# MISSISSIPPI DIVISION OF MEDICAID
# UNIVERSAL PREFERRED DRUG LIST

**EFFECTIVE 7/1/2026**
**VERSION 2026_10**
**Updated 7/16/2026**

## 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 |
|---|---|
| **ANTI-INFECTIVES** | |
| clindamycin gel (generic CLEOCIN-T) | azelaic acid |
| clindamycin lotion, medicated swab, solution | CLEOCIN T (clindamycin) |
| erythromycin gel, solution | CLINDACIN (clindamycin) |
| | clindamycin foam |
| | clindamycin gel (generic CLINDAGEL) |
| | dapsone |
| | ERY (erythromycin) |
| | 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 | |
| **RETINOIDS** | |
| adapalene gel, gel with pump | adapalene cream |
| tretinoin cream | AKLIEF (trifarotene) |
| | ATRALIN (tretinoin) |
| | DIFFERIN (adapalene) |
| | FABIOR (tazarotene) |
| | tretinoin gel |
| | tretinoin microsphere |
| **OTHERS/COMBINATION PRODUCTS** | |
| adapalene/benzoyl peroxide gel | CLEANSING WASH (sulfacetamide sodium/sulfur/urea) cleanser |
| clindamycin/benzoyl peroxide 1%-5% gel | clindamycin phosphate/benzoyl peroxide 1.2%-2.5% gel |
| clindamycin phosphate/benzoyl peroxide 1.2%-5% gel | clindamycin/benzoyl peroxide 1.2%-3.75% gel w/pump (generic ONEXTON) |
| sodium sulfacetamide w/sulfur 8%-4%, 9%-4.25%, 10-5% suspension | clindamycin phosphate/tretinoin 1.2%-0.025% gel |
| | EPIDUO FORTE (adapalene/benzoyl peroxide) gel |

## PA CRITERIA

**Maximum Age Limit**

- **21 years**: all acne agents except isotretinoin products

**Topical Clindamycin 1% lotion**

- **21 years** and older **AND**
- Documented diagnosis of hidradenitis suppurativa

Note:
Isotretinoin products available for all ages
Clindamycin 1% lotion only available for ages 21 years and older with approvable diagnosis
Preferred clindamycin 1% lotion for ages < 21 years does not require PA

| | | |
|---|---|---|
| | erythromycin/benzoyl peroxide gel | |
| | NEUAC (benzoyl peroxide/clindamycin) cream, gel | |
| | sodium sulfacetamide w/sulfur 9.8%-4.8% | |
| | 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 | |

## 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>• 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 | ARICEPT (donepezil) | |
| galantamine | donepezil 23 mg tablet | |
| galantamine ER | EXELON (rivastigmine) | |
| rivastigmine | ZUNVEYL (benzgalantamine gluconate) | |
| **NMDA RECEPTOR ANTAGONISTS** | | |
| memantine | memantine ER | |
| | NAMENDA XR (memantine ER) | |
| **COMBINATION AGENTS** | | |
| | memantine/donepezil ER | |
| | NAMZARIC (memantine/donepezil) | |

## ANALGESICS, OPIOID-SHORT ACTING DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| acetaminophen/caffeine/dihydrocodeine | ASCOMP WITH CODEINE (aspirin/butalbital/caffeine/codeine) | **MS DOM Opioid Initiative Criteria details found here**<br>• Morphine Equivalent Daily Dose<br>• Concomitant use of Opioids and Benzodiazepines |
| acetaminophen/codeine | aspirin/butalbital/caffeine/codeine | |

| | | |
|---|---|---|
| codeine | butalbital/acetaminophen/caffeine/codeine | **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 |
| ENDOCET (oxycodone/acetaminophen) | butorphanol | |
| hydrocodone/acetaminophen | carisoprodol/aspirin/codeine | |
| hydromorphone | DILAUDID (hydromorphone) | |
| morphine sulfate | FIORICET WITH CODEINE (butalbital/acetaminophen/codeine) | |
| oxycodone | hydrocodone/ibuprofen | |
| oxycodone/acetaminophen (325 mg acetaminophen formulations) | levorphanol | |
| tramadol 50 mg tablet | meperidine | |
| tramadol/acetaminophen | NALOCET (oxycodone/acetaminophen) | |
| | oxymorphone | |
| | pentazocine/naloxone | |
| | PERCOCET (oxycodone/acetaminophen) | |
| | PROLATE (oxycodone/acetaminophen) | |
| | ROXICODONE (oxycodone) | |
| | ROXYBOND (oxycodone) | |
| | tapentadol | |
| | tramadol 25 mg, 75 mg, 100 mg tablet | |
| | tramadol solution | |
| | XYVONA (levorphanol) | |

## 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<br><br>**Minimum Age Limit**<br>• **18 years**: BUTRANS |
| fentanyl patch | buprenorphine patch | |
| morphine sulfate ER tablet | CONZIP (tramadol) | |
| | DISKETS (methadone) | |
| | hydrocodone ER | |
| | hydromorphone ER | |
| | HYSINGLA ER (hydrocodone) | |
| | methadone | |
| | methadone intensol | |
| | METHADOSE (methadone) | |
| | morphine sulfate ER capsule | |
| | MS CONTIN (morphine) | |
| | oxycodone ER | |
| | OXYCONTIN (oxycodone) | |
| | oxymorphone ER | |
| | tapentadol ER | |
| | tramadol ER | |

## ANALGESICS/ANESTHETICS (TOPICAL)

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| diclofenac 3% gel | DERMACINRX LIDOCAINE (lidocaine) | **Quantity Limit** (per 31 days)<br>• **1 bottle (112 mL)**: diclofenac 2% solution pump<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 2% viscous solution | DERMACINRX LIDOCAN (lidocaine) | |
| lidocaine 4% cream, solution | DERMACINRX LIDOGEL (lidocaine) | |
| lidocaine 5% ointment, patch | DERMACINRX LIDOREX (lidocaine) | |
| lidocaine/prilocaine cream | diclofenac epolamine | |
| TRIDACAINE (lidocaine) patch | diclofenac sodium 2% solution pump | |
| TRIDACAINE XL (lidocaine) patch | DICLOGEN (diclofenac/menthol/camphor) kit | |
| | DOLOGESIC PAIN RELIEF (lidocaine) | |
| | 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) | |
| | 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) | |

## 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 |
| benazepril | ACCUPRIL (quinapril) | |

| | |
|---|---|
| captopril | ALTACE (ramipril) |
| enalapril | EPANED (enalapril) |
| fosinopril | LOTENSIN (benazepril) |
| lisinopril | moexipril |
| quinapril | perindopril |
| ramipril | QBRELIS (lisinopril) |
| trandolapril | ZESTRIL (lisinopril) |
| **ACE INHIBITOR (ACEI) COMBINATIONS** | |
| benazepril/amlodipine | ACCURETIC (quinapril/hydrochlorothiazide) |
| benazepril/hydrochlorothiazide | LOTENSIN HCT (benazepril/hydrochlorothiazide) |
| captopril/hydrochlorothiazide | LOTREL (benazepril/amlodipine) |
| enalapril/hydrochlorothiazide | ZESTORETIC (lisinopril/hydrochlorothiazide) |
| fosinopril/hydrochlorothiazide | |
| lisinopril/hydrochlorothiazide | |
| quinapril/hydrochlorothiazide | |
| trandolapril/verapamil ER | |
| **ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)** | |
| irbesartan | ARBLI (losartan) |
| losartan | ATACAND (candesartan) |
| olmesartan | AVAPRO (irbesartan) |
| telmisartan | azilsartan |
| valsartan tablet | BENICAR (olmesartan) |
| | candesartan |
| | COZAAR (losartan) |
| | DIOVAN (valsartan) |
| | EDARBI (azilsartan) |
| | MICARDIS (telmisartan) |
| | valsartan solution |
| **ARB COMBINATIONS** | |
| irbesartan/hydrochlorothiazide | ATACAND HCT (candesartan/hydrochlorothiazide) |
| losartan/hydrochlorothiazide | AVALIDE (irbesartan/hydrochlorothiazide) |
| olmesartan/amlodipine | AZOR (olmesartan/hydrochlorothiazide) |
| olmesartan/amlodipine/hydrochlorothiazide | BENICAR HCT (olmesartan/hydrochlorothiazide) |
| olmesartan/hydrochlorothiazide | candesartan/hydrochlorothiazide |

