# MISSISSIPPI DIVISION OF MEDICAID
# UNIVERSAL PREFERRED DRUG LIST

**EFFECTIVE 7/01/2025**
**VERSION 2025_7**
**Updated 8/13/2025**

## General Preferred Drug List Information

- Gainwell Technologies DUR+ process is a proprietary electronic prior authorization system used for Medicaid pharmacy claims.
- 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 change in PDL status.
- To search the PDL, **press CTRL + F**.

**Medication Coverage Status Search Tool** - Pharmacy Drug Coverage Inquiry

| ACNE AGENTS | | |
|---|---|---|
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** | **PA CRITERIA** |
| **ANTI-INFECTIVES** | | **Maximum Age Limit**<br>• **21 years**: all acne agents except isotretinoin products<br><br>**Topical Clindamycin 1% lotion**<br>• **21 years** and older **AND**<br>• Documented diagnosis of hidradenitis suppurativa<br><br>Note:<br>Isotretinoin products available for all ages |
| clindamycin gel (generic CLEOCIN-T) | azelaic acid | |
| clindamycin lotion, medicated swab, solution | CLEOCIN T (clindamycin) | |
| | CLINDACIN (clindamycin) | |
| | CLINDAGEL (clindamycin) | |
| | clindamycin foam | |
| | clindamycin gel (generic CLINDAGEL) | |
| | dapsone | |
| | ERY (erythromycin) | |

| | | |
|---|---|---|
| | ERYGEL (erythromycin) | Clindamycin 1% lotion only available for ages 21 years and older with approvable diagnosis<br>Preferred clindamycin 1% lotion for ages < 21 years does not require PA |
| | erythromycin | |
| | EVOCLIN (clindamycin) | |
| | KLARON (sulfacetamide) | |
| | MORGIDOX (doxycycline) | |
| | sulfacetamide sodium suspension | |
| | WINLEVI (clascoterone) cream | |
| **ISOTRETINOIN PRODUCTS** | | |
| AMNESTEEM (isotretinoin) | ABSORBICA (isotretinoin) | |
| CLARAVIS (isotretinoin) | isotretinoin | |
| ZENATANE (isotretinoin) | | |
| **KERATOLYTICS (BENZOYL PEROXIDES)** | | |
| ACNE MEDICATION (benzoyl peroxide) | BPO towelette (benzoyl peroxide) | |
| benzoyl peroxide | | |
| LINTERA (benzoyl peroxide) | | |
| **RETINOIDS** | | |
| adapalene gel, gel with pump | adapalene cream | |
| RETIN-A (tretinoin) | AKLIEF (trifarotene) | |
| tretinoin cream | ALTRENO (tretinoin) | |
| | ARAZLO (tazarotene) | |
| | ATRALIN (tretinoin) | |
| | DIFFERIN (adapalene) | |
| | FABIOR (tazarotene) | |
| | RETIN-A MICRO (tretinoin) | |
| | RETIN-A MICRO PUMP (tretinoin) | |
| | tretinoin gel | |
| | tretinoin microsphere | |
| **OTHERS/COMBINATION PRODUCTS** | | |
| adapalene/benzoyl peroxide gel | ACANYA (benzoyl peroxide/clindamycin) gel | |
| clindamycin/benzoyl peroxide 1%-5% gel w/pump | CABTREO (clindamycin/adapalene/benzoyl peroxide) gel | |
| sodium sulfacetamide w/sulfur 8%-4%, 9%-4.25%, 10-5% suspension | CLEANSING WASH (sulfacetamide sodium/sulfur/urea) cleanser | |
| | clindamycin phosphate/benzoyl peroxide 1.2%-2.5% gel | |
| | clindamycin phosphate/tretinoin 1.2%-0.025% gel | |
| | clindamycin/benzoyl peroxide 1%-5% gel | |
| | clindamycin/benzoyl peroxide 1.2%-3.75% gel w/pump (generic ONEXTON) | |
| | EPIDUO FORTE (adapalene/benzoyl peroxide) gel | |
| | erythromycin/benzoyl peroxide gel | |
| | NEUAC (benzoyl peroxide/clindamycin) cream, gel | |
| | ONEXTON (benzoyl peroxide/clindamycin) gel | |
| | sodium sulfacetamide w/sulfur 8%-4% cleanser | |
| | sodium sulfacetamide w/sulfur 10%-2% cream | |
| | sodium sulfacetamide w/sulfur 10%-5% cream, lotion | |
| | SSS (sodium sulfacetamide/sulfur)10-5 cream, foam | |
| | TWYNEO (benzoyl peroxide/tretinoin) cream | |
| | ZIANA (clindamycin/tretinoin) gel | |
| | ZMA CLEAR (sodium sulfacetamide/sulfur) suspension | |

## ALPHA-1 PROTEINASE INHIBITORS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| ARALAST NP | | |
| GLASSIA | | |

| | | |
|---|---|---|
| PROLASTIN C | | |
| ZEMAIRA | | |

## ALZHEIMER'S AGENTS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **CHOLINESTERASE INHIBITORS** | | **Preferred Criteria**<br>• Documented approvable diagnosis<br><br>**Non-Preferred Criteria**<br>• Documented approvable diagnosis **AND**<br><br>• Have tried 2 different preferred agents in the past 6 months<br><br>**NAMZARIC**<br>• Requires clinical review<br><br>**ZUNVEYL**<br>• Requires clinical review |
| donepezil 5 mg, 10 mg ODT, tablets | ADLARITY (donepezil) | |
| galantamine | ARICEPT (donepezil) | |
| galantamine ER | donepezil 23 mg tablet | |
| rivastigmine | EXELON (rivastigmine) | |
| | Zunveyl (benzgalantamine gluconate)NR | |
| **NMDA RECEPTOR ANTAGONISTS** | | |
| memantine | memantine ER | |
| | NAMENDA (memantine) | |
| | NAMENDA XR (memantine ER) | |
| **COMBINATION AGENTS** | | |
| | NAMZARIC (memantine/donepezil) | |
| | memantine/donepezil ER | |

## ANALGESICS, OPIOID-SHORT ACTING DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| acetaminophen/caffeine/dihydrocodeine | ACTIQ (fentanyl) | **MS DOM Opioid Initiative** Criteria details found here<br>• Morphine Equivalent Daily Dose<br>• Concomitant use of Opioids and Benzodiazepines<br><br>**Minimum Age Limit**<br>• **18 years**: codeine-containing products and tramadol-containing products<br><br>**Quantity Limit** (per 31 rolling days)<br>• **62 tablets**: butalbital/codeine combinations, codeine combinations, dihydrocodeine combinations, fentanyl, hydrocodone, hydromorphone, levorphanol, meperidine, morphine, oxycodone, oxymorphone, pentazocine, tapentadol, tramadol<br>• **186 tablets**: butalbital/acetaminophen, butalbital/aspirin<br>• **5 mL**: butorphanol nasal<br>• **180 mL**: oxycodone liquid<br>• **280 mL**: QDOLO<br><br>**Non-Preferred Criteria**<br>• Have tried 2 different preferred agents in the past 6 months<br><br>**MS DOM Opioid Initiative** Criteria details found here<br>• Morphine Equivalent Daily Dose<br>• Concomitant use of Opioids and Benzodiazepines<br><br>**Minimum Age Limit**<br>• **18 years**: BUTRANS and tramadol-containing products |
| acetaminophen/codeine | aspirin/butalbital/caffeine/codeine | |
| codeine | butalbital/acetaminophen/caffeine/codeine | |
| ENDOCET (oxycodone/acetaminophen) | butorphanol | |
| hydrocodone/acetaminophen | DILAUDID (hydromorphone) | |
| hydromorphone | fentanyl citrate | |
| morphine sulfate | FENTORA (fentanyl) | |
| oxycodone | FIORICET W/CODEINE (butalbital/acetaminophen/codeine) | |
| oxycodone/acetaminophen (325 mg acetaminophen formulations) | hydrocodone/ibuprofen | |
| tramadol 50 mg tablet | meperidine | |
| tramadol/acetaminophen | NALOCET (oxycodone/acetaminophen) | |
| | levorphanol | |
| | oxymorphone | |
| | pentazocine/naloxone | |
| | PERCOCET (oxycodone/acetaminophen) | |
| | PROLATE (oxycodone/acetaminophen) | |
| | ROXICODONE (oxycodone) | |
| | ROXYBOND (oxycodone) | |
| | SEGLENTIS (tramadol/celecoxib) | |
| | tramadol 25 mg, 75 mg, 100 mg tablet | |
| | tramadol solution | |

## ANALGESICS, OPIOID-LONG ACTING DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| BUTRANS (buprenorphine) | BELBUCA (buprenorphine) | **Quantity Limit** (per 31 rolling days)<br>• **31 tablets**: AVINZA, hydromorphone ER, HYSINGLA ER, tramadol ER<br>• **62 tablets**: methadone, morphine ER, OXYCONTIN, oxymorphone ER, ZOHYDRO ER<br>• **62 films**: BELBUCA<br>• **10 patches**: fentanyl<br>• **4 patches**: BUTRANS<br><br>**Non-Preferred Criteria**<br>• Have tried 2 preferred agents in the past 6 months |
| fentanyl patch | buprenorphine patch | |
| morphine sulfate ER tablet | CONZIP (tramadol) | |
| | hydrocodone bitartrate ER | |
| | hydromorphone ER | |
| | HYSINGLA ER (hydrocodone) | |
| | methadone | |
| | methadone intensol | |
| | METHADOSE (methadone) | |
| | morphine sulfate ER capsule | |
| | MS CONTIN (morphine) | |
| | oxycodone ER | |
| | OXYCONTIN (oxycodone) | |

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|---|---|---|
| | oxymorphone ER | |
| | tramadol ER | |

## ANALGESICS/ANESTHETICS (TOPICAL)

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| diclofenac 1%, 3% gel | DERMACINRX LIDOCAN (lidocaine) | **Quantity Limit** (per 31 days)<br>• **1 bottle (112 mL)**: diclofenac 2% solution pump<br>• **1 bottle (150 mL)**: diclofenac 1.5% solution<br><br>**Non-Preferred Criteria**<br>• Have tried 2 preferred agents in the past 6 months<br><br>**Lidocaine 5% Patch**<br>• Documented diagnosis of Herpetic Neuralgia **OR**<br>• Documented diagnosis of Diabetic Neuropathy<br><br>**ZTLIDO**<br>• Documented diagnosis of postherpetic neuralgia **OR**<br>• History of 3 claims with preferred lidocaine 5% patch in the past 6 months |
| lidocaine 4% cream, patch, solution | DERMACINRX LIDOGEL (lidocaine) | |
| lidocaine 5% cream, ointment, patch | DERMACINRX LIDOREX (lidocaine) | |
| lidocaine 40 mg/mL solution | diclofenac epolamine | |
| lidocaine/prilocaine cream | diclofenac sodium 2% solution pump | |
| TRIDACAINE (lidocaine) patch | DICLOGEN (diclofenac/menthol/camphor) kit | |
| TRIDACAINE XL (lidocaine) patch | DOLOGESIC PAIN RELIEF (lidocaine) | |
| ULTRA LIDO (lidocaine) cream, gel | LIDAFLEX (lidocaine) | |
| | lidocaine 3% cream | |
| | lidocaine 4% kit, liquid | |
| | lidocaine/hydrocortisone | |
| | lidocaine/prilocaine kit | |
| | LIDOCAN II, III, IV, V (lidocaine) | |
| | LIDOCORT (lidocaine/hydrocortisone) | |
| | LIDODERM (lidocaine) | |
| | LIDOTRAL (lidocaine) | |
| | LIXOFEN (diclofenac) | |
| | PENNSAID (diclofenac) | |
| | PLIAGLIS (lidocaine/tetracaine) | |
| | TRIDACAINE II, III (lidocaine) patch | |
| | ZTLIDO (lidocaine) | |

## ANDROGENIC AGENTS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| testosterone | ANDROGEL (testosterone) | **All Agents**<br>• Limited to male gender<br><br>**Non-Preferred Criteria**<br>• Have tried 2 different preferred agents in the past 6 months<br><br>**TLANDO**<br>• Requires clinical review |
| | JATENZO (testosterone undecanoate) | |
| | NATESTO (testosterone) | |
| | TESTIM (testosterone) | |
| | TLANDO (testosterone undecanoate) | |
| | VOGELXO (testosterone) | |
| | UNDECATREX (testosterone undecanoate) | |

## ANGIOTENSIN MODULATORS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS** | | **EPANED**<br>• Automatic approval issued for 0-6 years of age<br><br>**ENTRESTO**<br>• Age ≥1 year **and** documented diagnosis of Heart Failure with Systemic Ventricular Systolic Dysfunction **OR**<br>• Age ≥ 18 years **and** documented diagnosis of Heart Failure<br><br>**Non-Preferred Criteria**<br>• **ACEIs**:<br>○ Have tried 2 different preferred single entity agents in the past 6 months **OR**<br>○ 90 days of therapy with the requested agent in the past 105 days<br>• **ACEI/CCB Combinations**:<br>○ Have tried 2 different preferred ACEI/CCB agents in the past 6 months **OR**<br>○ 90 days of therapy with the requested agent in the past 105 days<br>• **ACEI/Diuretic Combinations**:<br>○ Have tried 2 different preferred ACEI/Diuretic agents in the past 6 months **OR**<br>○ 90 days of therapy with the requested agent in the past 105 days<br>• **ARBs**:<br>○ Have tried 2 different preferred single entity agents in the past 6 months **OR**<br>○ 90 days of therapy with the requested agent in the past 105 days<br>• **ARB/CCB and ARB/CCB/Diuretic Combinations**:<br>○ Have tried 1 preferred ARB/CCB agent in the past 6 months **OR**<br>○ 90 days of therapy with the requested agent in the past 105 days |
| benazepril | ACCUPRIL (quinapril) | |
| captopril | ALTACE (ramipril) | |
| enalapril | EPANED (enalapril) | |
| fosinopril | LOTENSIN (benazepril) | |
| lisinopril | moexipril | |
| quinapril | perindopril | |
| ramipril | QBRELIS (lisinopril) | |
| trandolapril | VASOTEC (enalapril) | |
| | ZESTRIL (lisinopril) | |
| **ACE INHIBITOR (ACEI) COMBINATIONS** | | |
| benazepril/amlodipine | ACCURETIC (quinapril/hydrochlorothiazide) | |
| benazepril/hydrochlorothiazide | LOTENSIN HCT (benazepril/hydrochlorothiazide) | |
| captopril/hydrochlorothiazide | LOTREL (benazepril/amlodipine) | |
| enalapril/hydrochlorothiazide | VASERETIC (enalapril/hydrochlorothiazide) | |
| fosinopril/hydrochlorothiazide | ZESTORETIC (lisinopril/hydrochlorothiazide) | |
| lisinopril/hydrochlorothiazide | | |
| quinapril/hydrochlorothiazide | | |
| trandolapril/verapamil ER | | |
| **ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)** | | |
| irbesartan | ATACAND (candesartan) | |
| losartan | AVAPRO (irbesartan) | |
| olmesartan | BENICAR (olmesartan) | |

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|---|---|
| telmisartan | candesartan |
| valsartan tablet | COZAAR (losartan) |
| | EDARBI (azilsartan) |
| | eprosartan |
| | MICARDIS (telmisartan) |
| | valsartan solution |
| **ARB COMBINATIONS** | |
| ENTRESTO (valsartan/sacubitril) tablet DUR+ | ATACAND HCT (candesartan/hydrochlorothiazide) |
| irbesartan/hydrochlorothiazide | AVALIDE (irbesartan/hydrochlorothiazide) |
| losartan/hydrochlorothiazide | AZOR (olmesartan/hydrochlorothiazide) |
| olmesartan/amlodipine | BENICAR HCT (olmesartan/hydrochlorothiazide) |
| olmesartan/hydrochlorothiazide | candesartan/hydrochlorothiazide |
| telmisartan/hydrochlorothiazide | DIOVAN-HCT (valsartan/hydrochlorothiazide) |
| valsartan/amlodipine | EDARBYCLOR (azilsartan/chlorthalidone) |
| valsartan/amlodipine/hydrochlorothiazide | ENTRESTO (valsartan/sacubitril) sprinkle capsule |
| valsartan/hydrochlorothiazide | EXFORGE (valsartan/amlodipine) |
| | EXFORGE HCT (valsartan/amlodipine/hydrochlorothiazide) |
| | olmesartan/amlodipine/hydrochlorothiazide |
| | telmisartan/amlodipine |
| | TRIBENZOR (olmesartan/amlodipine/hydrochlorothiazide) |
| | valsartan/sacubitril |
| **DIRECT RENIN INHIBITORS** | |
| | aliskiren |
| | TEKTURNA (aliskiren) |
| **DIRECT RENIN INHIBITOR COMBINATIONS** | |
| | TEKTURNA HCT (aliskiren/hydrochlorothiazide) |

- **ARB/Diuretic Combinations**:
  - Have tried 2 different preferred ARB/Diuretic agents in the past 6 months **OR**
  - 90 days of therapy with the requested agent in the past 105 days
- **Direct Renin Inhibitors**:
  - Documented diagnosis of Hypertension **AND**
  - Have tried 2 different preferred ACEI or ARB single-entity agents in the past 6 months **OR**
  - 90 days of therapy with the requested agent in the past 105 days
- **Direct Renin Inhibitor Combinations**:
  - Documented diagnosis of Hypertension **AND**
  - Have tried 2 different preferred ACEI or ARB diuretic agents in the past 6 months **OR**
  - 90 days of therapy with the requested agent in the past 105 days
  - Have tried 2 different preferred ACEI/Diuretic agents in the past 6 months **OR**
  - 90 days of therapy with the requested agent in the past 105 days

## ANTIBIOTICS (GI) & RELATED AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| metronidazole tablet | AEMCOLO (rifamycin) | |
| neomycin | DIFICID (fidaxomicin) | |
| tinidazole | FIRVANQ (vancomycin) | |
| vancomycin oral solution | FLAGYL (metronidazole) | |
| | LIKMEZ (metronidazole) | |
| | metronidazole 125 mg tablet, 375 mg capsule | |
| | nitazoxanide | |
| | paromomycin | |
| | REBYOTA (fecal microbiota, live-jslm) | |
| | VANCOCIN (vancomycin) | |
| | vancomycin capsule | |
| | VOWST (fecal microbio spore, live-brpk) | |
| | XIFAXAN (rifaximin) | |

## ANTIBIOTICS (MISCELLANEOUS)

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **LINCOSAMIDE ANTIBIOTICS** | | |
| clindamycin | CLEOCIN (clindamycin) | |
| | CELOCIN PEDIATRIC (clindamycin) | |
| **MACROLIDES** | | |
| azithromycin | ERYPED (erythromycin ethylsuccinate) suspension | |
| clarithromycin | ERYTHROCIN (erythromycin stearate) | |
| clarithromycin ER | ZITHROMAX (azithromycin) | |
| E.E.S (erythromycin ethylsuccinate) suspension | | |
| ERY-TAB (erythromycin) | | |
| erythromycin | | |
| erythromycin ethylsuccinate | | |

**Quantity Limit**

- **6 tablets/month**: SIVEXTRO

**SIVEXTRO** MANUAL PA

**ZYVOX** MANUAL PA

| NITROFURANTOIN DERIVATIVES | | |
|---|---|---|
| nitrofurantoin capsule | FURADANTIN (nitrofurantoin) suspension | |
| nitrofurantoin monohydrate macrocrystals | MACROBID (nitrofurantoin monohydrate macrocrystals) | |
| | nitrofurantoin suspension | |
| **OXAZOLIDINONES** | | |
| | linezolid | |
| | SIVEXTRO (tedizolid) | |
| | ZYVOX (linezolid) | |

## ANTIBIOTICS (TOPICAL)

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| bacitracin OTC | CENTANY (mupirocin) | |
| bacitracin/polymyxin OTC | CENTANY AT (mupirocin) | |
| gentamicin sulfate | mupirocin cream | |
| mupirocin ointment | XEPI (ozenoxacin) | |
| neomycin/bacitracin/polymyxin OTC | | |

## ANTIBIOTICS (VAGINAL)

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| CLEOCIN (clindamycin) | clindamycin phosphate | |
| NUVESSA (metronidazole) | CLINDESSE (clindamycin) | |
| | SOLOSEC (secnidazole) | |
| | XACIATO (clindamycin) | |

## ANTICOAGULANTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **LOW MOLECULAR WEIGHT HEPARIN (LMWH)** | | **Non-Preferred Criteria**<br>• **LMWH**:<br>○ Have tried 1 preferred agent in the past 6 months **OR**<br>○ 90 days of therapy with the requested agent in the past 105 days<br><br>• **Oral**:<br>○ Have tried 2 different preferred oral agents in the past 6 months **OR**<br>○ 90 days of therapy with the requested agent in the past 105 days |
| enoxaparin | ARIXTRA (fondaparinux) | |
| | fondaparinux | |
| | FRAGMIN (dalteparin) | |
| | LOVENOX (enoxaparin) | |
| **ORAL** | | |
| ELIQUIS (apixaban) | dabigatran | |
| JANTOVEN (warfarin) | PRADAXA (dabigatran) pellet pack | |
| PRADAXA (dabigatran) capsule | SAVAYSA (edoxaban) | |
| warfarin | rivaroxaban | |
| XARELTO (rivaroxaban) | | |

