronate/vitamin D)
risedronate DR Tablet

Non-Preferred Criteria

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

OTHERS

FORTICAL (calcitonin)

calcitonin salmon
 EVENITY (romosozumab-aqqg)
 EVISTA (raloxifene)
 FORTEO (teriparatide)
 MIACALCIN (calcitonin)
 PROLIA (denosumab)
 raloxifene

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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

ANTICHOLINERGICS & COPD AGENTS

ATROVENT HFA (ipratropium)
ipratropium
SPIRIVA HANDIHALER (tiotropium)

DALIRESP (roflumilast)
INCRUSE ELLIPTA (umeclidinium)
LONHALA MAGNAIR (glycopyrrolate)
SEEBRI (glycopyrrolate)

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		SPIRIVA RESPIMAT (tiotropium) TUDORZA PRESSAIR (aclidinium) YUPELRI (revefenacin)	
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS			
	albuterol/ipratropium BEVESPI (glycopyrrolate/formoterol) COMBIVENT RESPIMAT (albuterol/ipratropium)* SmartPA UTIBRON (indacaterol/glycopyrrolate)	ANORO ELLIPTA (umeclidinium/vilanterol) DUAKLIR PRESSAIR (aclidinium/formoterol) ^{NR} STIOLTO RESPIMAT (tiotropium/olodaterol) TRELEGY ELLIPTA (fluticasone furoate/ umeclidinium/vilanterol)	Combivent Respimat <ul style="list-style-type: none"> • 1 claim for a Combivent Respimat in the past 90 days
BRONCHODILATORS, BETA AGONIST			
INHALERS, SHORT-ACTING			
	albuterol HFA PROAIR RESPICLICK (albuterol)	PROAIR DIGIHALER (albuterol) ^{NR} PROAIR HFA (albuterol) PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol) XOPENEX HFA (levalbuterol) ^{SmartPA}	Minimum Age Limit <ul style="list-style-type: none"> • 4 years - Xopenex HFA Xopenex HFA Criteria <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 4 years – Serevent • 18 years – Arcapta, Striverdi Respimat Arcapta & Striverdi Respimat <ul style="list-style-type: none"> • Documented diagnosis of COPD AND • Have tried 1 preferred agent in the past 6 months OR

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			<ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days
SmartPA			
INHALATION SOLUTION			
albuterol		BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> 6 years – Xopenex 18 years – Brovana, Perforomist <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> 1 claim for a different preferred agent in the past 6 months OR 3 claims with the requested agent in the past 105 days <p>Xopenex</p> <ul style="list-style-type: none"> 1 claim for a preferred albuterol in the past 30 days
ORAL			
albuterol ER albuterol IR metaproterenol terbutaline		VOSPIRE ER (albuterol)	
SmartPA			
CALCIUM CHANNEL BLOCKERS			
SHORT-ACTING			
diltiazem nicardipine nifedipine		CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine	<p>Quantity Limit - nimodipine</p> <ul style="list-style-type: none"> 252 tablets/ 21 days 2520 mL/21 days

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	verapamil	NYMALIZE SOLUTION (nimodipine) PROCARDIA (nifedipine)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred <u>Short Acting</u> CCB agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days <p>nimodipine</p> <ul style="list-style-type: none"> • Documented diagnosis of subarachnoid hemorrhage in the past 45 days AND • Duration of therapy = 21 days
LONG-ACTING			
	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 KATERZIA (amlodipine) nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred <u>Long Acting</u> CCB agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days

CALORIC AGENTS

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

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	cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)	
SmartPA			
CEPHALOSPORINS – Third Generation			
	cefdinir suspension cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	Maximum Age Limit • 18 years – cefdinir suspension
SmartPA			
COLONY STIMULATING FACTORS			
	GRANIX (tbo-filgrastim) NEUPOGEN Syringe (filgrastim) NEUPOGEN Vial (filgrastim)	FULPHILA (pegfilgrastim) LEUKINE (sargramostim) NEULASTA (pegfilgrastim) NIVESTYM (filgrastim-aafi) UDENYCA (pegfilgrastim-cbqv) ZARXIO (filgrastim)	Non-Preferred Criteria • MANUAL PA Neupogen Syringe – use preferred Neupogen Vial
SmartPA			
CYSTIC FIBROSIS AGENTS			
	BETHKIS (tobramycin) KITABIS (tobramycin) tobramycin(generic TOB I) labeler 00093,00781, 17478, 43598 , 65162, 68180	CAYSTON (aztreonam) COLY-MYCIN M (colistimethate sodium) KALYDECO (ivacaftor) ORKAMBI (lumacaftor/ivacaftor) PULMOZYME (dornase alfa) SYMDEKO (tezacaftor/ivacaftor) TOBI (tobramycin) TOBI PODHALER (tobramycin) tobramycin (generic Kitabis) labeler 70644 TRIKAFTA (elexacaftor/ tezacaftor/ivacaftor) ^{NR}	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, Trikafta

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EFFECTIVE 01/01/2020

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- Maximum Age Limits**
- **5 years** – Kalydeco and Orkambi Granules
- All Agents**
- Documented diagnosis Cystic Fibrosis
- Kalydeco, Orkambi, Symdeko & Trikafta**
- [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

<p>COSENTYX (secukinumab) ^{SmartPA} ENBREL (etanercept) HUMIRA (adalimumab) methotrexate</p>	<p>ACTEMRA (tocilizumab) CIMZIA (certolizumab) ENTYVIO (vedolizumab) ILARIS (canakinumab) ILUMYA (tildrakizumab) INFLECTRA (infliximab) KEVZARA (sarilumab) KINERET (anakinra) OLUMIANT (baricitinib) ORENCIA (abatacept) OTEZLA (apremilast)</p>	<p>Orencia IV Infusion, Remicade IV Infusion, Renflexis and Stelara (first dose) are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification.</p> <p>Cosentyx</p> <ul style="list-style-type: none"> • ≥ 18 years = Minimum Age • Documented diagnosis of plaque psoriasis, psoriatic arthritis or ankylosing spondylitis in the past 2 years AND
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OTREXUP (methotrexate)
RASUVO (methotrexate)
REMICADE (infliximab)
RENFLEXIS (infliximab-abda)
RHEUMATREX (methotrexate)
RINVOQ (upadacitinib)
SILIQ (brodalumab)
SIMPONI (golimumab)
SKYRIZI (risankizumab)
STELARA (ustekinumab)
TALTZ (ixekizumab)
TREMIFYA (guselkumab)
TREXALL (methotrexate)
XELJANZ (tofacitinib)
XELJANZ XR (tofacitinib)

