



MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

EFFECTIVE 10/01/2023

Version 2023

Updated:09/29/2023

(For All Medicaid, MSCAN and CHIP Beneficiaries)

Gainwell Technologies' DUR+ process 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 <ul style="list-style-type: none"> • 21 years – all agents except isotretinoins
	clindamycin gel (generic Cleocin-T) clindamycin lotion clindamycin solution	ACZONE (dapson) AKNE-MYCIN (erythromycin) azelaic acid AMZEEQ FOAM (minocycline) AZELEX (azelaic acid) CLEOCIN-T (clindamycin) CLINDAMYCIN PAC (clindamycin) CLINDAGEL (clindamycin) clindamycin foam clindamycin gel daily (generic Clindagel) dapson ERY (erythromycin) ERYGEL (erythromycin) erythromycin gel, swabs, solution EVOCLIN (clindamycin) KLARON (sulfacetamide) sulfacetamide WINLEVI (clascoterone)	
	RETINOIDS		
	RETIN-A (tretinoin) tretinoin cream	adapalene AKLIEF (trifarotene) ALTRENO (tretinoin) ARAZLO (tazarotene) ATRALIN (tretinoin) AVITA (tretinoin) DIFFERIN (adapalene)	

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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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		FABIOR (tazarotene) PLIXDA (adapalene) RETIN-A MICRO (tretinoin) tazarotene TAZORAC (tazarotene) tretinoin gel tretinoin micro TWYNEO (tretinoin/benzoyl peroxide)	
	COMBINATION DRUGS/OTHERS		
	adapalene/benzoyl peroxide (generic EPIDUO) benzoyl peroxide/clindamycin (generic DUAC) sodium sulfacetamide/sulfur foam/gel/suspension SSS 10/5 Cream (sodium sulfacetamide/sulfur)	ACANYA (benzoyl peroxide/clindamycin) adapalene/benzoyl peroxide (generic EPIDUO FORTE) AKTIPAK (erythromycin/benzoyl peroxide) BENZACLIN GEL (benzoyl peroxide/clindamycin) BENZACLIN KIT (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) DUAC (benzoyl peroxide/clindamycin) EPIDUO (adapalene/benzoyl peroxide) EPIDUO FORTE (adapalene/benzoyl peroxide) EPSOLAY (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)	

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		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 bar, cleanser, cream, gel, lotion, wash ^{Rx & OTC}	benzoyl peroxide foam ^{Rx & OTC} BP 5.5% (benzoyl peroxide) BPO (benzoyl peroxide) ^{Rx & OTC} INOVA (benzoyl peroxide) LAVOCLEN (benzoyl peroxide) PANOXYL BAR 10% (benzoyl peroxide) ^{OTC} PANOXYL CREAM 3% (benzoyl peroxide) ^{OTC} OC8 GEL (benzoyl peroxide) ^{OTC}	
ISOTRETINOIN			
	ACUTANE (isotretinoin) AMNESTEEM (isotretinoin) CLARAVIS (isotretinoin) isotretinoin MYORISAN (isotretinoin) ZENATANE (isotretinoin)	ABSORICA (isotretinoin) ABSORICA LD (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)		

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ALZHEIMER'S AGENTS ^{DUR+}				
CHOLINESTERASE INHIBITORS				
	donepezil (tablets and ODT) 5mg, 10mg galantamine galantamine ER rivastigmine capsules rivastigmine patches	ADLARITY (donepezil) ARICEPT (donepezil) ARICEPT 23 MG (donepezil) ARICEPT ODT (donepezil) donepezil 23mg EXELON Capsules (rivastigmine) EXELON Patches (rivastigmine) EXELON Solution (rivastigmine) RAZADYNE (galantamine) RAZADYNE ER (galantamine)	<p>All Agents</p> <ul style="list-style-type: none"> Documented diagnosis for both preferred and non-preferred <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months 	
NMDA RECEPTOR ANTAGONIST				
	memantine	NAMENDA TABS (memantine) NAMENDA SOLUTION (memantine) NAMENDA XR (memantine) memantine XR		
COMBINATION AGENTS				
		NAMZARIC (memantine/donepezil)	<p>Namzaric</p> <ul style="list-style-type: none"> Documented diagnosis AND 30 days of concurrent therapy with donepezil + memantine in the past 6 months 	
ANALGESICS, OPIOID- SHORT ACTING ^{DUR+}				
	acetaminophen/codeine benzhydrocodone/APAP codeine dihydrocodeine/APAP/caffeine	ABSTRAL (fentanyl) ACTIQ (fentanyl) APADAZ (benzhydrocodone/APAP) butalbital/APAP/caffeine/codeine	<p>MS DOM Opioid Initiative</p> <ul style="list-style-type: none"> Short-Acting Opioids Long-Acting Opioids Morphine Equivalent Daily Dose 	

4

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	ENDOCET (oxycodone/APAP) hydrocodone/APAP hydromorphone morphine oxycodone capsules oxycodone liquid oxycodone tablets oxycodone/APAP oxycodone/aspirin oxycodone/ibuprofen pentazocine/APAP tramadol tramadol/APAP	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) NORCO (hydrocodone/APAP) NUCYNTA (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXAYDO (oxycodone) oxymorphone pentazocine/naloxone PERCOCET (oxycodone/APAP)	<ul style="list-style-type: none"> 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 62 tablets – butalbital/codeine combinations, codeine, dihydrocodeine combinations, fentanyl, hydromorphone, levorphanol, meperidine, morphine, oxycodone, oxycodone/ibuprofen, oxymorphone, pentazocine, tapentadol, tramadol 62 tablets CUMULATIVE – hydrocodone combinations, oxycodone combinations 186 tablets –butalbital/APAP 300, butalbital/APAP 325, butalbital/ASA 325 5mL (2 x 2.5 bottles) – butorphanol nasal 180 mL CUMULATIVE – oxycodone liquids 280 mL CUMULATIVE – Qdolo

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		PERCODAN (oxycodone/ASA) PRIMLEV (oxycodone/APAP) PROLATE (oxycodone/APAP) QDOLO (tramadol) REPREXAIN (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) ROXICODONE (oxycodone) ROXYBOND (oxycodone) SEGLENTIS (tramadol/celecoxib) 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)	
ANALGESICS, OPIOID - LONG ACTING ^{DUR+}			
	BUTRANS (buprenorphine) fentanyl patches morphine ER tablets	ARYMO ER (morphine) BELBUCA (buprenorphine) buprenorphine patch CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EMBEDA (morphine/naltrexone)	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

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		EXALGO (hydromorphone) hydromorphone ER HYSINGLA ER (hydrocodone) KADIAN (morphine) methadone MORPHABOND (morphine) morphine ER capsules MS CONTIN (morphine) NUCYNTA ER (tapentadol) OPANA ER (oxymorphone) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol) XARTEMIS XR (oxycodone/APAP) XTAMPZA (oxycodone myristate) ZOHYDRO ER (hydrocodone bitartrate)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 18 years – Butrans, Xartemis XR, Zohydro ER, tramadol products <p>Quantity Limit</p> <p>Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> • 31 tablets/31 days - Conzip ER, Exalgo ER, Hysingla ER, Ryzolt, Ultram ER • 62 tablets/31 days – Arymo ER, Belbuca, Embeda, Kadian, methadone, Morphabond, morphine ER, Nucynta ER, Opana ER, oxycodone ER, Oxycontin, Xtampza ER, Zohydro ER • 10 patches/31 days – Duragesic • 4 patches/31 days – Butrans • 40 tablets/10 days – Xartemis XR <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR • Documented diagnosis of cancer OR Antineoplastic therapy AND • 90 consecutive days on the requested agent in the past 105 days

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ANALGESICS/ANESTHETICS (Topical)			
	diclofenac sodium 1% gel diclofenac sodium 1.5% solution lidocaine 4% cream ^{OTC} lidocaine 5% ointment lidocaine 5% patch	capsaicin diclofenac epolamine patch ^{DUR+} diclofenac sodium 3% gel FLECTOR Patch (diclofenac epolamine) ^{DUR+} FROTEK (ketoprofen) LICART (diclofenac epolamine) LIDAMANTLE HC (lidocaine/hydrocortisone) LIDO TRANS PAK (lidocaine) lidocaine/prilocaine LIDODERM (lidocaine) ^{DUR+} LIDTOPIC MAX (lidocaine) PENNSAID 2% Solution (diclofenac sodium) ^{DUR+} SYNERA (lidocaine/tetracaine) TRANZAREL (lidocaine) VENNGEL ONE 1% kit (diclofenac sodium) VOLTAREN Gel (diclofenac sodium) ^{DUR+} XRYLIDERM (lidocaine) xylocaine ZOSTRIX (capsaicin) ZTlido (lidocaine)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 1 preferred agent in the past 6 months <p>Lidocaine 5% Patch</p> <ul style="list-style-type: none"> Documented diagnosis of Herpetic Neuralgia OR Documented diagnosis of Diabetic Neuropathy <p>ZTlido</p> <ul style="list-style-type: none"> Documented diagnosis of Herpetic Neuralgia
ANDROGENIC AGENTS ^{DUR+}			
	ANDRODERM (testosterone patch) testosterone gel packet	ANDROGEL (testosterone gel) ANDROXY (fluoxymesterone) AXIRON (testosterone gel) FORTESTSA (testosterone gel) JATENZO (testosterone undecanoate) NATESTO (testosterone)	<p>All Agents</p> <ul style="list-style-type: none"> Limited to male gender <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months

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		STRIANT (testosterone) TESTIM (testosterone gel) testosterone pump TLANDO (testosterone) VOGELXO (testosterone) XYOSTED (testosterone enanthate)	Tlando <ul style="list-style-type: none"> Requires clinical review
ANGIOTENSIN MODULATORS ^{DUR+}			
ACE INHIBITORS			
	benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril	ACCUPRIL (quinapril) ACEON (perindopril) ALTACE (ramipril) EPANED (enalapril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril perindopril PRINIVIL (lisinopril) QBRELIS (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	Minimum Age Limit <ul style="list-style-type: none"> ≤ 6 years – Epaned Dur + <i>will automatically be issued for this age</i> Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred <i>single entity</i> 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	ACCURETIC (quinapril/HCTZ) CAPOZIDE (captopril/HCTZ) LOTENSIN HCT (benazepril/HCTZ) LOTREL (benazepril/amlodipine) moexipril/HCTZ PRESTALIA (perindopril/amlodipine)	Non-Preferred Criteria ACE Inhibitor/CCB <ul style="list-style-type: none"> Have tried 2 different preferred <i>ACE/CCB</i> agents in the past 6 months OR

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	quinapril/HCTZ trandolapril/verapamil	PRINZIDE (lisinopril/HCTZ) TARKA (trandolapril/verapamil) UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	<ul style="list-style-type: none"> 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 <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)	<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
ARB COMBINATIONS			
	ENTRESTO (valsartan/sacubitril) ^{DUR +} irbesartan/HCTZ losartan/HCTZ olmesartan/amlodipine olmesartan/HCTZ telmisartan/HCTZ	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) BYVALSON (nebivolol/valsartan) candesartan/HCTZ	<p>Entresto</p> <ul style="list-style-type: none"> Age ≥ 18 years AND Documented diagnosis of heart failure OR Age ≥ 1 year AND

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	valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/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 TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine)	<ul style="list-style-type: none"> Documented diagnosis of heart failure with systemic ventricular systolic dysfunction <p>Non-Preferred Criteria ARB/Beta Blocker, ARB/CCB or ARB/CCB/Diuretic</p> <ul style="list-style-type: none"> Have tried 1 preferred <u>ARB/CCB</u> agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days <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>ACEI or ARB single-entity</u> products in the past 6 months OR

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DIRECT RENIN INHIBITOR COMBINATIONS			<ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Documented diagnosis of hypertension AND Have tried 2 different preferred <u>ACEI or ARB diuretic agents</u> in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTRNA-HCT (aliskiren/hctz) VALTURNA (aliskiren/valsartan)	
ANTIBIOTICS (GI) & RELATED AGENTS			
	FIRVANQ (vancomycin) metronidazole neomycin tinidazole	AEMCOLO (rifaximin) DIFICID (fidaxomicin) FLAGYL (metronidazole) FLAGYL ER (metronidazole) paromomycin REBYOTA (fecal microbiota) TINDAMAX (tinidazole) VANCOCIN (vancomycin) vancomycin VOWST (fecal microbiota) XIFAXAN (rifaximin)	
ANTIBIOTICS (MISCELLANEOUS)			
KETOLIDES			
		KETEK (telithromycin)	

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

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			Quantity Limit • 6 tablets/month – Sivextro
PLEUROMUTLINS			
		XENLETA (lefamulin)	
ANTIBIOTICS (Topical)			
	bacitracin ^{OTC} bacitracin/polymyxin ^{OTC} gentamicin sulfate mupirocin ointment neomycin/bacitracin/polymyxin ^{OTC}	ALTABAX (retapamulin) CORTISPORIN (bacitracin/neomycin/polymyxin/HC) mupirocin cream NEOSPORIN (neomycin/bacitracin/polymyxin) ^{OTC} XEPI (ozenoxacin)	
ANTIBIOTICS (VAGINAL)			
	CLEOCIN OVULES (clindamycin) CLINDESSE (clindamycin) metronidazole vaginal	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) clindamycin cream METROGEL (metronidazole) NUVESSA (metronidazole) SOLOSEC (secnidazole) VANDAZOLE (metronidazole) XACIATO GEL (clindamycin)	
ANTICOAGULANTS			
ORAL			
	COUMADIN (warfarin) ELIQUIS (apixaban)	BEVYXXA (betrixaban) PRADAXA PELLETS (dabigatran)	Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months OR