## ANTICONVULSANTS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **ADJUVANTS** | | **Minimum Age Limit**<br>• **6 months**: DIACOMIT<br>• **1 year**: BANZEL, EPIDIOLEX<br>• **2 years**: ONFI, SYMPAZAN<br>• **2 years**: VALTOCO<br>• **12 years**: NAYZILAM<br><br>**Maximum Age Limit**<br>• **2 years**: VIGAFYDE<br><br>**Quantity Limit** (per 31 days)<br>• **2 twin packs**: DIASTAT<br>• **2 packages**: NAYZILAM<br>• **5 devices**: VALTOCO<br><br>**Non-Preferred Criteria**<br>• Have tried 2 different preferred agents in the past 6 months **OR**<br>• Documented diagnosis of Seizure **AND**<br>• 90 days of therapy with the requested agent in the past 105 days<br><br>**Banzel, Onfi, and Sympazan**<br>• Documented diagnosis of Lennox-Gastaut Syndrome **and** have tried 1 preferred agent for Lennox-Gastaut Syndrome in the past 6 months |
| carbamazepine | APTIOM (eslicarbazepine acetate) | |
| carbamazepine ER 12-hour capsule | BANZEL (rufinamide) | |
| DEPAKOTE ER (divalproex) | BRIVIACT (brivaracetam) | |
| DEPAKOTE SPRINKLE (divalproex) | carbamazepine ER 12-hour tablet | |
| divalproex | CARBATROL (carbamazepine) | |
| divalproex ER | DEPAKOTE (divalproex) | |
| divalproex sprinkle | DIACOMIT (stiripentol) | |
| EPIDIOLEX (cannabidiol) | ELEPSIA XR (levetiracetam) | |
| lacosamide | EPRONTIA (topiramate) | |
| lamotrigine | EQUETRO (carbamazepine) | |
| lamotrigine blue, green, orange dose pack | Eslicarbazepine | |
| levetiracetam | felbamate | |
| levetiracetam ER | FELBATOL (felbamate) | |
| oxcarbazepine tablet | FINTEPLA (fenfluramine) | |
| tiagabine | FYCOMPA (perampanel) | |
| topiramate | KEPPRA (levetiracetam) | |
| topiramate sprinkle 15, 25 mg (generic Topamax) | KEPPRA XR (levetiracetam) | |
| TRILEPTAL (oxcarbazepine) suspension | LAMICTAL (lamotrigine) | |
| valproic acid | LAMICTAL XR (lamotrigine) | |
| zonisamide | lamotrigine ER | |

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|---|---|
| | lamotrigine ODT |
| | lamotrigine ODT blue, green, orange dose pack |
| | MOTPOLY XR (lacosamide) |
| | oxcarbazepine suspension |
| | oxcarbazepine ER |
| | OXTELLAR XR (oxcarbazepine) |
| | QUDEXY XR (topiramate) |
| | ROWEEPRA (levetiracetam) |
| | rufinamide |
| | SABRIL (vigabatrin) |
| | SPRITAM (levetiracetam) |
| | SUBVENITE (lamotrigine) |
| | SUBVENITE (lamotrigine) blue, green, orange dose pack |
| | TEGRETOL (carbamazepine) |
| | TEGRETOL XR (carbamazepine) |
| | TOPAMAX TABLET (topiramate) |
| | TOPAMAX SPRINKLE (topiramate) |
| | topiramate ER capsule (generic Trokendi XR) |
| | topiramate ER sprinkle capsule (generic Qudexy XR) |
| | topiramate sprinkle 50 mg |
| | TRILEPTAL (oxcarbazepine) tablet |
| | TROKENDI XR (topiramate) |
| | vigabatrin |
| | VIGADRONE (vigabatrin) |
| | VIGAFYDE (vigabatrin) |
| | VIGPODER (vigabatrin) |
| | VIMPAT (lacosamide) |
| | XCOPRI (cenobamate) |
| | ZONISADE (zonisamide) suspension |
| | ZTALMY (ganaxolone) |
| **HYDANTOINS** | |
| DILANTIN (phenytoin) | |
| DILANTIN-125 (phenytoin) | |
| PHENYTEK (phenytoin) | |
| phenytoin | |
| phenytoin ER | |
| **SELECTED BENZODIAZEPINES** | |
| clobazam | DIASTAT (diazepam) rectal gel |
| diazepam rectal gel | LIBERVANT (diazepam) |
| NAYZILAM (midazolam) | ONFI (clobazam) |
| VALTOCO (diazepam) | SYMPAZAN (clobazam) |
| **SUCCINIMIDES** | |
| ethosuximide | CELONTIN (methsuximide) |
| | methsuximide |
| | ZARONTIN (ethosuximide) |

**OR**
- Documented diagnosis of Seizure **and** 90 days of therapy with the requested agent in the past 105 days

**DIACOMIT**
- Documented diagnosis of Dravet Syndrome **AND**
- 1 claim for clobazam in the past 30 days

**EPIDIOLEX**
- Documented diagnosis of Dravet Syndrome, Lennox-Gastaut Syndrome, or Seizures associated with Tuberous Sclerosis Complex **OR**
- 1 claim for EPIDIOLEX in the past 30 days

**FINTEPLA**
- Requires clinical review

**SABRIL Powder for Oral Solution**
- Documented diagnosis of Infantile Spasms **OR**
- Have tried 2 different preferred agents in the past 6 months **OR**
- Documented diagnosis of Seizure **AND**
- 90 days of therapy with the requested agent in the past 105 days

**TOPIRAMATE ER**
- Documented diagnosis of Seizure **AND**
- 90 days of therapy with the requested agent in the past 105 days **OR**
- 30 days of therapy with topiramate IR in the past 6 months

**VIGAFYDE**
- Age ≤ 2 years **AND**
- Documented diagnosis of infantile spasms

**XCOPRI**
- Age ≥ 18 years

## ANTIDEPRESSANTS, OTHER DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|---|---|
| bupropion | APLENZIN (bupropion) |
| bupropion SR | AUVELITY (bupropion/dextromethorphan) |
| bupropion XL | desvenlafaxine ER |
| mirtazapine | DESYREL (trazodone) |
| trazodone | DRIZALMA SPRINKLE (duloxetine DR) |
| TRINTELLIX (vortioxetine) | EFFEXOR XR (venlafaxine) |
| venlafaxine | EMSAM (selegiline) |
| venlafaxine ER capsule | FETZIMA (levomilnacipran) |
| vilazodone | FORFIVO XL (bupropion) |
| | MARPLAN (isocarboxazid) |
| | NARDIL (phenelzine) |
| | nefazodone |

**Minimum Age Limit**
- **18 years**: all agents

**Non-Preferred Criteria**
- Have tried 2 different preferred agents in the past 6 months **OR**
- Have tried 1 preferred agent and 1 SSRI in the past 6 months **OR**
- 90 days of therapy with the requested agent in the past 105 days

**AUVELITY and RALDESY**
- Requires clinical review

**DRIZALMA Sprinkles**
- Automatic approval issued with a diagnosis of Generalized Anxiety Disorder for 7-11 years of age

| | | |
|---|---|---|
| | phenelzine | **DULOXETINE**<br>• Automatic approval issued with a diagnosis of Generalized Anxiety Disorder for 7-17 years of age<br><br>**ZURZUVAE** MANUAL PA<br>• 90 days of therapy with the requested agent in the past 105 days |
| | PRISTIQ (desvenlafaxine) | |
| | REMERON (mirtazapine) | |
| | tranylcypromine | |
| | Trazodone solution[NR] | |
| | venlafaxine ER tablet | |
| | VIIBRYD (vilazodone) | |
| | WELLBUTRIN SR (bupropion) | |
| | WELLBUTRIN XL (bupropion) | |
| | ZURZUVAE (zuranolone) | |

## ANTIDEPRESSANTS, SSRIs DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| citalopram solution, tablet | CELEXA (citalopram) | **Minimum Age Limit**<br>• **6 years**: ZOLOFT<br>• **7 years**: LEXAPRO, PROZAC<br>• **8 years**: fluvoxamine<br>• **18 years**: CELEXA, LUVOX CR, PAXIL, PROZAC 90 mg<br><br>**Maximum Age Limit**<br>• 60 years CELEXA<br><br>**Non-Preferred Criteria**<br>• Have tried 2 different preferred agents in the past 6 months **OR**<br>• 90 days of therapy with the requested agent in the past 105 days |
| escitalopram | citalopram capsule | |
| fluoxetine capsule | fluoxetine solution, tablet | |
| fluvoxamine | fluoxetine DR capsule | |
| paroxetine tablet | fluvoxamine ER capsule | |
| paroxetine CR | LEXAPRO (escitalopram) | |
| paroxetine ER | paroxetine suspension, capsule | |
| sertraline tablet, solution | PAXIL (paroxetine) | |
| | PAXIL CR (paroxetine) | |
| | PROZAC (fluoxetine) | |
| | sertraline capsule | |
| | ZOLOFT (sertraline) | |

## ANTIEMETICS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **5HT3 RECEPTOR BLOCKERS** | | **Quantity Limit** (per 31 days)<br>• **6 tablets**: AKYNZEO<br>• **100 mL**: ZOFRAN solution<br><br>**Non-Preferred Agents**<br>• Have tried 1 preferred agent in the past 6 months<br><br>**AKYNZEO** MANUAL PA<br><br>Note: Injectables in this class are closed to point of sale. PA required if not administered in clinic/hospital. |
| ondansetron solution, tablet | ANZIMET (dolasetron) | |
| ondansetron ODT 4 mg, 8 mg | granisetron | |
| | ondansetron ODT 16 mg tablet | |
| | SANCUSO (granisetron) | |
| **ANTIEMETIC COMBINATIONS** | | |
| DICLEGIS (doxylamine/pyridoxine) | AKYNZEO (netupitant/palonosetron) | |
| | BONJESTA (doxylamine/pyridoxine) | |
| | doxylamine/pyridoxine | |
| **CANNABINOIDS** | | |
| | dronabinol | |
| | MARINOL (dronabinol) | |
| **NMDA RECEPTOR ANTAGONISTS** | | |
| aprepitant | EMEND (aprepitant) | |

## ANTIFUNGALS (ORAL) DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| clotrimazole | ANCOBON (flucytosine) | **Griseofulvin suspension**<br>• Automatic approval issued for 0-11 years of age<br><br>**Griseofulvin tablets**<br>• Automatic approval issued for 12-17 years of age<br><br>**Minimum Age Limit**<br>• **18 years**: CRESEMBA<br><br>**Non-Preferred Criteria**<br>• Have tried 2 different preferred agents in the past 6 months<br><br>**HIV Opportunistic Infection**<br>• Non-Preferred agent indicated for treatment (^) **AND**<br>• Documented diagnosis of HIV<br><br>**CRESEMBA** MANUAL PA |
| fluconazole | BREXAFEMME (ibrexafungerp) | |
| nystatin | CRESEMBA (isavuconazonium sulfate) | |
| terbinafine | DIFLUCAN (fluconazole) | |
| | flucytosine | |
| | griseofulvin | |
| | griseofulvin ultramicrosize | |
| | itraconazole | |
| | ketoconazole | |
| | NOXAFIL (posaconazole) | |
| | ORAVIG (miconazole) | |
| | Posaconazole | |
| | SPORANOX (itraconazole) | |
| | TOLSURA (itraconazole) | |

| | | |
|---|---|---|
| | VFEND (voriconazole) | **SPORANOX**<br>• Requires clinical review |
| | VIVJOA (oteseconazole) | |
| | voriconazole | |

## ANTIFUNGALS (TOPICAL) DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **ANTIFUNGALS** | | **Non-Preferred Criteria**<br>• Have tried 2 different preferred agents in the past 6 months<br><br>**MICOTRIN AC, MYCOZYL, and clotrimazole 30 mL solution**<br>• Require clinical review |
| ciclopirox cream, gel, solution, suspension | BENSAL HP (salicylic acid) | |
| clotrimazole cream, solution Rx & OTC | CILODAN (ciclopirox) | |
| econazole | ciclopirox shampoo | |
| ketoconazole cream, shampoo | clotrimazole solution (NDC 50228-0502-61) | |
| LUZU (luliconazole) | ERTACZO (sertaconazole) | |
| miconazole cream, powder, solution OTC | EXTINA (ketoconazole) | |
| miconazole/zinc oxide/petrolatum ointment | JUBLIA (efinaconazole) | |
| nystatin cream, ointment, powder | ketoconazole foam | |
| terbinafine OTC | KETODAN (ketoconazole) | |
| tolnaftate cream, solution OTC | LOPROX (ciclopirox) | |
| | luliconazole | |
| | MICOTRIN AC (clotrimazole) | |
| | MYCOZYL AC (clotrimazole) | |
| | MYCOZYL AP (miconazole) | |
| | naftifine | |
| | NAFTIN (naftifine) | |
| | oxiconazole | |
| | OXISTAT (oxiconazole) | |
| | tavaborole | |
| | VOTRIZA-AL (clotrimazole) | |
| | VUSION (miconazole/zinc oxide/petrolatum) | |
| **ANTIFUNGAL/STEROID COMBINATIONS** | | |
| clotrimazole/betamethasone cream | clotrimazole/betamethasone lotion | |
| nystatin/triamcinolone | | |

## ANTIFUNGALS (VAGINAL)

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| clotrimazole cream OTC | 3-DAY VAGINAL CREAM (clotrimazole) | |
| clotrimazole-3 cream | GYNAZOLE 1 (butoconazole) | |
| miconazole kit OTC | terconazole suppository | |
| terconazole cream | | |

## ANTIHISTAMINES, MINIMALLY SEDATING AND COMBINATIONS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **MINIMALLY SEDATING ANTIHISTAMINES** | | **Non-Preferred Criteria**<br>• Documented diagnosis of Allergy or Urticaria **AND**<br>• Have tried 2 different preferred agents in the past 12 months |
| cetirizine capsule, solution, tablet OTC | cetirizine chewable tablet OTC | |
| loratadine chewable tablet, ODT, solution, tablet OTC | CLARINEX (desloratadine) | |
| | desloratadine | |
| | levocetirizine | |
| **MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS** | | |
| cetirizine/pseudoephedrine | CLARINEX-D 12 HOUR (desloratadine/pseudoephedrine) | |
| loratadine/pseudoephedrine | fexofenadine/pseudoephedrine | |

## ANTIMIGRAINE AGENTS, ACUTE TREATMENT

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **CGRP ORAL AND NASAL** | | **Minimum Age Limit**<br>• **6 years**: MAXALT<br>• **12 years**: almotriptan, sumatriptan/naproxen, ZOMIG nasal spray<br>• **18 years**: FROVA, IMITREX, naratripin, NURTEC ODT, RELPAX, REYVOW, SYMBRAVO, TOSYMRA, UBRELVY, ZEMBRACE, ZOMIG tablets<br><br>**Quantity Limit** (per 31 days) |
| NURTEC ODT (rimegepant) | ZAVZPRET (zavegepant) | |
| UBRELVY (ubrogepant) | | |

| INJECTABLES | |
|---|---|
| sumatriptan | IMITREX (sumatriptan) |
| | ZEMBRACE SYMTOUCH (sumatriptan) |
| **NASAL** | |
| sumatriptan | IMITREX (sumatriptan) |
| | TOSYMRA (sumatriptan) |
| | zolmitriptan |
| | ZOMIG (zolmitriptan) |
| **TRIPTANS AND RELATED AGENTS (ORAL) DUR+** | |
| naratriptan | almotriptan |
| rizatriptan | eletriptan |
| sumatriptan | FROVA (frovatriptan) |
| zolmitriptan | frovatriptan |
| zolmitriptan ODT | IMITREX (sumatriptan) |
| | MAXALT (rizatriptan) |
| | MAXALT MLT (rizatriptan) |
| | RELPAX (eletriptan) |
| | REYVOW (lasmiditan) |
| | sumatriptan/naproxen |
| | ZOMIG (zolmitriptan) |

- **ORAL**
  - **4 tablets**: REYVOW 50 mg
  - **6 tablets**: almotriptan, RELPAX, ZOMIG
  - **8 tablets**: NURTEC ODT, REYVOW 100 mg
  - **9 tablets**: naratriptan, FROVA, IMITREX, sumatriptan/naproxen, SYMBRAVO
  - **12 tablets**: MAXALT
  - **16 tablets**: UBRELVY
- **NASAL**
  - **1 box**: all agents

**CUMULATIVE Quantity Limit** (per 31 days)
- **INJECTABLES**
  - **4 injections**: all agents

**Non-Preferred Criteria**
- **ORAL**
  - Have tried 2 preferred oral agents in the past 90 days
- **NASAL**
  - Have tried 2 preferred oral agents in the past 90 days **AND**
  - Have tried a preferred nasal agent in the past 90 days

**Almotriptan and sumatriptan/naproxen**
- Automatic approval for 12-17 years of age

**NURTEC ODT and UBRELVY MANUAL PA**
- Documented diagnosis of Migraine **AND**
- Have tried 2 different triptans in the past 6 months **AND**
- No concurrent therapy with another CGRP agent or strong CYP3A4 inhibitor

**REYVOW**
- 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

**SYMBRAVO**
- Requires clinical review

**ZAVZPRET MANUAL PA**
- Documented diagnosis of Migraine **AND**
- Have tried 2 different triptans in the past 6 months **AND**
- Have tried both NURTEC ODT and UBRELVY in the past 6 months **AND**
- No concurrent therapy with another CGRP AGENT

## ANTIMIGRAINE AGENTS, PROPHYLAXIS

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|---|---|
| **INJECTABLES** | |
| AIMOVIG Autoinjector (erenumab-aooe) DUR+ | EMGALITY Syringe (galcanezumab-gnlm) 300 mg/mL |
| AJOVY Autoinjector (fremanezumab-vfrm) DUR+ | VYEPTI (eptinezumab-jjmr) |
| AJOVY Syringe (fremanezumab-vfrm) DUR+ | |
| EMGALITY Pen (galcanezumab-gnlm) DUR+ | |
| EMGALITY Syringe (galcanezumab-gnlm) 120 mg/mL DUR+ | |
| **ORAL** | |
| | QULIPTA (atogepant) |
| | NURTEC ODT (rimegepant) |

**Preferred Injectables**
- History of 3 claims with the requested agent in the past 105 days **OR**
- New starts require clinical review

**Non-preferred Injectables**
- Require clinical review

**AIMOVIG, AJOVY, and EMGALITY MANUAL PA**

**VYEPTI MANUAL PA**

## *ANTINEOPLASTICS SELECTED SYSTEMIC ENZYME INHIBITORS

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|---|---|
| BOSULIF (bosutinib) tablet | AFINITOR (everolimus) |
| CAPRESLA (vandetanib) | AFINITOR DISPERZ (everolimus) |
| COMETRIQ (cabozantinib) | AKEEGA (niraparib/abiraterone) |
| COTELLIC (cobimetinib) | ALECENSA (alectinib) |

**FARYDAK MANUAL PA**

**IBRANCE**
- Documented diagnosis of WD-DDLS for retroperitoneal sarcoma **OR**

| | |
|---|---|
| everolimus | ALUNBRIG (brigatinib) |
| GILOTRIF (afatinib) | AUGTYRO (repotrectinib) |
| ICLUSIG (ponatinib) | AYVAKIT (avapritinib) |
| imatinib | BALVERSA (erdafitinib) |
| IMBRUVICA (ibrutinib) | BOSULIF (bosutinib) capsule |
| INLYTA (axitinib) | BRAFTOVI (encorafenib) |
| IRESSA (gefitinib) | BRUKINSA (zanubrutinib) |
| JAKAFI (ruxolitinib) | CABOMETYX (cabozantinib) |
| MEKINIST (trametinib) | CALQUENCE (acalabrutinib) |
| NEXAVAR (sorafenib) | COPIKTRA (duvelisib) |
| ROZLYTREK (entrectinib) | DANZITEN (nilotinib) |
| SPRYCEL (dasatinib) | dasatinib |
| STIVARGA (regorafenib) | DATROWAY (datopotomab deruxtecan-dlnk)[NR] |
| SUTENT (sunitinib) | DAURISMO (glasdegib) |
| TAFINLAR (dabrafenib) | ERIVEDGE (vismodegib) |
| TARCEVA (erlotinib) | ERLEADA (apalutamide) |
| TASIGNA (nilotinib) | erlotinib |
| TURALIO (pexidartinib) | FOTIVDA (tivozanib) |
| TYKERB (lapatinib) | FRUZAQIA (fruquintinib) |
| VOTRIENT (pazopanib) | GAVRETO (pralsetinib) |
| XALKORI (crizotinib) | gefitinib |
| XTANDI (enzalutamide) | GLEEVEC (imatinib) |
| ZELBORAF (vemurafenib) | IBRANCE (palbociclib) |
| ZYDELIG (idelalisib) | IDHIFA (enasidenib) |
| ZYKADIA (ceritinib) | IMKELDI (imatinib) |
| | INQOVI (decitabine/cedazuridine) |
| | INREBIC (fedratinib) |
| | ITOVEBI (inavolisib) |
| | IWILFIN (eflornithine) |
| | JAYPIRCA (pirtobrutinib) |
| | KISQALI (ribociclib) |
| | KISQALI-FEMARA CO-PACK (ribociclib/letrozole) |
| | KOSELUGO (selumetinib/vitamin E) |
| | KRAZATI (adagrasib) |
| | lapatinib |
| | LAZCLUZE (lazertinib) |
| | LENVIMA (lenvatinib) |
| | LOBRENA (lorlatinib) |
| | LUMAKRAS (sotorasib) |
| | LYNPARZA (olaparib) |
| | LYTGOBI (futibatinib) |
| | MEKTOVI (binimetinib) |
| | NERLYNX (neratinib) |
| | NUBEQA (darolutamide) |
| | nilotinib[NR] |
| | ODOMZO (sonidegib) |
| | OGSIVEO (nirogacestat) |
| | OJEMDA (tovorafenib) |
| | OJJAARA (momelotinib) |
| | ONUREG (azacitidine) |
| | ORGOVYX (relugolix) |
| | pazopanib |
| | PEMAZYRE (pemigatinib) |
| | PIQRAY (alpelisib) |
| | QINLOCK (ripretinib) |
| | RETEVMO (selpercatinib) |
| | REVUFORJ (revumenib) |
| | REZLIDHIA (olutasidenib) |
| | RUBRACA (rucaparib) |
| | RYDAPT (midostaurin) |
| | SCEMBLIX (asciminib) |
| | sorafenib |

