

MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 01/01/2020

Version 2020.10b

Updated: 06-04-2020

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 except isotretinoids
	clindamycin gel (generic Cleocin-T) clindamycin lotion clindamycin solution	ACZONE (dapsone) AKNE-MYCIN (erythromycin) azelaic acid AMZEEQ FOAM (minocycline) ^{NR} AZELEX (azelaic acid) CLEOCIN-T (clindamycin) CLINDAMYCIN PAC (clindamycin) CLINDAGEL (clindamycin) clindamycin foam clindamycin gel daily (generic Clindagel) dapsone 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)	

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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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		tazarotene TAZORAC (tazarotene) tretinoin gel tretinoin micro	
		COMBINATION DRUGS/OTHERS	
	adapalene/benzoyl peroxide 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) 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) ABSORICA LD(isotretinoin) ^{NR} Isotretinoin	Available for all ages
ALPHA-1 PROTEINASE INHIBITORS			
	ARALAST (alpha-1 proteinase inhibitor) GLASSIA (alpha-1 proteinase inhibitor) PROLASTIN C (alpha-1 proteinase inhibitor) ZEMAIRA (alpha-1 proteinase inhibitor)		
ALZHEIMER'S AGENTS SmartPA			
	CHOLINESTERASE INHIBITORS		
	donepezil (tablets and ODT) 5mg, 10mg galantamine galantamine ER rivastigmine capsules rivastigmine patches	ARICEPT (donepezil) ARICEPT 23 MG (donepezil) ARICEPT ODT (donepezil) donepezil 23mg EXELON Capsules (rivastigmine) EXELON Patches (rivastigmine) EXELON Solution (rivastigmine) RAZADYNE (galantamine) RAZADYNE ER (galantamine)	All Agents <ul style="list-style-type: none"> Documented diagnosis for both preferred and non-preferred Non-Preferred Criteria <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)	Namzaric <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)	MS DOM Opioid Initiative <ul style="list-style-type: none"> • Short-Acting Opioids • Long-Acting Opioids • Morphine Equivalent Daily Dose • Concomitant use of Opioids and Benzodiazepines Criteria details found here Minimum Age Limit 18 years – tramadol and codeine products Quantity Limit Applicable <u>quantity limit</u> in 31 rolling days. <ul style="list-style-type: none"> • 62 tablets – buprenorphine/codeine combinations, codeine, dihydrocodeine combinations, fentanyl, hydromorphone, levorphanol, meperidine, morphine, oxycodone, oxycodone/ibuprofen, oxycodone, 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 Limit

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)			
	diclofenac sodium 1% gel diclofenac sodium solution VOLTAREN Gel (diclofenac sodium) SmartPA	capsaicin DICLO GEL KIT(diclofenac sodium) 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)	Non-Preferred Criteria • Have tried 1 preferred agent in the past 6 months Lidoderm • Documented diagnosis of Herpetic Neuralgia OR • Documented diagnosis of Diabetic Neuropathy ZTlido • Documented diagnosis of Herpetic Neuralgia
ANDROGENIC AGENTS SmartPA			
	ANDRODERM (testosterone patch) testosterone gel packets	ANDROGEL (testosterone gel) ANDROXY (fluoxymesterone) AXIRON (testosterone gel) FORTESTSA (testosterone gel) NATESTO (testosterone) STRIANT (testosterone) TESTIM (testosterone gel)	All Agents • Limited to male gender Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months

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		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)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • ≤ 6 years – Epaned <u>Smart PA will automatically be issued for this age</u> <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred <u>single entity</u> agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
	ACE INHIBITOR COMBINATIONS		
	benazepril/amlodipine benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ quinapril/HCTZ trandolapril/verapamil	ACCURETIC (quinapril/HCTZ) CAPOZIDE (captopril/HCTZ) LOTENSIN HCT (benazepril/HCTZ) LOTREL(benazepril/amlodipine) moexipril/HCTZ PRESTALIA (perindopril/amlodipine) PRINZIDE (lisinopril/HCTZ) TARKA (trandolapril/verapamil) UNIRETIC (moexipril/HCTZ)	<p>Non-Preferred Criteria</p> <p>ACE Inhibitor/CCB</p> <ul style="list-style-type: none"> • Have tried 2 different preferred <u>ACEI/CCB</u> agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days <p>ACE Inhibitor/Diuretic</p> <ul style="list-style-type: none"> • Have tried 2 different preferred

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		VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	<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 • 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 telmisartan/amlodipine	Entresto • Age ≥ 18 years AND • Documented diagnosis of heart failure OR • Age ≥ 1 year AND • Documented diagnosis of heart failure with systemic ventricular systolic dysfunction Non-Preferred Criteria ARB/Beta Blocker, ARB/CCB or ARB/CCB/Diuretic • Have tried 1 preferred <u>ARB/CCB</u> agent in the past 6 months OR

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		TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine)	<ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days <p>ARB/Diuretic</p> <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	DIFICID (fidaxomicin) FLAGYL (metronidazole)	

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	neomycin tinidazole	FLAGYL ER (metronidazole) paromomycin SOLOSEC (secnidazole) TINDAMAX (tinidazole) VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)	
ANTIBIOTICS (MISCELLANEOUS)			
	KETOLIDES		
		KETEK (telithromycin)	
	LINCOSAMIDE ANTIBIOTICS		
	clindamycin capsules clindamycin solution	CLEOCIN (clindamycin) CLEOCIN SOLUTION (clindamycin)	
	MACROLIDES		
	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)	

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		ZITHROMAX (azithromycin) ZMAX (azithromycin)	
	NITROFURAN DERIVATIVES		
	nitrofurantoin nitrofurantoin monohydrate macrocrystals	FURADANTIN (nitrofurantoin) MACROBID (nitrofurantoin monohydrate macrocrystals) MACRODANTIN (nitrofurantoin)	
	OXAZOLIDINONES		
		SIVEXTRO (tedizolid) ZYVOX (linezolid)	Sivextro, Zyvox - MANUAL PA Quantity Limit • 6 tablets/month – Sivextro
	PLEUROMUTLINS		
		XENLETA (lefamulin) ^{NR}	
ANTIBIOTICS (Topical)			
	bacitracin bacitracin/polymyxin 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			

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

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			Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR • 1 claim with the same agent in the past 90 days
	LOW MOLECULAR WEIGHT HEPARIN (LMWH)		
	enoxaparin	ARIXTRA (fondaparinux) fondaparinux FRAGMIN (dalteparin) LOVENOX (enoxaparin) Prefilled Syringe	LMWH – All Agents <ul style="list-style-type: none"> • LMWH therapy in the past 3 months AND <ul style="list-style-type: none"> ◦ Documented diagnosis of cancer 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 LMWH Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 1 different preferred agent in the past 6 months OR • 90 consecutive days on the

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ANTICONVULSANTS SmartPA		requested agent in the past 105 days
ADJUVANTS		
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	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) ROWEEPRA (levetiracetam) SABRIL (vigabatrin) SPRITAM (levetiracetam)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 1 year - Banzel • 2 years – Diacomit, Epidiolex, Onfi, Sympazan <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>

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		STAVZOR (valproic acid) SUBVENITE (lamotrigine) TEGRETOL (carbamazepine) TEGRETOL SUSPENSION (carbamazepine) TEGRETOL XR (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate) topiramate ER (generic Qudexy XR) Step Edit TRILEPTAL Tablets (oxcarbazepine) TRILEPTAL Suspension (oxcarbazepine) TROKENDI XR (topiramate) vigabatrin ZONEGRAN (zonisamide)	<ul style="list-style-type: none"> • Documented diagnosis of Dravet syndrome OR • Documented diagnosis of Lennox-Gastaut AND • Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months OR • 1 claim for the requested agent in the past 30 days <p>Sabril Powder for Oral Solution</p> <ul style="list-style-type: none"> • Documented diagnosis of infantile spasms OR • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure <p>Topiramate ER – Step Edit</p> <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure OR • 30 day trial with topiramate IR in the past 6 months
	SELECTED BENZODIAZEPINES		
	clobazam diazepam rectal gel NAYZILAM (midazolam) ^{NR}	DIASTAT (diazepam rectal) DIASTAT ACCUDIAL (diazepam rectal) ONFI (clobazam)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 12 years – Nayzilam • 6 years – Valtoco

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		ONFI SUSPENSION (clobazam) SYMPAZAN (clobazam) VALTOCO (diazepam) ^{NR}	Quantity Limit <ul style="list-style-type: none">• 3 Twin Packs/31 days – Diastat• 2 Packages /31 days – Nayzilam• 2 Cartons/31 days - Valtoco
	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	Minimum Age Limit <ul style="list-style-type: none">• 18 years - all drugs• 7-17 years – duloxetine (except Drizalma Sprinkle) <u>Smart PA will automatically be issued for this age range with a diagnosis of GAD (generalized anxiety disorder)</u>• 7-11 years – Drizalma Sprinkle <u>Smart PA will automatically be issued for this age range with a diagnosis of GAD (generalized anxiety disorder)</u> Non-Preferred Criteria