**valsartan/sacubitril**

- Age ≥1 year **and** documented diagnosis of Heart Failure with Systemic Ventricular Systolic Dysfunction **OR**
- Age ≥ 18 years **and** documented diagnosis of Heart Failure

**Non-Preferred Criteria**

- **ACEIs**:
  - Have tried 2 different preferred single entity agents in the past 6 months **OR**
  - 90 days of therapy with the requested agent in the past 105 days
- **ACEI Combinations**:
  - Have tried 2 different preferred ACEI combination agents in the past 6 months **OR**
  - 90 days of therapy with the requested agent in the past 105 days
- **ACEI/Diuretic Combinations**:
  - 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
- **ARBs**:
  - Have tried 2 different preferred single entity agents in the past 6 months **OR**
  - 90 days of therapy with the requested agent in the past 105 days
- **ARB Combinations**:
  - Have tried 1 preferred ARB combination agent in the past 6 months **OR**
  - 90 days of therapy with the requested agent in the past 105 days
- **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

| | | |
|---|---|---|
| telmisartan/hydrochlorothiazide | DIOVAN-HCT (valsartan/hydrochlorothiazide) | |
| valsartan/amlodipine | EDARBYCLOR (azilsartan/chlorthalidone) | |
| valsartan/hydrochlorothiazide | ENTRESTO (valsartan/sacubitril) | |
| valsartan/sacubitril[DUR+] | EXFORGE (valsartan/amlodipine) | |
| | EXFORGE HCT (valsartan/amlodipine/hydrochlorothiazide) | |
| | HYZAAR (losartan/hydrochlorothiazide) | |
| | MICARDIS HCT (telmisartan/hydrochlorothiazide) | |
| | telmisartan/amlodipine | |
| | TRIBENZOR (olmesartan/amlodipine/hydrochlorothiazide) | |
| | valsartan/amlodipine/hydrochlorothiazide | |
| | WIDAPLIK (telmisartan/amlodipine/indapamide) | |
| **DIRECT RENIN INHIBITORS** | | |
| | aliskiren | |
| | TEKTURNA (aliskiren) | |

## ANTIBIOTICS (GI) & RELATED AGENTS

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

## ANTIBIOTICS (MISCELLANEOUS)

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **LINCOSAMIDE ANTIBIOTICS** | | **Quantity Limit**<br>• **6 tablets/month**: SIVEXTRO |
| clindamycin | CLEOCIN (clindamycin) | |

| | | |
|---|---|---|
| | CELOCIN PEDIATRIC (clindamycin) | **SIVEXTRO MANUAL PA** |
| **MACROLIDES** | | |
| azithromycin | E.E.S. (erythromycin ethylsuccinate) suspension | |
| clarithromycin | ERYPED (erythromycin ethylsuccinate) suspension | |
| clarithromycin ER | ERYTHROCIN (erythromycin stearate) | |
| E.E.S. (erythromycin ethylsuccinate) 400mg tablet | ZITHROMAX (azithromycin) | |
| ERY-TAB (erythromycin) | | |
| erythromycin | | |
| erythromycin ethylsuccinate | | |
| **NITROFURANTOIN DERIVATIVES** | | |
| nitrofurantoin capsule | FURADANTIN (nitrofurantoin) suspension | |
| nitrofurantoin monohydrate macrocrystals | MACROBID (nitrofurantoin monohydrate macrocrystals) | |
| | nitrofurantoin suspension | |
| **OXAZOLIDINONES** | | |
| linezolid tablet | linezolid suspension | |
| | 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>• **Oral**: |
| enoxaparin | ARIXTRA (fondaparinux) | |
| | fondaparinux | |
| | FRAGMIN (dalteparin) | |
| | LOVENOX (enoxaparin) | |

| ORAL | |
|---|---|
| dabigatran | PRADAXA (dabigatran) |
| ELIQUIS (apixaban) | rivaroxaban |
| ELIQUIS SPRINKLE (apixaban) | SAVAYSA (edoxaban) |
| JANTOVEN (warfarin) | XARELTO (rivaroxaban) dose pack |
| warfarin | |
| XARELTO (rivaroxaban) tablet, suspension | |

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

**XARELTO Dose Pack**
- Requires clinical review

## ANTICONVULSANTS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|---|---|
| **ADJUVANTS** | |
| carbamazepine | APTIOM (eslicarbazepine acetate) |
| carbamazepine ER 12-hour capsule | BANZEL (rufinamide) |
| DEPAKOTE ER (divalproex) | brivaracetam |
| DEPAKOTE SPRINKLE (divalproex) | BRIVIACT (brivaracetam) |
| divalproex | carbamazepine ER 12-hour tablet |
| divalproex ER | CARBATROL (carbamazepine) |
| divalproex sprinkle | DEPAKOTE (divalproex) |
| EPIDIOLEX (cannabidiol) | DIACOMIT (stiripentol) |
| lacosamide | ELEPSIA XR (levetiracetam) |
| lamotrigine | EPRONTIA (topiramate) |
| lamotrigine blue, green, orange dose pack | EQUETRO (carbamazepine) |
| levetiracetam | eslicarbazepine |
| levetiracetam ER | felbamate |
| oxcarbazepine tablet | FELBATOL (felbamate) |
| tiagabine | FINTEPLA (fenfluramine) |
| topiramate | FYCOMPA (perampanel) |
| topiramate sprinkle 15, 25 mg (generic Topamax) | KEPPRA (levetiracetam) |
| TRILEPTAL (oxcarbazepine) suspension | KEPPRA XR (levetiracetam) |
| valproic acid | LAMICTAL (lamotrigine) |
| zonisamide | LAMICTAL XR (lamotrigine) |
| | lamotrigine ER |
| | lamotrigine ODT |
| | lamotrigine ODT blue, green, orange dose pack |
| | MOTPOLY XR (lacosamide) |
| | oxcarbazepine suspension |
| | oxcarbazepine ER |
| | OXTELLAR XR (oxcarbazepine) |
| | perampanel |

**Minimum Age Limit**
- **6 months**: DIACOMIT
- **1 year**: BANZEL, EPIDIOLEX
- **2 years**: ONFI, SYMPAZAN, SUBVENITE, VALTOCO
- **12 years**: NAYZILAM

**Maximum Age Limit**
- **2 years**: VIGAFYDE

**Quantity Limit** (per 31 days)
- **2 twin packs**: DIASTAT
- **2 packages**: NAYZILAM
- **5 blister packs**: VALTOCO

**Non-Preferred Criteria**
- 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

**BANZEL, ONFI, and SYMPAZAN**
- Documented diagnosis of Lennox-Gastaut Syndrome **and** have tried 1 preferred agent for Lennox-Gastaut Syndrome in the past 6 months **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

| | | |
|---|---|---|
| | QUDEXY XR (topiramate) | **TOPIRAMATE ER**<br>• Documented diagnosis of Seizure **AND**<br>• 90 days of therapy with the requested agent in the past 105 days **OR**<br>• 30 days of therapy with topiramate IR in the past 6 months<br><br>**VIGAFYDE**<br>• Age ≤ 2 years **AND**<br>• Documented diagnosis of infantile spasms<br><br>**XCOPRI**<br>• Age ≥ 18 years |
| | 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) | |
| **ANTIDEPRESSANTS, OTHER DUR+** | | |