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	PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban)	SAVAYSA (edoxaban tosylate)	<ul style="list-style-type: none"> • 1 claim with the requested agent in the past 90 days
LOW MOLECULAR WEIGHT HEPARIN (LMWH)			
	enoxaparin	ARIXTRA (fondaparinux) fondaparinux FRAGMIN (dalteparin) LOVENOX (enoxaparin) Prefilled Syringe	<p style="color: red;">LMWH Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 different preferred agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
ANTICONVULSANTS <small>DUR+</small>			
ADJUVANTS			
	carbamazepine carbamazepine suspension carbamazepine ER (generic Carbatrol) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER divalproex sprinkle EPIDIOLEX (cannabidiol) EPITOL (carbamazepine) gabapentin lacosamide lamotrigine levetiracetam levetiracetam ER oxcarbazepine	APTIOM (eslicarbazepine) BANZEL (rufinamide) BRIVIACT (brivaracetam) carbamazepine XR CARBATROL (carbamazepine) DEPAKENE (valproic acid) DEPAKOTE (divalproex) DIACOMIT (stiripentol) ELEPSIA XR (levetiracetam) EPRONTIA (topiramate solution) EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) FINTEPLA (fenfluramine) FYCOMPA (perampanel) GABITRIL (tiagabine)	<p style="color: red;">Minimum Age Limit</p> <ul style="list-style-type: none"> • 6 months-- Diacomit • 1 year – Banzel, Epidiolex • 2 years –Onfi, Sympazan <p style="color: red;">Epidiolex</p> <ul style="list-style-type: none"> • Documented diagnosis of Dravet syndrome. Lennox Gastaut syndrome or seizures associated with tuberous sclerosis complex <p>OR</p> <ul style="list-style-type: none"> • 1 claim for the requested agent in the past 30 days <p style="color: red;">Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR

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oxcarbazepine suspension tiagabine topiramate tablet topiramate sprinkle capsule valproic acid zonisamide		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) QUDEXY XR (topiramate) ROWEEPRA (levetiracetam) SABRIL (vigabatrin) SPRITAM (levetiracetam) STAVZOR (valproic acid) TEGRETOL (carbamazepine) TEGRETOL SUSPENSION (carbamazepine) TEGRETOL XR (carbamazepine) TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate) topiramate ER (generic Qudexy XR) ^{Step Edit} TRILEPTAL Tablets (oxcarbazepine) TRILEPTAL Suspension (oxcarbazepine) TROKENDI XR (topiramate) vigabatrin VIMPAT (lacosamide) XCOPRI (cenobamate) ZONISADE (zonisamide suspension) ZTALMY (ganaxolone)	<ul style="list-style-type: none"> 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>Fintepla</p> <ul style="list-style-type: none"> Requires clinical review <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

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			<ul style="list-style-type: none"> 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) VALTOCO (diazepam)	DIASTAT (diazepam rectal) DIASTAT ACCUDIAL (diazepam rectal) ONFI (clobazam) ONFI SUSPENSION (clobazam) SYMPAZAN (clobazam)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> 12 years – Nayzilam 6 years – Valtoco <p>Quantity Limit</p> <ul style="list-style-type: none"> 2 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)	

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ANTIDEPRESSANTS, OTHER ^{DUR+}			
	bupropion bupropion SR bupropion XL TRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules VIIBRYD (vilazodone)	APLENZIN (bupropion HBr) AUVELITY (dextromethorphan/bupropion) desvenlafaxine ER desvenlafaxine fumarate ER DESYREL (trazodone) DRIZALMA SPRINKLE (duloxetine DR) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion) KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) PARNATE (tranylcypromine) phenelzine PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine venlafaxine XR venlafaxine ER tablets vilazodone WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion HCl)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 18 years - all drugs • 7-17 years – duloxetine (except Drizalma Sprinkle) <i>Dur + will automatically be issued for this age range with a diagnosis of GAD (generalized anxiety disorder)</i> • 7-11 years – Drizalma Sprinkle <i>Dur + will automatically be issued for this age range with a diagnosis of generalized anxiety disorder</i> <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred '<u>Antidepressants, Other</u>' Class in the past 6 months OR • Have tried BOTH a preferred '<u>Antidepressant, SSRI</u>' and '<u>Antidepressants, Other</u>' in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days <p>Auvelity</p> <ul style="list-style-type: none"> • Requires clinical review <p>Cymbalta and Irenka (see Fibromyalgia Agents)</p>

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ANTIDEPRESSANTS, SSRIs ^{DUR+}			
	citalopram escitalopram fluoxetine capsules fluvoxamine paroxetine CR paroxetine IR sertraline	CELEXA (citalopram) fluoxetine DR fluvoxamine ER LEXAPRO (escitalopram) LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine suspension PAXIL CR (paroxetine) PAXIL SUPENSION (paroxetine) PAXIL Tablets (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 6 years - Zoloft • 7 years – Lexapro, Prozac • 8 years - Luvox • 18 years – Celexa, Luvox CR, Paxil, Pexeva, Prozac 90 mg <p>Maximum Age Limit</p> <ul style="list-style-type: none"> • 60 years – Celexa <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
ANTIEMETICS ^{DUR+}			
5HT3 RECEPTOR BLOCKERS			
	ondansetron ondansetron ODT ondansetron solution	ANZEMET (dolasetron) granisetron SANCUSO (granisetron) ZOFTRAN (ondansetron) ZOFTRAN ODT (ondansetron) ZUPLLENZ (ondansetron)	<p>Quantity Limit</p> <ul style="list-style-type: none"> • 6 tablets/31 days – Akynzeo • 30 tablets/31 days – Zofran tablets/ODT • 100 ml/31 days – Zofran solution <p>Non-Preferred Agents</p> <ul style="list-style-type: none"> • Have tried 1 preferred agent in the past 6 months

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			Injectables in this class closed to point of sale. PA required if not administered in clinic/hospital
	ANTIEMETIC COMBINATIONS		
		AKYNZEO (netupitant/palonosetron) BONJESTA (doxylamine/pyridoxine) DICLEGIS (doxylamine/pyridoxine) doxylamine/pyridoxine	Akynzeo - MANUAL PA
	CANNABINOIDS		
		CESAMET (nabilone) MARINOL (dronabinol) dronabinol SYNDROS (dronabinol)	
	NMDA RECEPTOR ANTAGONIST		
	aprepitant	EMEND (aprepitant)	
ANTIFUNGALS (Oral) ^{DUR+}			
	clotrimazole fluconazole griseofulvin microsize suspension nystatin terbinafine	ANCOBON (flucytosine) ^ BREXAFEMME (ibrexafungerp) CRESEMBA (isavuconazonium) DIFLUCAN (fluconazole) flucytosine GRIFULVIN V (griseofulvin, microsize) griseofulvin microsize tablets griseofulvin ultramicrosize tablet GRIS-PEG (griseofulvin) itraconazole ^ ketoconazole	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 12-17 years – griseofulvin tablets <i><u>Dur + will automatically be issued for this age range</u></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

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		LAMISIL (terbinafine) NOXAFIL (posaconazole) ^ ONMEL (itraconazole) ^ posaconazole^ SPORANOX (itraconazole) ^ TERBINEX Kit (terbinafine/ciclopirox) TOLSURA (itraconazole) VFEND (voriconazole) ^ VIVJOA (oteseconazole) voriconazole ^	<ul style="list-style-type: none"> • Documented diagnosis of HIV <p>Cresemba - MANUAL PA</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 disease specialist <p>Sporanox</p> <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) DUR+			
	ANTIFUNGALS		
	ciclopirox cream/gel/solution/suspension clotrimazole cream/solution ^{Rx & OTC} ketoconazole shampoo LUZU (luliconazole) miconazole cream/powder ^{OTC} nystatin terbinafine cream/spray ^{OTC}	BENSAL HP (benzoic acid/salicylic acid) butenafine CICLODAN KIT (ciclopirox kit) ciclopirox kit/shampoo CNL 8 (ciclopirox) econazole ERTACZO (sertaconazole)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months

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Therapeutic Drug Class	Preferred Agents	Non-Preferred Agents	PA Criteria
	tolnaftate cream/powder/spray ^{OTC}	EXELDERM (sulconazole) EXTINA (ketoconazole) JUBLIA (efinaconazole) KERYDIN (tavaborole) ketoconazole cream ketoconazole foam LAMISIL (terbinafine) solution LOPROX (ciclopirox) luliconazole MENTAX (butenafine) naftifine NAFTIN (naftifine) NIZORAL (ketoconazole) oxiconazole OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide)	
ANTIFUNGAL/STEROID COMBINATIONS			
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)	
ANTIFUNGALS (VAGINAL)			
	clotrimazole vaginal cream ^{OTC} miconazole 1, 7cream ^{OTC} miconazole 3 vaginal cream, suppository ^{OTC}	GYNAZOLE 1 (butoconazole) TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole suppository	

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	TERAZOL 3 Cream (terconazole) – currently unavailable from manufacturer terconazole cream tioconazole		
ANTIHISTAMINES, MINIMALLY SEDATING AND COMBINATIONS ^{DUR+}			
MINIMALLY SEDATING ANTIHISTAMINES			
	cetirizine tablets ^{OTC} cetirizine syrup ^{Rx & OTC} loratadine odt ^{OTC} loratadine syrup ^{OTC} loratadine tablet ^{OTC}	cetirizine chewable ^{OTC} CLARINEX (desloratadine) desloratadine ODT desloratadine tablet fexofenadine syrup fexofenadine table levocetirizine syrup levocetirizine tablet XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	<b style="color: red;">Non-Preferred Criteria <ul style="list-style-type: none"> • Documented diagnosis of allergy or urticaria AND • Have tried 2 different preferred agents in the past 12 months
MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS			
	cetirizine/pseudoephedrine loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)	
ANTIMIGRAINE AGENTS, ACUTE TREATMENT			

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CGRP ORAL AND NASAL			
	NURTEC ODT (rimegepant)	UBRELVY (ubrogepant) ZAVZPRET (zavegepant)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 18 years – Nurtec ODT, Ubrelvy <p>Quantity Limit</p> <ul style="list-style-type: none"> • 8 tablets/31 day – Nurtec ODT • 16 tablets/31 day – Ubrelvy <p>Nurtec ODT</p> <ul style="list-style-type: none"> • Documented diagnosis of migraine AND • Have tried 2 different triptans in the past 6 months AND • No concurrent therapy with another CGRP agent <p>Ubrelvy</p> <ul style="list-style-type: none"> • Documented diagnosis of migraine AND • Have tried 2 different triptans in the past 6 months AND • Have tried preferred Nurtec ODT in the past 6 months AND • No concurrent therapy with another CGRP agent AND • No concurrent therapy with a strong CYP3A4 inhibitor
TRIPTANS & RELATED AGENTS ORAL ^{DUR+}			
	naratriptan rizatriptan	almotriptan AMERGE (naratriptan)	Minimum Age Limit – ALL FORMULATIONS

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	rizatriptan ODT sumatriptan tablets zolmitriptan zolmitriptan ODT	AXERT (almotriptan) eletriptan FROVA (frovatriptan) frovatriptan IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT (rizatriptan) RELPAX (eletriptan) REYVOW (lasmiditan) TREXIMET (sumatriptan/naproxen) ZOMIG (zolmitriptan)	<ul style="list-style-type: none"> • 6 years – Maxalt • 12-17 years – Axert, Treximet, Zomig nasal spray <i>Dur + will automatically be issued for this age range</i> • 18 years – Amerge, Frova, Imitrex, Onzetra Xsail, Relpax, Reyvow, Tosymra, Zembrace Symtouch, Zomig tablets <p>Quantity Limit - ORAL</p> <ul style="list-style-type: none"> • 4 tablets/31 days – Reyvow 50 mg • 6 tablets/31 days - Axert, Relpax Zomig • 8 tablets/31 days – Reyvow 100 mg • 9 tablets/31 days - Amerge, Frova, Imitrex, Treximet • 12 tablets/31 days – Maxalt <p>Non-Preferred Criteria - ORAL</p> <ul style="list-style-type: none"> • Have tried 2 preferred oral agents in the past 90 days <p>Reyvow</p> <ul style="list-style-type: none"> • Documented diagnosis of migraine AND • Have tried 2 different triptans in the past 90 days AND • Have tried preferred Nurtec ODT in the past 90 days

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NASAL			
	sumatriptan	IMITREX (sumatriptan) ONZETRA Xsail (sumatriptan) TOSYMRA (sumatriptan) zolmitriptan ZOMIG (zolmitriptan)	Quantity Limit - NASAL • 1 box/31 days Non-Preferred Criteria - NASAL • Have tried 2 preferred oral agents in the past 90 days AND • Have tried a preferred nasal agent in the past 90 days
INJECTABLES			
	sumatriptan	IMITREX (sumatriptan) ZEMBRACE (sumatriptan)	CUMULATIVE Quantity Limit - INJECTION 4 injections/31 days
ANTIMIGRAINE AGENTS, PROPHYLAXIS			
INJECTIBLES			
	AIMOVIG AUTOINJECTOR (erenumab-aooe) AJOVY AUTOINJECTOR (fremanezumab-vfrm) AJOVY SYRINGE (fremanezumab-vfrm) EMGALITY PEN 120mg/mL(galcanezumab-gnlm) EMGALITY SYRINGE 120mg/mL(galcanezumab-gnlm)	VYEPTI (eptinezumab-jjmr) EMGALITY SYRINGE 100mg/mL(galcanezumab-gnlm)	Aimovig - MANUAL PA Ajovy - MANUAL PA Emgality - MANUAL PA Vyepti - MANUAL PA
ORAL			
		NURTEC ODT (rimegepant) QULIPTA (atogepant)	• See Antimigraine Agents, Acute
*ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS			
	BOSULIF (bosutinib)	AFINITOR (everolimus)	Farydak - MANUAL PA

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	CAPRELSA (vandetanib) COMETRIQ (cabozantinib) COTELLIC (cobimetinib) GILOTRIF (afatinib) everolimus ICLUSIG (ponatinib) imatinib mesylate IMBRUVICA (ibrutinib) INLYTA (axitinib) IRESSA (gefitinib) JAKAFI (ruxolitinib) MEKINIST (trametinib dimethyl sulfoxide) NEXAVAR (sorafenib) ROZLYTREK (entrectinib) SPRYCEL (dasatinib) STIVARGA (regorafenib) SUTENT (sunitinib) TAFINLAR (dabrafenib) TARCEVA (erlotinib) TASIGNA (nilotinib) TURALIO (pexidartinib) TYKERB (lapatinib ditosylate) vandetanib VOTRIENT (pazopanib) XALKORI (crizotinib) XTANDI (enzalutamide) ZELBORAF (vemurafenib) ZYDELIG (idelalisib) ZYKADIA (ceritinib)	AKEEGA (niraparib / abiraterone) ALECENSA (alectinib) ALUNBRIG (brigatinib) AYYAKIT (avapritinib) BALVERSA (erdafitinib) BRAFTOVI (encorafenib) BRUKINSA (zanubrutinib) CABOMETYX (cabozantinib s-malate) CALQUENCE (acalabrutinib) COPIKTRA (duvelisib) DAURISMO (glasdegib) ERIVEDGE (vismodegib) ERLEADA (apalutamide) erlotinib EXKIVITY (mobocertinib) FARYDAK (panobinostat) FOTIVDA (tivozanib) GAVRETO (pralsetinib) gefitinib GLEEVEC (imatinib mesylate) GLEOSTINE (lomustine) IBRANCE (palbociclib) ^{DUR+} IDHIFA (enasidenib) INQOVI (cedazuridine/decitabine) INREBIC (fedratinib) JAYPIRCA (pirtobrutinib) KRAZATI (adagrasib) KISQALI (ribociclib) KOSELUGO (selumetinib) lapatinib ditosylate LENVIMA (lenvatinib) ^{DUR+} LORBRENA (lorlatinib)	<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 OR All other indications evaluated through clinical review <p>Lenvima</p> <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 OR All other indications evaluated through clinical review <p>Lynparza Tablets</p>