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		<p>OLEPTRO ER (trazodone) PARNATE (tranylcypromine) phenelzine PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine venlafaxine XR venlafaxine ER tablets WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion HCl)</p>	<ul style="list-style-type: none"> Have tried 2 different preferred <u>'Antidepressants, Other' Class</u> in the past 6 months OR Have tried BOTH a preferred <u>'Antidepressant, SSRI' and 'Antidepressants, Other'</u> in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days <p>Cymbalta and Irenka (see Fibromyalgia Agents)</p>
ANTIDEPRESSANTS, SSRIs <small>SmartPA</small>			
	<p>citalopram escitalopram fluoxetine capsules fluvoxamine paroxetine CR paroxetine IR sertraline</p>	<p>CELEXA (citalopram) fluoxetine DR fluvoxamine ER LEXAPRO (escitalopram) LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine suspension PAXIL CR (paroxetine) PAXIL SUPENSION (paroxetine) PAXIL Tablets (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)</p>	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> 6 years - Zoloft 7 years – Prozac 8 years - Luvox 12 years - Lexapro 18 years – Celexa, Luvox CR, Paxil, Pexeva, Prozac 90 mg <p>Citalopram Criteria</p> <ul style="list-style-type: none"> <18 years and 90 consecutive days on citalopram in the past 105 days OR < 60 years AND max daily dose ≤ 40 mg/day OR ≥ 60 years AND max daily dose ≤ 20 mg/day <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred

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			agents in the past 6 months OR <ul style="list-style-type: none">• 90 consecutive days on the requested agent in the past 105 days
ANTIEMETICS SmartPA			
	5HT3 RECEPTOR BLOCKERS		Quantity Limit <ul style="list-style-type: none">• 4 tablets/28 days - Varubi• 6 tablets/31 days – Akynzeo• 30 tablets/31 days – Zofran tablets/ODT• 100 ml/31 days – Zofran solution Non-Preferred Agents <ul style="list-style-type: none">• 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
	ondansetron ondansetron ODT ondansetron solution	ANZEMET (dolasetron) granisetron SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) ZUPLENZ (ondansetron)	
	ANTIEMETIC COMBINATIONS		
		AKYNZEO (netupitant/palonosetron) BONJESTA (doxylamine/pyridoxine) DICLEGIS (doxylamine/pyridoxine)	
	CANNABINOIDS		
		CESAMET (nabilone) MARINOL (dronabinol) dronabinol SYNDROS (dronabinol)	
	NMDA RECEPTOR ANTAGONIST		Varubi - MANUAL PA <ul style="list-style-type: none">• Documented diagnosis of cancer OR
	EMEND (aprepitant)	aprepitant VARUBI (rolapitant)	

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			<p>Antineoplastic history AND</p> <ul style="list-style-type: none"> • Chemotherapy regimen includes use of a highly or moderately emetogenic chemotherapeutic agent AND • History of prior use of preferred combination antiemetic therapy AND • Concurrent use of dexamethasone and 5-HT3 per PI
ANTIFUNGALS (Oral) SmartPA			
	clotrimazole fluconazole griseofulvin microsize suspension nystatin terbinafine	ANCOBON (flucytosine) ^ CRESEMBA (isavuconazonium) DIFLUCAN (fluconazole) flucytosine GRIFULVIN V (griseofulvin, microsize) griseofulvin microsize tablets griseofulvin ultramicrosize tablet GRIS-PEG (griseofulvin) itraconazole ^ ketoconazole LAMISIL (terbinafine) NOXAFIL (posaconazole) ^ ONMEL (itraconazole) ^ SPORANOX (itraconazole) ^ TERBINEX Kit (terbinafine/ciclopirox) TOLSURA (itraconazole) VFEND (voriconazole) ^ voriconazole ^	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 4-12 years – Lamisil Granules <i>Smart PA will automatically be issued for this age range</i> • 12-17 years – griseofulvin tablets <i>Smart PA will automatically be issued for this age range</i> <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months <p>HIV opportunistic infection</p> <ul style="list-style-type: none"> • Non-Preferred agent indicated for treatment (^) AND • Documented diagnosis of HIV <p>Cresemba - <u>MANUAL PA</u></p> <ul style="list-style-type: none"> • Minimum age limit ≥ 18 years AND • Documented diagnosis of invasive aspergillosis OR invasive mucormycosis AND • Prescriber is an oncologist/hematologist or infectious

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			disease specialist
			Sporanox <ul style="list-style-type: none"> • HIV opportunistic infection criteria OR • Documented diagnosis of a transplant OR • History of an immunosuppressant in the past 6 months OR • Have tried 2 different preferred agents in the past 6 months
ANTIFUNGALS (Topical) SmartPA			
	ANTIFUNGALS		
	ciclopirox cream/gel/solution/suspension clotrimazole ketoconazole shampoo nystatin	BENSAL HP (benzoic acid/salicylic acid) CICLODAN KIT (ciclopirox kit) ciclopirox kit/shampoo CNL 8 (ciclopirox) econazole ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) JUBLIA (efinaconazole) KERYDIN (tavaborole) ketoconazole cream ketoconazole foam LAMISIL (terbinafine) solution LOPROX (ciclopirox) LUZU (luliconazole) MENTAX (butenafine) naftifine NAFTIN (naftifine) NIZORAL (ketoconazole)	Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months

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

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	cetirizine/pseudoephedrine loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)	
ANTIMIGRAINE AGENTS, CALCITONIN GENE RELATED PEPTIDE INHIBITOR			
	ORAL		
		UBRELVY (ubrogepant) ^{NR}	Minimum Age Limit • 18 years - Ubrelyv Quantity Limit -Ubrelyv • 8 tablets/31 days
	INJECTIBLES		
		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)	Minimum Age Limit – ALL FORMULATIONS • 6 years – Maxalt • 12-17 years – Axert, Treximet, Zomig nasal spray <i>Smart PA will automatically be issued for this age range</i> • 18 years – Amerge, Frova, Imitrex, Onzetra Xsail, Relpax, Tosymra, Zembrace Symtouch, Zomig tablets

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		naratriptan RELPA (eletriptan) TREMIMET (sumatriptan/naproxen) zolmitriptan zolmitriptan ODT ZOMIG (zolmitriptan)	Quantity Limit - ORAL <ul style="list-style-type: none"> • 6 tablets/31 days - Axert, Relpax, Zomig • 9 tablets/31 days - Amerge, Frova, Imitrex, Tremimet • 12 tablets/31 days - Maxalt Non-Preferred Criteria - ORAL <ul style="list-style-type: none"> • Have tried 2 preferred oral agents in the past 90 days
		NASAL	
	sumatriptan	IMITREX (sumatriptan) ONZETRA Xsail (sumatriptan) TOSYMRA (sumatriptan) ^{NR} ZOMIG (zolmitriptan)	Quantity Limit - NASAL <ul style="list-style-type: none"> • 1 box/31 days Non-Preferred Criteria - NASAL <ul style="list-style-type: none"> • Have tried 2 preferred oral agents in the past 90 days AND • Have tried either a preferred nasal sumatriptan or injectable sumatriptan in the past 90 days
		INJECTABLES	
	sumatriptan	IMITREX (sumatriptan) SUMAVEL (sumatriptan) ZEMBRACE (sumatriptan)	CUMULATIVE Quantity Limit - INJECTION <ul style="list-style-type: none"> • 4 injections/31 days
		OTHER	
		ZECUITY PATCH (sumatriptan) ^{SmartPA} REYVOW (lasmiditan) ^{NR}	Quantity Limit PATCH <ul style="list-style-type: none"> • 4 patches/31 days