- 90 consecutive days of Humira in the past year

ERYTHROPOIESIS STIMULATING PROTEINS SmartPA

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

ARANESP (darbepoetin)
PROCRT (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

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FACTOR DEFICIENCY PRODUCTS

FACTOR VIII

ADVATE	ADYNOVATE
AFSTYLA	ELOCTATE
ALPHANATE	JIVI
FEIBA NF	KCENTRA
HEMOPIL M	KOVALTRY
HUMATE-P	NOVOSEVEN RT
KOATE	OBIZUR
KOATE-DVI	VONVENDI
KOGENATE FS	
MONOCLATE-P	
NOVOEIGHT	
NUWIQ	
RECOMBINATE	
WILATE	
XYNTHA	
XYNTHA SOLOFUSE	

FACTOR IX

ALPHANINE SD	IDELVION
ALPROLIX	REBINYN
BEBULIN	
BENEFIX	
IXINITY	
MONONINE	
PROFILNINE	
RIXUBIS	

OTHER FACTOR PRODUCTS

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	COAGADEX FIBRYGA RIASTAP	CORIFACT HEMLIBRA TRETEN	
FIBROMYALGIA/NEUROPATHIC PAIN AGENTS			
	duloxetine gabapentin pregabalin SAVELLA (milnacipran)	CYMBALTA (duloxetine) ^{SmartPA} duloxetine DR GRALISE (gabapentin) HORIZANT (gabapentin) IRENKA (duloxetine) LYRICA (pregabalin) 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)
FLUOROQUINOLONES (Oral) ^{SmartPA}			
	ciprofloxacin tablets levofloxacin tablets	AVELOX (moxifloxacin) BAXDELA (delafloxacin) CIPRO (ciprofloxacin) CIPRO SUSPENSION (ciprofloxacin) CIPRO XR (ciprofloxacin) ciprofloxacin ER ciprofloxacin suspension FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin solution moxifloxacin NOROXIN (norfloxacin) ofloxacin	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 o Penicillin, 2nd or 3rd generation cephalosporin, or macrolide Levaquin solution for age < 12 years

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- 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}
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- Minimum Age Limit**
- **12 years** – Aldara
 - **18 years** – Condylox, Picato, Veregen

GLUCOCORTICOIDS (Inhaled) ^{SmartPA}

GLUCOCORTICOIDS

ASMANEX TWISTHALER (mometasone) budesonide 0.25mg and 0.5mg FLOVENT DISKUS(fluticasone) FLOVENT HFA (fluticasone)	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ARMONAIR RESPICLICK (fluticasone) ARNUITY ELLIPTA (fluticasone)
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- Non-Preferred Criteria**
- 90 consecutive days on the requested agent in the past 105 days
OR

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	PULMICORT FLEXHALER (budesonide) QVAR REDHALER (beclomethasone dipropionate)	ASMANEX HFA (mometasone) budesonide 1mg PULMICORT (budesonide) Respules QVAR (beclomethasone dipropionate)	<ul style="list-style-type: none"> Have tried 1 preferred agent in the past 6 months <p>Flovent HFA 44 & 110 mcg – automatic approval for age <12 years</p> <p><u>NOTE:</u> Institutional sized products are Non-Preferred</p>
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS			
	ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) fluticasone/salmeterol SYMBICORT (budesonide/formoterol)	ADVAIR DISKUS (fluticasone/salmeterol) AIRDUO Resplick (fluticasone/salmeterol) BREO ELLIPTA (fluticasone/vilanterol) WIXELA INHUB (fluticasone/salmeterol)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days OR Have tried 2 different preferred agents in the past 6 months
GI ULCER THERAPIES			
H2 RECEPTOR ANTAGONISTS			
	famotidine tablet ranitidine tablet ZANTAC (ranitidine)	AXID (nizatidine) cimetidine famotidine suspension nizatidine PEPCID (famotidine) ranitidine capsule ranitidine syrup	
PROTON PUMP INHIBITORS			

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	esomeprazole magnesium DR Capsule NEXIUM PACKET (esomeprazole) omeprazole Rx pantoprazole	ACIPHEX SPRINKLE (rabeprazole) ACIPHEX Tablet (rabeprazole) DEXILANT (dexlansoprazole) esomeprazole strontium DR Capsule lansoprazole Rx NEXIUM Rx DR Capsule (esomeprazole) omeprazole sod. bicarb. PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole) PRILOSEC SUSPENSION (omeprazole) PROTONIX DR (pantoprazole) PROTONIX PACKET (pantoprazole) rabeprazole	
OTHER			
	CARAFATE SUSPENSION (sucralfate) misoprostol sucralfate tablet	CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) sucralfate suspension	
GROWTH HORMONE <small>SmartPA</small>			
	NORDITROPIN (somatropin) NUTROPIN AQ (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) ZOMACTON (somatropin) ZORBTIVE (somatropin)	<p>All Agents for Age ≥ 18 years</p> <ul style="list-style-type: none"> • Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome or an approvable indication OR • Documented procedure of cranial irradiation <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred agent in the

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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
 EPIVIR HBV SOLUTION (lamivudine)
 lamivudine HBV
 tenofovir disoproxil fumarate

adefovir dipivoxil
 BARACLUDE (entecavir)
 EPIVIR HBV TABLET (lamivudine)
 HEPSERA (adefovir dipivoxil)
 TYZEKA (telbivudine)
 VEMLIDY (tenofovir alafenamide fumarate)
 VIREAD (tenofovir disoproxil fumarate)