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		LUMAKRAS (sotorasib) LYNPARZA (olaparib) ^{DUR+} LYTGOBI (futibatinib) MEKTOVI (binimetnib) NERLYNX (neratinib maleate) NUBEQA (darolutamide) ODOMZO (sonidegib) ONUREG (azacitidine) ORGOVYX (relugolix) PEMAZYRE (pemigatinib) PIQRAY (apelisib) QINLOCK (ripretinib) REZLIDHIA (lutasidenib) RETEVMO (selpercatinib) RUBRACA (rucaparib) RYDAPT (midostaurin) SCEMBLIX (asciminib) TABRECTA (capmatinib) TAGRISSO (osimertinib) TALZENNA (talazoparib) TAZVERIK (tazemetostat) TEPMETKO (tepotinib) TIBSOVO (ivosidenib) TRUSELTIQ (infigratinib) TUKYSA (tucatinib) UKONIQ (umbralisib) VANFLYTA (quizartinib) VERZENIO (abemaciclib) VITRAKVI (larotrectinib) VIZIMPRO (dacomitinib) VONJO (pacritinib) WELIREG (belzutifan)	<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 • All other indications evaluated through clinical review

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		XATMEP (methotrexate) XOSPATA (gilteritinib) XPOVIO (selinexor) ZEJULA (niraparib)	
ANTIOBESITY SELECT AGENTS			
	CONTRACE (naltrexone/bupropion) SAXENDA (liraglutide) WEGOVY (semaglutide)	orlistat XENICAL (orlistat)	All agents require MANUAL PA
ANTIPARASITICS (Topical) ^{DUR+}			
PEDICULICIDES			
	permethrin 1% ^{OTC} NATROBA (spinosad)	lindane malathion OVIDE (malathion) SKLICE (ivermectin) spinosad VANALICE (piperonyl butoxide/pyrethrins)	<p>Minimum Age/Weight Limit for Pediculicides</p> <ul style="list-style-type: none"> • 50 kg - lindane shampoo • 2 months – permethrin 1%(OTC) • 6 months – Natroba, Sklice • 2 years – piperonyl/pyrethrins (OTC) • 6 years – Ovide <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 preferred topical lice agents in the past 90 days
SCABICIDES			
	permethrin 5% ivermectin	ELIMITE (permethrin) EURAX CREAM (crotamiton) EURAX LOTION (crotamiton) STROMECTOL Tablet (ivermectin)	<p>Minimum Age/Weight Limit for Topical Scabicides</p> <ul style="list-style-type: none"> • 50 kg - lindane lotion • 2 months – permethrin 5% • 4 years - Natroba

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			<ul style="list-style-type: none"> • 18 years – Eurax Non-Preferred Criteria • History of permethrin 5% in the past 90 days 	
ANTIPARKINSON'S AGENTS (Oral) ^{DUR+}				
ANTICHOLINERGICS				
	benztropine trihexyphenidyl	COGENTIN (benztropine)	Non-Preferred Criteria <ul style="list-style-type: none"> • Documented diagnosis of Parkinson's disease AND • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days 	
COMT INHIBITORS				
	entacapone	COMTAN (entacapone) ONGENTYS (opicapone) TASMAR (tolcapone) tolcapone		
DOPAMINE AGONISTS				
	ropinirole	KYNMOBI FILM (apomorphine) MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine)		

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		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) NOURIANZ (istradefylline) OSMOLEX ER (amantadine) PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine) RYTARY ER (levodopa/carbidopa) SINEMET (levodopa/carbidopa) SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)	Lodosyn and Inbrija <ul style="list-style-type: none"> • Documented diagnosis of Parkinson's disease AND • History of a carbidopa/levodopa combination product in the past 45 days 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

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EFFECTIVE 10/01/2023

Version 2023

Updated:09/29/2023

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			<ul style="list-style-type: none"> History of 30 days therapy with a preferred adjunctive therapy in the past 45 days
ANTIPSYCHOTICS DUR+			
ORAL			
	amitriptyline/perphenazine aripiprazole asenapine clozapine fluphenazine haloperidol olanzapine olanzapine ODT perphenazine quetiapine quetiapine XR risperidone risperidone ODT thioridazine thiothixene trifluoperazine VRAYLAR (cariprazine) ziprasidone	ABILIFY (aripiprazole) ABILIFY MYCITE (aripiprazole) ADASUVE (loxapine) aripiprazole solution aripiprazole ODT CAPLYTA (lumateperone) chlorpromazine clozapine ODT CLOZARIL (clozapine) FANAPT (iloperidone) FAZACLO (clozapine) GEODON (ziprasidone) HALDOL (haloperidol) INVEGA ER (paliperidone) LATUDA (lurasidone) lurasidone LYBALVI (olanzapine/samidorphan) NUPLAZID (pimavanserin) olanzapine/fluoxetine paliperidone ER REXULTI (brexpiprazole) RISPERDAL (risperidone) SAPHRIS (asenapine)	<p>Minimum Age Limit</p> <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 – Invega, Molidone, perphenazine, pimozone, thiothixene 13 years – Zyprexa 18 years – Abilify Mycrite, Amitriptyline/perphenazine, Caplyta, Clozaril, Fanapt, fluphenazine, Geodon, loxapine, Lybalvi, Nuplazid, Rexulti, Secuado, Vraylar <p>Concurrent Therapy Limit – Ages 0-17 years</p> <ul style="list-style-type: none"> 90 days with >2 antipsychotics in the last 120 days will require a Manual PA

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		SEROQUEL (quetiapine) SEROQUEL XR (quetiapine) SYMBYAX (olanzapine/fluoxetine) VERSACLOZ (clnazpine) ZYPREXA (olanzapine)	Non-Preferred Criteria- Atypical Agents <ul style="list-style-type: none"> Have tried 2 preferred atypical antipsychotic agents in the past 12 months OR 30 consecutive days on the requested atypical agent in the past 180 days Nuplazid <ul style="list-style-type: none"> Documented diagnosis of Parkinson's disease
INJECTABLE, ATYPICALS ^{DUR+}			
	ABILIFY ASIMTUFI (aripiprazole) ABILIFY MAINTENA (aripiprazole) ARISTADA ER (aripiprazole lauroxil) ARISTADA INITIO (aripiprazole lauroxil) INVEGA HAFYERA (paliperidone) INVEGA SUSTENNA (paliperidone palmitate) INVEGA TRINZA (paliperidone) PERSERIS (risperidone) RISPERDAL CONSTA (risperidone)	ABILIFY (aripiprazole) GEODON (ziprasidone) olanzapine UZEDY (risperidone) 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 disorder OR

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			<ul style="list-style-type: none"> Documented diagnosis of bipolar disorder <p>Invega Hafyera</p> <ul style="list-style-type: none"> Documented diagnosis of schizophrenia or schizoaffective disorder AND 4 claims for Invega Sustenna in the past year OR 1 claim for Invega Trinza in the past year OR 1 claim for Invega Hafyera in the past year
TRANSDERMAL, ATYPICALS			
		SECUADO (asenapine)	
ANTIRETROVIRALS ^{DUR+}			
SINGLE PRODUCT REGIMENS			
	BIKTARVY (bictegravir/emtricitabine/tenofovir) CABENUVA (cabotegravir/rilpivirine) DELSTRIGO (doravirine/lamivudine/tenofovir) DOVATO (dolutegravir/lamivudine) efavirenz/emtricitabine/tenofovir labeler GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir) ODEFSEY (emtricitabine/rilpivirine/tenofovir AF) SYMFI (efavirenz/lamivudine/tenofovir) SYMFI-LO (efavirenz/lamivudine/tenofovir) TRIUMEQ (abacavir/lamivudine/ dolutegravir)	ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir) efavirenz/lamivudine/tenofovir efavirenz/lamivudine/tenofovir lo JULUCA (dolutegravir/rilpivirine) STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) SYMTUZA (darunavir/cobicistat/ emtricitabine/tenofovir)	<p>Stribild – MANUAL PA</p> <ul style="list-style-type: none"> Genotype testing supporting resistance to other regimens OR Intolerance or contraindication to preferred combination of drugs AND Medical reasoning beyond convenience or enhanced compliance over preferred agents AND

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INTEGRASE STRAND TRANSFER INHIBITORS			<ul style="list-style-type: none"> • CrCl > 70mL/min to initiate therapy OR CrCl >50mL/min to continue therapy Non-Preferred Criteria • 1 claim with the requested agent in the past 105 days
	APRETUDE ER (cabotegravir) ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium) TIVICAY PD (dolutegravir sodium)	ISENTRESS HD (raltegravir potassium) VITEKTA (elvitegravir)	
NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)			
	abacavir sulfate EMTRIVA (emtricitabine) EMTRIVA SOLUTION (emtricitabine) lamivudine tenofovir disoproxil fumarate ZIAGEN Solution (abacavir sulfate) zidovudine	didanosine DR capsule emtricitabine EPIVIR (lamivudine) RETROVIR (zidovudine) stavudine VIDEX EC (didanosine) VIDEX SOLUTION (didanosine) VIREAD (tenofovir disoproxil fumarate) ZIAGEN Tablet (abacavir sulfate)	
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)			
	EDURANT (rilpivirine) efavirenz	INTELENCE (etravirine) nevirapine nevirapine ER PIFELTRO (doravirine) RESCRIPTOR (delavirdine mesylate) SUSTIVA (efavirenz) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)	

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	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)		
	PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir) darunavir ethanolate PREZCOBIX (darunavir/cobicistat)	
	ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS		
		SELZENTRY (maraviroc)	
	ENTRY INHIBITORS – FUSION INHIBITORS		
		FUZEON (enfuvirtide)	

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	COMBINATION PRODUCTS - NRTIs		
	abacavir/lamivudine CABENUVA (cabotegravir/rilpivirine) DOVATO (dolutegravir/lamivudine) JULUCA (dolutegravir/rilpivirine) lamivudine/zidovudine	abacavir/lamivudine/zidovudine COMBIVIR (lamivudine/zidovudine) EPZICOM (abacavir/lamivudine) TRIZIVIR (abacavir/lamivudine/zidovudine)	
	COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOG RTIs		
	DESCOVY (emtricitabine/tenofovir alafenam) emtricitabine/tenofovir	TRUVADA (emtricitabine/tenofovir)	
	COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & NON-NUCLEOSIDE RTIs		
	DELSTRIGO (doravirine/lamivudine/tenofovir) efavirenz/emtricitabine/tenofovir ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)	ATRIPLA (efavirenz/emtricitabine/tenofovir) CIMDUO (lamivudine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir) TEMIXYS (lamivudine/tenofovir)	
	COMBINATION PRODUCTS – PROTEASE INHIBITORS		
	lopinavir/ritonavir	KALETRA (lopinavir/ritonavir)	
	CAPSID INHIBITORS		All agents require clinical review.

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		SUNLENCA (lenacapavir)	
	CD4 DIRECTED ATTACHMENT INHIBITOR		
		RUKOBIA (fostemsavir tromethamine ER)	
	CD4 DIRECTED HIV-1 INHIBITOR		
		TROGARZO (ibalizumab)	
ANTIVIRALS (Oral)			
	ANTI-CYTOMEGALOVIRUS AGENTS		
	valganciclovir tablets	LIVTENCITY (maribavir) PREVYMIS (letermovir) VALCYTE (valganciclovir) valganciclovir solution	valganciclovir solution – automatic approval for age <12 years Prevymis Prevention (prophylaxis) of cytomegalovirus (CMV) infection and disease <ul style="list-style-type: none"> • ≥ 18 years 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-HERPETIC AGENTS		
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir)	

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		SITAVIG (acyclovir) VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
ANTI-INFLUENZA AGENTS			
	oseltamivir	FLUMADINE (rimantadine) RAPIVAB (peramivir) RELENZA (zanamivir) rimantadine TAMIFLU (oseltamivir) 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)	

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ATOPIC DERMATITIS ^{DUR+}			
	ADBRY (tralokinumab) DUPIXENT (dupilumab) ELIDEL (pimecrolimus) PROTOPIC (tacrolimus) tacrolimus	CIBINQO (abrocitinib) EUCRISA (crisaborole) OPZELURA (ruxolitinib) pimecrolimus	Minimum Age Limit <ul style="list-style-type: none"> • 2 years – Elidel, Protopic 0.03% • 16 years – Protopic 0.1% Adbry- <u>MANUAL PA</u> 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 OR • <u>MANUAL PA</u> Dupixent Evaluated through Manual PA according to diagnosis Asthma – <u>MANUAL PA</u> Atopic Dermatitis – <u>MANUAL PA</u> Eosinophilic Esophagitis-- <u>MANUAL PA</u> Nasal Polyposis – <u>MANUAL PA</u> Prurigo Nodularis <u>MANUAL PA</u>
BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS ^{DUR+}			
	acebutolol atenolol	AZSRUZYO SPRINKLES (ranolazine) BETAPACE (sotalol)	Non-Preferred Criteria

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	bisoprolol metoprolol metoprolol ER nadolol nebivolol pindolol propranolol propranolol ER sotalol	betaxolol BYSTOLIC (nebivolol) 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)	<ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
BETA- AND ALPHA-BLOCKERS			
	carvedilol labetalol	carvedilol CR COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	<p style="color: red;">Coreg CR</p> <ul style="list-style-type: none"> • Documented diagnosis for hypertension AND • Have tried generic carvedilol AND 1 preferred agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
BETA BLOCKER/DIURETIC COMBINATIONS			

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	atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ timolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	
ANTIANGINALS			
		RANEXA (ranolazine) ranolazine	Ranexa <ul style="list-style-type: none"> • Documented diagnosis of angina AND • 1 claim for a calcium channel blocker, beta-blocker, nitrate, or combination agent in the past 30 days OR • 90 consecutive days on the requested agent in the past 105 days
SINUS NODE AGENTS			
		CORLANOR (ivabradine)	Corlanor - <u>MANUAL PA</u>
BILE SALTS			
	ursodiol	ACTIGALL (ursodiol) BYLVAY (odevixibat) CHENODAL (chenodiol) CHOLBAM (cholic acid) LIVMARLI (maralixibat) OCALIVA (obeticholic acid)	