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			<p>Zecuity</p> <ul style="list-style-type: none"> Have tried 2 preferred agents (oral, nasal, or injectable) in the past 90 days <p>Minimum Age Limit</p> <ul style="list-style-type: none"> 18 years - Reyvow <p>Quantity Limit - Reyvow</p> <ul style="list-style-type: none"> 4 tablets/31 days
*ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS			
AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) COTELLIC (cobimetinib) GILOTRIF (afatinib) GLEEVEC (imatinib mesylate) ICLUSIG (ponatinib) imatinib mesylate 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)	ALECENSA (alectinib) ALUNBRIG (brigatinib) AYYAKIT (avapritinib) ^{NR} BALVERSA (erdafitinib) BRAFTOVI (encorafenib) BRUKINSA (zanubrutinib) ^{NR} COPIKTRA (duvelisib) CABOMETYX (cabozantinib s-malate) CALQUENCE (acalabrutinib) DAURISMO (glasdegib) ERLEADA (apalutamide) FARYDAK (panobinostat) GLEOSTINE (lomustine) IBRANCE (palbociclib) SmartPA IDHIFA (enasidenib) INREBIC (fedratinib) ^{NR} KISQALI (ribociclib) LENVIMA (lenvatinib) SmartPA LORBRENA (lorlatinib) LYNPARZA (olaparib) SmartPA MEKTOVI (binimetnib)	<p>Farydak - <u>MANUAL PA</u></p> <ul style="list-style-type: none"> Documented diagnosis of multiple myeloma AND Used in combination with bortezomib and dexamethasone per PI AND History of 2 prior regimens including bortezomib and an immunomodulatory agent <p>Ibrance</p> <ul style="list-style-type: none"> 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 	

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	TYKERB (lapatinib ditosylate) vandetanib VOTRIENT (pazopanib) XALKORI (crizotinib) ZELBORAF (vemurafenib) ZYDELIG (idelalisib) ZYKADIA (ceritinib)	NERLYNX (neratinib maleate) NUBEQA (darolutamide) ^{NR} PIQRAY (alpelisib) ROZLYTREK (entrectinib) ^{NR} RUBRACA (rucaparib) RYDAPT (midostaurin) TAGRISSO (osimertinib) TALZENNA (talazoparib) TAZVERIK (tazemetostat) ^{NR} TIBSOVO (ivosidenib) TURALIO (pexidartinib) ^{NR} VERZENIO (abemaciclib) VITRAKVI (larotrectinib) VIZIMPRO (dacomitinib) XATMEP (methotrexate) XOSPATA (gilteritinib) XPOVIO (selinexor) ZEJULA (niraparib)	Lenvima <ul style="list-style-type: none"> 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 Lynparza Tablets <ul style="list-style-type: none"> 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)	Minimum Age/Weight Limit for Pediculicides <ul style="list-style-type: none"> 50 kg - lindane shampoo 2 months – permethrin 1%(OTC) 6 months – Natroba, SKLICE,

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		spinosad ULESFIA (benzyl alcohol)	<p>Ulesfia</p> <ul style="list-style-type: none"> • 2 years – piperonyl/pyrethrins (OTC) • 6 years – Ovide <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • History of 2 preferred topical lice agents in the past 90 days <p>Ulesfia</p> <p>Ulesfia is no longer covered due to no longer being rebated.</p>
SCABICIDES			
	permethrin 5% STROMEKTOL Tablet (ivermectin)	ELIMITE (permethrin) EURAX CREAM (crotamiton) EURAX LOTION (crotamiton)	<p>Minimum Age/Weight Limit for Topical Scabicides</p> <ul style="list-style-type: none"> • 50 kg - lindane lotion • 2 months – permethrin 5% • 18 years – Eurax <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • History of permethrin 5% in the past 90 days
ANTIPARKINSON'S AGENTS (Oral) SmartPA			
ANTICHOLINERGICS			
	benztropine trihexyphenidyl	COGENTIN (benztropine)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Documented diagnosis of Parkinson's disease AND • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
COMT INHIBITORS			

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		COMTAN (entacapone) entacapone TASMAR (tolcapone) tolcapone	
		DOPAMINE AGONISTS	
	ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole pramipexole ER REQUIP (ropinirole) REQUIP XL (ropinirole) ropinirole ER	
		MAO-B INHIBITORS	
	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) rasagiline XADAGO (safinamide) ZELAPAR (selegiline)	Xadago <ul style="list-style-type: none"> • Documented diagnosis of Parkinson's disease AND • History of a preferred carbidopa/levodopa combination product in the past 30 days AND • History of selegiline product in 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)	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

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		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)	Nourianz <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 30 days therapy with a preferred adjunctive therapy in the past 45 days
ANTIPSYCHOTICS SmartPA			
	ORAL		
	amitriptyline/perphenazine aripiprazole clozapine fluphenazine haloperidol olanzapine olanzapine ODT perphenazine quetiapine quetiapine XR risperidone risperidone ODT SAPHRIS (asenapine) thioridazine thiothixene trifluoperazine ziprasidone	ABILIFY (aripiprazole) ABILIFY MYCITE (aripiprazole) ADASUVE (loxapine) aripiprazole solution aripiprazole ODT CAPLYTA (lumateperone) ^{NR} 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)	Minimum Age Limit <ul style="list-style-type: none"> • 2 years- Droperidol • 3 years - Haldol • 5 years – Risperdal, thioridazine • 6 years – Abilify, trifluoperazine • 10 years – Latuda, Saphris, Seroquel, Symbyax • 12 years- Molidone, perphenazine, pimozole, thiothixene • 13 years – Zyprexa • 18 years – Abilify Mycite, Amitriptyline/perphenazine, Caplyta, Clozaril, Fanapt, fluphenazine, Geodon, Invega, loxapine, Nuplazid, Rexulti, Secuado, Vraylar, Concurrent Therapy Limit – Ages 0-17 years <ul style="list-style-type: none"> • 90 days with >2 antipsychotics in the last 120 days will require a manual PA

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INJECTABLE, ATYPICALS SmartPA			
	ARISTADA ER (aripiprazole lauroxil) ARISTADA INITIO (aripiprazole lauroxil) ABILIFY MAINTENA (aripiprazole) INVEGA SUSTENNA (paliperidone palmitate) INVEGA TRINZA (paliperidone) PERSERIS (risperidone) RISPERDAL CONSTA (risperidone)	ABILIFY (aripiprazole) GEODON (ziprasidone) olanzapine ZYPREXA (olanzapine) ZYPREXA RELPREVV (olanzapine)	Minimum Age Limit <ul style="list-style-type: none"> 18 years – all injectable agents Quantity Limit <ul style="list-style-type: none"> 3 syringes/year – Aristada Initio Long Acting Injectable Agents All Agents <ul style="list-style-type: none"> Documented diagnosis of schizophrenia or schizoaffective disorder Abilify Maintena or Risperdal Consta <ul style="list-style-type: none"> Documented diagnosis of schizophrenia or schizoaffective

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			disorder OR • Documented diagnosis of bipolar disorder
TRANSDERMAL, ATYPICALS			
		SECUADO (asenapine) ^{NR}	
ANTIRETROVIRALS <small>SmartPA</small>			
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 – <u>MANUAL PA</u> • Genotype testing supporting resistance to other regimens OR • Intolerance or contraindication to preferred combination of drugs AND • Medical reasoning beyond convenience or enhanced compliance over preferred agents AND • CrCl > 70mL/min to initiate therapy OR CrCl >50mL/min to continue therapy
INTEGRASE STRAND TRANSFER INHIBITORS			
	ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium)	ISENTRESS HD (raltegravir potassium) VITEKTA (elvitegravir)	Non-Preferred Criteria • 1 claim with the requested agent in the past 105 days
NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)			
	abacavir sulfate EMTRIVA (emtricitabine)	didanosine DR capsule EPIVIR (lamivudine)	

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	lamivudine tenofovir disoproxil fumarate ZIAGEN Solution (abacavir sulfate) zidovudine	RETROVIR (zidovudine) stavudine VIDEX EC (didanosine) VIDEX SOLUTION (didanosine) VIREAD (tenofovir disoproxil fumarate) ZERIT (stavudine) ZIAGEN Tablet (abacavir sulfate)	
	NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)		
	EDURANT (rilpivirine) SUSTIVA (efavirenz)	efavirenz INTELENCE (etravirine) nevirapine nevirapine ER PIFELTRO (doravirine) RESCRIPTOR (delavirdine mesylate) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)	
	PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR		
		TYBOST (cobicistat)	Tybost - MANUAL PA
	PROTEASE INHIBITORS (PEPTIDIC)		
	atazanavir EVOTAZ (atazanavir/cobicistat) NORVIR 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)		

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EFFECTIVE 01/01/2020

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	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)	
	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	

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	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	<p>valganciclovir solution – automatic approval for age <12 years</p> <p>Prevymis Prevention (prophylaxis) of cytomegalovirus (CMV) infection and disease</p> <ul style="list-style-type: none"> • 18 years or older AND • Post hematopoietic stem cell transplant (HSCT) within the past 28 days AND • CMV sero-positive recipient [R+] AND • NO severe (Child-Pugh Class C) hepatic impairment
ANTI-CYTOMEGALOVIRUS AGENTS			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) SITAVIG (acyclovir) VALTREX (valacyclovir) ZOVIRAX (acyclovir)	