HEPATITIS C TREATMENTS

MAVYRET (glecaprevir/pibrentasvir)[∞]
 PEGASYS (peginterferon alfa-2a)
 PEG-INTRON (peginterferon alfa-2b)
 ribavirin tablets
 sofosbuvir/velpatasvir[∞]

COPEGUS (ribavirin)
 DAKLINZA (daclatasvir) [∞]
 EPCLUSA (sofosbuvir/velpatasvir) [∞]
 HARVONI (ledipasvir/sofosbuvir)[∞]
 ledipasvir/sofosbuvir[∞]
 MODERIBA (ribavirin)
 OLYSIO (simeprevir)
 REBETOL (ribavirin)
 RIBASPHERE (ribavirin)
 RIBASPHERE RIBAPAK DOSEPACK (ribavirin)
 ribavirin capsules
 SOVALDI (sofosbuvir)[∞]

[∞] **Daklinza, Epclusa, Harvoni, Mavyret, Sovaldi, Vosevi, Zepatier – [MANUAL PA](#)**

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		TECHNIVIE (ombitasvir/paritaprevir/ritonavir) VIEKIRA (ombitasvir/paritaprevir/ritonavir) VIEKIRA XR (ombitasvir/paritaprevir/ritonavir) VOSEVI (sofosbuvir/velpatasvir/voxilaprevir) [∞] ZEPATIER (elbasvir/grazoprevir)[∞]	
HEREDITARY ANGIOEDEMA			
		BERINERT (C1 esterase inhibitor) CINRYZE VIAL (C1 esterase inhibitor) FIRAZYR SYRINGE (icatibant acetate) HAEGARDA (C1 esterase inhibitor) icatibant KALBITOR VIAL (ecallantide) RUCONEST VIAL (C1 esterase inhibitor, recombinant) TAKHZYRO (lanadelumab-flyo)	
HYPERURICEMIA & GOUT <small>SmartPA</small>			
	allopurinol colchicine capsule probenecid probenecid/colchicine	colchicine tablet COLCRYS (colchicine) DUZALLO (lesinurad/allopurinol) MITIGARE (colchicine) ULORIC (febuxostat) ZURAMPIC (lesinurad) ZYLOPRIM (allopurinol)	Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months Zurampic Criteria <ul style="list-style-type: none"> • Have tried a xanthine oxidase inhibitor in the past 6 months AND • Concurrent use with a xanthine oxidase inhibitor per PI
HYPOGLYCEMICS, BIGUANIDES <small>SmartPA</small>			
	metformin HCL tablet metformin HCL ER 24HR tablet (generic) GlucophageXR)	FORTAMET ER GLUCOPHAGE (metformin) GLUCOPHAGE XR (metformin ER) GLUMETZA (metformin ER)	MANUAL PA <ul style="list-style-type: none"> • Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> ◦ Concurrent therapy with the

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		metformin 24HR (generic Fortamet) metformin 24 HR(generic Glumetza) RIOMET SOLUTION* (metformin)	incoming claim is defined as 20 or more days' supply of the drug in the past 30 days <ul style="list-style-type: none"> o Combination agents count as 2 classes <p>Riomet Solution</p> <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days
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HYPOGLYCEMICS, DPP4s and COMBINATON SmartPA

	JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) TRADJENTA (linagliptin)	alogliptin alogliptin/metformin alogliptin/pioglitazone JENTADUETO XR (linagliptin/metformin) KAZANO (alogliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin)* NESINA (alogliptin) ONGLYZA (saxagliptin) * OSENI (alogliptin/pioglitazone)	<p>MANUAL PA</p> <ul style="list-style-type: none"> • Required with concomitant use of GLP-1 product in the past 30 days OR • Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> o Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days o Combination agents count as 2 classes <p>Kombiglyze XR and Onglyza Criteria</p> <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days
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HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS SmartPA

	BYDUREON (exenatide) BYETTA (exenatide) VICTOZA (liraglutide)	ADLYXIN (lixisenatide) BYDUREON BCISE (exenatide) OZEMPIC (semaglutide) RYBELSUS (semaglutide) ^{NR}	<p>MANUAL PA</p> <ul style="list-style-type: none"> • Required with concomitant use of DPP-4 product in the past 30 days OR
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SOLIQUA (insulin glargine/lixisenatide)
SYMLIN (pramlintide)
TRULICITY (dulaglutide)
XULTOPHY (insulin degludec/ liraglutide)

- 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

HUMULIN R U500 VIAL (insulin)
insulin aspart
insulin aspart kwikpen
insulin aspart mix
insulin aspart mix kwikpen
insulin lispro
insulin lispro kwikpen
LANTUS SOLOSTAR & VIAL (insulin glargine)
LEVEMIR FLEXPEN & VIAL (insulin detemir)

AFREZZA (insulin)
ADMELOG (insulin lispro)
APIDRA (insulin glulisine)
APIDRA SOLOSTAR (insulin glulisine)
BASAGLAR (insulin glargine)
FIASP (insulin aspart)
HUMALOG JR (insulin lispro)
HUMALOG KWIKPEN U100 (insulin lispro)
HUMALOG KWIKPEN U200 (insulin lispro)
HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine)
HUMALOG MIX VIAL (insulin lispro/ lispro protamine)
HUMALOG VIAL (insulin lispro)
HUMULIN KWIKPEN & VIAL* (insulin)
HUMULIN R U500 KWIKPEN*
NOVOLOG FLEXPEN & VIAL (insulin aspart)
NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine)

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

Non-Preferred Criteria

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

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NOVOLIN FLEXPEN (insulin)
NOVOLIN VIAL (insulin)
TRESIBA (insulin degludec)
TOUJEO (insulin glargine)
TOUJEO MAX(insulin glargine)