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		URSO (ursodiol) URSO FORTE (ursodiol)	
BLADDER RELAXANT PREPARATIONS ^{DUR+}			
	MYRBETRIQ ER (mirabegron) oxybutynin ER oxybutynin IR solifenacin	darifenacin DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN XL (oxybutynin) GELNIQUE (oxybutynin) GEMTESA (vibegron) MYRBETRIQ granules (mirabegron) OXYTROL (oxybutynin) tolterodine tolterodine ER TOVIAZ (fesoterodine fumarate) trospium trospium ER VESICARE (solifenacin) VESICARE LS Suspension (solifenacin)	Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months
BONE RESORPTION SUPPRESSION AND RELATED AGENTS ^{DUR+}			
	BISPHOSPHONATES		
	alendronate ibandronate risedronate	ACTONEL (risedronate) ACTONEL WITH CALCIUM (risedronate/calcium) alendronate solution ATELVIA (risedronate) BINOSTO (alendronate) BONIVA (ibandronate) DIDRONEL (etidronate)	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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		FOSAMAX (alendronate) FOSAMAX PLUS D (alendronate/vitamin D) risedronate DR Tablet	
OTHERS			
		calcitonin salmon EVENTY (romosozumab-aqqg) EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) PROLIA (denosumab) raloxifene TYMLOS (abaloparatide) XGEVA (denosumab)	
BPH AGENTS ^{DUR+}			
ALPHA BLOCKERS			
	alfuzosin doxazosin tamsulosin terazosin	CARDURA (doxazosin) CARDURA XL (doxazosin) dutasteride/tamsulosin FLOMAX (tamsulosin) HYTRIN (terazosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) silodosin UROXATRAL (alfuzosin)	<p>Female</p> <ul style="list-style-type: none"> • Cardura, Flomax, Proscar, terazosin, or Uroxatral AND • Documented diagnosis based on a State accepted diagnosis <p>Non-Preferred Criteria - MALE</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
5-ALPHA-REDUCTASE (5AR) INHIBITORS			

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	finasteride	AVODART (dutasteride) dutasteride ENTADFI (finasteride/tadalafil) PROSCAR (finasteride)	
PDE5 INHIBITORS			
		CIALIS (tadalafil)	
BRONCHODILATORS & COPD AGENTS			
ANTICHOLINERGICS & COPD AGENTS			
	ATROVENT HFA (ipratropium) INCRUSE ELLIPTA (umeclidinium) ipratropium SPIRIVA HANDIHALER (tiotropium)	DALIRESP (roflumilast) LONHALA MAGNAIR (glycopyrrolate) SEEBRI (glycopyrrolate) SPIRIVA RESPIMAT (tiotropium) ^{DUR-} TUDORZA PRESSAIR (aclidinium) YUPELRI (revefenacin)	Minimum Age Limit 6 years – Spiriva Respimat Spiriva Respimat • Automatic approval for ≥ 6 years with a diagnosis of asthma
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS			
	albuterol/ipratropium ANORO ELLIPTA (umeclidinium/vilanterol) COMBIVENT RESPIMAT (albuterol/ipratropium) ^{DUR+} STIOLTO RESPIMAT (tiotropium/olodaterol)	BEVESPI (glycopyrrolate/formoterol) DUAKLIR PRESSAIR (aclidinium/formoterol)	
ANTICHOLINERGIC-BETA AGONIST-GLUCOCORTICOID COMBINATIONS			
		BREZTRI AEROSPHERE (budesonide/glycopyrrolate/formoterol) TRELEGY ELLIPTA (fluticasone furoate/umeclidinium/vilanterol)	

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BRONCHODILATORS, BETA AGONIST			
INHALERS, SHORT-ACTING			
	albuterol HFA PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol)	levalbuterol HFA PROAIR DIGIHALER (albuterol) PROAIR RESPICLICK (albuterol) XOPENEX HFA (levalbuterol) ^{DUR+}	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 4 years - Xopenex HFA <p>Xopenex HFA</p> <ul style="list-style-type: none"> • 1 claim for a preferred albuterol inhaler in the past 30 days <p>ProAir Digihaler</p> <ul style="list-style-type: none"> • Requires clinical review
INHALERS, LONG ACTING ^{DUR+}			
	SEREVENT (salmeterol) STRIVERDI RESPIMAT (olodaterol)		<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 4 years – Serevent • 18 years -Striverdi Respimat
INHALATION SOLUTION ^{DUR+}			
	albuterol	arformoterol BROVANA (arformoterol) formoterol levalbuterol metaproterenol PERFOROMIST (formoterol)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 6 years – Xopenex • 18 years – Brovana, Performist <p>Non-Preferred Criteria</p>

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		XOPENEX (levalbuterol)	<ul style="list-style-type: none"> 1 claim for a different preferred agent in the past 6 months OR 3 claims with the requested agent in the past 105 days <p>Xopenex</p> <ul style="list-style-type: none"> 1 claim for a preferred albuterol in the past 30 days
ORAL			
	albuterol ER albuterol IR metaproterenol terbutaline	VOSPIRE ER (albuterol)	
CALCIUM CHANNEL BLOCKERS ^{DUR+}			
SHORT-ACTING			
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine NORLIQVA (amlodipine) 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>

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LONG-ACTING			<ul style="list-style-type: none"> Documented diagnosis of subarachnoid hemorrhage in the past 45 days AND Duration of therapy limited to 21 days <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
	amlodipine DILT XR 24 HR Caps (diltiazem) diltiazem ER Cap 24 HR (generic Cardizem CD) diltiazem ER Cap 24 HR felodipine ER nifedipine ER verapamil ER	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem) DILACOR XR (diltiazem) diltiazem ER Cap 12 HR diltiazem ER Tab 24 HR KATERZIA (amlodipine) nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	
CALORIC AGENTS			
	BOOST (includes all Boost) BREAKFAST ESSENTIALS BRIGHT BEGINNINGS DUOCAL ENSURE	All other products (caloric /nutritional agents) not listed as preferred will require a manual prior authorization.	<p>Non-Preferred Agents - <u>MANUAL PA</u></p>

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	GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE PROMOD RESOURCE SCANDISHAKE TWOCAL HN			
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)				
BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS				
	amoxicillin/clavulanate amoxicillin/clavulanate XR	AUGMENTIN 125 and 250 Suspension (amoxicillin/clavulanate) AUGMENTIN (amoxicillin/clavulanate) Tablets AUGMENTIN XR (amoxicillin/clavulanate) MOXATAG (amoxicillin)		
CEPHALOSPORINS – First Generation ^{DUR+}				
	cefadroxil cephalixin capsules cephalixin suspensio	cephalixin tablets DAXBIA (cephalexin) KEFLEX (cephalexin)	Non-Preferred Criteria – all generations <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months 	
CEPHALOSPORINS – Second Generation ^{DUR+}				
	cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)		
CEPHALOSPORINS – Third Generation ^{DUR+}				

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	cefdinir suspension cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	Maximum Age Limit • 18 years – cefdinir suspension
COLONY STIMULATING FACTORS			
	FYLNETRA (pegfilgrastim) STIMUFEND (pegfilgrastim-fpgk) NEUPOGEN Syringe (filgrastim) NEUPOGEN Vial (filgrastim)	FULPHILA (pegfilgrastim) GRANIX (tbo-filgrastim) LEUKINE (sargramostim) NEULASTA (pegfilgrastim) NIVESTYM (filgrastim-aafi) NYVEPRIA (pegfilgrastim-apgf) RELEUKO (filgrastim) ROLVEDON (eflapeggrastim) UDENYCA (pegfilgrastim-cbqv) ZARXIO (filgrastim) ZIEXTENZO (pegfilgrastim-bmez)	
CYSTIC FIBROSIS AGENTS ^{DUR+}			
	tobramycin (generic TOBI)	BETHKIS (tobramycin) BRONCHITOL (mannitol) CAYSTON (aztreonam) colistmethate COLY-MYCIN M (colistimethate sodium) KALYDECO (ivacaftor) KITABIS (tobramycin) ORKAMBI (lumacaftor/ivacaftor) PULMOZYME (dornase alfa) SYMDEKO (tezacaftor/ivacaftor)	Minimum Age Limit • 1 month – Kalydeco Granules • 3 months – Pulmozyme • 1 year - Orkambi • 2 years – Coly-Mycin M, Trikafta Granules • 6 years – Bethkis, Kalydeco tablet, Kitabis, Symdeko, TOBI, TOBI Podhaler, Trikafta tablet

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CYTOKINE & CAM ANTAGONISTS^{DUR+}		TOBI (tobramycin) TOBI PODHALER (tobramycin) tobramycin (generic Bethkis) tobramycin (generic Kitabis) TRIKAFTA (elexacaftor/ tezacaftor/ivacaftor)	<ul style="list-style-type: none"> • 7 years – Cayston • 18 years - Bronchitol <p>Maximum Age Limit</p> <ul style="list-style-type: none"> • 2 years – Orkambi 75-94 mg Granules • 5 years – Kalydeco, Orkambi 100-125 mg Granules, Orkambi 200-125 mg Granules, Trikafta Granules • 11 years – Trikafta tablets <p>All Agents</p> <ul style="list-style-type: none"> • Documented diagnosis Cystic Fibrosis <p>Colistimethate</p> <ul style="list-style-type: none"> • Documented diagnosis of Cystic Fibrosis OR • Requires clinical review <p>Kalydeco – MANUAL PA Orkambi – MANUAL PA Symdeko – MANUAL PA Trikafta – MANUAL PA</p> <p>TOBI Podhaler</p> <ul style="list-style-type: none"> • Requires clinical review

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	ACTEMRA SYRINGE (tocilizumab) ACTEMRA VIAL(tocilizumab) AVSOLA (infliximab) ENBREL (etanercept) HUMIRA (adalimumab) KINERET (anakinra) methotrexate ORENCIA CLICKJET(abatacept) ORENCIA VIAL(abatacept) OTEZLA (apremilast) SIMPONI (golimumab) TALTZ (ixekizumab) XELJANZ IR (tofacitinib)	ACTEMRA ACTPEN (tocilizumab) AMJEVITA (adalimumab) ARCALYST (rilonacept) CIMZIA (certolizumab) COSENTYX (secukinumab) CYLTEZO (adalimumab) ENTYVIO (vedolizumab) HADLIMA (adalimumab) HULIO (adalimumab) HYRIMOZ (adalimumab) IDACIO (adalimumab) ILARIS (canakinumab) ILUMYA (tildrakizumab) INFLECTRA (infliximab) KEVZARA (sarilumab) LITFULO (ritlectinib) OLUMIANT (baricitinib) ORENCIA SYRINGE (abatacept) OTREXUP (methotrexate) RASUVO (methotrexate) REMICADE (infliximab) RENFLEXIS (infliximab-abda) RHEUMATREX (methotrexate) RINVOQ (upadacitinib) RINVOQ ER (upadacitinib) SILIQ (brodalumab) SKYRIZI (risankizumab) SOTYKTU (deucravacitinib)	<p>All preferred agents are subject to approved age and documented diagnosis for appropriate indication.</p> <p>All Non-Preferred Agents</p> <ul style="list-style-type: none"> Require clinical review <p>IV Administered Agents</p> <ul style="list-style-type: none"> Require clinical review

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		SPEVIGO (spesolimab) STELARA (ustekinumab) TREMFYA (guselkumab) TREXALL (methotrexate) XELJANZ Oral Solution (tofacitinib) XELJANZ XR (tofacitinib) YUSIMRY (adalimumab) YUFLYMA (adalimumab)	
ERYTHROPOIESIS STIMULATING PROTEINS ^{DUR+}			
	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 <ul style="list-style-type: none"> Documented diagnosis of cancer or chronic renal failure OR Antineoplastic therapy in the past 6 months AND Trial of a preferred 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 AFSTYLA ALPHANATE	ADYNOVATE ALTUVIIIIO ELOCTATE	

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	FEIBA NF HEMOFIL M HUMATE-P KOATE KOGENATE FS KOVALTRY NOVOEIGHT NUWIQ RECOMBINATE WILATE XYNTHA XYNTHA SOLOFUSE	ESPEROCT HEXILATE FS JIVI KCENTRA OBIZUR VONVENDI	
FACTOR IX			
	ALPHANINE SD ALPROLIX BENEFIX IDELVION IXINITY MONONINE PROFILNINE RIXUBIS	REBINYN	
OTHER FACTOR PRODUCTS			
	COAGADEX FIBRYGA HEMLIBRA ^{DUR+} RIASTAP	CORIFACT NOVOSEVEN RT SEVENFACT TRETEN	Hemlibra • 1 claim with the requested agent in the past 105 days • MANUAL PA – new patients
FIBROMYALGIA/NEUROPATHIC PAIN AGENTS			

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	duloxetine gabapentin pregabalin SAVELLA (milnacipran)	CYMBALTA (duloxetine) ^{DUR+} DRIZALMA SPRINKLES (duloxetine DR) duloxetine DR GRALISE (gabapentin) HORIZANT (gabapentin) IRENKA (duloxetine) ^{DUR+} LYRICA (pregabalin) LYRICA CR (pregabalin) NEURONTIN (gabapentin) pregabalin ER	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 ^{DUR+}			
	ciprofloxacin tablets levofloxacin tablets	AVELOX (moxifloxacin) BAXDELA (delafloxacin) CIPRO (ciprofloxacin) CIPRO SUSPENSION (ciprofloxacin) CIPRO XR (ciprofloxacin) ciprofloxacin ER ciprofloxacin suspension FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin solution moxifloxacin NOROXIN (norfloxacin) ofloxacin	Non-Preferred Criteria <ul style="list-style-type: none"> • 1 claim for a preferred agent in past 30 days Cipro Suspension for age < 12 years <ul style="list-style-type: none"> • Anthrax infection or exposure OR • Cystic Fibrosis OR • Pneumonic plague OR tularemia AND history of doxycycline in the past 3 months OR • 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months <ul style="list-style-type: none"> ◦ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide