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ANTI-INFLUENZA AGENTS			
	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 <ul style="list-style-type: none"> • 2 years – Elidel, Protopic 0.03% • 6 years – Protopic 0.1% Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 1 preferred agent in the past 6 months Eucrisa <ul style="list-style-type: none"> • History of 28 days of therapy with a calcineurin inhibitor AND • History of 28 days of therapy with a topical steroid in the past year

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			Dupixent- MANUAL PA
BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS <small>SmartPA</small>			
	acebutolol atenolol bisoprolol BYSTOLIC (nebivolol) <small>Step Edit</small> metoprolol metoprolol ER nadolol pindolol propranolol propranolol ER sotalol	BETAPACE (sotalol) betaxolol CORGARD (nadolol) HEMANGEOL (propranolol) Inderal LA (propranolol) Inderal XL (propranolol) INNOPRAN XL (propranolol) KAPSPARGO SPRINKLES (metoprolol) KERLONE (bextaxolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) SOTYLIZE (sotalol) TENORMIN (atenolol) TOPROL XL (metoprolol) ZEBETA (bisoprolol)	Bystolic – Step Edit <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days OR Have tried 1 preferred agent in the past 6 months Non-Preferred Criteria – All Agents <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
	BETA- AND ALPHA-BLOCKERS		
	carvedilol labetalol	carvedilol CR COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	Coreg CR <ul style="list-style-type: none"> Documented diagnosis for hypertension AND Have tried generic carvedilol AND 1 preferred agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days

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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)	
ANTIANGINALS			
		RANEXA (ranolazine) ranolazine	Ranexa • Documented diagnosis of angina AND • 1 claim for a calcium channel blocker, beta-blocker, nitrate, or combination agent in the past 30 days OR • 90 consecutive days on the requested agent in the past 105 days
SINUS NODE AGENTS			
		CORLANOR (ivabradine)	Corlanor - MANUAL PA
BILE SALTS			
	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) CHOLBAM (cholic acid) OCALIVA (obeticholic acid) URSO (ursodiol) URSO FORTE (ursodiol)	

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BLADDER RELAXANT PREPARATIONS SmartPA

	oxybutynin ER oxybutynin IR solifenacin	darifenacin DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN XL (oxybutynin) ENABLEX (darifenacin) GELNIQUE (oxybutynin) MYRBETRIQ (mirabegron) OXYTROL (oxybutynin) SANCTURA (trospium) SANCTURA XR (trospium) tolterodine tolterodine ER TOVIAZ (fesoterodine fumarate) trospium trospium ER VESICARE (solifenacin)	Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months
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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

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OTHERS			
		calcitonin salmon EVENITY (romosozumab-aqqg) EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) PROLIA (denosumab) raloxifene TYMLOS (abaloparatide) XGEVA (denosumab)	
BPH AGENTS SmartPA			
ALPHA BLOCKERS			
	alfuzosin doxazosin tamsulosin terazosin	CARDURA (doxazosin) CARDURA XL (doxazosin) dutasteride/tamsulosin FLOMAX (tamsulosin) HYTRIN (terazosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) silodosin UROXATRAL (alfuzosin)	Female <ul style="list-style-type: none"> Cardura, Flomax, Proscar, terazosin, or Uroxatral AND a documented diagnosis based on a state accepted diagnosis Non-Preferred Criteria - MALE <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months 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			

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		CIALIS (tadalafil)	
BRONCHODILATORS & COPD AGENTS			
	ANTICHOLINERGICS & COPD AGENTS		Minimum Age Limit 6 years – Spiriva Respimat Spiriva Respimat <ul style="list-style-type: none">Documented diagnosis of asthma
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA HANDIHALER (tiotropium)	DALIRESP (roflumilast) INCRUSE ELLIPTA (umeclidinium) LONHALA MAGNAIR (glycopyrrolate) SEEBRI (glycopyrrolate) SPIRIVA RESPIMAT (tiotropium) TUDORZA PRESSAIR (aclidinium) YUPELRI (revefenacin)	
	ANTICHOLINERGIC-BETA AGONIST COMBINATIONS		
	albuterol/ipratropium BEVESPI (glycopyrrolate/formoterol) COMBIVENT RESPIMAT (albuterol/ipratropium) UTIBRON (indacaterol/glycopyrrolate)	ANORO ELLIPTA (umeclidinium/vilanterol) DUAKLIR PRESSAIR (aclidinium/formoterol) ^{NR} STIOLTO RESPIMAT (tiotropium/olodaterol) TRELEGY ELLIPTA (fluticasone furoate/ umeclidinium/vilanterol)	
BRONCHODILATORS, BETA AGONIST			
	INHALERS, SHORT-ACTING		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
	albuterol HFA PROAIR RESPICLICK (albuterol)	PROAIR DIGIHALER (albuterol) ^{NR} PROAIR HFA (albuterol) PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol) XOPENEX HFA (levalbuterol) SmartPA	
	INHALERS, LONG ACTING SmartPA		
	SEREVENT (salmeterol)	ARCAPTA (indacaterol)	Minimum Age Limit

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		STRIVERDI RESPIMAT (olodaterol)	<ul style="list-style-type: none"> • 4 years – Serevent • 18 years – Arcapta, Striverdi Respimat <p>Arcapta & Striverdi Respimat</p> <ul style="list-style-type: none"> • Documented diagnosis of COPD AND • Have tried 1 preferred agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
INHALATION SOLUTION <small>SmartPA</small>			
	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	VOSPIRE ER (albuterol)	

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

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		NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	
CALORIC AGENTS			
	BOOST (includes all Boost) BREAKFAST ESSENTIALS BRIGHT BEGINNINGS DUOCAL ENSURE GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE PROMOD RESOURCE SCANDISHAKE 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)	

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SmartPA			
CEPHALOSPORINS – First Generation			
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			
cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)		
CEPHALOSPORINS – Third Generation			
cefdinir suspension cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	Maximum Age Limit • 18 years – cefdinir suspension	
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) ZIEXTENZO (pegfilgrastim-bmez) ^{NR}		
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)	Minimum Age Limit • 3 months – Pulmozyme • 6 months – Kalydeco Granules	

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		<p>PULMOZYME (dornase alfa) SYMDEKO (tezacaftor/ivacaftor) TOBI (tobramycin) TOBI PODHALER (tobramycin) tobramycin (generic Kitabis) labeler 70644 TRIKAFTA (elexacaftor/ tezacaftor/ivacaftor)^{NR}</p>	<ul style="list-style-type: none"> • 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 <p>Maximum Age Limit</p> <ul style="list-style-type: none"> • 5 years – Kalydeco and Orkambi Granules <p>All Agents</p> <ul style="list-style-type: none"> • Documented diagnosis Cystic Fibrosis <p><u>Kalydeco, Orkambi, Symdeko & Trikafta</u></p> <ul style="list-style-type: none"> • <u>MANUAL PA</u> <p><u>TOBI Podhaler – MANUAL PA</u></p> <ul style="list-style-type: none"> • 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)</p>	<p>ACTEMRA (tocilizumab) CIMZIA (certolizumab)</p>	<p>Orencia IV Infusion, Remicade IV Infusion, Renflexis and Stelara (first dose) are for administration in hospital</p>

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	HUMIRA (adalimumab) methotrexate	ENTYVIO (vedolizumab) ILARIS (canakinumab) ILUMYA (tildrakizumab) INFLECTRA (infliximab) KEVZARA (sarilumab) KINERET (anakinra) OLUMIANT (baricitinib) ORENCIA (abatacept) OTEZLA (apremilast) OTREXUP (methotrexate) RASUVO (methotrexate) REMICADE (infliximab) RENFLEXIS (infliximab-abda) RHEUMATREX (methotrexate) RINVOQ (upadacitinib) SILIQ (brodalumab) SIMPONI (golimumab) SKYRIZI (risankizumab) STELARA (ustekinumab) TALTZ (ixekizumab) TREMFYA (guselkumab) TREXALL (methotrexate) XELJANZ (tofacitinib) XELJANZ XR (tofacitinib)	or clinic setting. PA will not be issued at Point of Sale without justification. Cosentyx <ul style="list-style-type: none"> • ≥ 18 years = Minimum Age • Documented diagnosis of plaque psoriasis, psoriatic arthritis or ankylosing spondylitis in the past 2 years AND • 90 consecutive days of Humira in the past year
ERYTHROPOIESIS STIMULATING PROTEINS SmartPA			
	EPOGEN (rHuEPO) MIRCERA (methoxy polyethylene glycol-epoetin-beta) RETACRIT (rHuEPO)	ARANESP (darbepoetin) PROCRT (rHuEPO)	Mircera <ul style="list-style-type: none"> • Documented diagnosis chronic renal failure in the past 2 years Non Preferred Criteria