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| bupropion | AUVELITY (bupropion/dextromethorphan) | **Minimum Age Limit**<br>• **18 years**: all agents<br><br>**Non-Preferred Criteria**<br>• Have tried 2 different preferred agents in the past 6 months **OR**<br>• Have tried 1 preferred agent and 1 SSRI in the past 6 months **OR**<br>• 90 days of therapy with the requested agent in the past 105 days<br><br>**AUVELITY**<br>• Documented diagnosis of major depressive disorder **AND**<br>• 90 days of therapy with the requested agent in the past 105 days<br>**OR**<br>• Have tried preferred bupropion for 60 days in the past 6 months **AND**<br>• Have tried another preferred agent that is not bupropion for 60 days in the past 6 months<br>• Indication of agitation associated with dementia due to Alzheimer's disease requires clinical review<br><br>**DRIZALMA SPRINKLE**<br>• Automatic approval issued with a diagnosis of Generalized Anxiety Disorder for 7-11 years of age<br><br>**duloxetine 20 mg, 30 mg, 60 mg DR capsule**<br>• Automatic approval issued with a diagnosis of Generalized Anxiety Disorder for 7-17 years of age<br>**OR**<br>• 90 days of therapy with the requested agent in the past 105 days<br><br>**EXXUA**<br>• Documented diagnosis of unipolar major depressive disorder **AND**<br>• Have tried 2 different preferred agents in the past 6 months **OR**<br>• Have tried 1 preferred agent and 1 SSRI in the past 6 months **OR**<br>• 90 days of therapy with the requested agent in the past 105 days<br><br>**RALDESY**<br>• Requires clinical review<br><br>**ZURZUVAE MANUAL PA** |
| | CYMBALTA (duloxetine) | |
| | desvenlafaxine ER | |
| duloxetine 20 mg, 30 mg, 60 mg DR capsule | DESYREL (trazodone) | |
| mirtazapine | DRIZALMA SPRINKLE (duloxetine DR) | |
| trazodone | duloxetine 40 mg, 80 mg, 90 mg, 120 mg DR capsule | |
| TRINTELLIX (vortioxetine) | EFFEXOR XR (venlafaxine) | |
| venlafaxine | EMSAM (selegiline) | |
| venlafaxine HCl ER | EXXUA (gepirone hcl) | |
| vilazodone | FETZIMA (levomilnacipran) | |
| | FORFIVO XL (bupropion) | |
| | MARPLAN (isocarboxazid) | |
| | NARDIL (phenelzine) | |
| | nefazodone | |
| | phenelzine | |
| | PRISTIQ (desvenlafaxine) | |
| | REMERON (mirtazapine) | |
| | tranylcypromine | |
| | Trazodone solution | |
| | venlafaxine besylate ER | |
| | VIIBRYD (vilazodone) | |
| | WELLBUTRIN SR (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 solution, tablet | citalopram capsule | |
| fluoxetine capsule, solution | escitalopram capsule | |
| fluvoxamine | fluoxetine tablet | |
| paroxetine tablet | fluoxetine DR capsule | |
| paroxetine CR | fluvoxamine ER capsule | |
| paroxetine ER | LEXAPRO (escitalopram) | |
| sertraline tablet, solution | paroxetine suspension, capsule | |
| | PAXIL (paroxetine) | |
| | PAXIL CR (paroxetine) | |
| | PROZAC (fluoxetine) | |

| | | |
|---|---|---|
| | sertraline capsule | |
| | ZOLOFT (sertraline) | |

## ANTIEMETICS

| 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>• Requires clinical review<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 | |
| | GRANISOL (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) | |
| | NEREUS (tradipitant)$^{NR}$ | |

## ANTIFUNGALS (ORAL) DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| clotrimazole | BREXAFEMME (ibrexafungerp) | **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**<br><br>**griseofulvin suspension**<br>• Automatic approval issued for 0-11 years of age<br><br>**griseofulvin tablets (all except ultramicrodose 165 mg)**<br>• Automatic approval issued for 12-17 years of age<br><br>**FULVICIN P-G, griseofulvin ultramicrodose 165 mg tablets, SPORANOX**<br>• Requires clinical review |
| fluconazole | CRESEMBA (isavuconazonium sulfate) | |
| nystatin | DIFLUCAN (fluconazole) | |
| terbinafine | flucytosine^ | |
| | FULVICIN P-G (griseofulvin ultramicrosize) | |
| | griseofulvin | |
| | griseofulvin ultramicrosize | |
| | itraconazole^ | |
| | ketoconazole | |
| | NOXAFIL (posaconazole) | |
| | ORAVIG (miconazole) | |
| | posaconazole^ | |
| | SPORANOX (itraconazole) | |
| | TOLSURA (itraconazole) | |
| | VFEND (voriconazole) | |
| | 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>**LASOLEX, 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 (NDCs 50228-0502-61, 82568-0036-06) | |
| MICOCLEAR (clotrimazole) | EXTINA (ketoconazole) | |
| miconazole cream, powder, solution OTC | ketoconazole foam | |
| nystatin cream, ointment, powder | KETODAN (ketoconazole) | |
| terbinafine OTC | LASOLEX (clotrimazole) OTC | |
| tolnaftate cream, powder OTC | LOPROX (ciclopirox) | |
| tavaborole | luliconazole | |
| | miconazole/zinc oxide/petrolatum ointment | |
| | MICOTRIN AC (clotrimazole) | |
| | MICOTRIN AP (miconazole nitrate powder) | |
| | MYCOZYL AC (clotrimazole) | |
| | MYCOZYL AP (miconazole) | |
| | naftifine | |
| | NAFTIN (naftifine) | |
| | oxiconazole | |
| | OXISTAT (oxiconazole) | |
| | 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 |
|---|---|---|
| 3-DAY VAGINAL CREAM (clotrimazole) OTC | GYNAZOLE 1 (butoconazole) | |
| clotrimazole cream OTC | miconazole 3 kit OTC | |
| clotrimazole-3 cream | terconazole suppository | |
| miconazole 1 OTC | | |
| miconazole 3 combo pack OTC, cream OTC, suppository | | |
| miconazole 7 OTC | | |
| 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<br><br>**Quantity Limit**<br>• **118 mL**: desloratadine solution<br><br>**DESLORATADINE SOLUTION**<br>• Requires clinical review |
| cetirizine 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 OTC | | |

## 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, naratriptan, NURTEC ODT, RELPAX, REYVOW, SYMBRAVO, TOSYMRA, UBRELVY, ZEMBRACE, ZOMIG tablets<br><br>**Quantity Limit** (per 31 days)<br>• **ORAL**<br>  ○ **4 tablets**: REYVOW 50 mg<br>  ○ **6 tablets**: almotriptan, RELPAX, ZOMIG<br>  ○ **8 tablets**: NURTEC ODT, REYVOW 100 mg<br>  ○ **9 tablets**: naratriptan, FROVA, IMITREX, sumatriptan/naproxen, SYMBRAVO<br>  ○ **12 tablets**: MAXALT<br>  ○ **16 tablets**: UBRELVY<br>• **NASAL**<br>  ○ **1 box**: all agents<br><br>**CUMULATIVE Quantity Limit** (per 31 days)<br>• **INJECTABLES**<br>  ○ **4 injections**: all agents<br><br>**Non-Preferred Criteria**<br>• **ORAL**<br>  ○ Have tried 2 preferred oral agents in the past 90 days<br>• **NASAL**<br>  ○ Requires clinical review<br>• **INJECTABLES**<br>  ○ Requires clinical review<br><br>**Almotriptan and sumatriptan/naproxen**<br>• Automatic approval for 12-17 years of age<br><br>**NURTEC ODT and UBRELVY MANUAL PA** |
| NURTEC ODT (rimegepant) | ZAVZPRET (zavegepant) | |
| UBRELVY (ubrogepant) | | |
| **INJECTABLES** | | |
| sumatriptan pen injector, vial | IMITREX (sumatriptan) | |
| | sumatriptan cartridge | |
| | ZEMBRACE SYMTOUCH (sumatriptan) | |
| **NASAL** | | |
| sumatriptan spray | IMITREX (sumatriptan) | |
| zolmitriptan spray | TOSYMRA (sumatriptan) | |
| | 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 | |
| | SYMBRAVO (rizatriptan benzoate/meloxicam) | |
| | ZOMIG (zolmitriptan) | |

| | | |
|---|---|---|
| | | • Documented diagnosis of Migraine **AND**<br>• Have tried 2 different triptans in the past 6 months **AND**<br>• No concurrent therapy with another CGRP agent or strong CYP3A4 inhibitor<br><br>**REYVOW**<br>• Documented diagnosis of Migraine **AND**<br>• Have tried 2 different triptans in the past 90 days **AND**<br>• Have tried preferred NURTEC ODT in the past 90 days<br><br>**SYMBRAVO MANUAL PA**<br><br>**ZAVZPRET MANUAL PA**<br>• Documented diagnosis of Migraine **AND**<br>• Have tried 2 different triptans in the past 6 months **AND**<br>• Have tried both NURTEC ODT and UBRELVY in the past 6 months **AND**<br>• No concurrent therapy with another CGRP AGENT |