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			<p>Levaquin solution for age < 12 years</p> <ul style="list-style-type: none"> • Anthrax infection or exposure OR • 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months <ul style="list-style-type: none"> ◦ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide <p>AND</p> <ul style="list-style-type: none"> • Cipro suspension in the past 3 months
GAUCHER'S DISEASE			
	ELELYSO (taliglucerase alfa) ZAVESCA (miglustat)	CERDELGA (eliglustat) CEREZYME (imiglucerase) miglustat VPRIV (velaglucerase alfa)	
GENITAL WARTS & ACTINIC KERATOSIS AGENTS			
	CONDYLOX (podofilox) ^{Age Edit} imiquimod ^{Age Edit} podofilox ^{Age Edit}	ALDARA (imiquimod) ^{Age Edit} CARAC (fluorouracil) diclofenac 3% gel EFUDEX (fluorouracil) fluorouracil 0.5% cream fluorouracil 5% cream PICATO (ingenol) ^{Age Edit} SOLARAZE (diclofenac) TOLAK (fluorouracil) VEREGEN (sinecatechins) ^{Age Edit} ZYCLARA (imiquimod) ^{Age Edit}	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 12 years – Aldara, Zyclara • 18 years – Condylox, Picato, Veregen

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GLUCOCORTICOIDS (Inhaled) ^{DUR+}			
GLUCOCORTICOIDS			
	ASMANEX TWISTHALER (mometasone) budesonide 0.25mg and 0.5mg FLOVENT DISKUS (fluticasone) FLOVENT HFA (fluticasone) PULMICORT FLEXHALER (budesonide) QVAR REDHALER (beclomethasone dipropionate)	ALVESCO (ciclesonide) ARMONAIR Digihaler (fluticasone) ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) budesonide 1mg PULMICORT (budesonide) Respules	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days OR • Have tried 1 preferred agent in the past 6 months <p>ArmonAir Digihaler</p> <ul style="list-style-type: none"> • Requires clinical review <p><i>NOTE:</i> Institutional sized products are Non-Preferred</p>
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS			
	ADVAIR DISKUS (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) fluticasone/salmeterol (generic ADVAIR) fluticasone/salmeterol (generic AIRDUO) SYMBICORT (budesonide/formoterol)	AIRDUO Digihaler (fluticasone/salmeterol) AIRDUO Resplick (fluticasone/salmeterol) BREO ELLIPTA (fluticasone/vilanterol) budesonide/formoterol WIXELA INHUB (fluticasone/salmeterol)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days OR • Have tried 2 different preferred agents in the past 6 months <p>AirDuo Digihaler</p> <ul style="list-style-type: none"> • Requires clinical review
GI ULCER THERAPIES			
H2 RECEPTOR ANTAGONISTS			
	cimetidine solution famotidine solution	AXID (nizatidine) cimetidine tablets	

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	famotidine tablets nizatidine solution	nizatidine tablets PEPCID (famotidine)	
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 KONVOMEK SUSPENSION (omeprazole/sodium bicarbonate) 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	Prilosec suspension • Automatic approval for 0 - 2 years
OTHER			
	misoprostol sucralfate suspension sucralfate tablet	CARAFATE SUSPENSION (sucralfate) CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) DARTISLA ODT (glycopyrrolate)	
GROWTH HORMONE DUR+			
	GENOTROPIN (somatropin)	HUMATROPE (somatropin)	All Agents for Age ≥ 18 years

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	NORDITROPIN (somatropin) NUTROPIN AQ (somatropin)	NGENLA (somatrogon-ghla) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) SKYTROFA (lonapegsomatropin) SOGROYA (somapacitan) VOXZOGO (vosoritide) ZOMACTON (somatropin) ZORBTIVE (somatropin)	<ul style="list-style-type: none"> Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome or an approvable adult diagnosis OR Documented procedure of cranial irradiation <p>All Agents for Age < 18 years</p> <ul style="list-style-type: none"> Documented diagnosis of idiopathic short stature AND Documented approvable pediatric diagnosis OR Documented approvable pediatric diagnosis <p>Minimum Age Limit</p> <ul style="list-style-type: none"> 3 years – Ngenia <p>Maximum Age Limit</p> <ul style="list-style-type: none"> 18 years - Ngenia <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 1 preferred agent in the past 6 months OR 84 consecutive days on the requested agent in the past 105 days
H. PYLORI COMBINATION TREATMENTS			

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	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)	lansoprazole, amoxicillin, clarithromycin OMECLAMOX (omeprazole, clarithromycin, amoxicillin) PREVPAC (lansoprazole, amoxicillin, clarithromycin) TALICIA (omeprazole, amoxicillin, rifabutin)	Quantity Limit • 1 treatment course/year
HEPATITIS B TREATMENTS			
	entecavir EPIVIR HBV SOLUTION (lamivudine) lamivudine HBV tenofovir disoproxil fumarate	adefovir dipivoxil BARACLUDE (entecavir) EPIVIR HBV TABLET (lamivudine) HEPSERA (adefovir dipivoxil) TYZEKA (telbivudine) VEMLIDY (tenofovir alafenamide fumarate) VIREAD (tenofovir disoproxil fumarate)	
HEPATITIS C TREATMENTS			
	MAVYRET (glecaprevir/pibrentasvir) ∞ MAVYRET PELLETS (glecaprevir/pibrentasvir)∞ PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets sofosbuvir/velpatasvir∞	COPEGUS (ribavirin) EPCLUSA (sofosbuvir/velpatasvir) ∞ HARVONI (ledipasvir/sofosbuvir) ∞ ledipasvir/sofosbuvir∞ MODERIBA (ribavirin) OLYSIO (simeprevir) REBETOL (ribavirin) RIBASPHERE (ribavirin) RIBASPHERE RIBAPAK DOSEPACK (ribavirin) ribavirin capsules SOVALDI (sofosbuvir)∞	∞ Epclusa, Harvoni, Mavyret, Sovaldi, Vosevi, Zepatier • Require clinical review <u>Note:</u> Epclusa, Harvoni, Mavyret and Sovaldi have FDA pediatric indications MANUAL PA

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		TECHNIVIE (ombitasvir/paritaprevir/ritonavir) VIEKIRA (ombitasvir/paritaprevir/ritonavir) VIEKIRA XR (ombitasvir/paritaprevir/ritonavir) VOSEVI (sofosbuvir/velpatasvir/voxilaprevir) ∞ ZEPATIER (elbasvir/grazoprevir) ∞	
HEREDITARY ANGIOEDEMA			
		BERINERT (C1 esterase inhibitor) CINRYZE VIAL (C1 esterase inhibitor) FIRAZYR SYRINGE (icatibant acetate) HAEGARDA (C1 esterase inhibitor) icatibant KALBITOR VIAL (ecallantide) ORLADEYO (berotralstat hydrochloride) RUCONEST VIAL (C1 esterase inhibitor, recombinant) TAKHZYRO (lanadelumab-flyo)	
HYPERURICEMIA & GOUT ^{DUR+}			
	allopurinol colchicine tablet probenecid probenecid/colchicine	colchicine capsule COLCRYS (colchicine) febuxostat GLOPERBA (colchicine) MITIGARE (colchicine) ULORIC (febuxostat) ZYLOPRIM (allopurinol)	Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months
HYPOGLYCEMIA TREATMENT, GLUCAGON			
	BAQSIMI (glucagon) ^{Step Edit} glucagon vial	glucagon kit (labelers 63323, 00548) GVOKE (glucagon)	Minimum Age Limit <ul style="list-style-type: none"> • 2 years – Gvoke

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	glucagon labeler 00002 ZEGALOGUE (dasiglucagon) ^{Step Edit}		<ul style="list-style-type: none"> • 4 years – Baqsimi • 6 years – Zegalogue <p>Quantity Limit</p> <ul style="list-style-type: none"> • 2 packs/31 days – Baqsimi • 2 syringes/31 days – Gvoke, Zegalogue • 2 kits/31 days – Glucagon <p>Gvoke</p> <ul style="list-style-type: none"> • 1 claim with Baqsimi or Zegalogue in the past 30 days <p>Non-Preferred Glucagons</p> <ul style="list-style-type: none"> • Have tried 1 different preferred glucagon in the past 30 days
HYPOGLYCEMICS, BIGUANIDES ^{DUR+}			
	metformin HCL tablet metformin HCL ER 24HR tablet (generic GlucophageXR)	FORTAMET ER GLUCOPHAGE (metformin) GLUCOPHAGE XR (metformin ER) GLUMETZA (metformin ER)	

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Therapeutic Drug Class	Preferred Agents	Non-Preferred Agents	PA Criteria
		metformin 24HR (generic Fortamet) metformin 24HR (generic Glumetza) RIOMET SOLUTION* (metformin)	
HYPOGLYCEMICS, DPP4s and COMBINATON ^{DUR+}			
	JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) TRADJENTA (linagliptin)	alogliptin alogliptin/metformin alogliptin/pioglitazone JENTADUETO XR (linagliptin/metformin) KAZANO (alogliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin)* NESINA (alogliptin) ONGLYZA (saxagliptin) * OSENi (alogliptin/pioglitazone)	Concomitant use of a GLP-1 product and a DPP-4 product requires clinical review
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS ^{DUR+}			
	BYETTA (exenatide) TRULICITY (dulaglutide) VICTOZA (liraglutide)	ADLYXIN (lixisenatide) BYDUREON (exenatide) BYDUREON BCISE (exenatide) MOUNJARO (tirzepatide) OZEMPIC (semaglutide) RYBELSUS (semaglutide) SOLIQUA (insulin glargine/lixisenatide) SYMLIN (pramlintide) XULTOPHY (insulin degludec/ liraglutide)	<p>Preferred Criteria</p> <ul style="list-style-type: none"> Documented diagnosis for Type 2 Diabetes OR Have history of 84 days of therapy with the requested agent in the past 105 days <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Documented diagnosis for Type 2 Diabetes AND Have a history of 84 days of therapy with Trulicity in the past 6 months AND

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			<ul style="list-style-type: none"> • Have a history of 84 days of therapy with 1 of the following preferred single ingredient GLP-1 Agonists in the past 6 months: Byetta or Victoza <li style="text-align: center;">OR • Documented diagnosis for Type 2 Diabetes AND • Have a history of 84 days of therapy with the requested agent in the past 105 <p>Note: Single ingredient GLP-1 agonists are not indicated for treatment of obesity. Please refer to the PDL for a list of select anti-obesity agents.</p> <p>Concomitant use of a GLP-1 product and a DPP-4 product requires clinical review</p>
HYPOGLYCEMICS, INSULINS AND RELATED AGENTS ^{DUR+}			
	HUMULIN N, R, 70/30 VIAL ^{OTC} (insulin) HUMULIN R U500 KWIKPEN HUMULIN R U500 VIAL (insulin) HUMALOG MIX 50/50 VIAL HUMALOG MIX 75/25 VIAL	AFREZZA (insulin) ADMELOG (insulin lispro) APIDRA (insulin glulisine) APIDRA SOLOSTAR (insulin glulisine) BASAGLAR (insulin glargine)	Insulin pen formulations are not covered for Long Term Care (LTC) beneficiaries. Non-Preferred Criteria

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	insulin aspart insulin aspart flexpen insulin aspart mix insulin aspart mix flexpen Insulin lispro insulin lispro jr kwikpen insulin lispro kwikpen LANTUS SOLOSTAR & VIAL (insulin glargine) LEVEMIR FLEXPEN & VIAL (insulin detemir) TOUJEO (insulin glargine) TOUJEO MAX (insulin glargine)	FIASP (insulin aspart) HUMALOG JR (insulin lispro) HUMALOG KWIKPEN U100 (insulin lispro) HUMALOG KWIKPEN U200 (insulin lispro) HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine) HUMALOG VIAL (insulin lispro) HUMULIN N, 70/30 KWIKPEN (insulin) ^{OTC} insulin glargine LYUMJEV KWIKPEN (insulin lispro) LYUMJEV VIAL (insulin lispro) NOVOLIN N, R, 70/30 FLEXPEN (insulin) ^{OTC} NOVOLIN N, R, 70/30 VIAL (insulin) ^{OTC} NOVOLOG FLEXPEN & VIAL (insulin aspart) NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine) REZVOGLAR (insulin glargine) SEMGLEE (insulin glargine) TRESIBA (insulin degludec)	<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 requested agent in the past 105 days <p style="color: red;">Quantity Limit</p> <ul style="list-style-type: none"> Insulin Quantity Limits found here
HYPOGLYCEMICS, MEGLITINIDES ^{DUR+}			
	nateglinide repaglinide	PRANDIMET (repaglinide/metformin) PRANDIN (repaglinide) repaglinide/metformin STARLIX (nateglinide)	
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS ^{DUR+}			

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HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS			
	FARXIGA (dapagliflozin) INVOKANA (canagliflozin) JARDIANCE (empagliflozin)	INPEFA (sotagliflozin) STEGLATRO (ertugliflozin)	
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS			
	INVOKAMET (canagliflozin/metformin) SYNJARDY (empagliflozin/metformin)	GLYXAMBI (empagliflozin/linagliptin) INVOKAMET XR (canagliflozin/metformin) QTERN (dapagliflozin/saxagliptin) SEGLUROMET (ertugliflozin/metformin) STEGLUJAN (ertugliflozin/sitagliptin) SYNJARDY XR (empagliflozin/metformin) TRIJARDY XR (empagliflozin/linagliptin/metformin) XIGDUO XR (dapagliflozin/metformin)	
HYPOGLYCEMICS, TZDS			
THIAZOLIDINEDIONES			
	pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	
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 ^{DUR+}			

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	OFEV (nintedanib)	ESBRIET (pirfenidone) pirfenidone	All Agents <ul style="list-style-type: none"> Documented diagnosis Idiopathic Pulmonary Fibrosis
IMMUNOSUPPRESSIVE (ORAL) ^{DUR+}			
	AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified everolimus GENGRAF (cyclosporine) IMURAN (azathioprine) mycophenolic acid mycophenolate mofetil NEORAL (cyclosporine) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) sirolimus tacrolimus	ASTAGRAF XL (tacrolimus) ENVARUSUS XR (tacrolimus) HECORIA (tacrolimus) MYFORTIC (mycophenolic acid) PROGRAF (tacrolimus) REZUROCK (belumosudil) ZORTRESS (everolimus)	Minimum Age Limit <ul style="list-style-type: none"> 13 years - Rapamune 18 years - Zortress <p>Astagraf, Cellcept, Envarsus XR, Hecoria, Prograf</p> <ul style="list-style-type: none"> Documented diagnosis for heart transplant, kidney transplant, liver transplant, lung transplant or a State accepted diagnosis <p>Azasan</p> <ul style="list-style-type: none"> Documented diagnosis of kidney transplant, RA, or a State accepted diagnosis <p>Gengraf, Neoral, Sandimmune</p> <ul style="list-style-type: none"> Documented diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA, or a State accepted diagnosis OR Clinical review required for a diagnosis of Kimura's disease or multifocal motor neuropathy <p>Myfortic</p>