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

FACTOR DEFICIENCY PRODUCTS

FACTOR VIII

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

FACTOR IX

ALPHANINE SD	IDELVION
ALPROLIX	REBINYN
BEBULIN	

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	BENEFIX IXINITY MONONINE PROFILNINE RIXUBIS		Hemlibra 1 claim with the same agent in the past 105 days
OTHER FACTOR PRODUCTS			
	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) SmartPA LYRICA (pregabalin) LYRICA CR (pregabalin) NEURONTIN (gabapentin)	Cymbalta and Irenka (see Antidepressant, Other) Minimum Age Limit – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder) for preferred duloxetine
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)	Non-Preferred Criteria <ul style="list-style-type: none">• 1 claim for a preferred agent in past 30 days Cipro Suspension for age < 12 years <ul style="list-style-type: none">• Anthrax infection or exposure OR• Cystic Fibrosis OR• Pneumonic plague OR tularemia AND history of doxycycline in the

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		LEVAQUIN (levofloxacin) levofloxacin solution moxifloxacin NOROXIN (norfloxacin) ofloxacin	past 3 months OR • 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months ○ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide Levaquin solution for age < 12 years • Anthrax infection or exposure OR • 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months AND ○ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide • Cipro suspension in the past 3 months
GAUCHER'S DISEASE			
	ELELYSO (taliglucerase alfa) ZAVESCA (miglustat)	CERDELGA (eliglustat) CEREZYME(imiglucerase) VPRIV (velaglucerase alfa)	
GENITAL WARTS & ACTINIC KERATOSIS AGENTS			
	ALDARA (imiquimod) <small>Age Edit</small> CONDYLOX (podofilox) <small>Age Edit</small> podofilox <small>Age Edit</small>	CARAC (fluorouracil) diclofenac 3% gel imiquimod <small>Age Edit</small> EFUDEX (fluorouracil) fluorouracil 0.5% cream fluorouracil 5% cream PICATO (ingenol) <small>Age Edit</small> SOLARAZE (diclofenac) TOLAK (fluorouracil) VEREGEN (sinecatechins) <small>Age Edit</small>	Minimum Age Limit • 12 years – Aldara • 18 years – Condylox, Picato, Veregen

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		ZYCLARA (imiquimod) <small>Age Edit</small>	
GLUCOCORTICOIDS (Inhaled) <small>SmartPA</small>			
	GLUCOCORTICOIDS		
	ASMANEX TWISTHALER (mometasone) budesonide 0.25mg and 0.5mg FLOVENT DISKUS(fluticasone) FLOVENT HFA (fluticasone) PULMICORT FLEXHALER (budesonide) QVAR REDIHALER (beclomethasone dipropionate)	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ARMONAIR RESPICLICK (fluticasone) ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) budesonide 1mg PULMICORT (budesonide) Respules QVAR (beclomethasone dipropionate)	Non-Preferred Criteria <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 <u>NOTE:</u> Institutional sized products are Non-Preferred
	GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS		
	ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) fluticasone/salmeterol SYMBICORT (budesonide/formoterol)	ADVAIR DISKUS (fluticasone/salmeterol) AIRDUO Respicklick (fluticasone/salmeterol) BREO ELLIPTA (fluticasone/vilanterol) budesonide/formoterol WIXELA INHUB (fluticasone/salmeterol)	Non-Preferred Criteria <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days OR Have tried 2 different preferred agents in the past 6 months
GI ULCER THERAPIES			
	H2 RECEPTOR ANTAGONISTS		
	cimetidine solution famotidine solution famotidine tablets nizatidine solution	AXID (nizatidine) cimetidine tablets nizatidine tablets PEPCID (famotidine)	

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PROTON PUMP INHIBITORS			
	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 SmartPA			
	NORDITROPIN (somatropin) NUTROPIN AQ (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) ZOMACTON (somatropin) ZORBITIVE (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>

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			<ul style="list-style-type: none"> • Have tried 1 preferred agent in the past 6 months OR • 84 consecutive days on the requested agent in the past 105 days
H. PYLORI COMBINATION TREATMENTS			
	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)	lansoprazole, amoxicillin, clarithromycin OMECLAMOX (omeprazole, clarithromycin, amoxicillin) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	Quantity Limit <ul style="list-style-type: none"> • 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	[∞] Daklinza, Epclusa, Harvoni, Mavyret, Sovaldi, Vosevi, Zepatier – MANUAL PA <u>Note:</u> Harvoni and Sovaldi have FDA pediatric indications

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		SOVALDI (sofosbuvir) [∞] 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) GLOPERBA (colchicines) ^{NR} 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	FORTAMET ER	<u>MANUAL PA</u>

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	metformin HCL ER 24HR tablet (generic GlucophageXR)	GLUCOPHAGE (metformin) GLUCOPHAGE XR (metformin ER) GLUMETZA (metformin ER) metformin 24HR (generic Fortamet) metformin 24 HR(generic Glumetza) RIOMET SOLUTION* (metformin)	<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 ○ 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes <p>Riomet Solution</p> <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days
HYPOGLYCEMICS, DPP4s and COMBINATON <small>SmartPA</small>			
	JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) TRADJENTA (linagliptin)	alogliptin alogliptin/metformin alogliptin/pioglitazone JENTADUETO XR (linagliptin/metformin) KAZANO (alogliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin)* NESINA (alogliptin) ONGLYZA (saxagliptin) * OSEN (alogliptin/pioglitazone)	<p>MANUAL PA</p> <ul style="list-style-type: none"> • Required with concomitant use of GLP-1 product in the past 30 days <p>OR</p> <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 ○ 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes <p>Kombiglyze XR and Onglyza Criteria</p> <ul style="list-style-type: none"> • 90 consecutive days on the

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			requested agent in the past 105 days
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS SmartPA			
	BYDUREON (exenatide) BYETTA (exenatide) VICTOZA (liraglutide)	ADLYXIN (lixisenatide) BYDUREON BCISE (exenatide) OZEMPIC (semaglutide) RYBELSUS (semaglutide) ^{NR} SOLIQUA (insulin glargine/lixisenatide) SYMLIN (pramlintide) TRULICITY (dulaglutide) XULTOPHY (insulin degludec/ liraglutide)	MANUAL PA <ul style="list-style-type: none"> Required with concomitant use of DPP-4 product in the past 30 days OR Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes <p>Symlin is excluded from all criteria</p>
HYPOGLYCEMICS, INSULINS AND RELATED AGENTS SmartPA			
	HUMULIN R U500 VIAL (insulin) <u>insulin aspart</u> <u>insulin aspart flexpen</u> <u>insulin aspart mix</u> <u>insulin aspart mix flexpen</u> <u>Insulin lispro</u> <u>insulin lispro kwikpen</u> 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) <u>HUMALOG KWIKPEN U200 (insulin lispro)</u>	Insulin pen formulations are not covered for Long Term Care (LTC) beneficiaries. Non-Preferred Criteria <ul style="list-style-type: none"> Documented diagnosis of Diabetes Mellitus AND Have tried 1 preferred product in the past 6 months OR 1 claim with the same agent in the

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		<p>HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine)</p> <p>HUMALOG MIX VIAL (insulin lispro/ lispro protamine)</p> <p>HUMALOG VIAL (insulin lispro)</p> <p>HUMULIN KWIKPEN & VIAL* (insulin)</p> <p>HUMULIN R U500 KWIKPEN*</p> <p>NOVOLOG FLEXPEN & VIAL (insulin aspart)</p> <p>NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine)</p> <p>NOVOLIN FLEXPEN (insulin)</p> <p>NOVOLIN VIAL (insulin)</p> <p>TRESIBA (insulin degludec)</p> <p>TOUJEO (insulin glargine)</p> <p>TOUJEO MAX(insulin glargine)</p>	<p>past 105 days</p> <p>For a full listing of covered OTC insulin products</p>
HYPOGLYCEMICS, MEGLITINIDES SmartPA			
	<p>nateglinide</p> <p>repaglinide</p>	<p>PRANDIMET (repaglinide/metformin)</p> <p>PRANDIN (repaglinide)</p> <p>repaglinide/metformin</p> <p>STARLIX (nateglinide)</p>	<p>MANUAL PA</p> <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 ○ 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes

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HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS SmartPA			
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS			
	FARXIGA (dapagliflozin) JARDIANCE (empagliflozin)	INVOKANA (canagliflozin) STEGLATRO (ertugliflozin)	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◦ 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS			
	SYNJARDY (empagliflozin/metformin)	GLYXAMBI (empagliflozin/linagliptin) INVOKAMET (canagliflozin/metformin) INVOKAMET XR (canagliflozin/metformin) QTERN (dapagliflozin/saxagliptin) SEGLUROMET (ertugliflozin/metformin) STEGLUJAN (ertugliflozin/sitagliptin) SYNJARDY XR (empagliflozin/metformin) TRIJARDY XR (empagliflozin/linagliptin/metformin) ^{NR} 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