- All other indications require clinical review

**LENVIMA**

Documented diagnosis of thyroid cancer, hepatocellular carcinoma, or 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 require clinical review

**LYNPARZA Tablets**

- 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 require clinical review **MANUAL PA**

| | | |
|---|---|---|
| | sunitinib | |
| | TABRECTA (capmatinib) | |
| | TAGRISSO (osimertinib) | |
| | TALZENNA (talazoparib) | |
| | TAZVERIK (tazemetostat) | |
| | TECENTRIQ HYBREZA (atezolizumab/hyaluronidase-tqjs) | |
| | TEPMETKO (tepotinib) | |
| | TIBSOVO (ivosidenib) | |
| | TORPENZ (everolimus) | |
| | TRUQAP (capivasertib) | |
| | TUKYSA (tucatinib) | |
| | VANFLYTA (quizartinib) | |
| | VERZENIO (abemaciclib) | |
| | VITRAKVI (larotrectinib) | |
| | VIZIMPRO (dacomitinib) | |
| | VONJO (pacritinib) | |
| | VORANIGO (vorasidenib) | |
| | WELIREG (belzutifan) | |
| | XOSPATA (gilteritinib) | |
| | XPOVIO (selinexor) | |
| | ZEJULA (niraparib) | |

## ANTIOBESITY SELECT AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| SAXENDA (liraglutide) | orlistat | **All agents MANUAL PA required** |
| WEGOVY (semaglutide) | XENICAL (orlistat) | |

## ANTIPARASITICS (TOPICAL) DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **PEDICULICIDES** | | **Minimum Age Limit**<br>• **2 months**: permethrin 1% (OTC), permethrin 5%<br>• **6 months**: NATROBA, SKLICE<br>• **2 years**: piperonyl/pyrethrins (OTC)<br>• **4 years**: NATROBA<br>• **6 years**: OVIDE<br>• **18 years**: EURAX<br><br>**Non-Preferred Criteria**<br>• **Pediculicides**<br>  ○ Have tried 2 preferred topical lice agents in the past 90 days<br>• **Scabicides**<br>• Have tried permethrin 5% in the past 90 days |
| NATROBA (spinosad) | lindane | |
| permethrin 1% cream OTC | malathion | |
| VANALICE (piperonyl butoxide/pyrethrins) | OVIDE (malathion) | |
| | SKLICE (ivermectin) | |
| | spinosad | |
| **SCABICIDES** | | |
| ivermectin | CROTAN (crotamiton) | |
| permethrin 5% cream | ELIMITE (permethrin) | |
| | EURAX (crotamiton) | |
| | STROMECTOL (ivermectin) | |

## ANTIPARKINSON'S AGENTS (INJECTABLE)

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| | VYALEV (foscarbidopa/foslevodopa) | **VYALEV**<br>• Requires clinical review |

## ANTIPARKINSON'S AGENTS (ORAL) DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **ANTICHOLINERGICS** | | **Non-Preferred Criteria**<br>• Documented diagnosis of Parkinson's disease **AND**<br>• Have tried 2 different preferred agents in the past 6 months **OR**<br>• 90 days of therapy with a selegiline agent in the past 105 days<br><br>**GOCOVRI**<br>• Documented diagnosis of Parkinson's disease **AND**<br>• 30 days of therapy with amantadine IR in the past 105 days **AND**<br>• 30 days of therapy with a carbidopa/levodopa combination agent in the past 45 days<br><br>**LODOSYN and INBRIJA**<br>• Documented diagnosis of Parkinson's disease **AND**<br>• 30 days of therapy with a carbidopa/levodopa combination agent in the past 45 days |
| benztropine | | |
| trihexyphenidyl | | |
| **COMT INHIBITORS** | | |
| entacapone | OGENTYS (opicapone) | |
| | TASMAR (tocapone) | |
| | tolcapone | |
| **DOPAMINE AGONISTS** | | |
| pramipexole | NEUPRO (rotigotine) | |
| ropinirole | pramipexole ER | |
| | ropinirole ER | |
| **MAO-B INHIBITORS** | | |

| | |
|---|---|
| selegiline | AZILECT (rasagiline) |
| | rasagiline |
| | XADAGO (safinamide) |
| | ZELAPAR (selegiline) |
| **OTHERS** | |
| amantadine | carbidopa/levodopa ODT |
| bromocriptine | carbidopa/levodopa/entacapone |
| carbidopa | CREXONT (carbidopa/levodopa) |
| carbidopa/levodopa tablet | DHIVY (carbidopa/levodopa) |
| carbidopa/levodopa ER | DUOPA (carbidopa/levodopa) |
| | GOCOVRI (amantadine) |
| | INBRIJA (levodopa) |
| | LODOSYN (carbidopa) |
| | NOURIANZ (istradefylline) |
| | OSMOLEX ER (amantadine) |
| | RYTARY (carbidopa/levodopa) |
| | SINEMET (carbidopa/levodopa) |
| | STALEVO (carbidopa/levodopa/entacapone) |

**NOURIANZ**
- Documented diagnosis of Parkinson's Disease **AND**
- Have tried 1 preferred carbidopa/levodopa combination agent in the past 30 days **AND**
- 30 days of therapy with a preferred adjunctive therapy in the past 45 days

**XADAGO**
- Documented diagnosis of Parkinso' s Disease **AND**
- History of 30 days of therapy with a carbidopa/levodopa combination agent in the past 45 days **AND**
- History of 30 days of therapy with a selegiline agent the in past 45 days

## ANTIPSORIATICS (TOPICAL)

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| calcipotriene cream | calcipotriene foam, ointment, solution | |
| ENSTILAR (calcipotriene/betamethasone) | calcipotriene/betamethasone | |
| TACLONEX (calcipotriene/betamethasone) | calcitriol ointment | |
| | DUOBRII (halobetasol/tazarotene) | |
| | SORILUX (calcipotriene) | |
| | tazarotene | |
| | VECTICAL (calcitriol) | |
| | VTAMA (tapinarof) | |
| | ZORYVE (roflumilast) | |

## ANTIPSYCHOTICS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|---|---|
| **INJECTABLE, ATYPICALS DUR+** | |
| ABILIFY ASIMTUFII (aripiprazole) | ERZOFRI (paliperidone palmitate) |
| ABILIFY MAINTENA (aripiprazole) | GEODON (ziprasidone) |
| ARISTADA, ARISTADA INITIO (aripiprazole lauroxil) | olanzapine |
| INVEGA HAFYERA (paliperidone) | risperidone ER |
| INVEGA SUSTENNA (paliperidone palmitate) | RYKINDO (risperidone) |
| INVEGA TRINZA (paliperidone) | ziprasidone |
| PERSERIS (risperidone) | ZYPREXA (olanzapine) |
| RISPERIDAL CONSTA (risperidone) | ZYPREXA RELPREVV (olanzapine) |
| UZEDY (risperidone) | |
| **ORAL DUR+** | |
| aripiprazole tablet | ABILIFY (aripiprazole) |
| asenapine | ABILIFY MYCITE (aripiprazole) |
| clozapine tablet | ADASUVE (loxapine) |
| fluphenazine | aripiprazole ODT, solution |
| haloperidol | CAPLYTA (lumateperone) |
| haloperidol lactate | chlorpromazine |
| olanzapine | clozapine ODT |
| perphenazine | CLOZARIL (clozapine) |
| perphenazine/amitriptyline | COBENFY (xanomeline/trospium) |
| quetiapine | FANAPT (iloperidone) |
| quetiapine ER | GEODON (ziprasidone) |
| risperidone | IGALMI (dexmedetomidine) |
| thioridazine | INVEGA (paliperidone) |
| trifluoperazine | LATUDA (lurasidone) |
| VRAYLAR (cariprazine) | lurasidone |
| ziprasidone | LYBALVI (olanzapine/samidorphan) |
| | NUPLAZID (pimavanserin) |
| | olanzapine/fluoxetine |

**PA CRITERIA**

**Concurrent Therapy Limit for Age < 18 years**
- 90 days with ≥ 2 agents in the last 120 days will require a **MANUAL PA**

**Minimum Age Limit**
- **3 years**: HALDOL
- **5 years**: RISPERDAL, thioridazine
- **6 years**: ABILIFY, trifluoperazine
- **10 years**: LATUDA, SAPHRIS, SEROQUEL, SYMBYAX
- **12 years**: INVEGA, molindone, perphenazine, pimozide, thiothixene
- **13 years**: REXULTI, ZYPREXA
- **18 years**: ABILIFY MYCITE, CAPLYTA, CLOZARIL, COBENFY, FANAPT, fluphenazine, GEODON, loxapine, LYBALVI, NUPLAZID, perphenazine/amitriptyline, SECUADO, VRAYLAR, and all injectable agents

**Quantity Limit**
- **3 syringes/year**: ARISTADA INITIO

**Non-Preferred Criteria Atypical Agents**
- Have tried 2 preferred agents in the past 12 months **OR**
- 30 days of therapy with the requested agent in the past 180 days

**ARISTADO INTIO, ARISTADO ER, INVEGA SUSTENNA, INVEGA TRINZA, PERSERID AND ZYPREXA RELPREEV**
- Documented diagnosis of schizophrenia or schizoaffective disorder

**ABILIFY MAINTENA, ABILIFY ASIMTUFII, or RISPERDAL CONSTA**
- Documented diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder

**INVEGA HAFYERA**
- 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

| | | |
|---|---|---|
| | OPIPZA (aripiprazole) | **ERZOFRI, OPIPZA and risperidone ER**<br>• Require clinical review<br><br>**NUPLAZID**<br>• Documented diagnosis of Parkinson s Disease<br><br>**VRAYLAR**<br>• Documented diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder **OR**<br>• Documented diagnosis major depressive disorder **AND**<br>o 30 days of therapy with an antidepressant in the past 45 days **OR**<br>o 1 claim for a 90-day supply of an antidepressant in the past 105 days |
| | paliperidone ER | |
| | REXULTI (brexpiprazole) | |
| | RISPERDAL (risperidone) | |
| | SAPHRIS (asenapine) | |
| | SEROQUEL (quetiapine) | |
| | SEROQUEL XR (quetiapine ER) | |
| | SYMBYAX (olanzapine/fluoxetine) | |
| | VERSACLOZ (clozapine) | |
| | ZYPREXA, ZYPREXA ZYDIS (olanzapine) | |
| **TRANSDERMAL, ATYPICALS** | | |
| | SECUADO (asenapine) | |

## ANTIRETROVIRALS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **CAPSID INHIBITORS** | | **Non-Preferred Criteria**<br>• 1 claim with the requested agent in the past 105 days<br><br>**STRIBILD MANUAL PA**<br><br>**SUNLENCA**<br>• Requires clinical review<br><br>**TROGARZO**<br>• Requires clinical review<br><br>**TYBOST MANUAL PA** |
| | SUNLENCA (lenacapavir) | |
| **CD4 DIRECTED ATTACHMENT INHIBITORS** | | |
| | RUKOBIA (fostemsavir) | |
| **CD4 DIRECTED HIV-1 INHIBITORS** | | |
| | TROGARZO (ibalizumab-uiyk) | |
| **COMBINATION PRODUCTS NRTIs** | | |
| abacavir/lamivudine | COMBIVIR (lamivudine/zidovudine) | |
| CABENUVA (cabotegravir/rilpivirine) | EPZICOM (abacavir/lamivudine) | |
| DOVATO (dolutegravir/lamivudine) | | |
| lamivudine/zidovudine | | |
| **COMBINATION PRODUCTS NUCLEOSIDE AND NUCLEOTIDE ANALOG RTIs** | | |
| DESCOVY (emtricitabine/tenofovir alafenamide) | TRUVADA (emtricitabine/tenofovir) | |
| emtricitabine/tenofovir | | |
| **COMBINATION PRODUCTS NUCLEOSIDE AND NUCLEOTIDE ANALOG AND NON-NUCLEOSIDE RTIs** | | |
| DELSTRIGO (doravirine/lamiviudine/tenofovir) | ATRIPLA (efavirenz/emtricitabine/tenofovir) | |
| efavirenz/emtricitabine/tenofovir | CIMDUO (lamivudine/tenofovir) | |
| ODEFSEY (emtricitabine/rilpivirine/tenofovir) | COMPLERA (emtricitabine/rilpivirine/tenofovir) | |
| **COMBINATION PRODUCTS PROTEASE INHIBITORS** | | |
| lopinavir/ritonavir | KALETRA (lopinavir/ritonavir) | |
| **ENTRY INHIBITORS CCR5 CO-RECEPTOR ANTAGONISTS** | | |
| | maraviroc | |
| | SELZENTRY (maraviroc) | |
| **ENTRY INHIBITORS FUSION INHIBITORS** | | |
| | FUZEON (enfuvirtide) | |
| **INTEGRASE STRAND TRANSFER INHIBITORS** | | |
| APRETUDE (cabotegravir) | cabotegravir ER | |
| ISENTRESS (raltegravir) | ISENTRESS HD (raltegravir) | |
| TIVICAY, TIVICAY PD (dolutegravir) | VOCABRIA (cabotegravir) | |
| **NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBTORS (NNRTI)** | | |
| EDURANT (rilpivirine) | etravirine | |
| efavirenz | INTELENCE (etravirine) | |
| | nevirapine, nevirapine ER | |
| | PIFELTRO (doravirine) | |
| **NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBTORS (NRTI)** | | |
| abacavir | didanosine | |
| EMTRIVA (emtricitabine) | emtricitabine | |
| lamivudine | EPIVIR (lamivudine) | |
| ZIAGEN (abacavir) | RETROVIR (zidovudine) | |

| | |
|---|---|
| zidovudine | stavudine |
| | VIREAD (tenofovir disoproxil fumarate) |
| **PHARMACOENHANCER CYTOCHROME P450 INHIBITORS** | |
| | TYBOST (cobicistat) |
| **PROTEASE INHIBITORS (NON-PEPTIDIC)** | |
| PREZISTA (darunavir) | APTIVUS (tipranavir) |
| | darunavir |
| | PREZCOBIX (darunavir/cobicistat) |
| **PROTEASE INHIBITORS (PEPTIDIC)** | |
| atazanavir | fosamprenavir |
| EVOTAZ (atazanavir/cobicistat) | LEXIVA (fosamprenavir) |
| ritonavir | NORIVIR (ritonavir) |
| | REYATAZ (atazanavir) |
| | VIRACEPT (nelfinavir) |
| **SINGLE PRODUCT REGIMENS** | |
| BIKTARVY (bictegravir/emtricitabine/tenofovir) | efavirenz/lamivudine/tenofovir |
| GENVOYA (elvitegravir/cobicistat/emtricitabine/ tenofovir alafenamide) | JULUCA (dolutegravir/rilpivirine) |
| SYMFI (efavirenz/lamivudine/tenofovir) | rilpivirine ER |
| SYMFI LO (efavirenz/lamivudine/tenofovir) | STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate) |
| TRIUMEQ (abacavir/dolutegravir/lamivudine) | SYMTUZA (darunavir/cobicistat/emtricitabine/tenofovir alafenamide) |
| TRIUMEQ PD (abacavir/dolutegravir/lamivudine) | |

## ANTIVIRALS, ORAL

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **ANTI-CYTOMEGALOVIRUS AGENTS** | | **PREVYMIS**<br>• Requires clinical review<br><br>**Valganciclovir solution**<br>• Automatic approval issued for 0-12 years of age |
| valganciclovir tablet | LIVTENCITY (maribavir) | |
| | PREVYMIS (letermovir) | |
| | VALCYTE (valganciclovir) | |
| | valganciclovir solution | |
| **ANTI-HERPETIC AGENTS** | | |
| acyclovir | SITAVIG (acyclovir) | |
| famciclovir | VALTREX (valacyclovir) | |
| valacyclovir | | |
| **ANTI-INFLUENZA AGENTS** | | |
| oseltamivir | FLUMADINE (rimantadine) | |
| | RAPIVAB (peramivir) | |
| | RELENZA (zanamivir) | |
| | rimantadine | |
| | TAMIFLU (oseltamivir) | |
| | XOFLUZA (baloxavir) | |

## ANTIVIRALS, TOPICAL

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| ZOVIRAX (acyclovir) cream | acyclovir | |
| | DENAVIR (penciclovir) | |
| | penciclovir | |
| | XERESE (acyclovir/hydrocortisone) | |
| | ZOVIRAX (acyclovir) ointment | |

## AROMATASE INHIBITORS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| anastrozole | ARIMIDEX (anastrazole) | |
| exemestane | AROMASIN (exemestane) | |
| letrozole | FEMARA (letrozole) | |

## ATOPIC DERMATITIS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| ADBRY (tralokinumab-ldrm) | CIBINQO (abrocitinib) | **Minimum Age Limit**<br>• **3 months**: EUCRISA<br>• **2 years**: ELIDEL, tacrolimus 0.03%<br>• **12 years**: OPZELURA<br>• **16 years**: tacrolimus 0.1% |
| ADBRY Autoinjector (tralokinumab-ldrm) | EBGLYSS Pen (lebrikizumab-lbkz) | |
| DUPIXENT (dupilumab) DUR+ | NEMLUVIO (nemolizumab-ilto) | |
| ELIDEL (pimecrolimus) | OPZELURA (ruxolitinib) | |
| EUCRISA (crisaborole) DUR+ | ZORYVE (roflumilast) 0.15% cream | |
| pimecrolimus | | |
| tacrolimus | | |

**ADBRY MANUAL PA**

**CIBINQO**
- Requires clinical review

**DUPIXENT**
- 1 claim with DUPIXENT in the past 60 days **OR**
- New starts require clinical review (see manual PA links below)
  - **Asthma MANUAL PA**
  - **Atopic Dermatitis MANUAL PA**
  - **Bullous Pemphigoid MANUAL PA**
  - **COPD MANUAL PA**
  - **Eosinophilic Esophagitis MANUAL PA**
  - **Nasal Polyposis MANUAL PA**
  - **Prurigo Nodularis MANUAL PA**

**EBGLYSS**
- Requires clinical review

**EUCRISA**
- 30 days of therapy with a calcineurin inhibitor or topical steroid in the past 6 months

**OPZELURA**
- 30 days of therapy with ELIDEL, EUCRISA or tacrolimus in the past 6 months

## BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **ANTIANGINALS** | | **ASPRUZYO SPRINKLE**<br>• Requires clinical review<br><br>**Ranolazine ER**<br>• Documented diagnosis of angina **AND**<br>• 1 claim for a calcium channel blocker, beta-blocker, nitrate, or combination agent in the past 30 days **OR** 90 days of therapy with the requested agent in the past 105 days<br><br>**Non-Preferred Criteria**<br>• Have tried 2 different preferred agents in the past 6 months **OR**<br>• 90 days of therapy with the requested agent in the past 105 days<br><br>**COREG CR**<br>• Documented diagnosis of hypertension **AND**<br>• Have tried generic carvedilol **AND** 1 preferred agent in the past 6 months **OR**<br>• 90 days of therapy with the requested agent in the past 105 days<br><br>**CORLANOR MANUAL PA**<br><br>**HEMANGEOL**<br>• Documented diagnosis of infantile hemangioma |
| | ASPRUZYO SPRINKLE (ranolazine) | |
| | ranolazine ER | |
| **BETA- AND ALPHA-BLOCKERS** | | |
| carvedilol | carvedilol ER | |
| labetalol | COREG (carvedilol) | |
| | COREG CR (carvedilol) | |
| **BETA-BLOCKER/DIURETIC COMBINATIONS** | | |
| atenolol/chlorthalidone | TENORETIC (atenolol/chlorthalidone) | |
| bisoprolol/hydrochlorothiazide | ZIAC (bisoprolol/hydrochlorothiazide) | |
| metoprolol/hydrochlorothiazide | | |
| propranolol/hydrochlorothiazide | | |
| **BETA-BLOCKERS** | | |
| acebutolol | BETAPACE (sotalol) | |
| atenolol | BETAPACE AF (sotalol) | |
| bisoprolol | betaxolol | |
| HEMANGEOL (propranolol) | BYSTOLIC (nebivolol) | |
| metoprolol succinate | INDERAL LA (propranolol) | |
| metoprolol tartrate | INDERAL XL (propranolol) | |
| nadolol | INNOPRAN XL (propranolol) | |
| nebivolol | KAPSPARGO SPRINKLE (metoprolol succinate) | |
| pindolol | LOPRESSOR (metoprolol tartrate) | |
| propranolol | SOTYLIZE (sotalol) | |
| propranolol ER | TENORMIN (atenolol) | |
| SORINE (sotalol) | TOPROL XL (metoprolol succinate) | |
| sotalol | | |
| sotalol AF | | |
| timolol | | |
| **SINUS NODE AGENTS** | | |
| | CORLANOR (ivabradine) | |

| | | |
|---|---|---|
| | ivabradine | |

## BILE SALTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| ursodiol | BYLVAY (odevixibat) | |
| | CHENODAL (chenodiol) | |
| | IQIRVO (elafibranor) | |
| | LIVDELZI (seladelpar) | |
| | LIVMARLI (maralixibat) | |
| | OCALIVA (obeticholic acid) | |
| | RELTONE (ursodiol) | |
| | URSO FORTE (ursodiol) | |