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			<ul style="list-style-type: none"> Documented diagnosis of kidney transplant or psoriasis <p>Rapamune</p> <ul style="list-style-type: none"> Documented diagnosis of kidney transplant <p>Zortress</p> <ul style="list-style-type: none"> Documented diagnosis of kidney transplant or liver transplant
IMMUNE GLOBULINS			
	BIVIGAM CARIMUNE NF FLEBOGAMMA DIF GAMASTAN SD GAMMAGARD GAMMAGARD SD GAMUNEX-C HIZENTRA HYQVIA PANZYGA PRIVIGEN XEMBIFY	ASCENIV CABLIVI CUTAQUIG CUVITRU GAMMAKED GAMMAPLEX OCTAGAM	
IMMUNOLOGIC THERAPIES FOR ASTHMA			
	DUPIXENT (dupilumab)* FASENRA PEN AUTOINJECTOR (benralizumab) FASENRA SYRINGE (benralizumab) NUCALA AUTOINJECTOR (mepolizumab)	CINQAIR (reslizumab) XOLAIR SYRINGE (omalizumab)	<p>All require a clinical review</p> <p>Dupixent – MANUAL PA Fasenra- MANUAL PA</p>

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	NUCALA SYRINGE (mepolizumab) TEZSPIRE (tezepelumab) XOLAIR VIAL (omalizumab)		Xolair- <u>MANUAL PA</u>
INTRANASAL RHINITIS AGENTS			
ANTICHOLINERGICS			
	ipratropium	ATROVENT (ipratropium)	
ANTIHIAMINES			
	azelastine	ASTEPRO (azelastine) olopatadine PATANASE (olopatadine)	
ANTIHIAMINE/CORTICOSTEROID COMBINATION ^{DUR+}			
		DYMISTA (azelastine/fluticasone) RYALTRIS (olopatadine/mometasone) TICALAST (azelastine/fluticasone)	
CORTICOSTEROIDS ^{DUR+}			
	fluticasone ^{Rx Only}	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

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		XHANCE (fluticasone) ZETONNA (ciclesonide)	
IRON CHELATING AGENTS			
	deferasirox all strengths (all labelers except those listed as non-preferred) FERRIPROX (deferiprone)	deferasirox (labeler 00093, 16714, 45963, 62332) EXJADE (deferasirox) JADENU (deferasirox) JADENU SPRINKLES (deferasirox)	Jadenu – MANUAL PA
IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS ^{DUR+}			
IRRITABLE BOWEL SYNDROME CONSTIPATION			
	AMITIZA (lubiprostone) LINZESS 145mcg, 290mcg (linaclotide)	IBSRELA (tenapanor) LINZESS 72mcg (linaclotide) linaclotide lubiprostone MOTEGRITY (prucalopride) MOVANTIK (naloxegol) RELISTOR (methylnaltrexone) SYMPROIC (naldemedine) TRULANCE (plecanatide) ZELNORM (tegaserod)	<p>Minimum Age Limit All Subclasses</p> <ul style="list-style-type: none"> • 18 years – except <i>Bentyl, Gattex, Levsin</i> <p>Gender Limit</p> <ul style="list-style-type: none"> • Female – Amitiza 8mcg <p>Chronic Idiopathic Constipation (CIC)</p> <p>AMITIZA 24MCG, LINZESS 72MCG, LINZESS 145 MCG, MOTEGRITY, TRULANCE</p> <p>All CIC Agents</p> <ul style="list-style-type: none"> • Documented diagnosis of CIC in the past year AND • No history of GI or bowel obstruction

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			<p>Non-Preferred CIC Agents</p> <ul style="list-style-type: none"> • Above CIC criteria AND • 30 days of therapy with 2 preferred agents in the past 6 months OR • 1 claim with the requested agent in the past 105 days <p><u>Irritable Bowel Syndrome – Constipation Dominant (IBS-C)</u> AMITIZA 8MCG, IBSRELA, 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 requested agent in the past 105 days <p><u>Opioid Induced Constipation (OIC)</u> AMITIZA 24MCG, MOVANTIK, RELISTOR, SYMPROIC</p> <p>All OIC Agents</p>

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			<ul style="list-style-type: none"> • Documented diagnosis of OIC in the past year AND • 1 claim for an opioid in the past 30 days AND • No history of GI or bowel obstruction AND • Documented diagnosis of chronic pain in the past year <p>Non- Preferred OIC Agents</p> <ul style="list-style-type: none"> • Above OIC criteria AND • 30 days of therapy with 2 preferred agents in the past 6 months OR • 1 claim with the requested 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

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			<ul style="list-style-type: none"> • 1 claim with the requested agent in the past 105 days <p>Lotronex</p> <ul style="list-style-type: none"> • 1 claim for the requested agent in the past 105 days OR • MANUAL PA - All new patients require manual review <p>Xifaxan - (see Antibiotics, GI)</p>
SHORT BOWEL SYNDROME AND SELECTED GI AGENTS			
		GATTEX (teduglutide) MYTESI (crofelemer) NUTRESTORE POWDER PACK (glutamine) XERMELO (telotristat ethyl) ZORBTIVE (somatropin)	<p>Carcinoid Syndrome Agent XERMELO</p> <ul style="list-style-type: none"> • Documented diagnosis of carcinoid syndrome in the past year AND • 1 claim for a somatostatin analog in the past 30 days <p>HIV/AIDS Non-infectious Diarrhea 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>Short Bowel Syndrome (SBS)</p>

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			<p>GATTEX, NUTRESTORE, ZORBTIVE Gattex or Zorbtive</p> <ul style="list-style-type: none"> • 1 claim for the requested agent in the past 105 days OR • All new patients require clinical review <p>Nutrestore</p> <ul style="list-style-type: none"> • Requires clinical review
LEUKOTRIENE MODIFIERS ^{DUR+}			
	montelukast granules montelukast tablets zafirlukast	ACCOLATE (zafirlukast) SINGULAIR Tablets (montelukast) SINGULAR GRANULES (montelukast granules) zileuton ZYFLO CR (zileuton)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 12 years – Zyflo & Zyflo CR <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months
LIPOTROPICS, OTHER (NON-STATINS)			
ACL INHIBITORS AND COMBINATIONS			
		NEXLETOL (bempedoic acid) NEXLIZET (bempedoic acid/ezetimibe)	<p>Nexletol and Nexlizet</p> <ul style="list-style-type: none"> • Requires clinical review
ANGIOPHOTIN LIKE 3 INHIBITORS			
		EVKEEZA (evinacumab-dgnb)	<p>Non-Preferred Criteria</p> <p>Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months</p>

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Therapeutic Drug Class	Preferred Agents	Non-Preferred Agents	PA Criteria
BILE ACID SEQUESTRANTS			
	cholestyramine colestipol	colesevelam COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)	
OMEGA-3 FATTY ACIDS			
	omega 3 acid ethyl esters	icosapent LOVAZA (omega-3-acid ethyl esters) VASCEPA (icosapent ethyl)	
CHOLESTEROL ABSORPTION INHIBITORS			
	ezetimibe	ZETIA (ezetimibe)	
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 <ul style="list-style-type: none"> Have tried 2 different fibric acid derivatives in the past 6 months
MTP INHIBITOR			
		JUXTAPID (lomitapide)	Juxtapid – MANUAL PA

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	APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR		
		KYNAMRO (mipomersen)	Kynamro – MANUAL PA
	NIACIN		
	niacin ER NIACOR (niacin)	NIASPAN (niacin)	
	PCSK-9 INHIBITOR		
	PRALUENT (alirocumab) REPATHA (evolocumab)	LEQVIO (inclisiran)	Leqvio • Requires clinical review Praluent - MANUAL PA Repatha - MANUAL PA
LIPOTROPICS, STATINS ^{DUR+}			
	STATINS		
	atorvastatin lovastatin pravastatin rosuvastatin simvastatin	ALTOPREV (lovastatin) ATORVALIQ SUSPENSION (atorvastatin) CRESTOR (rosuvastatin) EZALLOR SPRINKLE (rosuvastatin) FLOLIPID (simvastatin) fluvastatin ER fluvastatin LESCOL (fluvastatin) LESCOL XL (fluvastatin) LIPITOR (atorvastatin) LIVALO (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

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		MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin) ZYPITAMAG (pitavastatin)	
STATIN COMBINATIONS			
	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			
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 carglumic acid hydroxyzine hcl syrup hydroxyzine hcl tablets hydroxyzine pamoate megestrol suspension 625mg/5mL REVLIMID (lenalidomide)	alprazolam ER CAMZYOS (mavacamten) CARBAGLU (carglumic acid) EVRYSDI (risdiplam) INPEFA (sotagliflozin) ^{NR} KORLYM (mifepristone) lenalidomide MEGACE ES (megestrol)	Alprazolam ER CUMULATIVE quantity limit <ul style="list-style-type: none"> • 31 tablets/31 days Evrydsi - MANUAL PA

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		VERQUVO (vericiguat) VISTARIL (hydroxyzine pamoate)	
ALLERGEN EXTRACT IMMUNOTHERAPY			
		GRASTEK ORALAIR PALFORZIA 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 ^{DUR+}			
	AUSTEDO (deutetrabenazine) AUSTEDO XR (deutetrabenazine) tetrabenazine (all labelers except those listed as non-preferred)	INGREZZA (valbenazine) tetrabenazine (labeler 47335, 51224, 60505, 68180, 686820) XENAZINE (tetrabenazine)	Austedo and Austedo XR <ul style="list-style-type: none"> • Documented diagnosis of Huntington's chorea OR • Documented diagnosis of tardive dyskinesia AND • 90 days therapy with Austedo or Austedo XR in the past 105 days OR • MANUAL PA Ingrezza <ul style="list-style-type: none"> • Documented diagnosis of Huntington's chorea OR • Documented diagnosis of tardive dyskinesia AND

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			<ul style="list-style-type: none"> 90 days therapy with Ingrezza in the past 105 days OR MANUAL PA
MULTIPLE SCLEROSIS AGENTS <small>DUR+</small>			
	AVONEX (interferon beta-1a) AVONEX PEN (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE 20mg (glatiramer) dalfampridine dimethyl fumarate fingolimod GILENYA (fingolimod) REBIF (interferon beta-1a) REBIF REBIDOSE (interferon beta-1a) teriflunomide TYSABRI (natalizumab)	AMPYRA (dalfampridine) AUBAGIO (teriflunomide) BAFIERTAM (monomethyl fumarate) BRIUMVI (ublituximab) COPAXONE 40mg (glatiramer) EXTAVIA (interferon beta-1b) glatiramer GLATOPA (glatiramer) KESIMPTA (ofatumumab) MAVENCLAD (cladribine) MAYZENT (siponimod) OCREVUS (ocrelizumab) PLEGRIDY (interferon beta-1a) PONVORY (ponesimod) TASCENSO ODT (fingolimod) TECFIDERA (dimethyl fumarate) VUMERITY (diroximel fumarate) ZEPOSIA (ozanimod)	<p>All Agents</p> <ul style="list-style-type: none"> Documented diagnosis of multiple sclerosis <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 3 claims with the requested agent in the last 105 days <p>Kesimpta, Ponvory, Tascenso ODT, and Zeposia</p> <ul style="list-style-type: none"> Requires clinical review <p>Mavenclad – MANUAL PA</p> <p>Mayzent – MANUAL PA</p> <p>Ocrevus – MANUAL PA</p>
MUSCULAR DYSTROPHY AGENTS			
	EMFLAZA (deflazacort)	AMONDYS 45 (casimersen) EXONDYS 51 (etepilsen) VILTEPSO (viltolarsen)	<p>Emflaza – MANUAL PA</p> <p>Exondys – MANUAL PA</p> <p>Viltepsos – MANUAL PA</p>

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Therapeutic Drug Class	Preferred Agents	Non-Preferred Agents	PA Criteria
		VYONDYS 53 (golodirsen)	Vyondys – MANUAL PA
NSAIDS ^{DUR+}			
	NON-SELECTIVE		
	diclofenac EC diclofenac IR diclofenac SR etodolac IR tab flurbiprofen ibuprofen ibuprofen suspension ^{OTC} indomethacin ketoprofen ketorolac nabumetone naproxen 250mg and 500mg naproxen suspension piroxicam sulindac	ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac potassium) CATAFLAM (diclofenac) DAYPRO (oxaprozin) diclofenac potassium etodolac cap etodolac tab SR FELDENE (piroxicam) FENORTHO (fenoprofen) fenoprofen INDOCIN capsules, suspension & suppositories (indomethacin) indomethacin cap ER ketoprofen ER LOFENA(diclofenac potassium) meclufenamate mefenamic acid NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) naproxen 275mg and 550mg NUPRIN (ibuprofen) oxaprozin PONSTEL (mefenamic acid)	<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 <p>Quantity Limit</p> <ul style="list-style-type: none"> 20 tablets/31 days – ketorolac tablets

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		PROFENO (fenoprofen) RELAFEN DS (nabumetone) 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 ELYXYB (celecoxib) MOBIC (meloxicam) NULOX (meloxicam) QMIIZ ODT (meloxicam) VIVLODEX (meloxicam)	Non-Preferred Criteria – COX II <ul style="list-style-type: none"> • Documented diagnosis of Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or Ankylosing Spondylitis AND • 90 consecutive days on the requested agent in the past 105 days OR • Have tried 1 preferred COX-II Selective and 1 preferred Non-Selective Agent OR • Have tried 1 preferred COX-II Selective agent and a documented diagnosis of GI Bleed, GERD, PUD,

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			GI Perforation, or Coagulation Disorder Elyxyb • Requires clinical review
OPHTHALMIC ANTIBIOTICS			
	bacitracin/neomycin/gramicidin bacitracin/polymyxin ciprofloxacin erythromycin GENTAK Ointment (gentamicin) gentamicin ILOTYCIN (erythromycin) moxifloxacin ofloxacin polymyxin/trimethoprim tobramycin	AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) CILOXAN Ointment (ciprofloxacin) CILOXAN Solution (ciprofloxacin) GARAMYCIN (gentamicin) gatifloxacin levofloxacin MOXEZA (moxifloxacin) NATACYN (natamycin) neomycin/bacitracin/polymyxin b NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin) (oxy-tcn/polymyx sul) OCUFLOX (ofloxacin) POLYTRIM (polymyxin/trimethoprim) sulfacetamide TOBEX drops (tobramycin) TOBEX ointment (tobramycin) VIGAMOX (moxifloxacin)	