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			or more days' supply of the drug in the past 30 days o 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes
	TZD COMBINATIONS		
	pioglitazone/metformin	ACTOPLUS MET (pioglitazone/metformin) ACTOPLUSMET XR (pioglitazone/metformin) AVANDAMET (rosiglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) DUETACT (pioglitazone/glimepiride) pioglitazone/glimepiride	
IDIOPATHIC PULMONARY FIBROSIS SmartPA			
	ESBRIET (pirfenidone) OFEV (nintedanib)		All Agents • Documented diagnosis Idiopathic Pulmonary Fibrosis Esbriet & OFEV • No concurrent therapy with either agent
IMMUNOSUPPRESSIVE (ORAL) SmartPA			
	AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine) IMURAN (azathioprine) mycophenolic acid	ASTAGRAF XL (tacrolimus) ENVARSUS XR (tacrolimus) HECORIA (tacrolimus) mycophenolic acid PROGRAF (tacrolimus)	Minimum Age Limit • 13 years - Rapamune • 18 years - Zortress Astagraf, Cellcept, Envarsus XR, Hecoria, Prograf • Documented diagnosis for heart transplant, kidney transplant, liver transplant, or a State accepted

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	mycophenolate mofetil MYFORTIC (mycophenolic acid) NEORAL (cyclosporine) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) sirolimus tacrolimus ZORTRESS (everolimus)		diagnosis Azasan • Documented diagnosis of kidney transplant, RA, or a State accepted diagnosis Gengraf, Neoral, Sandimmune • Documented diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA, or a State – accepted diagnosis OR • A MANUAL PA review for a diagnosis of Kimura's disease or multifocal motor neuropathy Myfortic • Documented diagnosis of kidney transplant or psoriasis Rapamune • Documented diagnosis of kidney transplant Zortress • Documented diagnosis of kidney transplant or liver transplant
IMMUNE GLOBULINS			
	CARIMUNE NF FLEBOGAMMA DIF GAMASTAN SD GAMMAGARD GAMMAKED	ASCENIV ^{NR} BIVIGAM CABLVI CUTAQUIG CUVITRU GAMMAGARD SD	

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	GAMUNEX-C HIZENTRA HYQVIA OCTAGAM PANZYGA	GAMMAPLEX PRIVIGEN XEMBIFY ^{NR}	
INTRANASAL RHINITIS AGENTS			
ANTICHOLINERGICS			
	ipratropium	ATROVENT (ipratropium)	
ANTIHISTAMINES			
	azelastine	ASTEPRO (azelastine) olopatadine PATANASE (olopatadine)	
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)	Non-Preferred Criteria <ul style="list-style-type: none"> Documented diagnosis for allergic rhinitis AND Have tried 1 different preferred agent in the past 6 months Budesonide <i>Smart PA will be issued for pregnant women.</i> <ul style="list-style-type: none"> A documented diagnosis of pregnancy OR a pregnancy indicator

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		XHANCE (fluticasone) ZETONNA (ciclesonide)	submitted on the pharmacy claim at Point of Sale
IRON CHELATING AGENTS			
	deferasirox all strengths EXJADE (deferasirox) FERRIPROX (deferiprone)	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 <ul style="list-style-type: none"> • 18 years –except Bentyl, Gattex, Levsin Gender Limit <ul style="list-style-type: none"> • Female - Amitiza 8mcg Chronic Idiopathic Constipation (CIC) AMITIZA 24MCG, LINZESS 72MCG, LINZESS 145 MCG, MOTEGRITY, TRULANCE

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			<p>past 105 days</p> <p><u>Irritable Bowel Syndrome – Constipation Dominant (IBS-C)</u> AMITIZA 8MCG, LINZESS 290 MCG, TRULANCE</p> <p>All IBS-C Agents:</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>Non-Preferred IBS-C Agents</p> <ul style="list-style-type: none">• Above IBS-C criteria AND• 30 days of therapy with 2 preferred agents in the past 6 months OR• 1 claim with the same agent in the past 105 days <p><u>Opioid Induced Constipation (OIC)</u> AMITIZA 24MCG, MOVANTIK, RELISTOR, SYMPROIC</p> <p>All OIC Agents:</p> <ul style="list-style-type: none">• Documented diagnosis of OIC in the past year AND• 1 claim for an opioid in the past 30 days AND• No history of GI or bowel obstruction AND• Documented diagnosis of chronic pain in the past year
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			<p>Non- Preferred OIC Agents</p> <ul style="list-style-type: none"> • Above OIC criteria AND • 30 days of therapy with 2 preferred agents 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
	IRRITABLE BOWEL SYNDROME DIARRHEA		
	dicyclomine hyoscyamine	alosetron BENTYL (dicyclomine) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LOTRONEX (alosetron) VIBERZI (eluxadoline)*	<p>Viberzi</p> <ul style="list-style-type: none"> • Documented diagnosis of Irritable Bowel Syndrome – Diarrhea Dominant (IBS-D) in the past year AND • 30 days of therapy with 2 preferred agents in the past 6 months OR • 1 claim with the same agent in the past 105 days <p>Lotronex</p> <ul style="list-style-type: none"> • 1 claim for the same agent in the past 105 days OR • MANUAL PA - All new patients require manual review. <p>Xifaxan - (see Antibiotics, GI)</p>

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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)	<p><u>Carcinoid Syndrome Agent</u> XERMELO</p> <ul style="list-style-type: none"> Documented diagnosis of carcinoid syndrome in the past year AND 1 claim for a somatostatin analog in the past 30 days <p><u>HIV/AIDS Non-infectious Diarrhea</u> FULYZAQ, MYTESI</p> <ul style="list-style-type: none"> Documented diagnosis of HIV/AIDS in the past year AND Documented diagnosis of non-infectious diarrhea in the past year AND 1 claim for an antiretroviral in the past 30 days <p><u>Short Bowel Syndrome (SBS)</u> GATTEX, NUTRESTORE, ZORBTIVE</p> <p>Gattex or Zorbative</p> <ul style="list-style-type: none"> 1 claim for the same agent in the past 105 days OR <u>MANUAL PA</u> - All new patients require manual review. <p>Nutrestore - <u>MANUAL PA</u></p>
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: o Welchol AND Type 2 diabetes AND 1 preferred oral antidiabetic agent in the past 180 days OR o Pregnant female OR o Documented diagnosis of liver disease OR o Documented diagnosis for hypertriglyceridemia OR o 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 SmartPA			
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 <ul style="list-style-type: none"> Have tried 2 different preferred statin or statin combination agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
MISCELLANEOUS BRAND/GENERIC			
	CLONIDINE		
	CATAPRES-TTS (clonidine) clonidine patches clonidine tablets	CATAPRES (clonidine)	
	EPINEPHRINE		
	epinephrine autoinject pens (labeler 49502) SYMJEPI (epinephrine)	ADRENALICK (epinephrine) AUVI-Q (epinephrine) EPINEPHRINE SNAP EMS KIT (epinephrine) EPIPEN (epinephrine) EPIPEN JR (epinephrine)	Quantity Limit <ul style="list-style-type: none"> 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) OXBRYTA (voxelotor) ^{NR} SIKLOS (hydroxyurea) VISTARIL (hydroxyzine pamoate)	Alprazolam ER CUMULATIVE quantity limit <ul style="list-style-type: none"> 31 tablets/31 days Hydroxyzine hcl 10mg tablets <ul style="list-style-type: none"> 6-12 years - <i>Smart PA will automatically be issued for this age range</i>
SUBLINGUAL ALLERGEN EXTRACT IMMUNOTHERAPY			

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

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	<p>COPAXONE 20mg (glatiramer)</p> <p>dalfampridine</p> <p>GILENYA (fingolimod)</p> <p>REBIF (interferon beta-1a)</p> <p>REBIF REBIDOSE (interferon beta-1a)</p>	<p>GLATOPA (glatiramer)</p> <p>MAVENCLAD (cladribine)</p> <p>MAYZENT (siponimod)</p> <p>OCREVUS (ocrelizumab)</p> <p>PLEGRIDY (interferon beta-1a)</p> <p>TECFIDERA (dimethyl fumarate)</p> <p>VUMERITY (diroximel fumarate)^{NR}</p>	<ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 3 claims with the requested agent in the last 105 days <p>Mavenclad – MANUAL PA</p> <p>Mayvent – MANUAL PA</p>
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MUSCULAR DYSTROPHY AGENTS