## BLADDER RELAXANT PREPARATIONS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| MYRBETRIQ (mirabegron) | darifenacin ER | **Non-Preferred Criteria**<br>• Have tried 2 different preferred agents in the past 6 months |
| oxybutynin | DETROL (tolterodine) | |
| oxybutynin ER | DETROL LA (tolterodine) | |
| solifenacin | fesoterodine | |
| | GEMTESA (vibegron) | |
| | mirabegron ER | |
| | tolterodine | |
| | tolterodine ER | |
| | TOVIAZ (fesoterodine) | |
| | trospium | |
| | trospium ER | |
| | VESICARE (solifenacin) | |
| | VESICARE LS (solifenacin) | |

## BONE RESORPTION SUPPRESSION AND RELATED AGENTS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **BISPHOSPHONATES** | | **Non-Preferred Criteria**<br>• Documented diagnosis of osteoporosis or osteopenia **AND**<br>• Have tried 2 different preferred agents in the past 6 months |
| alendronate tablet | ACTONEL (risedronate) | |
| ibandronate tablet | alendronate solution | |
| risedronate | ATELVIA (risedronate) | |
| | BINOSTO (alendronate) | |
| | FOSAMAX (alendronate) | |
| | FOSAMAX PLUS D (alendronate/vitamin D3) | |
| | ibandronate syringe/vial | |
| | risedronate DR | |
| **OTHERS** | | |
| FORTEO (teriparatide) | calcitonin salmon | |
| raloxifene | EVENITY (romosozumab-aqqg) | |
| | EVISTA (raloxifene) | |
| | JUBBONTI (denosumab-bbdz)[NR] | |
| | MIACALCIN (calcitonin salmon) | |
| | OSENVELT (denosumab-bmwo)[NR] | |
| | PROLIA (denosumab) | |
| | teriparatide | |
| | STOBOCLO (denoxumab-bmwo)[NR] | |
| | TYMLOS (abaloparatide) | |
| | WYOST (denosumab-bbdz)[NR] | |
| | XGEVA (denosumab) | |

## BPH AGENTS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **5-ALPHA-REDUCTASE INHIBITORS** | | **CARDURA, FLOMAX, PROSCAR, terazosin, or UROXATRAL Female**<br>• Documented State-accepted diagnosis<br><br>**Non-Preferred Criteria Male**<br>• Have tried 2 different preferred agents in the past 6 months **OR**<br>• 90 days of therapy with the requested agent in the past 105 days |
| dutasteride | AVODART (dutasteride) | |
| finasteride | ENTADFI (finasteride/tadalafil) | |
| | PROSCAR (finasteride) | |
| **ALPHA BLOCKERS** | | |
| alfuzosin ER | CARDURA (doxazosin) | |

| | | |
|---|---|---|
| doxazosin | CARDURA XL (doxazosin) | **ENTADFI**<br>• Requires clinical review |
| tamsulosin | dutasteride/tamsulosin | |
| terazosin | FLOMAX (tamsulosin) | |
| | RAPAFLO (silodosin) | |
| | silodosin | |
| **PHOSPHODIESTERASE TYPE 5 (PDE5) INHIBITORS** | | |
| | CIALIS (tadalafil) | |
| | tadalafil | |

## BRONCHODILATORS & COPD AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **ANTICHOLINERGIC-BETA AGONIST COMBINATIONS** | | **Minimum Age Limit**<br>• **6 years**: SPIRIVA RESPIMAT<br><br>**SPIRIVA RESPIMAT**<br>• Automatic approval issued for diagnosis of asthma for ≥ 6 years of age<br><br>**BREZTRI AEROSPHERE**<br>• 3 claims with BREZTRI AEROSPHERE in the past 105 days **OR**<br>• New starts require clinical review<br><br>**Non-Preferred Criteria**<br>• 1 claim for a preferred agent in the past 6 months **OR**<br>• 3 claims with the requested agent in the past 105 days<br><br>**Minimum Age Limit**<br>• **4 years**: SEREVENT, XOPENEX HFA<br>• **6 years**: XOPENEX Solution<br>• **18 years**: BROVANA, PERFOROMIST, STRIVERDI RESPIMAT<br><br>**Quantity Limit** (per 31 days)<br>• **10.7 units** BREZTRI AEROSPHERE<br><br>**XOPENEX HFA and Solution**<br>• 1 claim for a preferred albuterol (inhaler or vials) in the past 30 days |
| ANORO ELLIPTA (umeclidinium/vilanterol) | BEVESPI AEROSPHERE (glycopyrrolate/formoterol) | |
| COMBIVENT RESPIMAT (ipratropium/albuterol) | DUAKLIR PRESSAIR (aclidinium/formoterol) | |
| ipratropium/albuterol | | |
| STIOLTO RESPIMAT (tiotropium/olodaterol) | | |
| **ANTICHOLINERGIC-BETA AGONIST-GLUCOCORTICOIDS COMBINATIONS** | | |
| | BREZTRI AEROSPHERE (budesonide/glycopyrrolate/formoterol) DUR+ | |
| | TRELEGY ELLIPTA (fluticasone/umeclidinium/vilanterol) | |
| **ANTICHOLINERGICS AND COPD AGENTS** | | |
| ATROVENT HFA (ipratropium) | DALIRESP (roflumilast) | |
| INCRUSE ELLIPTA (umeclidinium) | OHTUVAYRE (ensifentrine) | |
| ipratropium | roflumilast | |
| SPIRIVA HANDIHALER (tiotropium) | SPIRIVA RESPIMAT (tiotropium) DUR+ | |
| | tiotropium | |
| | TUDORZA PRESSAIR (aclidinium) | |
| | YUPERI (revefenacin) | |
| **INHALATION SOLUTION DUR+** | | |
| albuterol | arformoterol | |
| | BROVANA (arformoterol) | |
| | formoterol, formoterol fumarate | |
| | levalbuterol | |
| | PERFOROMIST (formoterol) | |
| **INHALERS, LONG ACTING DUR+** | | |
| SEREVENT DISKUS (salmeterol) | | |
| STRIVERDI RESPIMAT (olodaterol) | | |
| **INHALERS, SHORT ACTING** | | |
| albuterol HFA | levalbuterol HFA | |
| VENTOLIN HFA (albuterol) | PROAIR DIGIHALER (albuterol) | |
| | XOPENEX HFA (levalbuterol) | |
| **ORAL** | | |
| albuterol IR | albuterol ER | |
| terbutaline | | |

## CALCIUM CHANNEL BLOCKERS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **LONG-ACTING** | | **Quantity Limit** (per 21 days)<br>• **252 capsules**: nimodipine<br>• **2520 mL**: nimodipine<br><br>**Non-Preferred Criteria Long Acting**<br>• Have tried 2 different preferred Long Acting CCB agents in the past 6 months **OR**<br>• 90 days of therapy with the requested agent in the past 105 days<br><br>**Non-Preferred Criteria Short Acting**<br>• Have tried 2 different preferred Short Acting CCB agents in the past 6 months **OR** |
| amlodipine | CARDIZEM CD (diltiazem) | |
| CARTIA XT (diltiazem) | CARDIZEM LA (diltiazem) | |
| diltiazem ER 24 HR | diltiazem ER 12 HR | |
| diltiazem CD 24 HR | diltiazem LA 24 HR | |
| diltiazem XR 24 HR | KATERZIA (amlodipine) | |
| DILT-XR 24 HR (diltiazem) | levamlodipine | |
| felodipine | MATZIM LA (diltiazem) | |
| nifedipine ER | nisoldipine | |
| TAZTIA XT (diltiazem) | NORVASC (amlodipine) | |

| | | |
|---|---|---|
| verapamil ER | PROCARDIA XL (nifedipine) | • 90 days of therapy with the requested agent in the past 105 days<br><br>**Nimodipine**<br>• Documented diagnosis of subarachnoid hemorrhage in the past 45 days **AND**<br>• Duration of therapy limited to 21 days |
| verapamil SR | SULAR (nisoldipine) | |
| | TIADYLT ER (diltiazem) | |
| | TIAZAC (diltiazem) | |
| | verapamil PM | |
| | VERELAN PM (verapamil) | |
| **SHORT-ACTING** | | |
| diltiazem | CARDIZEM (diltiazem) | |
| nicardipine | isradipine | |
| nifedipine | nimodipine capsule and solution | |
| verapamil | NORLIQVA (amlodipine) | |
| | NYMALIZE (nimodipine) | |

## CALORIC AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| BOOST | All non-preferred caloric/nutritional agents (which are all other products except those specifically listed as preferred) require a manual prior authorization. | **Non-Preferred Agents** MANUAL PA |
| BREAKFAST ESSENTIALS | | |
| BRIGHT BEGINNINGS | | |
| DUOCAL | | |
| ENSURE | | |
| NUTREN | | |
| OSMOLITE | | |
| PEDIASURE | | |
| PROMOD | | |
| RESOURCE | | |
| TWOCAL HN | | |

## CEPHALOSPORINS AND RELATED ANTIBIOTICS (ORAL)

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS** | | **Non-Preferred Criteria** **All Cephalosporin Generations**<br>• Have tried 2 different preferred agents in the past 6 months<br><br>**Maximum Age Limit**<br>• **18 years**: cefdinir suspension |
| amoxicillin/clavulanate | amoxicillin/clavulanate ER | |
| | AUGMENTIN (amoxicillin/clavulanate) | |
| **CEPHALOSPORINS FIRST GENERATION** | | |
| cefadroxil | cephalexin tablet | |
| cephalexin capsule, suspension | | |
| **CEPHALOSPORINS SECOND GENERATION** | | |
| cefaclor capsule | cefaclor ER | |
| cefprozil | cefaclor suspension | |
| cefuroxime | | |
| **CEPHALOSPORINS THIRD GENERATION** | | |
| cefdinir | cefixime suspension | |
| cefixime capsule | SUPRAX (cefixime) | |
| cefpodoxime | | |

## COLONY STIMULATING FACTORS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| FULPHILA (pegfilgrastim-jmdb) | FYLNETRA (pegfilgrastim-pbbk) | |
| NEUPOGEN (filgrastim) | GRANIX (tbo-filgrastim) | |
| | LEUKINE (sargramostim) | |
| | NEULASTA, NEULASTA ONPRO (pegfilgrastim) | |
| | NIVESTYM (filgrastim-aafi) | |
| | NYVEPRIA (pegfilgrastim-apgf) | |
| | RELEUKO (filgrastim-ayow) | |
| | RYZNEUTA (efbemalenograstim alfa-vuxw)[NR] | |
| | ROLVEDON (eflapegrastim-xnst) | |
| | STIMUFEND (pegfilgrastim-fpgk) | |
| | UDENYCA, UDENYCA ONBODY (pegfilgrastim-cbqv) | |
| | ZARXIO (filgrastim-sndz) | |
| | ZIEXTENZO (pegfilgrastim-bmez) | |

## CYSTIC FIBROSIS AGENTS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| PULMOZYME (dornase alfa) | ALYFTREK (vanzacaftor/tezacaftor/deutivacaftor) | **Minimum Age Limit**<br>• **1 month**: KALYDECO granules<br>• **3 months**: PULMOZYME<br>• **1 year**: ORKAMBI<br>• **2 years**: COLY-MYCIN M, TRIKAFTA granules<br>• **6 years**: ALYFTREK, BETHKIS, KALYDECO tablet, KITABIS, SYMDEKO, TOBI, TOBI PODHALER, TRIKAFTA tablet<br>• **7 years**: CAYSTON<br>• **18 years**: BRONCHITOL<br><br>**Maximum Age Limit**<br>• **2 years**: ORKAMBI 75-94 mg granules<br>• **5 years**: KALYDECO, ORKAMBI 100-125 mg granules, ORKAMBI 200-125 mg granules, TRIKAFTA granules<br>• **11 years**: TRIKAFTA 50-25-37.5 mg tablets<br><br>**Preferred Agents**<br>• Documented diagnosis of Cystic Fibrosis **OR**<br>• Require clinical review<br><br>**ALYFTREK** MANUAL PA<br><br>**KALYDECO** MANUAL PA<br><br>**ORKAMBI** MANUAL PA<br><br>**SYMDEKO** MANUAL PA<br><br>**TOBI PODHALER** Require clinical review<br><br>**TRIKAFTA** MANUAL PA |
| tobramycin (generic TOBI) | BETHKIS (tobramycin) | |
| | BRONCHITOL (mannitol) | |
| | CAYSTON (aztreonam) | |
| | colistimethate | |
| | COLY-MYCIN M (colistin) | |
| | KALYDECO (ivacaftor) | |
| | KITABIS (tobramycin) | |
| | ORKAMBI (lumacaftor/ivacaftor) | |
| | SYMDEKO (tezacaftor/ivacaftor) | |
| | TOBI (tobramycin) | |
| | TOBI PODHALER (tobramycin) | |
| | tobramycin (generic BETHKIS & KITABIS) | |
| | TRIKAFTA (elexacaftor/tezacaftor/ivacaftor) | |

## CYTOKINE & CAM ANTAGONISTS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| ACTEMRA (tocilizumab) syringe, vial | ABRILADA (adalimumab-afzb) | **Non-Preferred Agents**<br>• Require clinical review<br><br>**IV Administered Agents**<br>• Require clinical review<br><br>**Actemra (tocilizumab) – Age specific indications:**<br>• Age 2 years and older **AND**<br>• Diagnosis of juvenile arthritis (JIA)<br><br>• Age 18 years and older **AND**<br>• Diagnosis of rheumatoid arthritis (RA) **OR**<br>• Diagnosis of lung disease with systemic sclerosis (SSc-ILD) **OR**<br>• Diagnosis of giant cell arteritis<br>• Other indications require clinical review<br>• Non-preferred Actemra Actpen requires clinical review<br><br>**Avsola (infliximab-axxq) – Age specific indications:**<br>• Age 6 years and older **AND**<br>• Diagnosis of Crohn's disease **OR**<br>• Diagnosis of ulcerative colitis<br><br>• Age 18 years and older **AND**<br>• Diagnosis of rheumatoid arthritis (RA) **OR**<br>• Diagnosis of plaque psoriasis (PsO) **OR**<br>• Diagnosis of psoriatic arthritis (PsA) **OR**<br>• Diagnosis of ankylosing spondylitis (AS)<br><br>**Enbrel (etanercept) – Age specific indications:** |
| AVSOLA (infliximab-axxq) | ACTEMRA ACTPEN (tocilizumab) | |
| ENBREL (etanercept) | adalimumab-aaty | |
| HUMIRA (adalimumab) | adalimumab-adaz | |
| KINERET (anakinra) | adalimumab-adbm | |
| methotrexate | adalimumab-fkjp | |
| OLUMIANT (baricitinib) | adalimumab-ryvk | |
| ORENCIA CLICKJECT (abatacept) | AMJEVITA (adalimumab-atto) | |
| ORENCIA VIAL (abatacept) | ARCALYST (rilonacept) | |
| OTEZLA (apremilast) | BIMZELX (bimekizumab-bkzx) | |
| RINVOQ (upadacitinib) | CIMZIA (certolizumab) | |
| RINVOQ LQ (upadacitinib) | COSENTYX (secukinumab) | |

| | |
|---|---|
| | |
| SIMPONI (golimumab) | CYLTEZO (adalimumab-adbm) |
| TALTZ (ixekizumab) | ENTYVIO (vedolizumab) |
| TYENNE Syringe, Vial (tocilizumab-aazg) | HADLIMA (adalimumab-bwwd) |
| XELJANZ (tofacitinib) tablet | HULIO (adalimumab-fkjp) |
| | HYRIMOZ (adalimumab-adaz) |
| | IDACIO (adalimumab-aacf) |
| | ILARIS (canakinumab) |
| | ILUMYA (tildrakizumab-asmn) |
| | INFLECTRA (infliximab-dyyb) |
| | infliximab |
| | JYLAMVO (methotrexate) |
| | KEVZARA (sarilumab) |
| | LITFULO (ritlecitinib) |
| | OMVOH (mirikizumab-mrkz) |
| | ORENCIA SYRINGE (abatacept) |
| | OTREXUP (methotrexate) |
| | OTULFI (ustekinumab-aauz) |
| | PYZCHIVA (ustekinumab-ttwe) |
| | RASUVO (methotrexate) |
| | REMICADE (infliximab) |
| | RENFLEXIS (infliximab-abda) |
| | SILIQ (brodalumab) |
| | SIMLANDI (adalimumab-ryvk) |
| | SIMPONI ARIA (golimumab) |

- Age 2 years and older **AND**
- Diagnosis of juvenile arthritis (JIA) **OR**
- Diagnosis of juvenile psoriatic arthritis (PsA)

- Age 4 years and older **AND**
- Diagnosis of plaque psoriasis (PsO)

- Age 18 years and older **AND**
- Diagnosis of rheumatoid arthritis (RA) **OR**
- Diagnosis of psoriatic arthritis (PsA) **OR**
- Diagnosis of ankylosing spondylitis (AS)

**Humira (adalimumab) – Age specific indications:**
- Age 2 years and older **AND**
- Diagnosis of juvenile idiopathic arthritis (JIA) **OR**
- Diagnosis of uveitis (UV)

- Age 5 years and older **AND**
- Diagnosis of ulcerative colitis (UC)
- Age 6 years and older **AND**
- Diagnosis of Crohn's disease (CD)

- Age 12 years and older **AND**
- Diagnosis of hidradenitis suppurativa (HS)

- Age 18 years and older **AND**
- Diagnosis of rheumatoid arthritis (RA) **OR**
- Diagnosis of plaque psoriasis (PsO) **OR**
- Diagnosis of psoriatic arthritis (PsA) **OR**
- Diagnosis of ankylosing spondylitis (AS)

**Kineret (anakinra) – Age specific indications:**
- Age 18 years and older **AND**
- Diagnosis of rheumatoid arthritis (RA)
- Other indications require clinical review

**Olumiant (baricitinib) – Age specific indications:**
- Age 18 years and older **AND**
- Diagnosis of alopecia areata (AA)
- Other indications require clinical review

**Orencia (abatacept) – Age specific indications:**
- Age 2 years and older **AND**
- Diagnosis of juvenile arthritis (JIA) **OR**
- Diagnosis of psoriatic arthritis (PsA)
- Other indication requires clinical review

- Age 18 years and older **AND**
- Diagnosis of rheumatoid arthritis (RA)
- Non-preferred Orencia syringe requires clinical review

**Otezla (apremilast) – Age specific indications:**
- Age 6 years and older **AND**
- Diagnosis of plaque psoriasis (PsO)

- Age 18 years and older **AND**
- Diagnosis of Bechet's disease **OR**
- Diagnosis of psoriatic arthritis (PsA)

**Rinvoq (upadacitinib):**
- History of 3 claims with preferred TNF Inhibitor Avsola, Enbrel, Humira or Simponi

**OR**
- History of 1 claim with Rinvoq in the past

**AND**
- NO history of concomitant therapy in the past 30 days with any of the following:
  - A different JAK Inhibitor

| | |
|---|---|
| | SKYRIZI (risankizumab-rzaa) |
| | SOTYKTU (deucravacitinib) |
| | SPEVIGO (spesolimab-sbzo) |
| | STELARA (ustekinumab) |
| | TOFIDENCE (tocilizumab-bavi) |
| | TREMFYA (guselkumab) |
| | TREXALL (methotrexate) |
| | TYENNE Autoinjector (tocilizumab-aazg) |
| | XATMEP (methotrexate) |
| | XELJANZ (tofacitinib) solution |
| | XELJANZ XR (tofacitinib) |
| | YESINTEK (ustekinumab-kfce) |
| | YUFLYMA (adalimumab-aaty) |
| | YUSIMRY (adalimumab-aqvh) |
| | ZYMFENTRA (infliximab-dyyb) |