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)
RYBELSUS (semaglutide)^{NR}
STEGLATRO (ertugliflozin)

MANUAL PA

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HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS		
	SYNJARDY (empagliflozin/metformin)	GLYXAMBI (empagliflozin/linagliptin) INVOKAMET (canagliflozin/metformin) INVOKAMET XR (canagliflozin/metformin) QTERN (dapagliflozin/saxagliptin) SEGLUROMET (ertugliflozin/metformin) STEGLUJAN (ertugliflozin/sitagliptin) SYNJARDY XR (empagliflozin/metformin) XIGDUO XR (dapagliflozin/metformin)
HYPOGLYCEMICS, TZDS		
THIAZOLIDINEDIONES		
	pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)
		MANUAL PA <ul style="list-style-type: none"> • Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> ○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days ○ Combination agents count as 2 classes
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 <small>SmartPA</small>		

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ESBRIET (pirfenidone)	
OFEV (nintedanib)	

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

IMMUNOSUPPRESSIVE (ORAL) SmartPA

AZASAN (azathioprine)	ASTAGRAF XL (tacrolimus)
azathioprine	ENVARSUS XR (tacrolimus)
CELLCEPT (mycophenolate)	HECORIA (tacrolimus)
cyclosporine	mycophenolic acid
cyclosporine modified	PROGRAF (tacrolimus)
GENGRAF (cyclosporine)	
IMURAN (azathioprine)	
mycophenolate mofetil	
MYFORTIC (mycophenolic acid)	
NEORAL (cyclosporine)	
RAPAMUNE (sirolimus)	
SANDIMMUNE (cyclosporine)	
sirolimus	
tacrolimus	
ZORTRESS (everolimus)	

- Minimum Age Limit**
- 13 years - Rapamune
 - 18 years - Zortress
- Astagraf, Cellcept, Envarsus XR, Hecoria, Prograf**
- Documented diagnosis for heart transplant, kidney transplant, liver transplant, or a State accepted diagnosis
- Azasan**
- Documented diagnosis of kidney transplant, RA, or a State accepted diagnosis
- Gengraf, Neoral, Sandimmune**
- Documented diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA, or a State – accepted diagnosis **OR**
 - A **MANUAL PA** review for a diagnosis of Kimura's disease or multifocal motor neuropathy
- Myfortic**
- Documented diagnosis of kidney

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- 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 GAMMAGARD GAMMAKED GAMUNEX-C HIZENTRA HYQVIA OCTAGAM PANZYGA	BIVIGAM CABLIVI CUTAQUIG CUVITRU GAMMAGARD SD GAMMAPLEX PRIVIGEN XEMBIFY ^{NR}
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INTRANASAL RHINITIS AGENTS

ANTICHOLINERGICS	
ipratropium	ATROVENT (ipratropium)
ANTI-HISTAMINES	
azelastine	ASTEPRO (azelastine) olopatadine PATANASE (olopatadine)

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ANTIHISTAMINE/CORTICOSTEROID COMBINATION SmartPA

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

CORTICOSTEROIDS SmartPA

FLONASE (fluticasone)
fluticasone

BECONASE AQ (beclomethasone)
budesonide
flunisolide
mometasone
NASONEX (mometasone)
OMNARIS (ciclesonide)
QNASL (beclomethasone)
TICANASE KIT (flonase kit)
triamcinolone
VERAMYST (fluticasone)
XHANCE (fluticasone)
ZETONNA (ciclesonide)

Non-Preferred Criteria

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

Budesonide

Smart PA will be issued for pregnant 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 145mg, 290mg (linaclotide)
MOVANTIK (naloxegol)

LINZESS 72mg (linaclotide)
MOTEGRITY (prucalopride)
RELISTOR (methylnaltrexone)
SYMPROIC (naldemedine)
TRULANCE (plecanatide)
ZELNORM (tegaserod)

Minimum Age Limit All Subclasses

- **18 years** –except *Bentyl, Gattex, Levsin*

Gender Limits

- **Female** - Amitiza 8mcg

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		<p><u>Chronic Idiopathic Constipation (CIC)</u> AMITIZA 24MCG, LINZESS 72MCG, LINZESS 145 MCG, MOTEGRITY, TRULANCE</p> <p>All CIC Agents:</p> <ul style="list-style-type: none"> • Documented diagnosis of CIC in the past year AND • No history of GI or bowel obstruction <p>Non Preferred CIC Agents</p> <ul style="list-style-type: none"> • 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 <p><u>Irritable Bowel Syndrome – Constipation Dominant (IBS-C)</u> AMITIZA 8MCG, LINZESS 290 MCG, TRULANCE</p> <ul style="list-style-type: none"> • Documented diagnosis of IBS-C in the past year AND • No history of GI or bowel obstruction <p><u>Opioid Induced Constipation (OIC)</u> AMITIZA 24MCG, MOVANTIK, RELISTOR, SYMPROIC</p> <p>All OIC Agents:</p> <ul style="list-style-type: none"> • Documented diagnosis of OIC in the past year AND • 1 claim for an opioid in the past 30
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IRRITABLE BOWEL SYNDROME DIARRHEA			
	dicyclomine hyoscyamine	alosetron BENTYL (dicyclomine) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LOTRONEX (alosetron) VIBERZI (eluxadoline)	<p>days AND</p> <ul style="list-style-type: none"> No history of GI or bowel obstruction AND Documented diagnosis of chronic pain in the past year <p>Non Preferred OIC Agents</p> <ul style="list-style-type: none"> Above OIC criteria AND 30 days of therapy with 1 preferred agent in the past 6 months OR 1 claim with the same agent in the past 105 days <p>Relistor Injection</p> <ul style="list-style-type: none"> Above OIC criteria AND Documented diagnosis of active cancer in the past year AND Documented diagnosis of palliative care in the past 6 months <p>Viberzi</p> <ul style="list-style-type: none"> Documented diagnosis of Irritable Bowel Syndrome – Diarrhea Dominant (IBS-D) in the past year <p>Lotronex</p> <ul style="list-style-type: none"> 1 claim for the same agent in the past 105 days OR MANUAL PA - All new patients require manual review.