		<p>EMFLAZA (deflazacort)</p> <p>EXONDYS (eteplirsen)</p> <p>VYONDYS (golodirsen)^{NR}</p>	<p>Exondys- MANUAL PA</p>
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NSAIDS SmartPA

NON-SELECTIVE			
	<p>diclofenac EC</p> <p>diclofenac IR</p> <p>diclofenac SR</p> <p>etodolac IR tab</p> <p>flurbiprofen</p> <p>ibuprofen</p> <p>indomethacin</p> <p>ketoprofen</p> <p>ketorolac</p> <p>nabumetone</p> <p>naproxen 250mg and 500mg</p> <p>naproxen suspension</p> <p>piroxicam</p> <p>sulindac</p>	<p>ADVIL (ibuprofen)</p> <p>ANAPROX (naproxen)</p> <p>CAMBIA (diclofenac)</p> <p>CATAFLAM (diclofenac)</p> <p>DAYPRO (oxaprozin)</p> <p>etodolac cap</p> <p>etodolac tab SR</p> <p>FELDENE (piroxicam)</p> <p>FENORTHO (fenoprofen)</p> <p>fenoprofen</p> <p>INDOCIN capsules, suspension & suppositories (indomethacin)</p> <p>indomethacin cap ER</p> <p>ketoprofen ER</p> <p>meclofenamate</p> <p>mefenamic acid</p>	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months

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		NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) naproxen 275mg and 550mg NUPRIN (ibuprofen) oxaprozin PONSTEL (mefenamic acid) PROFENO (fenoprofen) RELAFEN DS (nabumetone) ^{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

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- Have tried 1 preferred COX-II Selective and 1 preferred Non-Selective Agent **OR**
- Have tried 1 preferred COX-II Selective agent and a documented diagnosis of GI Bleed, GERD, PUD, GI Perforation, or Coagulation Disorder

OPHTHALMIC ANTIBIOTICS

bacitracin/neomycin/gramicidin bacitracin/polymyxin ciprofloxacin erythromycin GENTAK Ointment (gentamicin) gentamicin ILOTYCIN (erythromycin) moxifloxacin ofloxacin polymyxin/trimethoprim tobramycin	AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) CILOXAN Ointment (ciprofloxacin) CILOXAN Solution (ciprofloxacin) GARAMYCIN (gentamicin) gatifloxacin levofloxacin MOXEZA (moxifloxacin) NATACYN (natamycin) neomycin/bacitracin/polymyxin b NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin) (oxy-tcn/polymyx sul) OCUFLOX (ofloxacin) POLYTRIM (polymyxin/trimethoprim) sulfacetamide TOBREX drops (tobramycin) TOBREX ointment (tobramycin) VIGAMOX (moxifloxacin)
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		ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	
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	
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 <small>SmartPA</small>			
	ALREX (loteprednol) azelastine cromolyn olopatadine 0.1% olopatadine 0.2%	ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (lodoxamide) BEPREVE (bepotastine) ELESTAT (epinastine) EMADINE (emedastine) epinastine LASTACFT (alcaftadine) OPTIVAR (azelastine) PATADAY (olopatadine) PATANOL (olopatadine) PAZEO (olopatadine)	Non-Preferred Criteria <ul style="list-style-type: none"> 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) <small>Smart PA</small>	Minimum Age Limit <ul style="list-style-type: none"> 16 years – Restasis 17 years – Xiidra 18 years – Cequa Quantity Limit <ul style="list-style-type: none"> 5.5 mL/31 days – Restasis Multidose 60 units/31 days – Cequa, Restasis droperette, Xiidra Non-Preferred Criteria: <ul style="list-style-type: none"> History of 4 claims for Restasis in the past 6 months

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OPHTHALMIC, GLAUCOMA AGENTS SmartPA

BETA BLOCKERS		
	BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol drops 0.25%, 0.5%	BETAGAN (levobunolol) betaxolol BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel timolol daily drop 0.5% (generic Istalol) TIMOPTIC (timolol) 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)

Non-Preferred Criteria

- 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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		travoprost 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)	<u>Buprenorphine/Naloxone and buprenorphine:</u> 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 the past 6 months OR • History of Bunavail therapy within the past 3 months AND

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			<ul style="list-style-type: none"> 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) ^{Age Edit} COLY-MYCIN S (colistin/neomycin/hydrocortisone) ofloxacin	ciprofloxacin CORTISPORIN-TC (colistin/neomycin/hydrocortisone) DERMOTIC (fluocinolone) neomycin/polymyxin/hydrocortisone OTIPRIO (ciprofloxacin) OTOVEL (ciprofloxacin/fluocinolone)	<p>Maximum Age Limit</p> <ul style="list-style-type: none"> 9 years - Cipro HC
PANCREATIC ENZYMES ^{SmartPA}			
	CREON (pancreatin) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) pancrelipase PERTZYE (pancrelipase) ULTRESA (pancrelipase) VIOKACE (pancrelipase)	<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 ROCALTROL (calcitriol) ZEMPLAR (paricalcitol)	cinacalcet doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone)	

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		RAYALDEE (calcifediol) SENSIPAR (cinacalcet)	
PHOSPHATE BINDERS			
	calcium acetate ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) sevelamer carbonate tablets	AURYXIA (ferric citrate) FOSRENOL (lanthanum) lanthanum PHOSLO (calcium acetate) RENAGEL (sevelamer HCl) RENVELA (sevelamer carbonate) sevelamer carbonate powder packets sevelamer HCl VELPHORO (sucroferric oxyhydroxide)	
PLATELET AGGREGATION INHIBITORS <small>SmartPA</small>			
	AGGRENOX (dipyridamole/aspirin) BRILINTA (ticagrelor) cilostazol clopidogrel dipyridamole dipyridamole/aspirin labeler 70436 pentoxifylline prasugrel	dipyridamole/aspirin any other labeler DURLAZA ER (aspirin) EFFIENT (prasugrel) omeprazole/aspirin PERSANTINE (dipyridamole) PLAVIX (clopidogrel) PLETAL (cilostazol) ticlopidine YOSPRALA (aspirin/omeprazole) ZONTIVITY (vorapaxar) <small>Clinical Edit</small>	Zontivity – <u>MANUAL PA</u> <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Documented diagnosis AND Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days

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PLATELET STIMULATING AGENTS			
	PROMACTA (eltrombopag olamine)	DOPTELET (avatrombopag maleate) MULPLETA (lusutrombopag) NPLATE (romiplostim) 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 <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days OR <ul style="list-style-type: none"> Documented diagnosis for Pseudobulbar Affect
PULMONARY ANTIHYPERTENSIVES^{SmartPA}			
ENDOTHELIN RECEPTOR ANTAGONIST			
	ambrisentan TRACLEER (bosentan) Tablets	bosentan LETAIRIS (ambrisentan)*	All PAH Agents – Preferred and Non-Preferred

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		<p>OPSUMIT (macitentan) TRACLEER (bosentan) Suspension</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 Circulation OR 90 consecutive days on the requested agent in the past

80

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			105 days • > 1 years of age AND Non-Preferred Criteria
PROSTACYCLINS			
		ORENITRAM ER (treprostinil) TYVASO (treprostinil) VENTAVIS (iloprost)	Non-Preferred Criteria • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
SELECTIVE PROSTACYCLIN RECEPTOR AGONISTS			
		UPTRAVI (selexipag)	Non-Preferred Criteria • Have tried 1 preferred PAH agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
SOLUBLE GUANYLATE CYCLASE STIMULATORS			
		ADEMPAS (riociguat)	Adempas • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days OR • MANUAL PA for PAH WHO Group 4
ROSACEA TREATMENTS			
	metronidazole (cream, gel, lotion)	AVAR (sulfacetamide sodium/sulfur) FINACEA (azelaic acid) METROCREAM (metronidazole cream)	Topical Sulfonamides used for Rosacea will require a manual PA for ≥21 years. Other labeled indications

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		METROGEL (metronidazole gel) METROLOTION (metronidazole lotion) MIRVASO (brimonidine) NORITATE (metronidazole) OVACE (sulfacetamide sodium) RHOFAD (oxymetazoline HCl) ROSULA (sodium sulfacetamide/sulfur) sodium sulfacetamide/sulfur (cleanser, pads, suspension) SOOLANTRA (ivermectin) SUMADAN(sodium sulfacetamide/sulfur wash) SUMAXIN(sodium sulfacetamide/sulfur pads) SUMAXIN TS(sodium sulfacetamide/sulfur suspension)	are limited to <21 years.
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 • Concomitant use of Opioids and Benzodiazepines Criteria details found here Quantity Limit – CUMULATIVE Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i> • 31 units/31 days - all strengths