## ANTIMIGRAINE AGENTS, PROPHYLAXIS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **INJECTABLES** | | **Preferred Injectables**<br>• History of 3 claims with the requested agent in the past 105 days **OR**<br>• New starts require manual PA (see criteria below)<br>• AJOVY Autoinjector 3 Pack requires clinical review<br><br>**Non-preferred Injectables**<br>• Requires clinical review<br><br>**Quantity Limit**<br>• **4.5 mL (per 90 days)**: AJOVY Autoinjector 3 Pack<br><br>**AIMOVIG, AJOVY (except Autoinjector 3 Pack), EMGALITY, NURTEC ODT, and QULIPTA MANUAL PA**<br><br>**VYEPTI MANUAL PA** |
| 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) | |

## ANTINEOPLASTICS SELECTED SYSTEMIC ENZYME INHIBITORS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| BOSULIF (bosutinib) tablet | AFINITOR (everolimus) | **LYNPARZA Tablets MANUAL PA** |
| CAPRESLA (vandetanib) | AFINITOR DISPERZ (everolimus) | |
| COMETRIQ (cabozantinib) | AKEEGA (niraparib/abiraterone) | |
| COTELLIC (cobimetinib) | ALECENSA (alectinib) | |
| ENSACOVE (ensartinib hydrochloride) | ALUNBRIG (brigatinib) | |
| everolimus | AUGTYRO (repotrectinib) | |
| GILOTRIF (afatinib) | AYVAKIT (avapritinib) | |
| IBTROZI (taletrectinib) | BALVERSA (erdafitinib) | |

| | | |
|---|---|---|
| ICLUSIG (ponatinib) | BOSULIF (bosutinib) capsule | |
| imatinib | BRAFTOVI (encorafenib) | |
| IMBRUVICA (ibrutinib) | BRUKINSA (zanubrutinib) | |
| INLYTA (axitinib) | CABOMETYX (cabozantinib) | |
| IRESSA (gefitinib) | CALQUENCE (acalabrutinib) | |
| JAKAFI (ruxolitinib) | COPIKTRA (duvelisib) | |
| JAKAFI XR (ruxolitinib) | DANZITEN (nilotinib) | |
| MEKINIST (trametinib) | dasatinib | |
| NEXAVAR (sorafenib) | DAURISMO (glasdegib) | |
| ROZLYTREK (entrectinib) | ERIVEDGE (vismodegib) | |
| SPRYCEL (dasatinib) | ERLEADA (apalutamide) | |
| STIVARGA (regorafenib) | erlotinib | |
| SUTENT (sunitinib) | FOTIVDA (tivozanib) | |
| TAFINLAR (dabrafenib) | FRUZAQIA (fruquintinib) | |
| TARCEVA (erlotinib) | GAVRETO (pralsetinib) | |
| TASIGNA (nilotinib) | gefitinib | |
| TURALIO (pexidartinib) | GLEEVEC (imatinib) | |
| TYKERB (lapatinib) | HERNEXEOS (zongertinib) | |
| VOTRIENT (pazopanib) | HYRNUO (sevabertinib) | |
| XALKORI (crizotinib) | IBRANCE (palbociclib) | |
| XTANDI (enzalutamide) | IDHIFA (enasidenib) | |
| ZELBORAF (vemurafenib) | IMKELDI (imatinib) | |
| ZYDELIG (idelalisib) | INLURIYO (imlunestrant tosylate) | |
| ZYKADIA (ceritinib) | INQOVI (decitabine/cedazuridine) | |
| | INREBIC (fedratinib) | |
| | ITOVEBI (inavolisib) | |
| | IWILFIN (eflornithine) | |
| | JAYPIRCA (pirtobrutinib) | |
| | KISQALI (ribociclib) | |
| | KISQALI-FEMARA CO-PACK (ribociclib/letrozole) | |
| | KOMZIFTI (ziftomenib) | |
| | KOSELUGO (selumetinib sulfate) | |
| | KRAZATI (adagrasib) | |
| | lapatinib | |
| | LAZCLUZE (lazertinib) | |
| | LENVIMA (lenvatinib) | |
| | LIFYORLI (relacorilant)[NR] | |
| | LOBRENA (lorlatinib) | |
| | LUMAKRAS (sotorasib) | |
| | LYNPARZA (olaparib) | |
| | LYTGOBI (futibatinib) | |
| | MEKTOVI (binimetinib) | |
| | MODEYSO (dordaviprone) | |
| | NERLYNX (neratinib) | |
| | nilotinib | |
| | NUBEQA (darolutamide) | |
| | ODOMZO (sonidegib) | |
| | OGSIVEO (nirogacestat) | |

| | | |
|---|---|---|
| | OJEMDA (tovorafenib) | |
| | OJJAARA (momelotinib) | |
| | ONUREG (azacitidine) | |
| | ORGOVYX (relugolix) | |
| | ORSERDU (elacestrant) | |
| | pazopanib | |
| | PEMAZYRE (pemigatinib) | |
| | PIQRAY (alpelisib) | |
| | QINLOCK (ripretinib) | |
| | RETEVMO (selpercatinib) | |
| | REVUFORJ (revumenib) | |
| | REZLIDHIA (olutasidenib) | |
| | RUBRACA (rucaparib) | |
| | RYDAPT (midostaurin) | |
| | SCEMBLIX (asciminib) | |
| | sorafenib | |
| | sunitinib | |
| | TABRECTA (capmatinib) | |
| | TAGRISSO (osimertinib) | |
| | TALZENNA (talazoparib) | |
| | TAZVERIK (tazemetostat) | |
| | TEPMETKO (tepotinib) | |
| | TIBSOVO (ivosidenib) | |
| | TORPENZ (everolimus) | |
| | TRUQAP (capivasertib) | |
| | TUKYSA (tucatinib) | |
| | VANFLYTA (quizartinib) | |
| | VEPPANU (vepdegestrant)[NR] | |
| | 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 |
|---|---|---|
| FOUNDAYO (orforglipron) DUR+ | liraglutide | Provider Education on Prescribing Select Anti-Obesity Agents can be found **here**<br><br>**All agents MANUAL PA** required<br><br>**Quantity Limit**<br>• **30 tablets per 30 days**: FOUNDAYO, WEGOVY<br>• **2 mL per 28 days**: WEGOVY 0.25 mg, 0.5 mg, 1 mg pens/vials<br>• **3 mL per 28 days**: WEGOVY 1.7 mg, 2.4 mg, 7.2 mg pens/vials, ZEPBOUND pens/vials<br><br>**Concurrent use of a GLP-1 and an Anti-Obesity Agent**<br>• Requires clinical review<br><br>**FOUNDAYO, WEGOVY, ZEPBOUND** |
| SAXENDA (liraglutide) | orlistat | |
| WEGOVY (semaglutide)DUR+ | XENICAL (orlistat) | |
| ZEPBOUND (tirzepatide) DUR+ | | |

| | | |
|---|---|---|
| | | • Submission of a manual PA and clinical review may be required when DUR+ electronic PA criteria are not met.<br>• Reauthorization after 12 months requires submission of a manual PA to confirm continued appropriateness of therapy. |

## 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 |
| permethrin 1% cream OTC | lindane | |
| spinosad | NATROBA (spinosad) | |
| VANALICE (piperonyl butoxide/pyrethrins) | malathion | |
| | OVIDE (malathion) | |
| | SKLICE (ivermectin) | |
| **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>**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<br><br>**NOURIANZ**<br>• Documented diagnosis of Parkinson's Disease **AND**<br>• Have tried 1 preferred carbidopa/levodopa combination agent in the past 30 days **AND**<br>• 30 days of therapy with a preferred adjunctive therapy in the past 45 days<br><br>**XADAGO**<br>• Documented diagnosis of Parkinson' s Disease **AND**<br>• History of 30 days of therapy with a carbidopa/levodopa combination agent in the past 45 days **AND**<br>• History of 30 days of therapy with a selegiline agent the in past 45 days |
| benztropine | | |
| trihexyphenidyl | | |
| **COMT INHIBITORS** | | |
| entacapone | OGENTYS (opicapone) | |
| | | |
| **DOPAMINE AGONISTS** | | |
| pramipexole | NEUPRO (rotigotine) | |
| ropinirole | pramipexole ER | |
| | ropinirole ER | |
| **MAO-B INHIBITORS** | | |
| selegiline | AZILECT (rasagiline) | |
| | rasagiline | |
| | XADAGO (safinamide) | |
| **OTHERS** | | |
| amantadine | bromocriptine capsule | |
| bromocriptine tablet | carbidopa | |
| carbidopa/levodopa ER tablet | carbidopa/levodopa ER capsule | |
| carbidopa/levodopa tablet | carbidopa/levodopa ODT | |
| | carbidopa/levodopa/entacapone | |
| | CREXONT (carbidopa/levodopa) | |
| | DHIVY (carbidopa/levodopa) | |

| | | |
|---|---|---|
| | DUOPA (carbidopa/levodopa) | |
| | GOCOVRI (amantadine) | |
| | INBRIJA (levodopa) | |
| | NOURIANZ (istradefylline) | |
| | OSMOLEX ER (amantadine) | |
| | RYTARY (carbidopa/levodopa) | |
| | SINEMET (carbidopa/levodopa) | |
| | STALEVO (carbidopa/levodopa/entacapone) | |