- A different biologic
- Immunosuppressant azathioprine or cyclosporine

**Simponi (golimumab) – Age specific indications:**
- Age 18 years and older **AND**
- Diagnosis of rheumatoid arthritis (RA) **OR**
- Diagnosis of psoriatic arthritis (PsA) **OR**
- Diagnosis of ankylosing spondylitis (AS) **OR**
- Diagnosis of ulcerative colitis
- Non-preferred Simponi Aria requires clinical review

**Taltz (izekizumab) – Age specific indications:**
Taltz 20 mg, 40 mg and 80 mg
- Age 6 **AND**
- Diagnosis of plaque psoriasis (PsO)

**Taltz 80 mg**
- Age 18 years and older **AND**
- Diagnosis of psoriatic arthritis (PsA) **OR**
- Diagnosis of ankylosing spondylitis (AS) **OR**
- Diagnosis of active non-radiographic axial spondyloarthritis (nr-axSpA)

**Tyenne (tocilizumab-aazg) – Age specific indications:**
- Age 2 years and older **AND**
- Diagnosis of juvenile arthritis (JIA)

- Age 18 years and older **AND**
- Diagnosis of rheumatoid arthritis (RA) **OR**
- Diagnosis of giant cell arteritis
- Non-preferred Tyenne autoinjector requires clinical review

**Xeljanz IR (tofacitinib) – Any of the following:**
- Age 18 years and older **AND**
- Diagnosis of rheumatoid arthritis (RA) **OR**
- Diagnosis of ulcerative colitis (UC) **OR**
- Diagnosis of plaque psoriasis (PsO) **OR**
- Diagnosis of ankylosing spondylitis (AS)
- Non-preferred Xeljanz oral solution and Xeljanz XR require clinical review

**Preferred methotrexate does not require prior authorization**

## ERYTHROPOIESIS STIMULATING PROTEINS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| EPOGEN (epoetin alfa) | ARANESP (darbepoetin alfa) | **Non-Preferred Criteria**<br>• Documented diagnosis of cancer or chronic renal failure **OR**<br>• Antineoplastic therapy in the past 6 months **AND**<br>• Have tried a preferred RETACRIT or EPOGEN in the past 6 months **OR**<br>• 1 claim for the requested agent in the past 105 days<br>**JESDUVROQ**<br>• Requires clinical review<br>**MIRCERA**<br>• Documented diagnosis of chronic renal failure in the past 2 years |
| MIRCERA (methoxy polyethylene glycol-epoetin-beta) | JESDUVROQ (daprodustat) | |
| RETACRIT (epoetin alfa-epbx) | PROCRIT (epoetin alfa) | |
| | VAFSEO (vadadustat) | |

## FACTOR DEFICIENCY PRODUCTS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **FACTOR VIII** | | **HEMLIBRA**<br>• 3 claims with HEMLIBRA in the past 105 days **OR**<br>• New starts require clinical review MANUAL PA |
| ADVATE | ADYNOVATE | |
| AFSTYLA | ELOCTATE | |
| ALPHANATE | ESPEROCT | |
| ALTUVIIIO | JIVI | |
| FEIBA | KCENTRA | |
| HEMOFIL M | OBIZUR | |

| | |
|---|---|
| HUMATE-P | VONVENDI |
| KOATE | |
| KOGENATE FS | |
| KOVALTRY | |
| NOVOEIGHT | |
| NUWIQ | |
| RECOMBINATE | |
| WILATE | |
| XYNTHA, XYNTHA SOLOFUSE | |
| **FACTOR IX** | |
| ALPHANINE SD | BEQVEZ |
| ALPROLIX | REBINYN |
| BENEFIX | |
| IDELVION | |
| IXINITY | |
| PROFILNINE | |
| RIXUBIS | |
| **OTHER HEMOPHILIA PRODUCTS** | |
| COAGADEX (factor X) | ALHEMO (concizumab-mtci) |
| FIBRYGA (fibrinogen) | CORIFACT (factor XIII) |
| HEMLIBRA (emicizumab-kxwh) DUR+ | HYMPAVZI (marstacimab-hncq) |
| RIASTAP (fibrinogen) | NOVOSEVEN RT (factor VII) |
| | SEVENFACT (factor VII) |
| | TRETTEN (factor XIII) |

## FIBROMYALGIA/NEUROPATHIC PAIN AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| duloxetine (generic CYMBALTA) | CYMBALTA (duloxetine) | |
| gabapentin | DIRZALMA SPRINKLE (duloxetine) | |
| pregabalin | duloxetine 40 mg DR capsules (generic IRENKA) | |
| SAVELLA (milnacipran) | gabapentin ER | |
| | GABARONE (gabapentin) | |
| | GRALISE (gabapentin) | |
| | HORIZANT (gabapentin enacarbil) | |
| | LYRICA, LYRICA CR (pregabalin) | |
| | NEURONTIN (gabapentin) | |
| | pregabalin ER | |

## FLUOROQUINOLONES DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| ciprofloxacin tablet | BAXDELA (delafloxacin) | **Non-Preferred Criteria**<br>• 1 claim for a preferred agent in the past 30 days<br><br>**CIPRO Suspension for Age < 12 Years**<br>• Documented diagnosis of Cystic Fibrosis or Anthrax infection or exposure **OR**<br><br>• Documented diagnosis or Pneumonic plague or tularemia **AND**<br>• History of doxycycline in the past 3 months **OR**<br>• 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months:<br>○ Penicillin, 2nd or 3rd generation cephalosporin or macrolide<br><br>**LEVAQUIN Suspension for Age < 12 Years**<br>• Documented diagnosis of Anthrax infection or exposure **OR**<br>• History of 7 days of therapy with a preferred from 2 of the following classes in the past 3 months<br>○ Penicillin, 2nd or 3rd generation cephalosporins, or macrolide **AND**<br>• History of ciprofloxacin suspension in the past 3 months |
| levofloxacin tablet | CIPRO (ciprofloxacin) | |
| | ciprofloxacin suspension | |
| | levofloxacin solution | |
| | moxifloxacin | |
| | ofloxacin | |

## GAUCHER'S DISEASE

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| ELELYSO (taliglucerase alfa) | CERDELGA (eliglustat) | |
| ZAVESCA (miglustat) | CEREZYME (imiglucerase) | |
| | miglustat | |

| | | |
|---|---|---|
| | VPRIV (velaglucerase alfa) | |
| | YARGESA (miglustat) | |

## GENITAL WARTS & ACTINIC KERATOSIS AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| CONDYLOX (podofilox) | CARAC (fluorouracil) | **Minimum Age Limit**<br>• **12 years**: ALDARA, ZYCLARA<br>• **18 years**: CONDYLOX, PICATO, VEREGEN |
| fluorouracil | EFUDEX (fluorouracil) | |
| imiquimod | VEREGEN (sinecatechins) | |
| podofilox | ZYCLARA (imiquimod) | |

## GI ULCER THERAPIES

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **H2 RECEPTOR ANTAGONISTS** | | **Prilosec 2.5 mg suspension**<br>• Automatic approval issued for 0-2 years of age<br><br>**Prilosec 10 mg suspension**<br>• Requires clinical review |
| famotidine | cimetidine | |
| | nizatidine | |
| | PEPCID (famotidine) | |
| **OTHERS** | | |
| CARAFATE (sucralfate) suspension | CARAFATE (sucralfate) tablet | |
| misoprostol | CYTOTEC (misoprostol) | |
| sucralfate | DARTISLA (glycopyrrolate) | |
| | VOQUEZNA (vonoprazan) | |
| **PROTON PUMP INHIBITORS** | | |
| esomeprazole capsule | DEXILANT (dexlansoprazole) | |
| NEXIUM (esomeprazole) packet | dexlansoprazole | |
| omeprazole | esomeprazole packet | |
| pantoprazole | KONVOMEP (omeprazole/sodium bicarbonate) | |
| | lansoprazole Rx | |
| | NEXIUM (esomeprazole) capsule | |
| | omeprazole/sodium bicarbonate | |
| | PREVACID (lansoprazole) | |
| | PRILOSEC (omeprazole) packet | |
| | PROTONIX (pantoprazole) | |
| | rabeprazole | |
| | ZEGERID (omeprazole/sodium bicarbonate) | |

## GLUCOCORTICOIDS (INHALED)

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **GLUCOCORTICOIDS** | | **Non-Preferred Criteria**<br>• **Glucocorticoids**<br>○ 2 preferred single-entity agents in the past 6 months **OR**<br>○ 90 days of therapy with the requested agent in the past 105 days<br>• **Glucocorticoid/Bronchodilator Combinations**<br>○ 2 preferred combination agents in the past 6 months **OR**<br>○ 90 days of therapy with the requested agent in the past 105 days<br>• **Note**:<br>○ Institutional-sized products are non-preferred<br><br>**AIRDUO DIGIHALER**<br>• Requires clinical review<br><br>**ARMONAIR DIGIHALER**<br>• Requires clinical review<br><br>**PROAIR DIGIHALER** Require clinical review<br><br>**Minimum Age Limit**<br>• **18 years**: AIRSUPRA<br><br>**Quantity Limit** (per 31 days)<br>• **2 inhalers**: AIRSUPRA -- MANUAL PA |
| ASMANEX (mometasone) | ALVESCO (ciclesonide) | |
| budesonide 0.25 mg and 0.5 mg | ARMONAIR DIGIHALER (fluticasone) | |
| fluticasone diskus | ARNUITY ELLIPTA (fluticasone) | |
| fluticasone HFA | ASMANEX HFA (mometasone) | |
| PULMICORT FLEXHALER (budesonide) | budesonide 1 mg | |
| QVAR REDIHALER (beclomethasone) | FLOVENT HFA (fluticasone) | |
| | FLOVENT DISKUS (fluticasone) | |
| | PULMICORT (budesonide) nebulizer solution | |
| **GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS** | | |
| ADVAIR DISKUS (fluticasone/salmeterol) | AIRDUO DIGIHALER (fluticasone/salmeterol) | |
| ADVAIR HFA (fluticasone/salmeterol) | AIRSUPRA (albuterol/budesonide) | |
| DULERA (mometasone/formoterol) | BREO ELLIPTA (fluticasone/vilanterol) | |
| fluticasone/salmeterol diskus | BREYNA (budesonide/formoterol) | |
| fluticasone/salmeterol HFA | budesonide/formoterol | |
| SYMBICORT (budesonide/formoterol) | fluticasone/vilanterol | |
| | WIXELA INHUB (fluticasone/salmeterol) | |

## GROWTH HORMONES DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| GENOTROPIN (somatropin) | HUMATROPE (somatropin) | **All Agents**<br>• **Age ≥ 18 years**<br>○ Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome or an approvable adult diagnosis **OR**<br>○ Documented procedure of cranial irradiation<br><br>• **Age < 18 years**<br>○ Documented diagnosis of idiopathic short stature **AND**<br>○ Documented approvable pediatric diagnosis **OR**<br>○ Documented approvable pediatric diagnosis<br><br>**Minimum Age Limit**<br>• **3 years**: NGENLA<br><br>**Maximum Age Limit**<br>• **18 years**: NGENLA and SKYTROFA<br><br>**Non-Preferred Criteria**<br>• Documented approvable diagnosis for age as above **AND**<br>• Have tried 1 preferred agent in the past 6 months **OR**<br>• 84 days of therapy with the requested agent in the past 105 days<br><br>**SKYTROFA**<br>• < 18 years **AND**<br>• No history of diagnosis of Prader-Willi Syndrome **AND**<br>• 28 days of therapy with a preferred short-acting growth hormone in the past 105 days |
| NORDITROPIN FLEXPRO (somatropin) | NGENLA (somatrogon-ghla) | |
| SKYTROFA (lonapegsomatropin-tcgd) | OMNITROPE (somatropin) | |
| | SEROSTIM (somatropin) | |
| | SOGROYA (somapacitan-beco) | |
| | VOXZOGO (vosoritide) | |
| | ZOMACTON (somatropin) | |

## H. PYLORI COMBINATION TREATMENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| PYLERA (bismuth subcitrate potassium/metronidazole/ tetracycline) | bismuth subcitrate potassium/metronidazole/tetracycline | **Quantity Limit**<br>• **1 treatment course/year**: all agents |
| | lansoprazole/amoxicillin/clarithromycin | |
| | OMECLAMOX (omeprazole/clarithromycin/amoxicillin) | |
| | TALICIA (omeprazole/amoxicillin/rifabutin) | |
| | VOQUEZNA DUAL PAK (vonoprazan/amoxicillin) | |
| | VOQUEZNA TRIPLE PAK (vonoprazan/amoxicillin/clarithromycin) | |

## HEPATITIS B TREATMENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| entecavir | adefovir dipivoxil | |
| lamivudine HBV | BARACLUDE (entecavir) | |
| tenofovir disoproxil fumarate | VEMLIDY (tenofovir alafenamide) | |
| | VIREAD (tenofovir disoproxil fumarate) | |

## HEPATITIS C TREATMENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| MAVYRET (glecaprevir/pibrentasvir) ∞ | EPCLUSA (sofosbuvir/velpatasvir) ∞ | ∞ **EPCLUSA, HARVONI, MAVYRET, SOVALDI, VOSEVI, ZEPATIER**<br>• Require **MANUAL PA**<br><br>Note:<br>• **EPCLUSA, HARVONI, MAVYRET and SOVALDI have FDA-approved pediatric indications** |
| PEGASYS (peginterferon alfa-2a) | HARVONI (ledipasvir/sofosbuvir) ∞ | |
| ribavirin tablet | ledipasvir/sofosbuvir ∞ | |
| sofosbuvir/velpatasvir | ribavirin capsule | |
| | SOVALDI (sofosbuvir) ∞ | |
| | VIEKIRA PAK (ombitasvir/paritaprevir/ritonavir) | |
| | VOSEVI (sofosbuvir/velpatasvir/voxilaprevir) ∞ | |
| | ZEPATIER (elbasvir/grazoprevir) ∞ | |

## HEREDITARY ANGIOEDEMA TREATMENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| BERINERT (C1 esterase inhibitor) | CINRYZE (C1 esterase inhibitor) | |
| icatibant | FIRAZYR (icatibant) | |
| | KALBITOR (ecallantide) | |
| | ORLADEYO (berotralstat) | |
| | RUCONEST (C1 esterase inhibitor) | |
| | SAJAZIR (icatibant) | |
| | TAKHZYRO (lanadelumab-flyo) | |

## HYPERURICEMIA & GOUT DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| allopurinol | ALOPRIM (allopurinol) | **Non-Preferred Criteria**<br>• Have tried 2 different preferred agents in the past 6 months |
| colchicine tablet | colchicine capsule | |
| probenecid | COLCRYS (colchicine) | |
| probenecid/colchicine | febuxostat | |
| | GLOPERBA (colchicine) | |
| | MITIGARE (colchicine) | |
| | ULORIC (febuxostat) | |
| | ZYLOPRIM (allopurinol) | |

## HYPOGLYCEMIA TREATMENT

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| BAQSIMI (glucagon) | GVOKE (glucagon) Step Edit | **Minimum Age Limit**<br>• **1 year**: BAQSIMI<br>• **2 years**: GVOKE<br>• **6 years**: ZEGALOGUE<br><br>**Quantity Limit** (per 31 days)<br>• **2 packs (or kits)**: BAQSIMI, glucagon, GVOKE, ZEGALOGUE<br><br>**Non-Preferred Criteria GVOKE**<br>• 1 claim with preferred BAQSIMI or ZEGALOGUE in the past 30 days |
| GLUCAGEN (glucagon) | | |
| glucagon emergency kit | | |
| glucagon vial | | |
| ZEGALOGUE (dasiglucagon) | | |

## HYPOGLYCEMICS, BIGUANIDES

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| metformin | BRYNOVIN solution (sitagliptin) | **Non-Preferred Criteria**<br>• Have tried 2 different preferred DPP4 agents in the past 6 months **OR**<br>• 90 days of therapy with the requested agent in the past 105 days<br>Note:<br>Concomitant use of a GLP-1 agent and a DPP-4 agent requires clinical review<br><br>**Minimum Age Limit**<br>• **18 years**: BRYNOVIN solution |
| metformin ER (generic GLUCOPHAGE XR) | GLUMETZA (metformin) | |
| JANUMET (sitagliptin/metformin) | metformin ER (generic FORTAMET) | |
| JANUMET XR (sitagliptin/metformin) | metformin ER (generic GLUMETZA) | |
| JANUVIA (sitagliptin) | metformin solution | |
| JENTADUETO (linagliptin/metformin) | RIOMET (metformin) | |
| TRADJENTA (linagliptin) | alogliptin | |
| | alogliptin/metformin | |
| | JENTADUETO XR (linagliptin/metformin) | |
| | KAZANO (alogliptin/metformin) | |
| | KOMBIGLYZE XR (saxagliptin/metformin) | |
| | NESINA (alogliptin) | |
| | ONGLYZA (saxagliptin) | |
| | OSENI (alogliptin/pioglitazone) | |
| | saxagliptin | |
| | saxagliptin/metformin ER | |
| | sitagliptin | |
| | sitagliptin/metformin | |
| | ZITUVIMET (sitagliptin/metformin) | |
| | ZITUVIMET XR (sitagliptin/metformin) | |
| | ZITUVIO (sitagliptin) | |

## HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| BYETTA (exenatide) | BYDUREON (exenatide) | **Minimum Age Limit**<br>• **10 years**: BYDUREON BCISE, TRULICITY, VICTOZA<br>• **18 years**: BYETTA, BMOUNJARO, OZEMPIC, RYBELSUS<br><br>**Preferred Criteria**<br>• Documented diagnosis of Type 2 Diabetes **AND** |
| TRULICITY (dulaglutide) | exenatide | |

| | | |
|---|---|---|
| VICTOZA (liraglutide) | liraglutide | • No history of SAXENDA or WEGOVY in the past 30 days<br>**OR**<br>• No documented diagnosis for Type 2 Diabetes **AND**<br>• 84 days of therapy with the requested agent in the past 105 days<br><br>**Non-Preferred Criteria**<br>• Documented diagnosis of Type 2 Diabetes **AND**<br>• No history of SAXENDA or WEGOVY in the past 30 days **AND**<br>• 84 days of therapy with TRULICITY in the past 6 months **AND**<br>• 84 days of therapy with either preferred BYETTA or VICTOZA in the past 6 months<br>**OR**<br>• Documented diagnosis of Type 2 Diabetes **AND**<br>• 84 days of therapy with the request agent in the past 105 days<br>Note:<br>• Concomitant use of a GLP-1 agonist and a DPP-4 agent requires clinical review.<br>• Please see the PDL category Anti-obesity Select Agents for a list of covered agents.<br><br>**RYBELSUS 1.5 mg and 3 mg**<br>Require clinical review |
| | MOUNJARO (tirzepatide) | |
| | OZEMPIC (semaglutide) | |
| | RYBELSUS (semaglutide) | |
| | SOLIQUA (insulin glargine/lixisenatide) | |
| | SYMLINPEN (pramlintide) | |
| | XULTOPHY (insulin degludec/liraglutide) | |

## HYPOGLYCEMICS, INSULINS & RELATED AGENTS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| HUMALOG MIX 75/25 vial (insulin lispro/lispro protamine) | ADMELOG (insulin lispro) | **Non-Preferred Criteria**<br>• Documented diagnosis of Diabetes Mellitus **AND**<br>• Have tried 1 preferred agent in the past 6 months **OR**<br>• 1 claim with the requested agent in the past 105 days<br><br>**Quantity Limit**<br>• Insulin quantity limits can be found here<br><br>**Note**:<br>• Insulin pen formulations are not covered for Long Term Care (LTC) beneficiaries. |
| HUMULIN 70/30 vial (insulin NPH/regular) | AFREZZA (insulin regular) | |
| HUMULIN N (insulin NPH) | APIDRA (insulin glulisine) | |
| HUMULIN R (insulin regular) | BASAGLAR (insulin glargine) | |
| HUMULIN R U-500 (insulin regular) | FIASP (insulin aspart/niacinamide) | |
| insulin aspart | HUMALOG; HUMALOG JUNIOR, KWIKPEN, TEMPO PEN (insulin lispro) | |
| insulin aspart protamine mix 70/30 vial | | |
| insulin lispro | HUMALOG MIX KWIKPEN 50/50, 75/25 (insulin lispro/lispro protamine) | |
| insulin lispro protamine mix 75/25 vial | HUMULIN 70/30 KWIKPEN (insulin N/regular) | |
| LANTUS (insulin glargine) | HUMULIN N KWIKPEN (insulin N) | |
| TOUJEO (insulin glargine) | insulin degludec | |
| TOUJEO MAX (insulin glargine) | insulin glargine | |
| | insulin glargine-yfgn | |
| | LEVEMIR (insulin detemir) | |
| | LYUMJEV (insulin lispro-aabc) | |
| | NOVOLIN 70/30 (insulin NPH/regular) | |
| | NOVOLIN N (insulin NPH) | |
| | NOVOLIN R (insulin regular) | |
| | NOVOLOG (insulin aspart) | |
| | NOVOLOG MIX 70/30 (insulin aspart protamine/aspart) | |
| | REZVOGLAR (insulin glargine-aglr) | |
| | SEMGLEE (insulin glargine-yfgn) | |
| | TRESIBA (insulin degludec) | |