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		ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	
ANTIBIOTIC STEROID COMBINATIONS			
	BLEPHAMIDE (sulfacetamide/prednisolone) drops, oint neomycin/bacitracin/polymyxin/hc ointment neomycin/polymyxin/dexamethasone PRED-G (gentamicin/prednisolone) drops, oint sulfacetamide/prednisolone tobramycin/dexamethasone suspension TOBRADEX OINTMENT (tobramycin/dexamethasone) ZYLET (loteprednol/tobramycin)	gatifloxacin/prednisolone MAXITROL (neomycin/polymyxin/dexamethasone) neomycin/polymyxin/gramicidin neomycin/polymyxin/hydrocortisone TOBRADEX ST SUSPENSION (tobramycin/dexamethasone) TOBRADEX SUSPENSION (tobramycin/dexamethasone)	
OPHTHALMIC ANTI-INFLAMMATORIES ^{DUR+}			
	dexamethasone diclofenac difluprednate FLAREX (fluorometholone) fluorometholone flurbiprofen FML FORTE (fluorometholone) FML SOP (fluorometholone) ketorolac MAXIDEX (dexamethasone) prednisolone acetate prednisolone NA phosphate	ACULAR (ketorolac) ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac BROMSITE (bromfenac) DUREZOL (difluprednate) FML (fluorometholone) ILEVRO (nepafenac) INVELTYS (loteprednol etabonate) LOTEMAX (loteprednol) LOTEMAX SM (loteprednol)	Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months

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	PRED MILD (prednisolone) VEXOL (rimexolone)	loteprednol etabonate OCUFEN (flurbiprofen) OMNIPRED (prednisolone) NEVANAC (nepafenac) PRED FORTE (prednisolone) PROLENSA (bromfenac) VOLTAREN (diclofenac)	
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS DUR+			
	ALREX (loteprednol) azelastine cromolyn ketotifen ^{OTC} olopatadine 0.1% olopatadine 0.2% ZADITOR (ketotifen) ^{OTC}	ALOCRIL (nedocromil) ALOMIDE (Iodoxamide) BEPREVE (bepotastine) epinastine LASTACAFT (alcaftadine) PATADAY (olopatadine) PATANOL (olopatadine) PAZEO (olopatadine) VERKAZIA (cyclosporine) ZERVIAE (cetirizine)	Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months Verkazia <ul style="list-style-type: none"> • Requires clinical review
OPHTHALMIC, DRY EYE AGENTS			
	RESTASIS droperette (cyclosporine)	CEQUA (cyclosporine 0.09%) EYSUVIS (loteprednol etabonate) MIEBO (perfluorohexyloctane) RESTASIS Multidose (cyclosporine) TYRVAYA (varaenicline) Nasal XIIDRA (lifitegrast) ^{Dur +}	Minimum Age Limit <ul style="list-style-type: none"> • 16 years – Restasis • 17 years – Xiidra • 18 years – Cequa, Miebo Quantity Limit <ul style="list-style-type: none"> • 5.5 mL/31 days – Restasis Multidose

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			<ul style="list-style-type: none"> • 60 units/31 days – Cequa, Restasis droperette, Xiidra • 3 ml/31 days – Miebo <p>Miebo</p> <ul style="list-style-type: none"> • Requires clinical review <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • History of 4 claims for Restasis in the past 6 months
OPHTHALMIC, GLAUCOMA AGENTS <small>DUR+</small>			
	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)	<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 <p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 18 years - lyuzeh
	CARBONIC ANHYDRASE INHIBITORS		

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	dorzolamide	AZOPT (brinzolamide) TRUSOPT (dorzolamide)	
COMBINATION AGENTS			
	COMBIGAN (brimonidine/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine)	COSOPT (dorzolamide/timolol) COSOPT PF (dorzolamide/timolol)	
PARASYMPATHOMIMETICS			
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)	
PROSTAGLANDIN ANALOGS			
	latanoprost	Bimatoprost IYUZEH (latanoprost) LUMIGAN (bimatoprost) TRAVATAN Z (travoprost) travoprost XALATAN (latanoprost) XELPROS (latanoprost) VYZULTA (latanoprostene bunod) ZIOPTAN (tafluprost)	
RHO KINASE INHIBITORS/COMBINATIONS			
	RHOPRESSA (netarsudil) ROCKLATAN (netarsudil/latanoprost)		
SYMPATHOMIMETICS			

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	ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine 0.2%	brimonidine 0.15% dipivefrin PROPINE (dipivefrin)	
OPIATE DEPENDENCE TREATMENTS			
DEPENDENCE			
	buprenorphine/naloxone tablets naltrexone tablets SUBOXONE FIL(buprenorphine/naloxone) ^{DUR+}	BRIXADI (buprenorphine) buprenorphine tablets buprenorphine/naloxone films LUCEMYRA (lofexidine) PROBUPHINE (buprenorphine) SUBLOCADE (buprenorphine) VIVITROL (naltrexone) ZUBSOLV (buprenorphine/naloxone)	Buprenorphine/naloxone provider summary found here Probuphine – MANUAL PA Sublocade – MANUAL PA Vivitrol - MANUAL PA
TREATMENT			
	naloxone injection NARCAN NASAL SPRAY (naloxone) ZIMHI (naloxone)	EVZIO (naloxone) KLOXXADO (naloxone) OPVEE (nalmefene)	
OTIC ANTIBIOTICS			
	CIPRODEX (ciprofloxacin/dexamethasone) CIPRO HC (ciprofloxacin/hydrocortisone) ^{Age Edit} CORTISPORIN-TC (colistin/neomycin/hydrocortisone) neomycin/polymyxin/hydrocortisone ofloxacin	ciprofloxacin ciprofloxacin/dexamethasone ciprofloxacin/fluocinolone DERMOTIC (fluocinolone) FLAC OIL DROP (fluocinolone oil) hydrocortisone/acetic acid drop fluocinolone oil OTIPRIO (ciprofloxacin)	Maximum Age Limit • 9 years - Cipro HC

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		OTOVEL (ciprofloxacin/fluocinolone)	
PANCREATIC ENZYMES ^{DUR+}			
	CREON (pancreatin) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) PERTZYE (pancrelipase) VIOKACE (pancrelipase)	Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months
PARATHYROID AGENTS			
	calcitriol ergocalciferol paricalcitol ROCALTROL (calcitriol) ZEMPLAR (paricalcitol)	cinacalcet doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone) RAYALDEE (calcifediol) SENSIPAR (cinacalcet)	
PHOSPHATE BINDERS			
	calcium acetate ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) sevelamer carbonate tablets	AURYXIA (ferric citrate) FOSRENOL (lanthanum) lanthanum PHOSLO (calcium acetate) RENAGEL (sevelamer HCl) REVELA (sevelamer carbonate) sevelamer carbonate powder packets sevelamer HCl VELPHORO (sucroferric oxyhydroxide)	
PLATELET AGGREGATION INHIBITORS ^{DUR+}			

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	BRILINTA (ticagrelor) cilostazol clopidogrel dipyridamole dipyridamole/aspirin pentoxifylline prasugrel	DURLAZA ER (aspirin) EFFIENT (prasugrel) omeprazole/asprin PERSANTINE (dipyridamole) PLAVIX (clopidogrel) PLETAL (cilostazol) ticlopidine YOSPRALA (aspirin/omeprazole) ZONTIVITY (vorapaxar)	Zontivity – MANUAL PA 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
PLATELET STIMULATING AGENTS			
	NPLATE (romiplostim) PROMACTA (eltrombopag olamine)	DOPTELET (avatrombopag maleate) MULPLETA (lusutrombopag) PROMACTA powder pack (eltrombopag olamine) TAVALISSE (fostamatinib disodium)	
POTASSIUM REMOVING AGENTS			
	LOKELMA (sodium zirconium cyclosilicate)	sodium polystyrene sulfonate SPS ENEMA (sodium polystyrene sulfonate) SPS SUSPENSION (sodium polystyrene sulfonate) VELTASSA (patiromer calcium sorbitex)	
PRENATAL VITAMINS			
	COMPLETE NATAL DHA COMPLETENATE CHEW Tablet M-NATAL PLUS Tablet NESTABS DHA COMBO PKG NIVA PLUS Tablet PNV 29-1 Tablet PNV 95/Fe/FA Tablet (labeler 00536)	Products not listed are assumed to be Non-Preferred.	

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	PNV 137/Fe/FA Tablet (labeler 009040) PNV-DHA Softgel Capsule PRENATAL VITAMIN PLUS LOW IRON Tablet PRENATAL PLUS IRON/FA PREPLUS Ca/Fe27/FA 1 Tablet PRETAB Tablet SE-NATAL19 CHEW Tablet SE-NATAL19 Tablet THRIVITE RX Tablet TRINATAL Rx 1 Tablet VIRT C DHA Capsule VIRT-NATE DHA Softgel Capsule VP-PNV-DHA Softgel Capsule WESTAB PLUS Tablet		
PSEUDOBULBAR AFFECT AGENTS^{DUR+}			
		NUDEXTA (dextromethorphan/quinidine)	Non-Preferred Criteria <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days OR • Documented diagnosis of Pseudobulbar Affect
PULMONARY ANTIHYPERTENSIVES^{DUR+}			
ENDOTHELIN RECEPTOR ANTAGONIST			
	ambrisentan (all labelers except those listed as non-preferred) bosentan tablets	ambrisentan (labeler 42794, 47335, 498840) LETAIRIS (ambrisentan)* OPSUMIT (macitentan) TRACLEER (bosentan)	All PAH Agents <ul style="list-style-type: none"> • Documented diagnosis of pulmonary hypertension Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR

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			<ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days
PDE5's			
	sildenafil (generic Revatio) tablet tadalafil	ADCIRCA (tadalafil) LIQREV (sildenafil) suspension REVATIO (sildenafil) tablet REVATIO (sildenafil) suspension sildenafil (generic Revatio) suspension TADLIQ (tadalafil) suspension	<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

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			<ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days OR • > 1 years of age AND • Documented diagnosis of Pulmonary Hypertension
PROSTACYCLINS			
		ORENITRAM ER (treprostinil) TYVASO (treprostinil) VENTAVIS (iloprost)	Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
SELECTIVE PROSTACYCLIN RECEPTOR AGONISTS			
		UPTRAVI (selexipag)	Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
SOLUBLE GUANYLATE CYCLASE STIMULATORS			
		ADEMPAS (riociguat)	Adempas <ul style="list-style-type: none"> • Documented WHO Group 1 diagnosis of secondary pulmonary arterial hypertension OR • Documented WHO Group 4 diagnosis of pulmonary hypertension due to chronic thrombotic embolic disease OR

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			<ul style="list-style-type: none"> Documented diagnosis of pulmonary hypertension AND Have tried 1 preferred PAH agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
ROSACEA TREATMENTS			
	metronidazole (cream, gel, lotion)	AVAR (sulfacetamide sodium/sulfur) FINACEA (azelaic acid) FINACEA FOAM (azelaic acid) METROCREAM (metronidazole cream) METROGEL (metronidazole gel) METROLOTION (metronidazole lotion) MIRVASO (brimonidine) NORITATE (metronidazole) OVACE (sulfacetamide sodium) RHOFADE (oxymetazoline HCl) ROSULA (sodium sulfacetamide/sulfur) sodium sulfacetamide/sulfur (cleanser, pads, suspension) SOOLANTRA (ivermectin) SUMADAN (sodium sulfacetamide/sulfur wash) SUMAXIN (sodium sulfacetamide/sulfur pads) SUMAXIN TS (sodium sulfacetamide/sulfur suspension) ZILXI AEROSOL (minocycline)	Topical Sulfonamides used for Rosacea will require a manual PA for ≥21 years. Other labeled indications are limited to <21 years.
SEDATIVE HYPNOTICS			

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BENZODIAZEPINES <small>DUR+</small>			
	estazolam flurazepam temazepam (15mg and 30mg)	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) quazepam RESTORIL (temazepam) temazepam (7.5mg and 22.5mg) triazolam	<p>Single source benzodiazepines and barbiturates are NOT covered – NO PA's will be issued for these drugs.</p> <p>MS DOM Opioid Initiative</p> <ul style="list-style-type: none"> Concomitant use of Opioids and Benzodiazepines <p>Criteria details found here</p> <p>Quantity Limit – CUMULATIVE Quantity limit per rolling days for all strengths. <i>DUR+ will allow an early refill override for one dose or therapy change per year.</i></p> <ul style="list-style-type: none"> 31 units/31 days - all strengths <p>Triazolam – CUMULATIVE Quantity limit per rolling days for all strengths</p> <ul style="list-style-type: none"> 10 units/31 days 60 units/365 days
OTHERS <small>DUR+</small>			
	zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (sovorexant) DAYVIGO (lemborexant) doxepin 3mg, 6mg	<p>Maximum Age Limit</p> <ul style="list-style-type: none"> 64 years – zolpidem 7.5 mg, zolpidem 10 mg, zolpidem 12.5 mg <p>Quantity Limit – CUMULATIVE</p>

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		EDLUAR (zolpidem) eszopiclone HETLIOZ (tasimelteon) INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ramelteon ROZEREM (ramelteon) QUVIVIQ (daridorexant) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER zolpidem SL ZOLPIMIST (zolpidem)	<p>Quantity limit per rolling days for all strengths. <i>DUR+ will allow an early refill override for one dose or therapy change per year.</i></p> <ul style="list-style-type: none"> • 31 units/31 days • 1 canister/31 days – Zolpimist & male • 1 canister/62 days – Zolpimist & female • 1 bottle/31 days (48 ml or 158 ml) – Hetlioz liquid <p>Gender and Dose Limit for zolpidem</p> <ul style="list-style-type: none"> • Female – Ambien 5mg, Ambien CR 6.25mg, Intermezzo 1.75 mg • Male – all zolpidem strengths <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months <p>Hetlioz capsules</p> <ul style="list-style-type: none"> • Documented diagnosis of circadian rhythm sleep disorder AND • Documented diagnosis indicating total blindness of the patient OR • Documented diagnosis of Magenis-Smith syndrome <p>Hetlioz liquid</p>