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SHORT BOWEL SYNDROME AND SELECTED GI AGENTS

FULYZAQ (crofelemer)
GATTEX (teduglutide)
MYTESI (crofelemer)
NUTRESTORE POWDER PACK (glutamine)
XERMELO (telotristat ethyl)
ZORBTIVE (somatropin)

Xifaxan - (see Antibiotics, GI)

Carcinoid Syndrome Agent

XERMELO

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

HIV/AIDS Non-infectious Diarrhea

FULYZAQ, MYTESI

- Documented diagnosis of HIV/AIDS in the past year **AND**
- Documented diagnosis of non-infectious diarrhea in the past year **AND**
- 1 claim for an antiretroviral in the past 30 days

Short Bowel Syndrome (SBS)

GATTEX, NUTRESTORE, ZORBTIVE

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

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montelukast granules
montelukast tablets
zafirlukast

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

Minimum Age Limit

- 12 years – Zyflo & Zyflo CR

Non-Preferred Criteria

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

LIPOTROPICS, OTHER (NON-STATINS) SmartPA

BILE ACID SEQUESTRANTS

cholestyramine
colestipol

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-

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			statin Lipotropic agents in the past 6 months
OMEGA-3 FATTY ACIDS			
	omega 3 acid ethyl esters	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			
	ezetimibe	ZETIA (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)	<u>MANUAL PA</u>
LIPOTROPICS, STATINS <small>SmartPA</small>			
STATINS			
	atorvastatin lovastatin pravastatin rosuvastatin simvastatin	ALTOPREV (lovastatin) CRESTOR (rosuvastatin) EZALLOR SPRINKLE (rosuvastatin) FLOLIPID (simvastatin) fluvastatin ER fluvastatin LESCOL (fluvastatin) LESCOL XL (fluvastatin) 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			

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ezetimibe/simvastatin
SIMCOR (simvastatin/niacin)

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

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

MISCELLANEOUS BRAND/GENERIC

CLONIDINE

CATAPRES-TTS (clonidine)
clonidine tablets

clonidine patches
CATAPRES (clonidine)

EPINEPHRINE

epinephrine autoinject pens (labeler 49502)
SYMJEPI (epinephrine)

ADRENACLICK (epinephrine)
AUVI-Q (epinephrine)
EPINEPHRINE SNAP EMS KIT (epinephrine)
EPIPEN (epinephrine)
EPIPEN JR (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

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		RAGWITEK	
SUBLINGUAL NITROGLYCERIN			
	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)	
MOVEMENT DISORDER AGENTS <small>SmartPA</small>			
	INGREZZA (valbenazine) tetrabenazine	AUSTEDO (deutetrabenazine) XENAZINE (tetrabenazine)	<p>Ingrezza:</p> <ul style="list-style-type: none"> • MANUAL PA <p>tetrabenazine:</p> <ul style="list-style-type: none"> • Documented diagnosis of Huntington's Chorea <p>Non-Preferred Criteria</p> <p>Austedo:</p> <ul style="list-style-type: none"> • MANUAL PA for diagnosis of tardive dyskinesia OR • Documented diagnosis of Huntington's Chorea AND • 30 days of therapy with preferred tetrabenazine in the past 6 months
MULTIPLE SCLEROSIS AGENTS <small>SmartPA</small>			
	AUBAGIO (teriflunomide) AVONEX (interferon beta-1a) AVONEX PEN (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE 20mg (glatiramer) dalfampridine	AMPYRA (dalfampridine) COPAXONE 40mg (glatiramer) EXTAVIA (interferon beta-1b) glatiramer GLATOPA (glatiramer) MAVENCLAD (cladribine)	<p>All Agents</p> <ul style="list-style-type: none"> • Documented diagnosis of multiple sclerosis <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred

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

MAYZENT (siponimod)
OCREVUS (ocrelizumab)
PLEGRIDY (interferon beta-1a)
TECFIDERA (dimethyl fumarate)
ZINBRYTA (daclizumab)

agents in the past 6 months **OR**
• 3 claims with the requested agent in the last 105 days

Mavenclad – [MANUAL PA](#)

Mayvent – [MANUAL PA](#)

MUSCULAR DYSTROPHY AGENTS

EMFLAZA (deflazacort)
EXONDYS (eteplirsen)

Exondys- [MANUAL PA](#)

NSAIDS SmartPA

NON-SELECTIVE

diclofenac EC
diclofenac IR
diclofenac SR
etodolac IR tab
flurbiprofen
ibuprofen
indomethacin
ketoprofen
ketorolac
nabumetone
naproxen 250mg and 500mg
naproxen suspension
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)

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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		NAPROSYN (naproxen) naproxen 275mg and 550mg NUPRIN (ibuprofen) oxaprozin PONSTEL (mefenamic acid) PROFENO (fenoprofen) RELAFEN DS (napibumetone) ^{NR} SPRIX NASAL SPRAY (ketorolac) TIVORBEX (indomethacin) tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac) ZORVOLEX (diclofenac)	
NSAID/GI PROTECTANT COMBINATIONS			
		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months
COX II SELECTIVE			
	meloxicam	CELEBREX (celecoxib) celecoxib MOBIC (meloxicam) NULOX (meloxicam) QMIIZ ODT (meloxicam) VIVLODEX (meloxicam)	Non-Preferred Criteria – COX II <ul style="list-style-type: none"> Documented diagnosis of Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or Ankylosing Spondylitis AND 90 consecutive days on the requested agent in the past 105 days OR Have tried 1 preferred COX-II Selective and 1 preferred Non-