## HYPOGLYCEMICS, MEGLITINIDES DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| nateglinide | | |
| repaglinide | | |

## HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 (SGLT-2) INHIBITORS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **SGLT-2 INHIBITORS** | | **Non-Preferred Criteria**<br>• Have tried 2 different preferred SGLT-2 inhibitors in the past 6 months **OR**<br>• 90 days of therapy with the requested agent in the past 105 days |
| FARXIGA (dapagliflozin) | dapagliflozin | |
| JARDIANCE (empagliflozin) | INPEFA (sotagliflozin) | |
| | INVOKANA (canagliflozin) | |
| | STEGLATRO (ertugliflozin) | |

| SGLT-2 INHIBITOR COMBINATIONS | |
|---|---|
| GLYXAMBI (empagliflozin/linagliptin) | dapagliflozin/metformin ER |
| SYNJARDY (empagliflozin/metformin) | INVOKAMET (canagliflozin/metformin) |
| SYNJARDY XR (empagliflozin/metformin) | INVOKAMET XR (canagliflozin/metformin) |
| TRIJARDY XR (empagliflozin/linagliptin/metformin) | QTERN (dapagliflozin/saxagliptin) |
| | SEGLUROMET (ertugliflozin/metformin) |
| | STEGLUJAN (ertugliflozin/sitagliptin) |
| | XIGDUO XR (dapagliflozin/metformin) |

## HYPOGLYCEMICS, THIAZOLIDINEDIONES (TZDs) and TZD Combinations

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| pioglitazone | ACTOPLUS MET (pioglitazone/metformin) | |
| pioglitazone/metformin | ACTOS (pioglitazone) | |
| pioglitazone/glimepiride | DUETACT (pioglitazone/glimepiride) | |

## IDIOPATHIC PULMONARY FIBROSIS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| OFEV (nintedanib) | ESBRIET (pirfenidone) | **All Agents**<br>• Documented diagnosis of Idiopathic Pulmonary Fibrosis<br>**OFEV**<br>• Documented diagnosis of Idiopathic Pulmonary Fibrosis **OR**<br>• 90 days of therapy with Ofev in the past 105 days<br>**ESBRIET or pirfenidone**<br>• Requires clinical review |
| | pirfenidone | |

## IMMUNE GLOBULINS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| BIVIGAM | ALYGLO | |
| FLEBOGAMMA | ASCENIV | |
| GAMASTAN | CABLIVI | |
| GAMMAGARD | CUTAQUIG | |
| GAMMAGARD S-D | CUVITRU | |
| GAMUNEX-C | GAMMAKED | |
| HIZENTRA | GAMMAPLEX | |
| HYQVIA | OCTAGAM | |
| PANZYGA | | |
| PRIVIGEN | | |
| XEMBIFY | | |

## IMMUNOLOGIC THERAPIES FOR ASTHMA

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| DUPIXENT (dupilumab) DUR+ | CINQAIR (reslizumab) | **CINQAIR**<br>• Requires clinical review<br>See below for additional PA Criteria/DUR+ Rules |
| FASENRA (benralizumab) | NUCALA (mepolizumab) | |
| XOLAIR (omalizumab) | TEZSPIRE (tezepelumab-ekko) | |

**DUPIXENT**
- 1 claim with DUPIXENT in the past 60 days **OR**
- New starts require clinical review (see manual PA links below)
  - **Asthma** MANUAL PA
  - **Atopic Dermatitis** MANUAL PA
  - **COPD** MANUAL PA
  - **Eosinophilic Esophagitis** MANUAL PA
  - **Nasal Polyposis** MANUAL PA
  - **Prurigo Nodularis** MANUAL PA

**FASENRA**
- Requires clinical review MANUAL PA

**NUCALA**
- Requires clinical review

**TEZSPIRE**
- Requires clinical review

**XOLAIR**
- 1 claim with XOLAIR in the past 45 days **OR**
- New starts require clinical review MANUAL PA

## IMMUNOSUPPRESSIVE AGENTS, ORAL

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|

| | |
|---|---|
| AZASAN (azathioprine) | ASTAGRAF XL (tacrolimus) |
| azathioprine | ENVARSUS XR (tacrolimus) |
| CELLCEPT (mycophenolate) | MYFORTIC (mycophenolate) |
| cyclosporine | PROGRAF (tacrolimus) |
| everolimus | REZUROCK (belumosudil) |
| mycophenolate | ZORTRESS (everolimus) |
| mycophenolic acid | |
| NEORAL (cyclosporine) | |
| RAPAMUNE (sirolimus) | |
| SANDIMMUNE (cyclosporine) | |
| sirolimus | |
| tacrolimus | |

**Minimum Age Limit**
- **13 years**: RAPAMUNE
- **18 years**: ZORTRESS

**Maximum Age Limit**
- **12 years**: PROGRAF Granules

**Preferred Criteria**
- **AZASAN**
  - Documented diagnosis of kidney transplant, RA, or a State-accepted diagnosis
- **CELLCEPT**
  - Documented diagnosis of heart, kidney, or liver transplant or a State-accepted diagnosis
- **GENGRAF, NEORAL, SANDIMMUNE**
  - Documented diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA, or a State-accepted diagnosis
- **Everolimus**
  - Documented diagnosis of kidney or liver transplant
- **RAPAMUNE**
  - Documented diagnosis of kidney transplant
- **Tacrolimus**
  - Documented diagnosis of heart, kidney, liver, or lung transplant or a State-accepted diagnosis

**Non-Preferred Criteria**
- **MYHIBBIN Suspension**
  - Documented diagnosis of heart, kidney, or liver transplant or a State-accepted diagnosis **AND**
  - 30 days of therapy with mycophenolate suspension in the past 105 days **OR**
  - 90 days of therapy with MYHIBBIN Suspension in the past 105 days
- **ASTAGRAF XR or ENVARSUS XR**
  - Documented diagnosis of heart, kidney, liver, or lung transplant or a State-accepted diagnosis **AND**
  - 30 days of therapy with tacrolimus IR in the past 105 days **OR**
  - 90 days of therapy with the requested agent in the past 105 days
- **PROGRAF Granules**
  - Age ≤ 11 years **AND**
  - Documented diagnosis of heart, kidney, liver, or lung transplant or a State-accepted diagnosis
- **MYFORTIC**
  - Documented diagnosis of kidney transplant or psoriasis
- **ZORTRESS**
  - Documented diagnosis of kidney or liver transplant

## INTRANASAL RHINITIS AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|---|---|
| **ANTICHOLINERGICS** | |
| ipratropium | |
| **ANTIHISTAMINE/CORTICOSTEROID COMBINATIONS** | |
| | azelastine/fluticasone |
| | DYMISTA (azelastine/fluticasone) |
| | RYALTRIS (olopatadine/mometasone) |
| **ANTIHISTAMINES** | |
| azelastine | olopatadine |
| | PATANASE (olopatadine) |
| **CORTICOSTEROIDS** | |
| fluticasone | BECONASE AQ (beclomethasone) |
| | flunisolide |
| | mometasone |
| | NASONEX (mometasone) |
| | OMNARIS (ciclesonide) |

**PA CRITERIA**

**Non-Preferred Criteria Corticosteroids**
- Documented diagnosis of allergic rhinitis **AND**
- Have tried 1 different preferred agent in the past 6 months

| | | |
|---|---|---|
| | QNASL (beclomethasone) | |
| | XHANCE (fluticasone) | |
| | ZETONNA (ciclesonide) | |

## IRON CHELATING AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| deferasirox (all manufacturers except those listed as non-preferred) | deferasirox (manufacturers starting with 45963, 62332) | JADENU MANUAL PA |
| | deferiprone 1,000 mg tablet | |
| deferiprone 500 mg tablet | EXJADE (deferasirox) | |
| FERRIPROX (deferiprone) | JADENU, JADENU SPRINKLE (deferasirox) | |

## IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED AGENTS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **IRRITABLE BOWEL SYNDROME CONSTIPATION DUR+** | | **Minimum Age Limit**<br>• **1 year**: GATTEX<br>• **6 years**: LINZESS 72 mcg<br>• **18 years**: AMITIZA, IBSRELA, LINZESS 145 mcg & 290 mcg, MOTEGRITY, MOVANTIK, MYTESI, RELISTOR, SYMPROIC, TRULANCE, VIBERZI<br><br>**Gender Limit**<br>• **Female** AMITIZA 8 mcg |
| LINZESS (linaclotide) | AMITIZA (lubiprostone) | |
| lubiprostone | IBSRELA (tenapanor) | |
| TRULANCE (plecanatide) | MOTEGRITY (prucalopride) | |
| | MOVANTIK (naloxegol) | |
| | prucalopride | |
| | RELISTOR (methylnaltrexone) | |
| | SYMPROIC (naldemedine) | |
| **IRRITABLE BOWEL SYNDROME DIARRHEA** | | |
| dicyclomine | alosetron | |
| ED-SPAZ (hyoscyamine) | LOTRONEX (alosetron) DUR+ | |
| hyoscyamine, hyoscyamine ER | VIBERZI (eluxadoline) DUR+ | |
| HYOSYNE (hyoscyamine) | | |
| LEVSIN, LEVSIN-SL (hyoscyamine) | | |
| NULEV (hyoscyamine) | | |
| OSCIMIN, OSCIMIN SL (hyoscyamine) | | |
| **SHORT BOWEL SYNDROME AND SELECTED GI AGENTS DUR+** | | |
| | GATTEX (teduglutide) | |
| | MYTESI (crofelemer) | |

### IRRITABLE BOWEL SYNDROME CONSTIPATION DUR+

**Chronic Idiopathic Constipation (CIC):** Amitiza 24 mcg, LINZESS 72 mcg, LINZESS 145 mcg, MOTEGRITY, TRULANCE

- **Preferred CIC Agents**
  - Documented diagnosis of CIC in the past year **AND**
  - No history of GI or bowel obstruction
- **LINZESS 72 mcg**
  - Age 6-17 years **AND**
  - Documented diagnosis of CIC or pediatric functional constipation in the past year **AND**
  - No history of GI or bowel obstruction
- **Non-Preferred CIC Agents**
  - Documented diagnosis of CIC **AND**
  - No history of GI or bowel obstruction **AND**
  - Have tried 2 preferred CIC agents in the past 6 months **OR**
  - 1 claim with the requested agent in the past 105 days

**Irritable Bowel Syndrome Constipation Dominant (IBS-C):** AMITIZA 8 mcg, IBSRELA, LINZESS 290 mcg, TRULANCE

- **Preferred IBS-C Agents**
  - Documented diagnosis of IBS-C in the past year **AND**
  - No history of GI or bowel obstruction
- **Non-Preferred IBS-C Agents**
  - Documented diagnosis of IBS-C in the past year **AND**
  - No history of GI or bowel obstruction **AND**
  - Have tried 2 preferred IBS-C agents in the past 6 months **OR**
  - 1 claim with the requested agent in the past 105 days

**Opioid Induced Constipation (OIC):** AMITIZA 24 mcg, MOVANTIK, RELISTOR, SYMPROIC

- **Preferred OIC Agents**
  - Documented diagnosis of OIC **and** chronic pain in the past year **AND**
  - No history of GI or bowel obstruction **AND**
  - 1 claim for an opioid in the past 30 days
- **Non-Preferred OIC Agents**
  - All preferred criteria met **AND**
  - Have tried 1 preferred OIC agents in the past 6 months **OR**
  - 1 claim with the requested agent in the past 105 days
- **Relistor Injection**
  - Above OIC criteria **OR**
  - Documented diagnosis of OIC **and** active cancer in the past year **AND**
  - No history of GI or bowel obstruction **AND**
  - 1 claim for an opioid in the past 30 days

### IRRITABLE BOWEL SYNDROME DIARRHEA

- **VIBERZI** [New starts require clinical review]

Documented diagnosis of IBS D in the past year **and** 1 claim for Viberzi in the past 105 days

- **LOTRONEX**
  - 1 claim for LOTRONEX in the past 105 days **OR**
  - New starts require clinical review **MANUAL PA**

- **XIFAXAN** (see Antibiotics, GI)

## SHORT BOWEL SYNDROME AND SELECTED GI AGENTS DUR+

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

**Short Bowel Syndrome (SBS)**
- **GATTEX**
  - ○ 1 claim for GATTEX in the past 105 days **OR**
  - ○ New starts require clinical review

## LEUKOTRIENE MODIFIERS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|---|---|
| montelukast | ACCOLATE (zafirlukast) |
| zafirlukast | SINGULAIR (montelukast) |
| | zileuton |
| | ZYFLO (zileuton) |

**PA CRITERIA**

**Minimum Age Limit**
- **12 years**: ZYFLO & ZYFLO CR

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

## LIPOTROPICS, OTHER (NON-STATINS)

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|---|---|
| **ACL INHIBITORS AND COMBINATIONS** | |
| | NEXLETOL (bempedoic acid) |
| | NEXLIZET (bempedoic acid/ezetimibe) |
| **ANGIOPOIETIN-LIKE 3 INHIBITORS** | |
| | EVKEEZA (evinacumab-dgnb) |
| **BILE ACID SEQUESTRANTS** | |
| cholestyramine | colesevelam |
| cholestyramine light | COLESTID (colestipol) |
| colestipol tablet | colestipol packet |
| | PREVALITE (cholestyramine) |
| | QUESTRAN (cholestyramine) |
| | QUESTRAN LIGHT (cholestyramine) |
| | WELCHOL (colesevelam) |
| **CHOLESTEROL ABSORPTION INHIBITORS** | |
| ezetimibe | ZETIA (ezetimibe) |
| **FIBRIC ACID DERIVATIVES** | |
| fenofibrate | fenofibric acid |
| gemfibrozil | FENOGLIDE (fenofibrate) |
| | FIBRICOR (fenofibric acid) |
| | LIPOFEN (fenofibrate) |
| | LOPID (gemfibrozil) |
| | TRICOR (fenofibrate) |
| | TRILIPIX (fenofibric acid) |
| **MTP INHIBITOR** | |
| | JUXTAPID (lomitapide) |
| **NIACIN** | |
| niacin ER | |
| **OMEGA-3 FATTY ACIDS** | |
| omega-3 acid ethyl esters | icosapent ethyl |
| | LOVAZA (omega-3 acid ethyl esters) |
| **PCSK-9 INHIBITORS** | |
| REPATHA (evolocumab) | LEQVIO (inclisiran) |
| | PRALUENT (alirocumab) |

**PA CRITERIA**

**Non-Preferred Criteria** **Fibric Acid Derivatives**
- ○ Have tried 2 different preferred Fibric Acid Derivative agents in the past 6 months

**JUXTAPID** MANUAL PA

**KYNAMRO**
- Requires clinical review

**LEQVIO**
- Requires clinical review

**NEXLETOL and NEXLIZET**
- Require clinical review

**PRALUENT** MANUAL PA

**REPATHA** MANUAL PA

**WELCHOL**
- Documented diagnosis of Type 2 Diabetes **AND**
- 30 days of therapy with an antidiabetic agent in the past 6 months **OR**

90 days of therapy with WELCHOL in the past 105 days

## LIPOTROPICS, STATINS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|---|---|
| **STATINS** | |
| atorvastatin | ALTOPREV (lovastatin) |
| lovastatin | ATORVALIQ (atorvastatin) |
| pravastatin | CRESTOR (rosuvastatin) |

**PA CRITERIA**

**Minimum Age Limit**
- **10 years**: ATORVALIQ Suspension

**Non-Preferred Criteria**

| | | |
|---|---|---|
| rosuvastatin | EZALLOR SPRINKLE (rosuvastatin) | • Have tried 2 different preferred statin or statin combination agents in the past 6 months **OR**<br>• 90 days of therapy with the requested agent in the past 105 days<br><br>**Simvastatin**<br>Daily doses ≥ 80 mg require clinical review |
| simvastatin | FLOLIPID (simvastatin) | |
| | fluvastatin | |
| | fluvastatin ER | |
| | LESCOL XL (fluvastatin) | |
| | LIPITOR (atorvastatin) | |
| | LIVALO (pitavastatin) | |
| | pitavastatin | |
| | ZOCOR (simvastatin) | |
| | ZYPITAMAG (pitavastatin) | |
| **STATIN COMBINATIONS** | | |
| ezetimibe/simvastatin | amlodipine/atorvastatin | |
| | CADUET (amlodipine/atorvastatin) | |
| | VYTORIN (ezetimibe/simvastatin) | |

## MISCELLANEOUS BRAND/GENERIC

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **ALLERGEN EXTRACT IMMUNOTHERAPY** | | **CUMULATIVE quantity limit** (per 31 days)<br>• **31 tablets**: alprazolam ER<br><br>**Quantity Limit** (per 31 days)<br>• **2 kits**: epinephrine<br><br>**EVRYSDI** MANUAL PA |
| | GRASTEK | |
| | ORALAIR | |
| | RAGWITEK | |
| **EPINEPHRINE** | | |
| epinephrine (Mylan) | AUVI-Q (epinephrine) | |
| | epinephrine (all other manufacturers) | |
| | EPIPEN (epinephrine) | |
| | EPIPEN JR (epinephrine) | |
| | NEFFY (epinephrine) | |
| **MISCELLANEOUS** | | |
| alprazolam | alprazolam ER | |
| hydroxyzine HCL | CAMZYOS (mavacamten) | |
| hydroxyzine pamoate | CRENESSITY (crinecerfont) | |
| megestrol | EVRYSDI (risdiplam) | |
| REVLIMID (lenalidomide) | KORLYM (mifepristone) | |
| | lenalidomide | |
| | TRYNGOLZA (olezarsen) | |
| | VERQUVO (vericiguat) | |
| | VISTARIL (hydroxyzine pamoate) | |
| | XANAX, XANAX XR (alprazolam) | |
| **SUBLINGUAL NITROGLYCERIN** | | |
| nitroglycerin | | |
| NITROLINGUAL (nitroglycerin) | | |
| NITROSTAT (nitroglycerin) | | |

## MOVEMENT DISORDER AGENTS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| AUSTEDO (deutetrabenazine) | INGREZZA INITIATION PACK (valbenazine) | **AUSTEDO and AUSTEDO XR**<br>• Documented diagnosis of Huntington's chorea **OR**<br>• Documented diagnosis of tardive dyskinesia **AND**<br>• 90 days of therapy with either agent in the past 105 days **OR**<br>• New starts require clinical review MANUAL PA<br><br>**INGREZZA**<br>• Documented diagnosis of Huntington's chorea **OR**<br>• Documented diagnosis of tardive dyskinesia **AND**<br>• 90 days of therapy with this agent in the past 105 days **OR**<br>• New starts require clinical review MANUAL PA |
| AUSTEDO XR (deutetrabenazine) | XENAZINE (tetrabenazine) | |
| INGREZZA (valbenazine) | | |
| INGREZZA SPRINKLE (valbenazine) | | |
| tetrabenazine | | |

## MULTIPLE SCLEROSIS AGENTS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| BETASERON (interferon beta-1b) | AMPYRA (dalfampridine) | **Preferred Agents**<br>• Documented diagnosis of multiple sclerosis |
| COPAXONE (glatiramer) 20 mg | AUBAGIO (teriflunomide) | |
| dalfampridine ER | AVONEX (interferon beta-1a) | |

| | | |
|---|---|---|
| dimethyl fumarate | BAFIERTAM (monomethyl fumarate) | **Non-Preferred Criteria**<br>• Documented diagnosis of multiple sclerosis **AND**<br>• Have tried 2 different preferred agents in the past 6 months **OR**<br>• 3 claims with the requested agent in the last 105 days<br><br>**KESIMPTA, PONVORY, TASCENSO ODT, and ZEPOSIA**<br>• Require clinical review<br><br>**MAVENCLAD MANUAL PA**<br><br>**MAYZENT MANUAL PA**<br><br>**OCREVUS and OCREVUS ZUNOVO MANUAL PA** |
| fingolimod | BRIUMVI (ublituximab-xiiy) | |
| REBIF (interferon beta-1b) | COPAXONE (glatiramer) 40 mg | |
| REBIF REBIDOSE (interferon beta-1b) | GILENYA (fingolimod) | |
| teriflunomide | glatiramer | |
| TYSABRI (natalizumab) | GLATOPA (glatiramer) | |
| | KESIMPTA PEN (ofatumumab) | |
| | MAVENCLAD (cladribine) | |
| | MAYZENT (siponimod) | |
| | OCREVUS (ocrelizumab) | |
| | OCREVUS ZUNOVO (ocrelizumab/hyaluronidase-ocsq) | |
| | PLEGRIDY (peginterferon beta-1a) | |
| | PONVORY (ponesimod) | |
| | TASCENSO ODT (fingolimod) | |
| | TECFIDERA (dimethyl fumarate) | |
| | VUMERITY (diroximel fumarate) | |
| | ZEPOSIA (ozanimod) | |