## 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 | |
| | SORILUX (calcipotriene) | |
| | tazarotene | |
| | VECTICAL (calcitriol) | |
| | VTAMA (tapinarof) | |
| | ZORYVE (roflumilast) | |

## ANTIPSYCHOTICS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **INJECTABLE, ATYPICALS DUR+** | | **Concurrent Therapy Limit for Age < 18 years**<br>• 90 days with ≥ 2 agents in the last 120 days will require a **MANUAL PA**<br><br>**Minimum Age Limit**<br>• **3 years**: HALDOL<br>• **5 years**: RISPERDAL, thioridazine<br>• **6 years**: ABILIFY, trifluoperazine<br>• **10 years**: LATUDA, SAPHRIS, SEROQUEL, SYMBYAX, VRAYLAR (0.5, 0.75, 1.5, 3, 4.5 mg)<br>• **12 years**: INVEGA, molindone, perphenazine, pimozide, thiothixene<br>• **13 years**: REXULTI, ZYPREXA<br>• **18 years**: ABILIFY MYCITE, BYSANTI, CAPLYTA, CLOZARIL, COBENFY, FANAPT, fluphenazine, GEODON, loxapine, LYBALVI, NUPLAZID, perphenazine/amitriptyline, SECUADO, VRAYLAR 6 mg, and all injectable agents<br><br>**Quantity Limit**<br>• **3 syringes/year**: ARISTADA INITIO<br><br>**Non-Preferred Criteria Oral Atypical Agents (unless specified below)**<br>• Have tried 2 preferred agents in the past 12 months **OR**<br>• 30 days of therapy with the requested agent in the past 180 days |
| 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) | **ARISTADA INTIO, ARISTADA ER, INVEGA SUSTENNA, INVEGA TRINZA and PERSERIS**<br>• Documented diagnosis of schizophrenia or schizoaffective disorder<br><br>**ABILIFY MAINTENA, ABILIFY ASIMTUFII, RISPERDAL CONSTA, or UZEDY**<br>• Documented diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder<br><br>**CAPLYTA**<br>• 30 days of therapy with the requested agent in the past 105 days<br>**OR**<br>• Documented diagnosis of Bipolar II Depression<br>**OR**<br>• Documented diagnosis of Bipolar I Depression **AND**<br>• 30 days of therapy with a preferred oral atypical antipsychotic indicated for requested diagnosis in the past 105 days<br>**OR**<br>• Documented diagnosis of Major Depressive Disorder **AND**<br>• 120 days of therapy with two antidepressants that are not atypical antipsychotics in the past 180 days **AND**<br>• 30 days of therapy with a preferred oral atypical antipsychotic indicated for requested diagnosis in the past 105 days<br>**OR**<br>• Documented diagnosis of schizophrenia **AND**<br>• 30 days of therapy with a preferred oral atypical antipsychotic indicated for requested diagnosis in the past 105 days<br><br>**INVEGA HAFYERA**<br>• Documented diagnosis of schizophrenia or schizoaffective disorder **AND**<br>○ 4 claims for INVEGA SUSTENNA in the past year **OR**<br>○ 1 claim for INVEGA TRINZA in the past year **OR**<br>○ 1 claim for INVEGA HAFYERA in the past year<br><br>**NUPLAZID**<br>• Documented diagnosis of Parkinson's Disease<br><br>**VRAYLAR**<br>• 30 days of therapy with the requested agent in the past 105 days<br>**OR**<br>• Age 10-17 years or older **AND**<br>• Documented diagnosis of bipolar 1 disorder **AND**<br>• 30 days of therapy with a preferred oral atypical antipsychotic indicated for requested diagnosis in the past 105 days<br>**OR**<br>• Age 13-17 years or older **AND**<br>• Documented diagnosis of schizophrenia or schizoaffective disorder **AND**<br>• 30 days of therapy with a preferred oral atypical antipsychotic indicated for requested diagnosis in the past 105 days<br>**OR**<br>• Age 18 years or older **AND**<br>• Documented diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder **AND**<br>• 30 days of therapy with a preferred oral atypical antipsychotic indicated for requested diagnosis in the past 105 days<br>**OR**<br>• Age 18 years or older **AND**<br>• Documented diagnosis of major depressive disorder **AND**<br>• 120 days of therapy with two antidepressants that are not atypical antipsychotics in the past 180 days **AND**<br>• 30 days of therapy with a preferred oral atypical antipsychotic indicated for requested diagnosis in the past 105 days<br><br>**ARIPIPRAZOLE ODT, BYSANTI, CLOZAPINE ODT, ERZOFRI, OPIPZA, generic risperidone ER, RYKINDO ER, and ZYPREXA RELPREVV**<br>• Require clinical review |
| clozapine tablet | ADASUVE (loxapine) | |
| fluphenazine | aripiprazole ODT, solution | |
| haloperidol | BYSANTI (milsaperidone)[NR] | |
| haloperidol lactate | CAPLYTA (lumateperone) | |
| lurasidone | 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) | |
| ziprasidone | LYBALVI (olanzapine/samidorphan) | |
| | molindone | |
| | NUPLAZID (pimavanserin) | |
| | olanzapine/fluoxetine | |
| | OPIPZA (aripiprazole) | |
| | paliperidone ER | |
| | REXULTI (brexpiprazole) | |
| | RISPERDAL (risperidone) | |
| | SAPHRIS (asenapine) | |
| | SEROQUEL (quetiapine) | |
| | SEROQUEL XR (quetiapine ER) | |
| | SYMBYAX (olanzapine/fluoxetine) | |
| | VERSACLOZ (clozapine) | |
| | VRAYLAR (cariprazine) | |
| | ZYPREXA, ZYPREXA ZYDIS (olanzapine) | |
| **TRANSDERMAL, ATYPICALS** | | |
| | SECUADO (asenapine) | |
| **ANTIRETROVIRALS** DUR+ | | |

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|---|---|
| **CAPSID INHIBITORS** | |
| YEZTUGO** (lenacapavir) tablet and injection | 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/lamivudine/tenofovir) | ATRIPLA (efavirenz/emtricitabine/tenofovir) |
| efavirenz/emtricitabine/tenofovir | CIMDUO (lamivudine/tenofovir) |
| ODEFSEY (emtricitabine/rilpivirine/tenofovir) | COMPLERA (emtricitabine/rilpivirine/tenofovir) |
| | IDVYNSO (doravirine/islatravir)[NR] |
| **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 |

**PA CRITERIA**

**Minimum Age Limit**
- **10 years**: YEZTUGO

**Non-Preferred Criteria**
- 1 claim with the requested agent in the past 105 days

**STRIBILD MANUAL PA**

**SUNLENCA**
- Requires clinical review

**TROGARZO**
- Requires clinical review

**TYBOST MANUAL PA**

**NOTE: Agents with ** are indicated for Pre-Exposure Prophylaxis (PrEP).**

| | |
|---|---|
| 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) |
| | rilpivirine |
| **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)** | |
| darunavir | APTIVUS (tipranavir) |
| PREZISTA (darunavir) 75mg tablet, 150mg tablet, 100mg/mL suspension | PREZCOBIX (darunavir/cobicistat) |
| | PREZISTA (darunavir) 600mg tablet, 800mg tablet |
| **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) | |
| **COVID-19** | | |
| PAXLOVID (nirmatrelvir/ritonavir) | XOCOVA (ensitrelvir)[NR] | |