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			Triazolam – CUMULATIVE Quantity limit per rolling days for all strengths • 10 units/31 days • 60 units/365 days
		OTHERS SmartPA	
	zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (sovorexant) doxepin EDLUAR (zolpidem) eszopiclone HETLIOZ (tasimelteon) INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ramelteon ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER zolpidem SL ZOLPIMIST (zolpidem)	Quantity Limit – CUMULATIVE Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i> • 31 units/31 days • 1 canister/31 days – Zolpimist & male • 1 canister/62 days – Zolpimist & female Gender and Dose Limit for zolpidem • Female - Ambien 5mg, Ambien CR 6.25mg, Intermezzo 1.75 mg • Male – all zolpidem strengths Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months Hetlioz • Circadian rhythm sleep disorder AND • Diagnosis indicating total blindness of the patient
SELECT CONTRACEPTIVE PRODUCTS			

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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) SAFYRAL (ethinyl estradiol/drospirenone/levomefolate) SYEDA (ethinyl estradiol/drospirenone)

Non-Preferred Criteria

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

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		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) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol)	<p>Non-Preferred Agents</p> <ul style="list-style-type: none"> • Documented diagnosis for an approvable indication AND • Have tried 2 different preferred agents in the past 6 months <p>Carisoprodol</p> <ul style="list-style-type: none"> • 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 Limit <ul style="list-style-type: none"> ○ 18 tablets - to allow tapering off ○ 84 tablets/6 months <p>Carisoprodol with codeine</p>

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		tizanidine capsules ZANAFLEX (tizanidine)	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 Limit • Chantix 0.5 mg, 1mg tablets and continuing pack – 336 tablets/year • Chantix Starter – 2 treatment courses/year
STERIODS (Topical) <small>SmartPA</small>			
	LOW POTENCY		
	CAPEX (fluocinolone) desonide hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTH-ES (fluocinolone) DESONATE (desonide) DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	Non-Preferred Criteria • Have tried 2 different preferred low potency agents in the past 6 months
	MEDIUM POTENCY		

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	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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Have tried 2 different preferred high potency agents in the past 6 months
VERY HIGH POTENCY			

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<p>CLOBEX (clobetasol) clobetasol lotion clobetasol shampoo, spray clobetasol propionate cream clobetasol propionate ointment halobetasol cream halobetasol ointment</p>	<p>BRYHALI (halobetasol) clobetasol emollient clobetasol propionate foam, gel 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)</p>	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred very high potency agents in the past 6 months
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STIMULANTS AND RELATED AGENTS SmartPA

SHORT-ACTING			
<p>amphetamine salt combination dexamethylphenidate IR dextroamphetamine IR METHYLIN chewable tablets (methylphenidate) methylphenidate IR methylphenidate solution PROCENTRA (dextroamphetamine)</p>	<p>ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) dextroamphetamine solution EVEKEO (amphetamine) EVEKEO ODT (amphetamine) FOCALIN (dexamethylphenidate) methamphetamine METHYLIN solution (methylphenidate) methylphenidate chewable ZENZEDI (dextroamphetamine)</p>	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> 3 years - Adderall, Evekeo, Procentra, Zenzedi 6 years – Desoxyn, Evekeo ODT, Focalin, Methylin <p>Maximum Age Limit</p> <ul style="list-style-type: none"> 18 years – Evekeo ODT <p>Quantity Limit Applicable <u>quantity limit</u> per rolling</p>	

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EFFECTIVE 01/01/2020

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- days
- **62 tablets/31 days** –Adderall, Desoxyn, Evekeo, Focalin, Methylin, Zenzedi
 - **310 mL/31 days** – Methylin solution, Procentra

Documented diagnosis of ADHD – ALL SA AGENTS

Non-Preferred Criteria ADD/ADHD:

- Documented diagnosis of ADD/ADHD **AND**
- Have tried 2 different preferred Short Acting agents in the past 6 months **OR**
- 1 claim for a 30 day supply with the requested agent in the past 105 days

Documented diagnosis of narcolepsy – ADDERALL, EVEKEO, METHYLIN, PROCENTRA, RITALIN, ZENZEDI

Non-Preferred Criteria narcolepsy:

- Documented diagnosis of narcolepsy **AND**
- 30 days of therapy with preferred modafinil or armodafinil **AND**
- 1 different preferred Short Acting agent indicated for narcolepsy in the past 6 months **OR**
- 1 claim for a 30 day supply with the requested agent in the past 105 day

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LONG-ACTING		
amphetamine salt combination ER APTENSIO XR (methylphenidate) armodafinil FOCALIN XR (dexmethylphenidate) 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) dexmethylphenidate ER dextroamphetamine ER DYNAVEL 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 <ul style="list-style-type: none"> • 6 years – Adderall XR, Adhansia XR, Adzenys ER Suspension, Adzenys XR ODT, Aptensio XR, Concerta, Cotempla XR ODT, Daytrana, Dexedrine, Dynavel 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 <ul style="list-style-type: none"> • 18 years – Cotempla XR ODT, Daytrana Quantity Limit Applicable <u>quantity limit</u> per rolling days <ul style="list-style-type: none"> • 31 tablets/31 days – Adderall XR, Adhansia XR, Adzenys XR ODT, Aptensio XR, Concerta 18, 27, & 54 mg, Cotempla XR-ODT 8.6 mg, Daytrana, Dexedrine Spansule, Focalin XR, Jornay PM, Metadate CD, Methylin ER, methylphenidate ER 72mg, Nuvigil 150, 200 & 250 mg, Provigil 200mg, Quillichew, Ritalin LA & SR, Vyvanse, Sunosi

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		<ul style="list-style-type: none"> • 46.5 tablets/31 days – Provigil 100 mg • 62 tablets/31 days – Concerta 36mg, Cotempla XR-ODT 17.3 & 25.9 mg, Nuvigil 50mg • 248 mL/31 days – Dynavel XR • 372 mL/31 days – Quillivant XR <p><u>Documented diagnosis of ADHD</u> – ALL LA AGENTS <i>excluding Nuvigil and Sunosi</i></p> <p><u>Documented diagnosis of binge eating disorder</u> – VYVANSE</p> <p>Non-Preferred Criteria ADD/ADHD:</p> <ul style="list-style-type: none"> • 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 <p><u>Documented diagnosis of narcolepsy</u> – ADDERALL XR, APTENSIO XR, CONCERTA ER, DEXEDRINE, METADATE CD, METHYLIN ER, MYDAYIS, NUVIGIL, PROVIGIL,QUILLICHEW, QUILLIVANT XR, RITALIN LA, SUNOSI</p> <p>Non-Preferred Criteria narcolepsy:</p> <ul style="list-style-type: none"> • Documented diagnosis of narcolepsy
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			<p>AND</p> <ul style="list-style-type: none"> • 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 <p>Nuvigil</p> <ul style="list-style-type: none"> • Documented diagnosis of narcolepsy, obstructive sleep apnea, shift work sleep disorder or bipolar depression <p>Provigil</p> <ul style="list-style-type: none"> • Documented diagnosis of narcolepsy, obstructive sleep apnea, shift work sleep disorder, depression, sleep deprivation or Steinert Myotonic Dystrophy Syndrome <p>Sunosi</p> <ul style="list-style-type: none"> • 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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	<p>atomoxetine guanfacine ER Step Edit</p>	<p>clonidine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release) STRATTERA (atomoxetine) WAKIX (pitolisant) ^{NR}</p>	<p>Minimum Age Limit 6 years – Intuniv, Kapvay, Strattera 18 years - Wakix Maximum Age Limit <ul style="list-style-type: none"> 18 years – Intuniv, Kapvay 21 years – diagnosis of ADD/ADHD is required for Strattera Quantity Limit Applicable <u>quantity limit</u> per rolling days <ul style="list-style-type: none"> 31 tablets/31 days – Intuniv, Strattera 62 tablets/31 days - Wakix 124 tablets/31 days – Kapvay Intuniv <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Diagnosis for ADD or ADHD AND Have tried 1 Short or Long Acting stimulant in the past 6 months OR Have tried 1 preferred Non-Stimulant in the past 6 months OR Have tried the short acting product in the past 6 months Wakix</p>
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			<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months Demeclocycline <ul style="list-style-type: none"> • 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		<p>Gender Limit</p> <ul style="list-style-type: none"> • Male - Giazio <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • 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 <p>budesonide EC</p> <ul style="list-style-type: none"> • 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
APRISO (mesalamine) balsalazide mesalamine tablet (generic Apriso) 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 (generic Asacol HD) mesalamine tablet (generic Delzicol) PENTASA 250mg (mesalamine) PENTASA 500mg (mesalamine) UCERIS (budesonide)	
RECTAL		
mesalamine suppository	CANASA (mesalamine) ROWASA (mesalamine) SF-ROWASA (mesalamine) UCERIS Foam (budesonide)	

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