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- 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)
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ANTIBIOTIC STEROID COMBINATIONS

neomycin/bacitracin/polymyxin/hc ointment neomycin/polymyxin/dexamethasone PRED-G (gentamicin/prednisolone)drops, oint sulfacetamide/prednisolone TOBRADEX SUSPENSION/OINTMENT (tobramycin/dexamethasone) ZYLET (loteprednol/tobramycin)	BLEPHAMIDE (sulfacetamide/prednisolone) drops, oint gatifloxacin/prednisolone MAXITROL(neomycin/polymyxin/dexamethasone) neomycin/polymyxin/gramicidin neomycin/polymyxin/hydrocortisone TOBRADEX ST SUSPENSION (tobramycin/dexamethasone) tobramycin/dexamethasone
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OPHTHALMIC ANTI-INFLAMMATORIES SmartPA

dexamethasone diclofenac DUREZOL (difluprednate) FLAREX (fluorometholone) fluorometholone flurbiprofen FML FORTE (fluorometholone) FML SOP (fluorometholone) ketorolac loteprednol etabonate MAXIDEX (dexamethasone) prednisolone acetate prednisolone NA phosphate PRED MILD (prednisolone) VEXOL (rimexolone)	ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac BROMSITE (bromfenac) FML (fluorometholone) ILEVRO (nepafenac) INVELTYS (loteprednol etabonate) LOTEMAX (loteprednol) LOTEMAX SM (loteprednol) OCUFEN (flurbiprofen) OMNIPRED (prednisolone) NEVANAC (nepafenac) PRED FORTE (prednisolone) PROLENSA (bromfenac) VOLTAREN (diclofenac)	Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months
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OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS SmartPA

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ALREX (loteprednol)
azelastine
cromolyn
olopatadine 0.1%
olopatadine 0.2%

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

Non-Preferred Criteria

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

OPHTHALMIC, DRY EYE AGENTS

RESTASIS droperette (cyclosporine)

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}

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BETA BLOCKERS	
BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol drops 0.25%, 0.5%	BETAGAN (levobunolol) betaxolol BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel timolol daily drop 0.5% (generic Istalol) TIMOPTIC (timolol) TIMOPTIC XE (timolol)
CARBONIC ANHYDRASE INHIBITORS	
dorzolamide	AZOPT (brinzolamide) TRUSOPT (dorzolamide)
COMBINATION AGENTS	
COMBIGAN (brimonidine/timolol) dorzolamide/timolol	COSOPT (dorzolamide/timolol) COSOPT PF(dorzolamide/timolol) SIMBRINZA (brinzolamide/brimonidine)
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

Non-Preferred Criteria

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

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		XALATAN (latanoprost) XELPROS (latanoprost) VYZULTA (latanoprostene bunod) ZIOPTAN (tafluprost)	
RHO KINASE INHIBITORS/COMBINATIONS			
	RHOPRESSA (netarsudil) ROCKLATAN (netarsudil/latanoprost)		
SYMPATHOMIMETICS			
	brimonidine 0.2%	ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine 0.15% dipivefrin PROPINE (dipivefrin)	
OPIATE DEPENDENCE TREATMENTS			
DEPENDENCE			
	buprenorphine/naloxone film labeler 52427 buprenorphine/naloxone tablets naltrexone tablets SUBOXONE FILM (buprenorphine/naloxone) ^{SmartPA}	buprenorphine tablets BUNAVAIL (buprenorphine/naloxone) buprenorphine/naloxone films all other labelers 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 <i>NOTE: Bunavail is not indicated for induction therapy</i> • History of Suboxone therapy within

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			<p>the past 6 months OR</p> <ul style="list-style-type: none"> History of Bunavail therapy within the past 3 months AND All other buprenorphine/naloxone provider summary found here <p>Probuphine, Sublocade, Vivitrol - MANUAL PA</p>
TREATMENT			
	naloxone injection NARCAN NASAL SPRAY (naloxone)	EVZIO (naloxone)	
OTIC ANTIBIOTICS			
	CIPRODEX (ciprofloxacin/dexamethasone) CIPRO HC (ciprofloxacin/hydrocortisone) <small>Age Edit</small> COLY-MYCIN S (colistin/neomycin/hydrocortisone) ofloxacin	ciprofloxacin CORTISPORIN-TC (colistin/neomycin/hydrocortisone) DERMOTIC (fluocinolone) neomycin/polymyxin/hydrocortisone OTIPRIO (ciprofloxacin) OTOVEL (ciprofloxacin/fluocinolone)	<p>Maximum Age Limit</p> <ul style="list-style-type: none"> 9 years - Cipro HC
PANCREATIC ENZYMES <small>SmartPA</small>			
	CREON (pancreatin) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) pancrelipase PERTZYE (pancrelipase) ULTRESA (pancrelipase) VIOKACE (pancrelipase)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months
PARATHYROID AGENTS			
	calcitriol ergocalciferol paricalcitol	cinacalcet doxercalciferol DRISDOL (ergocalciferol)	

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ROCALTROL (calcitriol)
ZEMPLAR (paricalcitol)

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)
REVELA (sevelamer carbonate)
sevelamer carbonate powder packets
sevelamer HCl
VELPHORO (sucroferric oxyhydroxide)

PLATELET AGGREGATION INHIBITORS SmartPA

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

dipyridamole/aspirin
DURLAZA ER (aspirin)
EFFIENT (prasugrel)
omeprazole/aspirin
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

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EFFECTIVE 01/01/2020

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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

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	<p>ambrisentan TRACLEER (bosentan) Tablets</p>	<p>bosentan LETAIRIS (ambrisentan)* OPSUMIT (macitentan) TRACLEER (bosentan) Suspension</p>	<p>All PAH Agents – Preferred and Non-Preferred</p> <ul style="list-style-type: none"> • Documented diagnosis of pulmonary hypertension <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
PDE5's			
	<p>sildenafil (generic Revatio) tablet tadalafil</p>	<p>ADCIRCA (tadalafil) REVATIO (sildenafil) tablet REVATIO (sildenafil) suspension sildenafil (generic Revatio) suspension</p>	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days <p>Revatio suspension</p> <ul style="list-style-type: none"> • < 12 years of age AND documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation OR history of heart transplant OR 90 consecutive days on the requested agent in the past 105 days <p>Revatio tablets</p> <ul style="list-style-type: none"> • < 1 year of age AND documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal

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			<p>Circulation OR 90 consecutive days on the requested agent in the past 105 days</p> <ul style="list-style-type: none"> • > 1 years of age AND Non-Preferred Criteria
PROSTACYCLINS			
		<p>ORENITRAM ER (treprostinil) TYVASO (treprostinil) VENTAVIS (iloprost)</p>	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
SELECTIVE PROSTACYCLIN RECEPTOR AGONISTS			
		UPTRAVI (selexipag)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
SOLUBLE GUANYLATE CYCLASE STIMULATORS			
		ADEMPAS (riociguat)	<p>Adempas</p> <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days OR • MANUAL PA for PAH WHO Group 4

ROSACEA TREATMENTS

metronidazole (cream, gel, lotion)	AVAR (sulfacetamide sodium/sulfur)	Topical Sulfonamides used for
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		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)	Rosacea will require a manual PA for ≥ 21 years. Other labeled indications are limited to < 21 years.
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SEDATIVE HYPNOTICS

BENZODIAZEPINES SmartPA			
	estazolam flurazepam temazepam (15mg and 30mg)	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) quazepam RESTORIL (temazepam) temazepam (7.5mg and 22.5mg) triazolam	Single source benzodiazepines and barbiturates are NOT covered – NO PA's will be issued for these drugs. MS DOM Opioid Initiative <ul style="list-style-type: none"> Concomitant use of Opioids and Benzodiazepines Criteria details found here Quantity Limits – CUMULATIVE Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy</i>

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

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SELECT CONTRACEPTIVE PRODUCTS

INJECTABLE CONTRACEPTIVES

medroxyprogesterone acetate IM

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

ORAL CONTRACEPTIVES SmartPA

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

AMETHIA (levonorgestrel/ethinyl estradiol)
AMETHYST (levonorgestrel/ethinyl estradiol)
BEYAZ (ethinyl estradiol/drospirenone/levomefolate)
BRIELLYN (norethindrone/ethinyl estradiol)
CAMRESE (levonorgestrel/ethinyl estradiol)
CAMRESE LO (levonorgestrel/ethinyl estradiol)
ethinyl estradiol/drospirenone
GENERESS FE (norethindrone/ethinyl estradiol/fe)
Gianvi (ethinyl estradiol/drospirenone)
GILDAGIA (norethindrone/ethinyl estradiol)
INTROVALE (levonorgestrel/ethinyl estradiol)
JOLESSA (levonorgestrel/ethinyl estradiol)
LOESTRIN 24 FE (norethindrone/ethinyl estradiol)
LO LOESTRIN FE (norethindrone/ethinyl estradiol)
LORYNA (ethinyl estradiol/drospirenone)
NATAZIA (estradiol valerate/dienogest)
norethindrone/ethinyl estradiol/fe chew tab
OCELLA (ethinyl estradiol/drospirenone)
OVCON-35 (norethindrone/ethinyl estradiol)
PHILITH (norethindrone/ethinyl estradiol)
QUASENSE (levonorgestrel/ethinyl estradiol)

Non-Preferred Criteria

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

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SAFYRAL (ethinyl estradiol/drospirenone/levomefolate)
 SYEDA (ethinyl estradiol/drospirenone)
 SLYND (drospirenone)
 TILIA FE (norethindrone/ethinyl estradiol/fe)
 TRI-LEGEST FE (norethindrone/ethinyl estradiol/fe)
 VESTURA (ethinyl estradiol/drospirenone)
 WYMZYA FE (norethindrone/ethinyl estradiol/fe)
 ZARAH (ethinyl estradiol/drospirenone)
 ZENCHENT FE (norethindrone/ethinyl estradiol/fe)
 ZEOSA (norethindrone/ethinyl estradiol/fe)

SKELETAL MUSCLE RELAXANTS SmartPA

baclofen
 chlorzoxazone
 cyclobenzaprine 5mg, 10mg
 methocarbamol
 tizanidine tablets

AMRIX (cyclobenzaprine ER)
 carisoprodol
 carisoprodol compound
 cyclobenzaprine 7.5mg, 15mg
 cyclobenzaprine ER
 DANTRIUM (dantrolene)
 dantrolene
 FEXMID (cyclobenzaprine)
 FLEXERIL (cyclobenzaprine)
 LORZONE (chlorzoxazone)
 metaxalone
 NORGESIC FORTE (orphenadrine)
 orphenadrine
 orphenadrine compound
 orphenadrine ER
 PARAFON FORTE DSC (chlorzoxazone)

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

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

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

Non-Preferred Criteria

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

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		PEDIADERM (hydrocortisone) VERDESO (desonide)	
MEDIUM POTENCY			
	fluocinolone hydrocortisone mometasone cr, oint. prednicarbate cr PANDEL (hydrocortisone probutate)	betamethasone valerate foam CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate) ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint SYNALAR (fluocinolone)	Non-Preferred Criteria • Have tried 2 different preferred medium potency agents in the past 6 months
HIGH POTENCY			
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. fluocinolone triamcinolone	amcinonide oint betameth diprop/prop gly cr, lot, oint betamethasone dipropionate oint. BETA-VAL (betamethasone valerate) desoximetasone diflorasone DIPROLENE AF (betamethasone diprop/prop gly) ELOCON (mometasone) fluocinonide HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) SERNIVO (betamethasone dipropionate) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide)	Non-Preferred Criteria • Have tried 2 different preferred high potency agents in the past 6 months