## ANTIVIRALS, TOPICAL

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| acyclovir cream, ointment | DENAVIR (penciclovir) | **ZELSUVMI MANUAL PA** |
| | penciclovir | |
| | ZELSUVMI (berdazimer) | |

## AROMATASE INHIBITORS

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

## ATOPIC DERMATITIS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **SYSTEMIC** | | **Minimum Age Limit**<br>• **3 months**: EUCRISA<br>• **2 years**: OPZELURA, pimecrolimus, tacrolimus 0.03%<br>• **16 years**: tacrolimus 0.1%<br><br>**ADBRY MANUAL PA** |
| ADBRY (tralokinumab-ldrm) | CIBINQO (abrocitinib) | |
| ADBRY Autoinjector (tralokinumab-ldrm) | NEMLUVIO (nemolizumab-ilto) | |
| DUPIXENT (dupilumab) DUR+ | | |

| | | |
|---|---|---|
| EBGLYSS pen and syringe (lebrikizumab-lbkz) | | **ANZUPGO**<br>• Requires clinical review<br><br>**CIBINQO**<br>• Requires clinical review<br><br>**DUPIXENT**<br>• 1 claim with DUPIXENT in the past 60 days **OR**<br>• New starts require clinical review (see manual PA links below)<br>○ **Allergic Fungal Rhinosinusitis MANUAL PA**<br>○ **Asthma MANUAL PA**<br>○ **Atopic Dermatitis MANUAL PA**<br>○ **Bullous Pemphigoid MANUAL PA**<br>○ **COPD MANUAL PA**<br>○ **Chronic Spontaneous Urticaria MANUAL PA**<br>○ **Eosinophilic Esophagitis MANUAL PA**<br>○ **Nasal Polyposis MANUAL PA**<br>○ **Prurigo Nodularis MANUAL PA**<br><br>**EBGLYSS MANUAL PA**<br><br>**EUCRISA**<br>• 30 days of therapy with a calcineurin inhibitor or topical steroid in the past 6 months<br><br>**NEMLUVIO**<br>• Atopic Dermatitis **MANUAL PA**<br>• Prurigo Nodularis **MANUAL PA**<br><br>**OPZELURA**<br>• 30 days of therapy with pimecrolimus, EUCRISA or tacrolimus in the past 6 months |
| **TOPICAL** | | |
| EUCRISA (crisaborole) DUR+ | ANZUPGO (delgocitinib) | |
| pimecrolimus | OPZELURA (ruxolitinib) | |
| tacrolimus | ZORYVE (roflumilast) 0.15% cream | |

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

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **ANTIANGINALS** | | **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>**ASPRUZYO SPRINKLE, LOPRESSOR SOLUTION, and metoprolol tartrate 12.5 mg tablet**<br>• Requires clinical review<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 |
| ranolazine ER | ASPRUZYO SPRINKLE (ranolazine) | |
| | RANEXA (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 (except 12.5 mg tablet) | INDERAL XL (propranolol) | |
| nadolol | INNOPRAN XL (propranolol) | |
| nebivolol | KAPSPARGO SPRINKLE (metoprolol succinate) | |
| pindolol | LOPRESSOR (metoprolol tartrate) | |
| propranolol | metoprolol tartrate 12.5 mg tablet | |
| propranolol ER | SOTYLIZE (sotalol) | |
| SORINE (sotalol) | TENORMIN (atenolol) | |
| sotalol | TOPROL XL (metoprolol succinate) | |
| 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) | |
| | LYNAVOY (linerixibat)[NR] | |
| | OCALIVA (obeticholic acid) | |
| | RELTONE (ursodiol) | |
| | URSO FORTE (ursodiol) | |

## BLADDER RELAXANT PREPARATIONS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| MYRBETRIQ ER tablet (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 | |
| | MYRBETRIQ ER suspension (mirabegron) | |
| | tolterodine | |
| | tolterodine ER | |
| | TOVIAZ (fesoterodine) | |
| | trospium | |
| | trospium ER | |

| | | |
|---|---|---|
| | VESICARE (solifenacin) | |
| | VESICARE LS (solifenacin) | |

## BONE RESORPTION SUPPRESSION AND RELATED AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **BISPHOSPHONATES** DUR+ | | **Non-Preferred Bisphosphonate Criteria**<br>• Documented diagnosis of osteoporosis or osteopenia **AND**<br>• Have tried 2 different preferred agents in the past 6 months<br><br>**Non-Preferred Others MANUAL PA** |
| 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** | | |
| BILDYOS (denosumab-nxxp) | AUKELSO (denosumab-kyqq) | |
| BILPREVDA (denosumab-nxxp) | BOMYNTRA (denosumab-bnht) | |
| ENOBY (denosumab-qbde) | BONSITY (teriparatide) | |
| FORTEO (teriparatide) | BOSAYA (denosumab-kyqq) | |
| raloxifene | calcitonin salmon | |
| XTRENBO (denosumab-qbde) | CONEXXENCE (denosumab-bnht) | |
| | EVENITY (romosozumab-aqqg) | |
| | EVISTA (raloxifene) | |
| | JUBBONTI (denosumab-bbdz) | |
| | JUBEREQ (denosumab-desu) | |
| | MIACALCIN (calcitonin salmon) | |
| | OSENVELT (denosumab-bmwo) | |
| | OSVYRTI (denosumab-desu) | |
| | PROLIA (denosumab) | |
| | STOBOCLO (denosumab-bmwo) | |
| | teriparatide | |
| | TYMLOS (abaloparatide) | |
| | WYOST (denosumab-bbdz) | |
| | 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** |
| dutasteride | AVODART (dutasteride) | |
| finasteride | ENTADFI (finasteride/tadalafil) | |

| | | |
|---|---|---|
| | PROSCAR (finasteride) | • 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>**ENTADFI**<br>• Requires clinical review |
| **ALPHA BLOCKERS** | | |
| alfuzosin ER | CARDURA (doxazosin) | |
| doxazosin | CARDURA XL (doxazosin) | |
| 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>• **4 years**: SEREVENT, XOPENEX HFA<br>• **6 years**: SPIRIVA RESPIMAT, XOPENEX Solution<br>• **18 years**: BROVANA, BREZTRI AEROSPHERE, PERFOROMIST, STRIVERDI RESPIMAT, TRELEGY ELLIPTA<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>**Quantity Limit** (per 31 days)<br>• **10.7 units** BREZTRI AEROSPHERE<br><br>**BREZTRI AEROSPHERE**<br>• Documented diagnosis of COPD **AND**<br>• 1 claim with the BREZTRI AEROSPHERE or TRELEGY ELLIPTA in the past 105 days<br>**OR**<br>• Documented diagnosis of COPD **AND**<br>• 60 days of therapy with a preferred anticholinergic product in the past 90 days **AND**<br>• 60 days of therapy with a preferred ICS-LABA product in the past 90 days<br><br>**TRELEGY ELLIPTA**<br>• Documented diagnosis of asthma or COPD **AND**<br>• 1 claim with the BREZTRI AEROSPHERE or TRELEGY ELLIPTA in the past 105 days<br>**OR**<br>• Documented diagnosis of asthma or COPD **AND**<br>• 60 days of therapy with a preferred anticholinergic product in the past 90 days **AND**<br>• 60 days of therapy with a preferred ICS-LABA product in the past 90 days<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** DUR+ | | |
| BREZTRI AEROSPHERE (budesonide/glycopyrrolate/formoterol) | | |
| TRELEGY ELLIPTA (fluticasone/umeclidinium/vilanterol) | | |
| **ANTICHOLINERGICS AND COPD AGENTS** | | |
| ATROVENT HFA (ipratropium) | DALIRESP (roflumilast) | |
| ipratropium solution | INCRUSE ELLIPTA (umeclidinium) | |
| SPIRIVA HANDIHALER (tiotropium) | ipratropium HFA | |
| SPIRIVA RESPIMAT (tiotropium) | OHTUVAYRE (ensifentrine) | |
| | roflumilast | |
| | tiotropium | |
| | TUDORZA PRESSAIR (aclidinium) | |
| | umeclidinium ellipta | |
| | YUPELRI (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**<br>• 90 days of therapy with the requested agent in the past 105 days<br><br>**CARDAMYST**<br>• Requires clinical review<br><br>**KATERZIA MANUAL PA**<br><br>**nimodipine**<br>• Documented diagnosis of subarachnoid hemorrhage in the past 45 days **AND**<br>• Duration of therapy limited to 21 days<br><br>**SDAMLO MANUAL PA** |
| amlodipine | diltiazem ER 12 HR | |
| CARTIA XT (diltiazem) | diltiazem LA 24 HR | |
| diltiazem ER 24 HR | KATERZIA (amlodipine) | |
| diltiazem CD 24 HR | levamlodipine | |
| diltiazem XR 24 HR | MATZIM LA (diltiazem) | |
| DILT-XR 24 HR (diltiazem) | nisoldipine | |
| felodipine | NORLIQVA (amlodipine) | |
| nifedipine ER | NORVASC (amlodipine) | |
| TAZTIA XT (diltiazem) | PROCARDIA XL (nifedipine) | |
| TIADYLT ER (diltiazem) | SDAMLO (amlodipine) | |
| verapamil ER | SULAR (nisoldipine) | |
| verapamil SR | TIAZAC (diltiazem) | |
| | verapamil PM | |
| | VERELAN PM (verapamil) | |
| **SHORT-ACTING** | | |
| diltiazem | CARDAMYST (etripamil) | |
| nicardipine | isradipine | |
| nifedipine | nimodipine | |
| verapamil | 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 capsule, suspension | cefadroxil tablet | |
| cephalexin capsule, suspension | cephalexin tablet | |
| **CEPHALOSPORINS SECOND GENERATION** | | |
| cefaclor capsule | cefaclor ER | |
| cefprozil | cefaclor suspension | |
| cefuroxime | | |
| **CEPHALOSPORINS THIRD GENERATION** | | |
| cefdinir | cefixime suspension, tablet | |
| cefixime capsule | SUPRAX (cefixime) | |
| cefpodoxime | | |