## MUSCULAR DYSTROPHY AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| EMFLAZA (deflazacort) | AGAMREE (vamorolone) | **AGAMREE MANUAL PA**<br><br>**ELEVIDYS MANUAL PA**<br><br>**EMFLAZA MANUAL PA**<br><br>**EXONDYS MANUAL PA**<br><br>**VILTEPSO MANUAL PA**<br><br>**VYONDYS MANUAL PA** |
| | AMONDYS-45 (casimersen) | |
| | deflazacort | |
| | DUVYZAT (givinostat) | |
| | ELEVIDYS (delandistrogene moxeparvovec-rokl) | |
| | EXONDYS-51 (eteplirsen) | |
| | VILTEPSO (viltolarsen) | |
| | VYONDYS-53 (golodirsen) | |

## NSAIDS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **COX II SELECTIVE** | | **Quantity Limit** (per 31 days)<br>• **20 tablets**: ketorolac tablets<br><br>**ELYXYB**<br>• Requires clinical review<br><br>**Non-Preferred Criteria COX II Selective**<br><br>• No history of a contraindicated GI disorder or coagulation disorder **AND**<br>• Documented diagnosis of Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or Ankylosing Spondylitis **AND**<br>• Have tried 1 preferred COX-II selective agent **OR**<br>• 90 days of therapy with the requested agent in the past 105 days<br><br>**Non-Preferred Criteria Non-Selective & Combinations**<br>• No history of a contraindicated GI disorder or coagulation disorder **AND**<br>• Have tried 2 different preferred non-selective agents in the past 6 months |
| meloxicam | CELEBREX (celecoxib) | |
| | celecoxib | |
| | ELYXYB (celecoxib) | |
| **NON-SELECTIVE** | | |
| diclofenac sodium | DAYPRO (oxaprozin) | |
| diclofenac sodium ER | diclofenac potassium | |
| EC-naproxen DR 500 mg tablet | DOLOBID (diflunisal) | |
| etodolac tablet | etodolac capsule, etodolac ER | |
| flurbiprofen | FELDENE (piroxicam) | |
| ibuprofen | fenoprofen | |
| indomethacin capsule | indomethacin ER, indomethacin suppository | |
| ketoprofen | ketoprofen | |
| ketorolac | kiprofen | |
| nabumetone | LOFENA (diclofenac potassium) | |
| naproxen 250 mg, 500 mg | meclofenamate | |
| piroxicam | mefenamic acid | |
| sulindac | NALFON (fenoprofen) | |
| | NAPRELAN (naproxen) | |
| | NAPROSYN 375 mg (naproxen) | |
| | naproxen 375 mg, naproxen CR 375 mg, naproxen ER 500 mg | |
| | oxaprozin | |
| | RELAFEN DS (nabumetone) | |
| | TOLECTIN 600 mg (tolmetin) | |
| | tolmetin | |
| **NSAID/GI PROTECTANT COMBINATIONS** | | |
| | ARTHROTEC 50 mg, 75 mg (diclofenac/misoprostol) | |

| | |
|---|---|
| | diclofenac/misoprostol |
| | ibuprofen/famotidine |
| | naproxen/esomeprazole |
| | VIMOVO (naproxen/esomeprazole) |

## OPHTHALMIC AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|---|---|
| **ANTIBIOTICS** | |
| bacitracin/polymyxin | AZASITE (azithromycin) |
| ciprofloxacin | bacitracin |
| erythromycin | BESIVANCE (besifloxacin) |
| gentamicin | CILOXAN (ciprofloxacin) |
| moxifloxacin | gatifloxacin |
| ofloxacin | NATACYN (natamycin0 |
| polymyxin B/trimethoprim | neomycin/bacitracin/polymyxin |
| tobramycin | OCUFLOX (ofloxacin) |
| | sulfacetamide |
| | TOBREX (tobramycin) |
| | VIGAMOX (moxifloxacin) |
| **ANTIBIOTIC-STEROID COMBINATIONS** | |
| BLEPHAMIDE S.O.P. (sulfacetamide/prednisolone) | MAXITROL (neomycin/polymyxin/dexamethasone) |
| neomycin/bacitracin/polymyxin/hydrocortisone | neomycin/polymyxin/gramicidin |
| neomycin/polymyxin/dexamethasone | TOBRADEX ST (tobramycin/dexamethasone) |
| PRED-G (gentamicin/prednisolone) | |
| sulfacetamide/prednisolone | |
| TOBRADEX (tobramycin/dexamethasone) | |
| tobramycin/dexamethasone | |
| ZYLET (tobramycin/loteprednol) | |
| **ANTI-INFLAMMATORY AGENTS[DUR+]** | |
| dexamethasone | ACULAR, ACULAR LS (ketorolac) |
| diclofenac sodium | ACUVAIL (ketorolac) |
| difluprednate | bromfenac |
| FLAREX (fluorometholone) | BROMSITE (bromfenac) |
| fluorometholone | DUREZOL (difluprednate) |
| flurbiprofen | FML (fluorometholone) |
| FML FORTE (fluorometholone) | ILEVRO (nepafenac) |
| ketorolac | INVELTYS (loteprednol) |
| MAXIDEX (dexamethasone) | LOTEMAX, LOTEMAX SM (loteprednol) |
| PRED MILD (prednisolone) | loteprednol |
| prednisolone acetate | NEVANAC (nepafenac) |
| prednisolone sodium phosphate | PRED FORTE (prednisolone) |
| | PROLENSA (bromfenac) |
| **DRY EYE AGENTS** | |
| RESTASIS Droperette (cyclosporine) | CEQUA (cyclosporine) |
| XIIDRA (lifitegrast) | cyclosporine |
| | EYSUVIS (loteprednol) |
| | MIEBO (perfluorohexyloactane) |
| | RESTASIS Multidose (cyclosporine) |
| | TYRVAYA (varenicline) |
| | VEVYE (cyclosporine) |

### PA CRITERIA

**Minimum Age Limit**
- **16 years**: RESTASIS
- **17 years**: XIIDRA
- **18 years**: CEQUA, MIEBO, TRYPTYR, VEVYE

**Quantity Limit** (per 31 days)
- **2 mL**: VEVYE
- **3 mL**: MIEBO
- **5.5 mL**: RESTASIS Multidose
- **60 units**: CEQUA, RESTASIS Droperette, TRYPTYR, XIIDRA

**Non-Preferred Criteria**
- **Anti-Inflammatory Agents**
  - Have tried 2 different preferred agents in the past 6 months
- **Dry Eye Agents**
  - History of 1 claim for both RESTASIS Droperette and XIIDRA in the past 6 months

**EYSUVIS**
- Require clinical review

**MIEBO**
- Requires clinical review

**RESTASIS Multidose**
- Require clinical review

**TRYPTYR**
- Requires clinical review

**TYRVAYA**
- Requires clinical review

**VEVYE**
- Requires clinical review

## OPHTHALMIC, GLAUCOMA AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|---|---|
| **BETA BLOCKERS** | |
| BETIMOL (timolol) | betaxolol |
| carteolol | BETOPTIC S (betaxolol) |
| ISTALOL (timolol) | timolol droperette, daily drop, gel |
| levobunolol | TIMOPTIC; TIMOPTIC OCUDOSE, XE (timolol) |
| timolol drops 0.25%, 0.5% | |
| **CARBONIC ANHYDRASE INHIBITORS** | |

### PA CRITERIA

**Minimum Age Limit**
- **18 years**: IYUZEH

**Non-Preferred Criteria**
- Have tried 2 different preferred agents in the past 6 months **OR**
- 90 days of therapy with the requested agent in the past 105 days

| | |
|---|---|
| dorzolamide | AZOPT (brinzolamide) |
| | brinzolamide |
| **COMBINATION AGENTS** | |
| COMBIGAN (brimonidine/timolol) | brimonidine/timolol |
| dorzolamide/timolol | COSOPT (dorzolamide/timolol) |
| SIMBRINZA (brinzolamide/brimonidine) | dorzolamide/timolol PF |
| **PARASYMPATHOMIMETICS** | |
| pilocarpine | PHOSPHOLINE IODIDE (echothiophate iodide) |
| **PROSTAGLANDIN ANALOGS** | |
| latanoprost | bimatoprost |
| | IYUZEH (latanoprost) |
| | LUMIGAN (bimatoprost) |
| | tafluprost |
| | TRAVATAN Z (travoprost) |
| | travoprost |
| | VYZULTA (latanoprostene bunod) |
| | XALATAN (latanoprost) |
| | XELPROS (latanoprost) |
| | ZIOPTAN (tafluprost) |
| **RHO KINASE INHIBITORS/COMBINATIONS** | |
| RHOPRESSA (netarsudil) | |
| ROCKLATAN (netarsudil/latanoprost) | |
| **SYMPATHOMIMETICS** | |
| ALPHAGAN P (brimonidine) | brimonidine 0.1%, 0.15% |
| brimonidine 0.2% | |

## OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| ALREX (loteprednol) | ALOCRIL (nedocromil) | **Non-Preferred Criteria**<br>• Have tried 2 different preferred agents in the past 6 months<br><br>**VERKAZIA**<br>• Requires clinical review |
| azelastine | ALOMIDE (lodoxamide) | |
| cromolyn | bepotastine | |
| ketotifen OTC | BEPREVE (bepotastine) | |
| olopatadine | epinastine | |
| ZADITOR (ketotifen) | LASTACAFT (alcaftadine) | |
| | VERKAZIA (cyclosporine) | |
| | ZERVIATE (cetirizine) | |

## OPIATE DEPENDENCE TREATMENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **DEPENDENCE** | | Buprenorphine/naloxone provider summary found here<br><br>**SUBLOCADE MANUAL PA**<br><br>**VIVITROL MANUAL PA** |
| buprenorphine/naloxone SL tablet DUR+ | BRIXADI (buprenorphine) | |
| naltrexone | buprenorphine DUR+ | |
| SUBOXONE (buprenorphine/naloxone) DUR+ | buprenorphine/naloxone film DUR+ | |
| | lofexidine | |
| | LUCEMYRA (lofexidine) | |
| | SUBLOCADE (buprenorphine) | |
| | VIVITROL (naltrexone) | |
| | ZUBSOLV (buprenorphine/naloxone) | |
| **TREATMENT** | | |
| KLOXXADO (naloxone) | LIFEMS NALOXONE (naloxone convenience kit) | |
| naloxone | | |
| NARCAN (naloxone) | | |
| OPVEE (nalmefene) | | |
| REXTOVY (naloxone) | | |
| ZIMHI (naloxone) | | |

## OTIC ANTIBIOTICS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| CIPRO HC (ciprofloxacin/hydrocortisone) | ciprofloxacin | **Maximum Age Limit**<br>• **9 years**: CIPRO HC |
| CORTISPORIN-TC (neomycin/colistin/hydrocortisone) | ciprofloxacin/fluocinolone | |

| | | |
|---|---|---|
| fluocinolone | ciprofloxacin/dexamethasone | **Ciprofloxacin/Dexamethasone Suspension Criteria**<br>• Age ≥ 6 months **AND**<br>• Experiencing otorrhea secondary to recent, post-tympanostomy tube placement **AND**<br>• Continued otorrhea after 10 days of otic treatment with ciprofloxacin ophthalmic solution **and** dexamethasone ophthalmic suspension |
| neomycin/polymyxin/hydrocortisone | DERMOTIC (fluocinolone) | |
| | FLAC OTIC OIL (fluocinolone) | |
| | hydrocortisone/acetic acid | |
| | OTOVEL (ciprofloxacin/fluocinolone) | |

## PANCREATIC ENZYMES

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| CREON (lipase/protease/amylase) | PERTZYE (lipase/protease/amylase) | **Non-Preferred Criteria**<br>• Have tried 2 different preferred agents in the past 6 months |
| ZENPEP (lipase/protease/amylase) | VIOKACE (lipase/protease/amylase) | |

## PARATHYROID AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| calcitriol | doxercalciferol | |
| cinacalcet | RAYALDEE (calcifediol) | |
| ergocalciferol | ROCALTROL (calcitriol) | |
| paricalcitol | SENSIPAR (cinacalcet) | |
| ZEMPLAR (paricalcitol) | YORVIPATH (palopegteriparatide) | |

## PHOSPHATE BINDERS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| calcium acetate | AURYXIA (ferric citrate) | |
| CALPHRON (calcium acetate) | FOSRENOL (lanthanum) | |
| sevelamer carbonate tablet | lanthanum | |
| | MAGNEBIND (calcium carbonate/magnesium) | |
| | RENVELA (sevelamer) | |
| | sevelamer carbonate packet, sevelamer HCl | |
| | VELPHORO (sucroferric oxyhydroxide) | |
| | XPHOZAH (tenapanor) | |

## PLATELET AGGREGATION INHIBITORS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| aspirin/dipyridamole | EFFIENT (prasugrel) | **Non-Preferred Criteria**<br>• Documented diagnosis **AND**<br>• Have tried 2 different preferred agents in the past 6 months **OR**<br>• 90 days of therapy with the requested agent in the past 105 days<br><br>**ZONTIVITY** **MANUAL PA** |
| BRILINTA (ticagrelor) | PLAVIX (clopidogrel) | |
| cilostazol | ticagrelor[NR] | |
| clopidogrel | | |
| dipyridamole | | |
| pentoxifylline | | |
| prasugrel | | |

## PLATELET STIMULATING AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| NPLATE (romiplostim) | ALVAIZ (eltrombopag) | |
| PROMACTA (eltrombopag) tablet | DOPTELET (avatrombopag) | |
| | MULPLETA (lusutrombopag) | |
| | PROMACTA (eltrombopag) packet | |
| | TAVALISSE (fostamatinib) | |

## POTASSIUM REMOVING AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| LOKELMA (sodium zirconium cyclosilicate) | KIONEX (sodium polystyrene sulfonate) | |
| SPS (sodium polystyrene sulfonate) suspension | sodium polystyrene sulfonate | |
| | SPS (sodium polystyrene sulfonate) enema | |
| | VELTASSA (patiromer calcium sorbitex) | |

## PRENATAL VITAMINS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| CLASSIC PRENATAL | All prenatal vitamins are non-preferred except for those specifically indicated as preferred. | List of Preferred NDC's for Prenatal Vitamins can be found here |
| COMPLETE NATAL DHA | | |
| COMPLETENATE | | |
| M-NATAL PLUS | | |
| NIVA-PLUS | | |
| PRENATAL PLUS VITAMIN-MINERAL | | |

| | | |
|---|---|---|
| PNV 72, 95, 124, and 137 / IRON / FOLIC ACID | | |
| SE-NATAL-19 | | |
| STUART ONE | | |
| THRIVITE RX | | |
| TRICARE | | |
| TRINATAL RX 1 | | |
| WESNATAL DHA COMPLETE | | |
| WESTAB PLUS | | |

## PSEUDOBULBAR AFFECT AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| | NUEDEXTA (dextromethorphan/quinidine) | **Non-Preferred Criteria**<br>• Documented diagnosis of pseudobulbar affect disorder **OR**<br>• 90 days of therapy with NUEDEXTA in the past 105 days |

## PULMONARY ANTIHYPERTENSIVE AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **ACTIVIN SIGNALING INHIBITORS** | | **Minimum Age Limit**<br>• **18 years**: ADEMPAS, OPSYNVI, TADLIQ<br><br>**Maximum Age Limit**<br>• **12 years**: REVATIO suspension<br><br>**Preferred Criteria**<br>• **PAH Agents**<br>○ Documented diagnosis of pulmonary hypertension<br><br>• **Sildenafil tablets**<br>○ ≤ 1 year of age **and** documented diagnosis of pulmonary hypertension, patent ductus arteriosus, or persistent fetal circulation **OR**<br>○ ≥ 1 year of age **and** documented diagnosis of pulmonary hypertension **OR**<br>○ 90 days of therapy with the requested agent in the past 105 days<br><br>• **Sildenafil suspension**<br>• < 12 years of age **AND**<br>• Documented diagnosis of pulmonary hypertension, patent ductus arteriosus, or persistent fetal circulation, or a history of a heart transplant **OR**<br>• 90 days stable therapy with sildenafil suspension in the past 105 days<br><br>**Non-Preferred Criteria**<br>• Documented diagnosis of pulmonary hypertension **AND**<br>• Have tried 1 preferred PAH agent in the past 6 months **OR**<br>• 90 days of therapy with the requested agent in the past 105 days<br><br>**OPSUMIT, OPSYNVI, ORENITRAM ER, TYVASO, and VENTAVIS**<br>• Require clinical review |
| | WINREVAIR (sotatercept-csrk) | |
| **COMBINATION AGENTS** | | |
| | OPSYNVI (macitentan/tadalafil) | |
| **ENDOTHELIN RECEPTOR ANTAGONISTS** | | |
| ambrisentan | OPSUMIT (macitentan) | |
| bosentan | TRACLEER (bosentan) | |
| LETAIRIS (ambrisentan) | TRYVIO (aprocitentan) | |
| **PDE5 INHIBITORS** | | |
| sildenafil (generic REVATIO) tablet, suspension | ADCIRCA (tadalafil) | |
| tadalafil | ALYQ (tadalafil) | |
| | REVATIO (sildenafil) | |
| | TADLIQ (tadalafil) | |
| **PROSTACYCLINS** | | |
| | ORENITRAM ER (treprostinil) | |
| | ORENITRAM TITRATION PAK (treprostinil) | |
| | TYVASO (treprostinil) | |
| | VENTAVIS (iloprost) | |
| **SELECTIVE PROSTACYCLINE RECEPTOR AGONISTS** | | |
| | UPTRAVI (selexipag) | |
| **SOLUABLE GUANYLATE CYCLASE STIMULATORS** | | |
| | ADEMPAS (riociguat) | |

**ADEMPAS**
- Documented diagnosis of persistent/recurrent chronic thromboembolic pulmonary hypertension (WHO Group 4) or pulmonary arterial hypertension (WHO Group 1) **AND**
- Have tried 1 preferred PAH agent in the past 6 months **OR**
- 90 days of therapy with ADEMPAS in the past 105 days

**TADLIQ**
- Documented diagnosis of pulmonary hypertension **AND**
- Have tried preferred sildenafil suspension in the past 6 months **OR**
- 90 days of therapy with TADLIQ in the past 105 days

**UPTRAVI**
- Documented diagnosis of pulmonary hypertension **AND**
- Have tried 1 preferred endothelin receptor antagonist in the past 6 months **AND**
- Have tried 1 preferred PDE5 inhibitor in the past 6 months **OR**
- 90 days of therapy with UPTRAVI in the past 105 days

## ROSACEA TREATMENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| metronidazole | AVAR (sulfacetamide sodium/sulfur) | Note: |

| | | |
|---|---|---|
| | AVAR LS (sulfacetamide sodium/sulfur) | • Topical Sulfonamides used for Rosacea will require a manual PA for age > 21 years.<br>• Other labeled indications are limited to < 21 years. |
| | AVAR-E (sulfacetamide sodium/sulfur) | |
| | BP 10-1 (sulfacetamide sodium/sulfur) | |
| | brimonidine | |
| | EPSOLAY (benzoyl peroxide) | |
| | FINACEA (azelaic acid) | |
| | METROCREAM (metronidazole) | |
| | METROGEL (metronidazole) | |
| | MIRVASO (brimonidine) | |
| | NORITATE (metronidazole) | |
| | OVACE (sulfacetamide sodium) | |
| | OVACE PLUS (sulfacetamide sodium) | |
| | RHOFADE (oxymetazoline) | |
| | ROSADAN (metronidazole) | |
| | ROSULA (sulfacetamide sodium/sulfur) | |
| | sodium sulfacetamide | |
| | sodium sulfacetamide/sulfur | |
| | SOOLANTRA (ivermectin) | |
| | SUMADAN (sulfacetamide sodium/sulfur) | |
| | SUMADAN XLT (sulfacetamide sodium/sulfur/avob | |
| | SUMAXIN (sulfacetamide sodium/sulfur) | |
| | SUMAXIN CP (sulfacetamide sodium/sulfur) | |
| | SUMAXIN TS (sulfacetamide sodium/sulfur) | |

## SEDATIVE HYPNOTIC AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **BENZODIAZEPINES DUR+** | | **MS DOM Opioid Initiative** Criteria details found here<br>• Concomitant use of Opioids and Benzodiazepines<br><br>**Maximum Age Limit**<br>• **64 years**: zolpidem 7.5 mg, 10 mg, and 12.5 mg<br><br>**Gender and Dose Limit**<br>• **Female**: AMBIEN 5 mg, AMBIEN CR 6.25 mg, INTERMEZZO 1.75 mg<br>• **Male**: all strengths of zolpidem<br><br>**Non-Preferred Criteria**<br>• Have tried 2 different preferred agents in the past 6 months<br><br>**HETLIOZ capsules**<br>• Age 18 years or older **AND**<br>• Documented diagnosis of circadian rhythm sleep disorder<br>OR<br>• Age 16 years and older **AND**<br>• Documented diagnosis of Smith-Magenis syndrome<br><br>**HETLIOZ liquid**<br>• Age 3-15 years **AND**<br>• Documented diagnosis of Smith-Magenis syndrome<br><br>Note:<br>• Single-source benzodiazepines and barbiturates are NOT covered.<br>○ PA s will NOT be issued for these drugs.<br><br>See below for additional PA Criteria/DUR+ Rules |
| estazolam | flurazepam | |
| temazepam 15 mg, 30 mg capsule | HALCION (triazolam) | |
| | quazepam | |
| | RESTORIL (temazepam) | |
| | temazepam 7.5 mg, 22.5 mg capsule | |
| | triazolam | |
| **OTHERS DUR+** | | |
| eszopiclone | AMBIEN (zolpidem) | |
| ramelteon | AMBIEN CR (zolpidem) | |
| zaleplon | BELSOMRA (suvorexant) | |
| zolpidem tablet | DAYVIGO (lemborexant) | |
| | doxepin | |
| | EDULAR (zolpidem) | |
| | HETLIOZ LQ (tasimelteon) | |
| | LUNESTA (eszopiclone) | |
| | QUVIVIQ (daridorexant) | |
| | ROZEREM (ramelteon) | |
| | tasimelteon | |
| | zolpidem capsule | |
| | zolpidem sublingual tablet | |
| | zolpidem ER | |

**CUMULATIVE Quantity Limit Benzodiazepines**
- **31 units/31 days**: Quantity limit per rolling days for all strengths. DUR+ will allow an early refill override for one dose or therapy change per year.