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			<ul style="list-style-type: none"> • Documented diagnosis of Smith-Magenis syndrome AND • 3 - 15 years of age 	
SELECT CONTRACEPTIVE PRODUCTS				
INJECTABLE CONTRACEPTIVES				
	medroxyprogesterone acetate IM	DEPO-PROVERA IM (medroxyprogesterone acetate) DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)	<p style="color: red;">Non-Preferred Criteria</p> <ul style="list-style-type: none"> • 1 claim with the requested agent in the past 105 days 	
INTRAVAGINAL CONTRACEPTIVES				
	ANNOVERA (segesterone/ethinyl estradiol) etonogestrel/ethinyl estradiol NUVARING (etonogestrel/ethinyl estradiol)	PHEXXI (lactic acid, citric acid, potassium bitartrate)		
ORAL CONTRACEPTIVES ^{DUR+}				
	ALL CONTRACEPTIVES ARE PREFERRED EXCEPT FOR THOSE SPECIFICALLY INDICATED AS NON-PREFERRED	AMETHIA (levonorgestrel/ethinyl estradiol) AMETHYST (levonorgestrel/ethinyl estradiol) BALCOLTRA (levonorgestrel/ethinyl estradiol/iron) BEYAZ (ethinyl estradiol / drospirenone/levomefolate) CAMRESE (levonorgestrel/ethinyl estradiol) CAMRESE LO (levonorgestrel/ethinyl estradiol) GENERESS FE (norethindrone/ethinyl estradiol/fe) GIANVI (ethinyl estradiol/drospirenone) JOLESSA (levonorgestrel/ethinyl estradiol)		

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		levonorgestrel/ethinyl estradiol LO LOESTRIN FE (norethindrone/ethinyl estradiol) LOESTRIN (norethindrone acetate/ethinyl estradiol) LOESTRIN FE (norethindrone/ethinyl estradiol/iron) MINASTRIN 24 FE (norethindrone/ethinyl estradiol/iron) NATAZIA (estradiol valerate/dienogest) NEXTSTELLIS (drospirenone/estetrol) OCELLA (ethinyl estradiol/drospirenone) SAFYRAL (ethinyl estradiol/drospirenone/levomefolate) SIMPESE (levonorgestrel/ethinyl estradiol) TAYTULLA (norethindrone/ethinyl estradiol/iron) TYDEMY (ethinyl estradiol/drospirenone/levomefolate calcium) YASMIN (ethinyl estradiol/drospirenone) YAZ (ethinyl estradiol/drospirenone)	
TRANSDERMAL CONTRACEPTIVES			
	XULANE (norelgestromin and ethinyl estradiol)	ZAFEMY (norelgestromin and ethinyl estradiol) TWIRLA (levonorgestrel and ethinyl estradiol)	
SICKLE CELL AGENTS			
	DROXIA (hydroxyurea) hydroxyurea	ADAKVEO (crizanlizumab) ENDARI (glutamine) HYDREA (hydroxyurea)	Endari – MANUAL PA Oxbryta – MANUAL PA

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		OXBRYTA (voxelotor) SIKLOS (hydroxyurea)	
SKELETAL MUSCLE RELAXANTS ^{DUR+}			
	baclofen chlorzoxazone cyclobenzaprine 5mg, 10mg methocarbamol tizanidine tablets	AMRIX (cyclobenzaprine ER) baclofen suspension (generic FLEQSUVY) carisoprodol carisoprodol compound cyclobenzaprine 7.5mg, 15mg cyclobenzaprine ER DANTRIUM (dantrolene) dantrolene FLEQSUVY (baclofen) FEXMID (cyclobenzaprine) FLEXERIL (cyclobenzaprine) LORZONE (chlorzoxazone) LYVISPAH (baclofen granules) metaxalone NORGESIC FORTE (orphenadrine) orphenadrine orphenadrine compound orphenadrine ER PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)	<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> <ul style="list-style-type: none"> • Requires clinical review
SMOKING DETERRENT			

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
NICOTINE TYPE			
	nicotine gum ^{OTC} nicotine lozenge ^{OTC} nicotine mini lozenge ^{OTC} nicotine patch ^{OTC}	NICODERM CQ PATCH ^{OTC} NICORETTE GUM ^{OTC} NICORETTE LOZENGE ^{OTC} NICORETTE MINI LOZENGE ^{OTC} NICOTROL INHALER CARTRIDGE NICOTROL NASAL SPRAY	
NON-NICOTINE TYPE			
	bupropion ER CHANTIX (varenicline) varenicline	ZYBAN (bupropion)	<p style="color: red;">Minimum Age Limit - Chantix</p> <ul style="list-style-type: none"> 18 years <p style="color: red;">Quantity Limit</p> <ul style="list-style-type: none"> 336 tablets/year – Chantix 0.5mg, 1mg tablets and continuing pack 2 treatment courses/year – Chantix Starter Pack
STEROIDS (Topical) ^{DUR+}			
LOW POTENCY			
	CAPEX (fluocinolone) desonide hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTH-FS (fluocinolone) DESONATE (desonide) DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	<p style="color: red;">Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred low potency agents in the past 6 months

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MEDIUM POTENCY			
	fluocinolone hydrocortisone mometasone cr, oint. prednicarbate cr PANDEL (hydrocortisone probutate)	betamethasone valerate foam CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate) ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint SYNALAR (fluocinolone)	Non-Preferred Criteria <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)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred high potency agents in the past 6 months

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		TRIANEX (triamcinolone) VANOS (fluocinonide)	
VERY HIGH POTENCY			
	clobetasol lotion clobetasol shampoo, spray clobetasol propionate cream clobetasol propionate ointment halobetasol cream halobetasol ointment	BRYHALI (halobetasol) clobetasol emollient clobetasol propionate foam, ge CLOBEX (clobetasol) DIPROLENE (betamethasone diprop/prop gly) DUOBRII LOTION (halobetasol prop/tazarotene) halobetasol foam IMPEKLO (clobetasol) LEXETTE (halobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) TEMOVATE Cream (clobetasol propionate) TEMOVATE Ointment (clobetasol propionate) TOVET Foam (clobetasol) ULTRAVATE Lotion (halobetasol)	Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 2 different preferred very high potency agents in the past 6 months
STIMULANTS AND RELATED AGENTS ^{DUR+}			
SHORT-ACTING			
	amphetamine salt combination dexmethylphenidate IR dextroamphetamine IR methylphenidate IR methylphenidate solution PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) amphetamine sulfate (generic EVEKO) DESOXYN (methamphetamine) dextroamphetamine solution EVEKEO (amphetamine) EVEKEO ODT (amphetamine) FOCALIN (dexmethylphenidate)	Minimum Age Limit <ul style="list-style-type: none"> • 3 years - Adderall, Evekeo, Procentra, Zenedi • 6 years – Desoxyn, Evekeo ODT, Focalin, Methylin Maximum Age Limit

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		methamphetamine METHYLIN solution (methylphenidate) methylphenidate chewable RITALIN (methylphenidate) ZENZEDI (dextroamphetamine)	<ul style="list-style-type: none"> • 18 years – Evekeo ODT Quantity Limit Applicable quantity limit per rolling days • 62 tablets/31 days – Adderall, Desoxyn, Evekeo, Focalin, Methylin, Zenzedi • 310 mL/31 days – Methylin solution, Procentra <p><u>Documented diagnosis of ADHD</u> – ALL Short Acting AGENTS</p> <p><u>Non-Preferred Criteria ADD/ADHD</u></p> <ul style="list-style-type: none"> • 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 <p><u>Documented diagnosis of narcolepsy</u> – ADDERALL, EVEKEO, METHYLIN, PROCENTRA, RITALIN, ZENZEDI</p>

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	LONG-ACTING		
	ADDERALL XR (amphetamine salt combination) amphetamine salt combination ER CONCERTA (methylphenidate) dexmethylphenidate ER dextroamphetamine ER DYANAVEL XR SUSPENSION(amphetamine) lisdexamfetamine (generic Vyvanse) lisdexamfetamine (generic Vyvanse Chewable) methylphenidate CD (generic Metadate CD) methylphenidate ER (generic Concerta) methylphenidate ER Tabs (generic Ritalin SR) methylphenidate ER/LA Caps (generic Ritalin LA) QUILLICHEW (methylphenidate) QUILLIVANT XR (methylphenidate)	ADHANSIA XR (methylphenidate) ADZENYS XR ODT (amphetamine) ADZENYS ER SUSPENSION (amphetamine) amphetamine susp 24 hr (generic ADZENYS ER) APTENSIO XR (methylphenidate) AZSTARYS (serdexmethylphen/dexmethylphen) COTEMPLA XR-ODT (methylphenidate) DAYTRANA (methylphenidate) DEXEDRINE (dextroamphetamine) DYANAVEL XR tablet(amphetamine) FOCALIN XR (dexmethylphenidate) JORNAY PM (methylphenidate) methylphenidate ER caps (generic Aptensio XR) methylphenidate ER (generic Relexxi) methylphenidate patch (generic Daytrana) MYDAYIS (amphetamine salt combination) RELEXXI (methylphenidate) RITALIN LA (methylphenidate) RITALIN SR (methylphenidate) VYVANSE (lisdexamfetamine)* VYVANSE CHEWABLE (lisdexamfetamine)* XELSTRYM patch (dextroamphetamine)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 6 years – Adderall XR, Adhansia XR, Adzenys ER Suspension, Adzenys XR ODT, Aptensio XR, Azstarys, Concerta, Cotempla XR ODT, Daytrana, Dexedrine, Dyanavel XR Focalin XR, Jornay PM, Metadate, CD, methylphenidate ER 72mg, Quillichew, Quillivant XR, Relexxi, Ritalin LA, Vyvanse, Xelstrym • 13 years – Mydayis • 16 years – Provigil • 18 years – Nuvigil, Sunosi <p>Maximum Age Limit</p> <ul style="list-style-type: none"> • 18 years – Cotempla XR ODT, Daytrana <p>Vyvanse</p> <ul style="list-style-type: none"> • Documented diagnosis of binge eating disorder OR • Documented diagnosis of ADD/ADHD <p>Quantity Limit Applicable quantity limit per rolling days</p> <ul style="list-style-type: none"> • 31 tablets/31 days – Adderall XR, Adhansia XR, Adzenys XR ODT,

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			<p>Aptensio XR, Azstarys, Concerta 18, 27, & 54 mg, Cotempla XR-ODT 8.6 mg, Daytrana, Dexedrine Spansule, Dyanavel XR Tablet, Focalin XR, Jornay PM, Metadate CD, Methylin ER, Mydayis 37.5mg & 50mg, Nuvigil 150, 200 & 250 mg, Provigil 200mg, Quillichew, Relexxii, Ritalin LA & SR, Vyvanse, Sunosi, Xelstrym</p> <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 – Dyanavel XR Suspension • 372 mL/31 days – Quillivant XR <p><u>Documented diagnosis of ADHD – ALL Long-Acting AGENTS</u></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

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	NARCOLEPSY		
	armodafinil modafinil SUNOSI (solriamfetol)	LUMRYZ (sodium oxybate) ^{NR} NUVIGIL (armodafinil) PROVIGIL (modafinil) sodium oxybate WAKIX (pitolisant) XYREM (sodium oxybate) XYWAV (calcium, magnesium, potassium and sodium oxybates)	<p>Documented diagnosis of narcolepsy – 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 AND • 30 days of therapy with preferred modafinil or armodafinil in the past 6 months AND • 1 different preferred Long-Acting agent indicated for narcolepsy in the past 6 months OR • 1 claim for a 30-day supply with the requested agent in the past 105 days <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>

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			<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 <p>Wakix</p> <ul style="list-style-type: none"> • Documented diagnosis of narcolepsy with or 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 <p>Xyrem and Xywav</p> <ul style="list-style-type: none"> • Requires clinical review
NON-STIMULANTS			

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	atomoxetine clonidine ER guanfacine ER	INTUNIV (guanfacine ER) QELBREE (viloxazine) STRATTERA (atomoxetine)	<p>Minimum Age Limit 6 years – Intuniv, Clonidine ER, Qelbree, Strattera 18 years – Wakix</p> <p>Maximum Age Limit</p> <ul style="list-style-type: none"> 18 years – Intuniv, Clonidine ER, Qelbree 21 years – diagnosis of ADD/ADHD is required for Strattera <p>Quantity Limit Applicable quantity limit per rolling days</p> <ul style="list-style-type: none"> 31 tablets/31 days – Intuniv, Qelbree 100 mg, Strattera 62 tablets/31 days – Qelbree 150 mg and 200 mg, Wakix 124 tablets/31 days – Clonidine ER <p>Intuniv Documented diagnosis of ADD or ADHD</p> <p>Clonidine ER</p> <ul style="list-style-type: none"> Documented diagnosis of ADD or ADHD <p>Qelbree</p> <ul style="list-style-type: none"> Documented diagnosis of ADD or ADHD AND

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			<ul style="list-style-type: none"> 1 claim for a 30-day supply with atomoxetine in the past 105 days
TETRACYCLINES ^{DUR+}			
	doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR tetracycline	ACTICLATE (doxycycline) ADOXA (doxycycline monohydrate) demeclocycline doxycycline hyclate (generic Doryx) doxycycline hyclate (generic Periostat) 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)	<p>Non-Preferred Agents</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months <p>Demeclocycline</p> <ul style="list-style-type: none"> Documented diagnosis of SIADH will allow automatic approval
ULCERATIVE COLITIS and CROHN'S AGENTS ^{DUR+} *See Cytokine & CAM Antagonists Class for additional agents			

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	ORAL		
	balsalazide budesonide EC mesalamine tablet (generic Apriso) sulfasalazine	APRISO (mesalamine) ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) COLAZAL (balsalazide) DELZICOL (mesalamine) DIPENTUM (olsalazine) ENTOCORT EC (budesonide) GIAZO (balsalazide) LIALDA (mesalamine) mesalamine tablet (generic Asacol HD) mesalamine tablet (generic Delzicol) ORTIKOS (budesonide) PENTASA 250mg (mesalamine) PENTASA 500mg (mesalamine) UCERIS (budesonide)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Documented diagnosis for Ulcerative Colitis 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 <p>Ortikos ER</p> <ul style="list-style-type: none"> • Requires clinical review
	RECTAL		
	mesalamine suppository	budesonide foam CANASA (mesalamine) ROWASA (mesalamine) SF-ROWASA (mesalamine) UCERIS Foam (budesonide)	

Drug coverage subject to the rules and regulations set forth in Sec. 1927 of Social Security Act. This is not an all-inclusive list of available covered drugs and includes only managed categories. Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. NR indicates a new drug that has not yet been reviewed by the P&T Committee.

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

Drugs highlighted in yellow denote a change in PDL status.

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

A # denotes existing users will NOT be grandfathered.

To search the PDL, press CTRL + F