## COLONY STIMULATING FACTORS

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

| | | |
|---|---|---|
| | NIVESTYM (filgrastim-aafi) | |
| | NYPOZI (filgrastim-txid) | |
| | ZARXIO (filgrastim-sndz) | |

## 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 |
|---|---|---|
| adalimumab-aaty autoinject | ABRILADA (adalimumab-afzb) | **Non-Preferred Agents**<br>• Require clinical review<br><br>**IV Administered Agents**<br>• Require clinical review<br><br>**adalimumab-aaty autoinject, HADLIMA (adalimumab-bwwd), and YUFLYMA (adalimumab-aaty) – Age specific indications:**<br>• Age 2 years and older **AND**<br>• Diagnosis of juvenile idiopathic arthritis (JIA) **OR**<br>• Diagnosis of uveitis<br><br>• Age 6 years and older **AND**<br>• Diagnosis of Crohn's disease (CD) |
| AVSOLA (infliximab-axxq) | ACTEMRA (tocilizumab) | |
| CYLTEZO (adalimumab-adbm) | adalimumab-aaty syringe | |
| ENBREL (etanercept) | adalimumab-adaz | |
| HADLIMA (adalimumab-bwwd) | adalimumab-adbm | |
| HUMIRA (adalimumab) | adalimumab-fkjp | |
| IMULDOSA (ustekinumab-srlf) | adalimumab-ryvk | |
| KINERET (anakinra) | AMJEVITA (adalimumab-atto) | |
| methotrexate | ARCALYST (rilonacept) | |

| | | |
|---|---|---|
| OLUMIANT (baricitinib) | AVTOZMA (tocilizumab-anoh) | • Age 12 years and older **AND**<br>• Diagnosis of hidradenitis suppurativa (HS) |
| ORENCIA CLICKJECT (abatacept) | AVTOZMA AUTOINJECTOR (tocilizumab-anoh) | • 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 ulcerative colitis (UC) **OR**<br>• Diagnosis of ankylosing spondylitis (AS) |
| ORENCIA VIAL (abatacept) | BIMZELX (bimekizumab-bkzx) | **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 |
| OTEZLA (apremilast) | CIMZIA (certolizumab) | • 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) |
| PYZCHIVA (ustekinumab-ttwe) | COSENTYX (secukinumab) | **CYLTEZO (adalimumab-adbm) – Age specific indications:**<br>• Age 2 years and older **AND**<br>• Diagnosis of juvenile idiopathic arthritis (JIA) **OR**<br>• Diagnosis of uveitis (UV) |
| RINVOQ (upadacitinib) | ENTYVIO (vedolizumab) | • Age 6 years and older **AND**<br>• Diagnosis of Crohn's disease (CD) |
| RINVOQ LQ (upadacitinib) | HULIO (adalimumab-fkjp) | • Age 12 years and older **AND**<br>• Diagnosis of hidradenitis suppurativa (HS) |
| SELARSDI (ustekinumab-aekn) | HYRIMOZ (adalimumab-adaz) | • 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 ulcerative colitis (UC) **OR**<br>• Diagnosis of ankylosing spondylitis (AS) |
| SIMPONI (golimumab) | ICOTYDE (icotrokinra)[NR] | **ENBREL (etanercept) – Age specific indications:**<br>• Age 2 years and older **AND**<br>• Diagnosis of juvenile arthritis (JIA) **OR**<br>• Diagnosis of juvenile psoriatic arthritis (PsA) |
| STARJEMZA (ustekinumab-hmny) | IDACIO (adalimumab-aacf) | • Age 4 years and older **AND**<br>• Diagnosis of plaque psoriasis (PsO) |
| TALTZ (ixekizumab) | ILARIS (canakinumab) | • Age 18 years and older **AND**<br>• Diagnosis of rheumatoid arthritis (RA) **OR**<br>• Diagnosis of psoriatic arthritis (PsA) **OR**<br>• Diagnosis of ankylosing spondylitis (AS) |
| TYENNE (tocilizumab-aazg) | ILUMYA (tildrakizumab-asmn) | **HUMIRA (adalimumab) – Age specific indications:**<br>• Age 2 years and older **AND** |
| ustekinumab-aauz | INFLECTRA (infliximab-dyyb) | |
| XELJANZ (tofacitinib) tablet | infliximab | |
| YUFLYMA (adalimumab-aaty) | JYLAMVO (methotrexate) | |
| | KEVZARA (sarilumab) | |
| | LEQSELVI (deuruxolitinib) | |
| | LITFULO (ritlecitinib) | |
| | OMVOH (mirikizumab-mrkz) | |
| | ORENCIA SYRINGE (abatacept) | |
| | OTEZLA XR (apremilast) | |
| | OTREXUP (methotrexate) | |
| | OTULFI (ustekinumab-aauz) | |
| | RASUVO (methotrexate) | |
| | REMICADE (infliximab) | |
| | RENFLEXIS (infliximab-abda) | |
| | SIMLANDI (adalimumab-ryvk) | |
| | SIMPONI ARIA (golimumab) | |
| | SKYRIZI (risankizumab-rzaa) | |
| | SOTYKTU (deucravacitinib) | |
| | SPEVIGO (spesolimab-sbzo) | |
| | STELARA (ustekinumab) | |
| | STEQEYMA (ustekinumab-stba) | |
| | TOFIDENCE (tocilizumab-bavi) | |
| | tofacitinib | |
| | TREMFYA (guselkumab) | |
| | TREXALL (methotrexate) | |
| | ustekinumab | |