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VERY HIGH POTENCY			
	CLOBEX (clobetasol) clobetasol shampoo clobetasol propionate cream clobetasol propionate ointment halobetasol cream halobetasol ointment	BRYHALI (halobetasol) clobetasol emollient clobetasol propionate foam, gel, sol DIPROLENE (betamethasone diprop/prop gly) DUOBRII LOTION (halobetasol prop/tazarotene) halobetasol foam HALONATE (halobetasol/ammonium lactate) HALAC (halobetasol/ammonium lac) LEXETTE (halobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) TEMOVATE Cream (clobetasol propionate) TEMOVATE Ointment (clobetasol propionate) TOVET Foam (clobetasol) ^{NR} ULTRAVATE Cream, Lotion (halobetasol) ULTRAVATE Ointment (halobetasol)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred very high potency agents in the past 6 months
STIMULANTS AND RELATED AGENTS <small>SmartPA</small>			
SHORT-ACTING			
	amphetamine salt combination dexamethylphenidate IR dextroamphetamine IR METHYLIN chewable tablets (methylphenidate) methylphenidate IR methylphenidate solution PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) dextroamphetamine solution EVEKEO (amphetamine) EVEKEO ODT (amphetamine) FOCALIN (dexamethylphenidate) methamphetamine	Minimum Age Limit <ul style="list-style-type: none"> 3 years - Adderall, Evekeo, Procentra, Zenzedi 6 years – Desoxyn, Evekeo ODT, Focalin, Methylin Maximum Age Limit <ul style="list-style-type: none"> 18 years – Evekeo ODT

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METHYLIN solution (methylphenidate)

methylphenidate chewable
ZENZEDI (dextroamphetamine)

Quantity Limits

Applicable quantity limit per rolling days

- **62 tablets/31 days** –Adderall, Desoxyn, Evekeo, Focalin, Methylin, Zenedi
- **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**

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Version 2020.5

Updated: 11-27-2019

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- 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)
armodafinil
FOCALIN XR (dexamethylphenidate)
methylphenidate CD (generic Metadate CD)
methylphenidate ER (generic Concerta)
methylphenidate ER Tabs (generic Ritalin SR)
modafinil
QUILLICHEW (methylphenidate)
QUILLIVANT XR (methylphenidate)
VYVANSE (lisdexamfetamine)
VYVANSE CHEWABLE (lisdexamfetamine)

ADDERALL XR (amphetamine salt combination)
ADHANSIA XR (methylphenidate)
ADZENYS XR ODT (amphetamine)
ADZENYS ER SUSPENSION (amphetamine)
CONCERTA (methylphenidate)
COTEMPLA XR-ODT (methylphenidate)
DAYTRANA (methylphenidate)
DEXEDRINE (dextroamphetamine)
dexamethylphenidate ER
dextroamphetamine ER
DYANAVEL XR (amphetamine)
JORNAY PM (methylphenidate)
methylphenidate ER Caps (generic Ritalin LA)
methylphenidate ER (generic Relexxi)
MYDAYIS (amphetamine salt combination)
NUVIGIL (armodafinil)
PROVIGIL (modafinil)
RELEXXI (methylphenidate)
RITALIN LA (methylphenidate)
RITALIN SR (methylphenidate)
SUNOSI (solriamfetol)

Minimum Age Limit

- **6 years** – Adderall XR, Adhansia XR, 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

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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.

An * denotes existing users will be grandfathered; grandfathering is defined as approving a Non-Preferred agent for an existing user; all other changes will not qualify for grandfathering.

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To search the PDL, press CTRL + F



MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

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- mg, Provigil 200mg, Quillichew, Ritalin LA & SR, Vyvanse, Sunosi
- **46.5 tablets/31 days** – Provigil 100 mg
- **62 tablets/31 days** – Concerta 36mg, Cotelpla XR-ODT 17.3 & 25.9 mg, Nuvigil 50mg
- **248 mL/31 days** – Dyanavel XR
- **372 mL/31 days** – Quillivant XR

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:

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- 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

NON-STIMULANTS

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atomoxetine
guanfacine ER Step Edit

clonidine ER
INTUNIV (guanfacine ER)
KAPVAY (clonidine extended-release)
STRATTERA (atomoxetine)
WAKIX (pitolisant)^{NR}

Minimum Age Limit

6 years – Intuniv, Kapvay, Strattera
18 years - Wakix

Maximum Age Limit

- **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
- **62 tablets/31 days** - Wakix
- **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

Wakix

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- Diagnosis of narcolepsy without cataplexy **AND**
- 30 days of therapy with preferred modafinil or armodafinil in the past 6 months **OR** -
- Documented diagnosis of narcolepsy without cataplexy or substance abuse disorder

TETRACYCLINES SmartPA

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

ACTICLATE (doxycycline)
ADOXA (doxycycline monohydrate)
demeclocycline
doxycycline hyclate (generic Doryx)
doxycycline monohydrate caps (75mg & 150mg)
doxycycline monohydrate tabs
DORYX (doxycycline hyclate)
DYNACIN (minocycline)
MINOCIN (minocycline)
MINOLIRA (minocycline)
minocycline ER
minocycline tabs
MONODOX (doxycycline monohydrate)
NUZYRA (omadacycline tosylate)
OKEBO (doxycycline)
ORACEA (doxycycline)
SEYSARA (sarecycline)
SOLODYN (minocycline)
TARGADOX (doxycycline)
VIBRAMYCIN cap/susp/syrup
XIMINO (minocycline)

Non-Preferred Agents

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

Demeclocycline

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

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

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ORAL	
APRISO (mesalamine) balsalazide sulfasalazine	ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) budesonide EC COLAZAL (balsalazide) DELZICOL (mesalamine) DIPENTUM (olsalazine) ENTOCORT EC (budesonide) GIAZO (balsalazide) LIALDA (mesalamine) mesalamine tablet PENTASA 250mg (mesalamine) PENTASA 500mg (mesalamine) UCERIS (budesonide)
RECTAL	
mesalamine suppository	CANASA (mesalamine) ROWASA (mesalamine) SF-ROWASA (mesalamine) UCERIS Foam (budesonide)

Gender Limits

- **Male** - Giazio

Non-Preferred Criteria

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

budesonide EC

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

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