**CUMULATIVE Quantity Limit Triazolam**
- **10 units/31 days**: Quantity limit per rolling days for all strengths.
- **60 units/365 days**: Quantity limit per rolling days for all strengths.

**CUMULATIVE Quantity Limit Non-Benzodiazepines**

- **31 units/31 days**: Quantity limit per rolling days for all strengths. DUR+ will allow an early refill override for one dose or therapy change per year.

**CUMULATIVE Quantity Limit HETLIOZ LQ**
- **1 bottle (48 mL or 158 mL)**: Quantity limit per rolling days for all strengths. DUR+ will allow an early refill override for one dose or therapy change per year.

**CUMULATIVE Quantity Limit ZOLPIMIST**
- **1 canister/31 days**: male; Quantity limit per rolling days for all strengths. DUR+ will allow an early refill override for one dose or therapy change per year.
- **1 canister/62 days:** female; Quantity limit per rolling days for all strengths. DUR+ will allow an early refill override for one dose or therapy change per year.

## SELECT CONTRACEPTIVE PRODUCTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **INJECTABLE CONTRACEPTIVES** | | **Non-Preferred Criteria**<br>• 1 claim with the requested agent in the past 105 days |
| medroxyprogesterone | DEPO-PROVERA (medroxyprogesterone) | |
| **INTRAVAGINAL CONTRACEPTIVES** | | |
| ANNOVERA (segesterone/ethinyl estradiol) | PHEXXI (lactic acid/citric acid/potassium bitartrate) | |
| ENILLORING (etonogestrel/ethinyl estradiol) | | |
| NUVARING (etonogestrel/ethinyl estradiol) | | |
| **ORAL CONTRACEPTIVES DUR+** | | |
| All oral contraceptives are preferred except for those specifically indicated as non-preferred. | AMETHIA (levonorgestrel/ethinyl estradiol) | |
| | AMETHYST (levonorgestrel/ethinyl estradiol) | |
| | BALCOLTRA (levonorgestrel/ethinyl estradiol) | |
| | BEYAZ (drospirenone/ethinyl estradiol/levomefolate) | |
| | CAMRESE (levonorgestrel/ethinyl estradiol) | |
| | CAMRESE LO (levonorgestrel/ethinyl estradiol) | |
| | JOLESSA (levonorgestrel/ethinyl estradiol) | |
| | LO LOESTRIN FE (norethindrone/ethinyl estradiol/iron) | |
| | LOESTRIN (norethindrone/ethinyl estradiol) | |
| | LOESTRIN FE (norethindrone/ethinyl estradiol/iron) | |
| | MINZOYA (levonorgestrel/ethinyl estradiol/iron) | |
| | NATAZIA (estradiol valerate/dienogest) | |
| | NEXTSTELLIS (drospirenone/estetrol) | |
| | OCELLA (ethinyl estradiol/drospirenone) | |
| | SAFYRAL (drospirenone/ethinyl estradiol/levomefolate) | |
| | SIMPESSE (levonorgestrel/ethinyl estradiol) | |
| | TAYTULLA (norethindrone/ethinyl estradiol/iron) | |
| | TYDEMY (drospirenone/ethinyl estradiol/levomefolate) | |
| | YASMIN (ethinyl estradiol/drospirenone) | |
| | YAZ (ethinyl estradiol/drospirenone) | |
| **TRANSDERMAL CONTRACEPTIVES** | | |
| XULANE (norelgestromin/ethinyl estradiol) | norelgestromin/ethinyl estradiol | |
| | TWIRLA (levonorgestrel/ethinyl estradiol) | |
| | ZAFEMY (norelgestromin/ethinyl estradiol) | |

## SICKLE CELL AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| DROXIA (hydroxyurea) | ADAKVEO (crizanlizumab-tmca) | **ENDARI MANUAL PA** |
| hydroxyurea | CASGEVY (exagamglogene autotemcel) | |
| | ENDARI (glutamine) | |
| | HYDREA (hydroxyurea) | |
| | l-glutamine | |
| | LYFGENIA (lovotibeglogene autotemcel) | |
| | SIKLOS (hydroxyurea) | |

## SKELETAL MUSCLE RELAXANTS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| baclofen 5 mg, 10 mg, 20 mg tablet | AMRIX (cyclobenzaprine) | **Quantity Limit**<br>• **84 tablets/180 days**: carisoprodol<br><br>**Non-Preferred Criteria**<br>• Documented diagnosis of an approvable indication **AND**<br>• Have tried 2 different preferred agents in the past 6 months<br><br>**Baclofen granules, solution, and suspension**<br>• Require clinical review.<br><br>**Carisoprodol**<br>• Documented diagnosis of acute musculoskeletal condition **AND**<br>• No history with meprobamate in the past 105 days **AND**<br>• History of 1 claim for cyclobenzaprine in the past 21 days<br><br>**Carisoprodol with codeine**<br>• Requires clinical review.<br><br>**Metaxalone 640 mg and TANLOR**<br>• Requires clinical review |
| chlorzoxazone | baclofen 15 mg tablet | |
| cyclobenzaprine 5 mg, 10 mg tablet | baclofen suspension | |
| methocarbamol | carisoprodol | |
| tizanidine tablet | carisoprodol/aspirin | |
| | cyclobenzaprine 7.5 mg tablet | |
| | cyclobenzaprine ER | |
| | DANTRIUM (dantrolene) | |
| | dantrolene | |
| | FEXMID (cyclobenzaprine) | |
| | FLEQSUVY (baclofen) | |
| | LORZONE (chlorzoxazone) | |
| | LYVISPAH (baclofen) | |
| | metaxalone | |
| | NORGESIC (orphenadrine/aspirin/caffeine) | |
| | NORGESIC FORTE (orphenadrine/aspirin/caffeine) | |
| | orphenadrine | |
| | orphenadrine/aspirin/caffeine | |
| | ORPHENGESIC FORTE (orphenadrine/aspirin/caffeine) | |
| | SOMA (carisoprodol) | |
| | TANLOR (methocarbamol) | |
| | tizanidine capsule | |
| | ZANAFLEX (tizanidine) | |

## SMOKING DETERRENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **NICOTINE TYPE** | | **Minimum Age Limit**<br>• **18 years**: CHANTIX<br><br>**Quantity Limit**<br>• **336 tablets/year**: CHANTIX 0.5 mg tabs, 1 mg tabs, and continuing pack<br>• **2 treatment courses/year**: CHANTIX Starter Pack |
| nicotine gum OTC | NICOTROL INHALER CARTRIDGE | |
| nicotine lozenge OTC | NICOTROL NASAL SPRAY | |
| nicotine patch OTC | | |
| **NON-NICOTINE TYPE** | | |
| bupropion SR | | |
| CHANTIX (varenicline) | | |
| varenicline | | |

## STEROIDS (TOPICAL)

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **LOW POTENCY** | | **Non-Preferred Criteria**<br>• **Low Potency**<br>  ○ Have tried 2 different preferred low potency agents in the past 6 months<br>• **Medium Potency**<br>  ○ Have tried 2 different preferred medium potency agents in the past 6 months<br>• **High Potency**<br>  ○ Have tried 2 different preferred high potency agents in the past 6 months<br>• **Very High Potency**<br>  ○ Have tried 2 different preferred very high potency agents in the past 6 months<br><br>**Clobetasol 0.025%**<br>• Requires clinical review. |
| alclometasone | fluocinolone | |
| DERMA-SMOOTHE-FS (fluocinolone) | hydrocortisone lotion | |
| desonide | HYDROXYM (hydrocortisone) | |
| hydrocortisone cream, ointment, solution | PROCTOCORT (hydrocortisone) | |
| **MEDIUM POTENCY** | | |
| fluticasone | BESER (fluticasone) | |
| mometasone | CAPEX (fluocinolone) | |
| PANDEL (hydrocortisone probutate) | clocortolone | |
| prednicarbate cream | CLODERM (clocortolone) | |
| | flurandrenolide | |
| | fluticasone lotion | |
| | LOCOID (hydrocortisone butyrate) | |
| | prednicarbate ointment | |
| | SYNALAR (fluocinolone) | |
| **HIGH POTENCY** | | |
| betamethasone dipropionate cream, lotion | amcinonide | |
| betamethasone dipropionate augmented | betamethasone dipropionate ointment | |
| betamethasone valerate | desoximetasone | |
| fluocinolone | diflorasone | |
| fluocinonide | Halcinonide | |
| fluocinonide-E | HALOG (halcinonide) | |
| triamcinolone cream, ointment, lotion | KENALOG (triamcinolone) | |

| | |
|---|---|
| | TOPICORT (desoximetasone) |
| | triamcinolone spray |
| | VANOS (fluocinonide) |
| **VERY HIGH POTENCY** | |
| clobetasol cream, foam, gel, ointment, shampoo, solution | APEXICON E (diflorasone) |
| clobetasol-E | BRYHALI (halobetasol) |
| halobetasol | clobetasol emulsion |
| | clobetasol 0.025% cream |
| | CLOBEX (clobetasol) |
| | CLODAN (clobetasol) |
| | DIPROLENE (betamethasone) |
| | halobetasol |
| | IMPEKLO (clobetasol) |
| | IMPOYZ (clobetasol) 0.025% cream |
| | LEXETTE (halobetasol) |
| | OLUX (clobetasol) |
| | TEMOVATE (clobetasol) |
| | TOVET (clobetasol) |
| | ULTRAVATE (halobetasol) |

## STIMULANTS AND RELATED AGENTS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|---|---|
| **SHORT-ACTING** | |
| dexmethylphenidate | ADDERALL (dextroamphetamine/amphetamine) |
| dextroamphetamine | amphetamine |
| dextroamphetamine/amphetamine | EVEKEO (amphetamine) |
| Methylphenidate tablet | dextroamphetamine solution |
| PROCENTRA (dextroamphetamine) | EVEKEO ODT (amphetamine) |
| | FOCALIN (dexmethylphenidate) |
| | methamphetamine |
| | METHYLN (methylphenidate) |
| | Methylphenidate chewable tablet |
| | RITALIN (methylphenidate) |
| | ZENZEDI (dextroamphetamine) |
| **LONG-ACTING** | |
| ADDERALL XR (dextroamphetamine/amphetamine) | ADZENYS XR ODT (amphetamine) |
| CONCERTA (methylphenidate) | APTENSIO XR (methylphenidate) |
| dexmethylphenidate ER | AZSTARYS (serdexmethylphenidate/dexmethylphenidate) |
| dextroamphetamine ER | COTEMPLA XR ODT (methylphenidate) |
| dextroamphetamine/amphetamine ER (generic ADDERALL XR) | DAYTRANA (methylphenidate) |
| DYANAVEL XR (amphetamine) suspension | DEXEDRINE (dextroamphetamine) |
| lisdexamfetamine | dextroamphetamine/amphetamine ER (generic MYDAYIS ER) |
| methylphenidate CD | DYANAVEL XR (amphetamine) tablets |
| methylphenidate ER tablet | FOCALIN XR (dexmethylphenidate) |
| methylphenidate LA | JORNAY PM (methylphenidate) |
| QUILLICHEW ER (methylphenidate) | methylphenidate patch |
| QUILLIVANT XR (methylphenidate) | methylphenidate ER capsule |
| VYVANSE (lisdexamfetamine) capsules | MYDAYIS (dextroamphetamine/amphetamine) |
| | RELEXXII (methylphenidate) |
| | RITALIN LA (methylphenidate) |
| | VYVANSE (lisdexamfetamine) chewable tablets |
| | XELSTRYM (dextroamphetamine) |
| **NARCOLEPSY** | |
| armodafinil | NUVIGIL (armodafinil) |
| modafinil | PROVIGIL (modafinil) |
| SUNOSI (solriamfetol) | sodium oxybate |

### PA CRITERIA

**Minimum Age Limit**
- **3 years**: ADDERALL, EVEKEO, PROCENTRA, ZENZEDI
- **6 years**: ADDERALL XR, ADHANSIA XR, ADZENYS ER SUSPENSION, ADZENYS XR ODT, APTENSIO XR, atomoxetine, AZSTARYS, clonidine ER, CONCERTA ER, COTEMPLA XR ODT, DAYTRANA, DESOXYN, DEXEDRINE, DYANAVEL XR, EVEKEO ODT, FOCALIN, FOCALIN XR, JORNAY PM, METADATE CD, METHYLIN, ONYDA XR, QELBREE, QUILLICHEW, QUILLIVANT XR, RELEXXII ER, RITALIN LA, VYVANSE, XELSTRYM
- **7 years**: XYREM
- **13 years**: MYDAYIS
- **16 years**: modafinil
- **18 years**: armodafinil, SUNOSI, WAKIX

**Maximum Age Limit**
- **18 years**: clonidine ER, COTEMPLA XR ODT, DAYTRANA, EVEKEO ODT, guanfacine ER

**Quantity Limit Stimulants** (per 31 days)
- **31 tablets**: ADDERALL XR, ADHANSIA XR, ADZENYS XR ODT, APTENSIO XR, AZSTARYS, CONCERTA ER 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 37.5 mg & 50 mg, QUILLICHEW, RELEXXII ER, RITALIN LA & SR, VYVANSE, XELSTRYM
- **62 tablets**: ADDERALL, CONCERTA ER 36 mg, COTEMPLA XR-ODT 17.3 & 25.9 mg, DESOXYN, EVEKEO, FOCALIN, METHYLIN, RITALIN, ZENZEDI
- **248 mL**: DYANAVEL XR Suspension
- **310 mL**: METHYLIN, PROCENTRA
- **372 mL**: QUILLIVANT XR

**Quantity Limit Narcolepsy** (per 31 days)
- **31 tablets**: armodafinil 150, 200 & 250 mg, modafinil 200 mg, SUNOSI
- **46.5 tablets**: modafinil 100 mg
- **62 tablets**: armodafinil 50 mg, WAKIX

**Quantity Limit Non-Stimulants** (per 31 days)
- **31 tablets**: atomoxetine, guanfacine ER, QELBREE 100 mg
- **62 tablets**: QELBREE 150 mg and 200 mg
- **124 tablets**: clonidine ER
- **1 bottle (30 mL or 60 mL)**: ONYDA XR Suspension

| | |
|---|---|
| XYREM (sodium oxybate) | WAKIX (pitolisant) |
| | XYWAV (calcium/magnesium/potassium/sodium oxybate) |
| **NON-STIMULANTS** | |
| atomoxetine | INTUNIV (guanfacine) |
| clonidine ER (generic Kapvay only) | ONYDA XR (clonidine) |
| guanfacine ER | STRATTERA (atomoxetine) |
| QELBREE (viloxazine) | |

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

**Narcolepsy**: ADDERALL, EVEKEO, METHYLIN, PROCENTRA, RITALIN, ZENZEDI
- Documented diagnosis of narcolepsy **AND**
- 30 days of therapy with preferred modafinil or armodafinil in the past 6 months **AND**
- 1 preferred agent indicated for narcolepsy in the past 6 months **OR**
- Have tried 1 claim for a 30-day supply with the requested agent in the past 105 days

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

**Narcolepsy**: ADDERALL XR, APTENSIO XR, CONCERTA ER, DEXEDRINE, METADATE CD, METHYLIN ER, MYDAYIS, NUVIGIL, PROVIGIL, QUILLICHEW, QUILLIVANT XR, RITALIN LA
- Documented diagnosis of narcolepsy **AND**
- 30 days of therapy with preferred modafinil or armodafinil in the past 6 months **AND**
- 1 different preferred 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

**Armodafinil**
- Documented diagnosis of narcolepsy, obstructive sleep apnea, shift work sleep disorder, or bipolar depression

**Atomoxetine**
- Age ≥ 21 years **AND**
- Documented diagnosis of ADD/ADHD

**Clonidine ER**
- Documented diagnosis of ADD/ADHD

**Guanfacine ER**
- Documented diagnosis of ADD/ADHD

**JORNAY PM**
- Diagnosis of ADD/ADHD **AND**
  - History of 84 days of therapy (each) with 2 different preferred LA methylphenidate products in the past 12 months **AND**
  - History of 84 days of therapy with 1 preferred non-methylphenidate LA stimulant in the past 12 months **OR**
  - History of 84 days of therapy with JORNAY PM in the past 105 days

**Modafinil**
- Documented diagnosis of narcolepsy, obstructive sleep apnea, shift work sleep disorder, depression, sleep deprivation or Steinert Myotonic Dystrophy Syndrome

**ONYDA XR**
- Requires clinical review

**QELBREE**
- Documented diagnosis of ADD/ADHD **AND**
- 30 days of therapy with a preferred ADHD agent in the past 105 days **OR**
- 30 days of therapy with QELBREE in the past 105 days

**SUNOSI**
- Documented diagnosis of narcolepsy or obstructive sleep apnea **AND**
- 30 days of therapy with preferred modafinil or armodafinil in the past 6 months

**VYVANSE**
- Documented diagnosis of binge eating disorder or ADD/ADHD
- 90 days of therapy with Vyvanse in the past 90 days

**VYVANSE chewable**
- Requires clinical review

**WAKIX**
- Requires clinical review

**XYREM**
- Diagnosis of narcolepsy or excessive daytime sleepiness **OR**
- 30 days of therapy with this agent in the past 105 days

**XYWAV**
- Requires clinical review

## TETRACYCLINES DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| doxycycline hyclate | demeclocycline | **Non-Preferred Agents**<br>• Have tried 2 different preferred agents in the past 6 months<br><br>**Demeclocycline**<br>• Documented diagnosis of Syndrome of Inappropriate Antidiuretic Hormone Secretion (SIADH) will allow for automatic approval<br><br>**ORACEA**<br>• Requires clinical review |
| doxycycline monohydrate capsule | DORYX (doxycycline hyclate) | |
| minocycline capsule | DORYX MPC (doxycycline hyclate) | |
| tetracycline capsule | doxycycline hyclate DR | |
| | doxycycline IR/DR | |
| | doxycycline monohydrate suspension, tablet | |
| | LYMEPAK (doxycycline hyclate) | |
| | MINOCIN (minocycline) | |
| | minocycline tablet | |
| | minocycline ER | |
| | MINOLIRA ER (minocycline) | |
| | MORGIDOX (doxycycline hyclate) | |
| | NUZYRA (omadacycline) | |
| | ORACEA (doxycycline monohydrate) | |
| | SOLODYN (minocycline) | |
| | tetracycline tablet | |

## ULCERATIVE COLITIS & CROHN'S AGENTS DUR+ *See Cytokine & CAM Antagonists Class for Additional Agents*

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **ORAL** | | **Non-Preferred Criteria**<br>• Documented diagnosis of Ulcerative Colitis **AND**<br>• Have tried 2 different preferred agents in the past 6 months **OR**<br>• 90 days of therapy with the requested agent in the past 105 days<br><br>**VELSIPITY**<br>• Requires clinical review |
| APRISO (mesalamine) | AZULFIDINE (sulfasalazine) | |
| balsalazide | COLAZAL (balsalazide) | |
| budesonide | DELZICOL (mesalamine) | |
| PENTASA (mesalamine) | DIPENTUM (olsalazine) | |
| sulfasalazine | LIALDA (mesalamine) | |
| sulfasalazine DR | mesalamine | |
| UCERIS (budesonide) | mesalamine DR, mesalamine ER | |
| | VELSIPITY (etrasimod) | |
| **RECTAL** | | |
| mesalamine suppository | budesonide | |
| | CANASA (mesalamine) | |
| | mesalamine enema | |
| | ROWASA (mesalamine) | |
| | SFROWASA (mesalamine) | |
| | UCERIS (budesonide) | |

## UREA CYCLE DISORDER AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| CARBAGLU (carglumic acid) | BUPHENYL (sodium phenylbutyrate) | |
| | carglumic acid | |
| | OLPRUVA (sodium phenylbutyrate) | |
| | PHEBURANE (sodium phenylbutyrate) | |
| | RAVICTI (glycerol phenylbutyrate) | |