| | | |
|---|---|---|
| | ustekinumab-aekn | • Diagnosis of juvenile idiopathic arthritis (JIA) **OR**<br>• Diagnosis of uveitis (UV) |
| | ustekinumab-ttwe | |
| | XATMEP (methotrexate) | |
| | XELJANZ (tofacitinib) solution | • Age 5 years and older **AND**<br>• Diagnosis of ulcerative colitis (UC)<br>• Age 6 years and older **AND**<br>• Diagnosis of Crohn's disease (CD) |
| | XELJANZ XR (tofacitinib) | |
| | YESINTEK (ustekinumab-kfce) | |
| | YUSIMRY (adalimumab-aqvh) | • Age 12 years and older **AND**<br>• Diagnosis of hidradenitis suppurativa (HS) |
| | ZYMFENTRA (infliximab-dyyb) | • 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>**IMULDOSA (ustekinumab-srlf), PYZCHIVA (ustekinumab-ttwe), SELARSDI (ustekinumab-aekn), STARJEMZA (ustekinumab-hmny), and ustekinumab-aauz – Age specific indications:**<br>• Age 6 years and older **AND**<br>• Diagnosis of plaque psoriasis (PsO) **OR**<br>• Diagnosis of psoriatic arthritis (PsA)<br><br>• Age 18 years and older **AND**<br>• Diagnosis of ulcerative colitis (UC) **OR**<br>• Diagnosis of Crohn's disease (CD)<br><br>**KINERET (anakinra) – Age specific indications:**<br>• Age 18 years and older **AND**<br>• Diagnosis of rheumatoid arthritis (RA)<br>• Other indications require clinical review<br><br>**OLUMIANT (baricitinib) – Age specific indications:**<br>• Age 18 years and older **AND**<br>• Diagnosis of alopecia areata (AA)<br>• Other indications require clinical review<br><br>**ORENCIA (abatacept) – Age specific indications:**<br>• Age 2 years and older **AND**<br>• Diagnosis of juvenile arthritis (JIA) **OR**<br>• Diagnosis of psoriatic arthritis (PsA)<br>• Other indication requires clinical review<br><br>• Age 18 years and older **AND**<br>• Diagnosis of rheumatoid arthritis (RA)<br>• Non-preferred Orencia syringe requires clinical review<br><br>**OTEZLA (apremilast) – Age specific indications:**<br>• Age 6 years and older **AND**<br>• Diagnosis of plaque psoriasis (PsO) **OR**<br>• Diagnosis of psoriatic arthritis (PsA)<br><br>• Age 18 years and older **AND**<br>• Diagnosis of Bechet's disease<br>• Non-preferred Otezla XR requires clinical review |

| | | |
|---|---|---|
| | | **RINVOQ (upadacitinib):**<br>• Age 2 years and older AND<br>• Diagnosis of juvenile idiopathic arthritis (JIA) OR<br>• Diagnosis of psoriatic arthritis<br>**AND**<br>• History of 3 claims with preferred TNF Inhibitor Avsola, Enbrel, Humira or Simponi<br>**OR**<br>• History of 1 claim with Rinvoq in the past<br>**AND**<br>• NO history of concomitant therapy in the past 30 days with any of the following:<br>o A different JAK Inhibitor<br>o A different biologic<br>o Immunosuppressant azathioprine or cyclosporine<br><br>• Age 18 years and older **AND**<br>• Diagnosis of ankylosing spondylitis **OR**<br>• Diagnosis of Crohn's disease **OR**<br>• Diagnosis of giant cell arteritis **OR**<br>• Diagnosis of active non-radiographic axial spondyloarthritis (nr-axSpA) **OR**<br>• Diagnosis of rheumatoid arthritis (RA) **OR**<br>• Diagnosis of ulcerative colitis<br>**AND**<br>• History of 3 claims with preferred TNF Inhibitor Avsola, Enbrel, Humira or Simponi<br>**OR**<br>• History of 1 claim with Rinvoq in the past<br>**AND**<br>• NO history of concomitant therapy in the past 30 days with any of the following:<br>○ A different JAK Inhibitor<br>○ A different biologic<br>○ Immunosuppressant azathioprine or cyclosporine<br><br>• Atopic Dermatitis **MANUAL PA**<br><br>**SIMPONI (golimumab) – Age specific indications:**<br>• Age 18 years and older **AND**<br>• Diagnosis of rheumatoid arthritis (RA) **OR**<br>• Diagnosis of psoriatic arthritis (PsA) **OR**<br>• Diagnosis of ankylosing spondylitis (AS) **OR**<br>• Diagnosis of ulcerative colitis<br>• Ages less than 18 years require clinical review<br>• Non-preferred Simponi Aria requires clinical review<br><br>**STELARA MANUAL PA**<br><br>**TALTZ (ixekizumab) – Age specific indications:**<br>Taltz 20 mg, 40 mg and 80 mg<br>• Age 6 **AND**<br>• Diagnosis of plaque psoriasis (PsO)<br><br>Taltz 80 mg<br>• Age 18 years and older **AND**<br>• Diagnosis of psoriatic arthritis (PsA) **OR**<br>• Diagnosis of ankylosing spondylitis (AS) **OR**<br>• Diagnosis of active non-radiographic axial spondyloarthritis (nr-axSpA) |

| | | |
|---|---|---|
| | | **TYENNE (tocilizumab-aazg) – 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 giant cell arteritis<br><br>**XELJANZ IR (tofacitinib) – Any of the following:**<br>• Age 2 year and older **AND**<br>• Diagnosis of juvenile arthritis (JIA) **OR**<br>• Diagnosis of psoriatic arthritis (PsA)<br><br>• Age 18 years and older **AND**<br>• Diagnosis of rheumatoid arthritis (RA) **OR**<br>• Diagnosis of ulcerative colitis (UC) **OR**<br>• Diagnosis of ankylosing spondylitis (AS)<br>• Non-preferred Xeljanz oral solution and Xeljanz XR require clinical review<br><br>**Preferred methotrexate does not require prior authorization** |

## ERYTHROPOIESIS STIMULATING PROTEINS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| MIRCERA (methoxy polyethylene glycol-epoetin-beta) | ARANESP (darbepoetin alfa) | **Non-Preferred Criteria**<br>• 1 claim for the requested agent in the past 105 days<br><br>**JESDUVROQ, VAFSEO**<br>• Requires clinical review<br><br>**MIRCERA**<br>• Documented diagnosis of chronic renal failure in the past 2 years |
| RETACRIT (epoetin alfa-epbx) | EPOGEN (epoetin alfa) | |
| | JESDUVROQ (daprodustat) | |
| | 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 | |
| BENEFIX | |
| IDELVION | |
| IXINITY | |
| PROFILNINE | |
| REBINYN | |
| RIXUBIS | |
| **OTHER HEMOPHILIA PRODUCTS** | |
| COAGADEX (factor X) | ALHEMO (concizumab-mtci) |
| FIBRYGA (fibrinogen) | CORIFACT (factor XIII) |
| HEMLIBRA (emicizumab-kxwh) DUR+ | FESILTY (fibrinogen)NR |
| RIASTAP (fibrinogen) | HYMPAVZI (marstacimab-hncq) |
| | NOVOSEVEN RT (factor VII) |
| | QFITLIA (fitusiran) |
| | SEVENFACT (factor VII) |
| | TRETTEN (factor XIII) |

## FIBROMYALGIA/NEUROPATHIC PAIN AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| duloxetine 20 mg, 30 mg, 60 mg DR capsule | CYMBALTA (duloxetine) | **Minimum Age Limit**<br>• **18 years**: CYMBALTA, DRIZALMA SPRINKLE, duloxetine DR capsule<br><br>**TONMYA MANUAL PA**<br><br>**RELGAABI**<br>• Requires clinical review |
| gabapentin | DRIZALMA SPRINKLE (duloxetine) | |
| pregabalin | duloxetine 40 mg, 80 mg, 90 mg, 120 mg DR capsule | |
| SAVELLA (milnacipran) | gabapentin ER | |
| | GABARONE (gabapentin) | |
| | GRALISE (gabapentin) | |
| | HORIZANT (gabapentin enacarbil) | |
| | LYRICA, LYRICA CR (pregabalin) | |
| | milnacipran | |
| | NEURONTIN (gabapentin) | |
| | pregabalin ER | |
| | RELGAABI (gabapentin) | |
| | TONMYA (cyclobenzaprine) | |

## 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>• Documented diagnosis or Pneumonic plague or tularemia **AND**<br>• History of doxycycline in the past 3 months **OR** |
| levofloxacin tablet | CIPRO (ciprofloxacin) | |
| | ciprofloxacin suspension | |
| | levofloxacin solution | |
| | moxifloxacin | |
| | ofloxacin | |

| | | |
|---|---|---|
| | | • 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 |

## 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) | VEREGEN (sinecatechins) | **Minimum Age Limit**<br>• **12 years**: ALDARA<br>• **18 years**: CONDYLOX, PICATO, VEREGEN |
| fluorouracil | | |
| imiquimod | | |
| podofilox | | |

## 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 | |
| | ranitidine | |
| **OTHERS** | | |
| CARAFATE (sucralfate) suspension | CARAFATE (sucralfate) tablet | |
| misoprostol | CYTOTEC (misoprostol) | |
| sucralfate | DARTISLA (glycopyrrolate) | |
| | EOHILIA (budesonide) | |
| | VOQUEZNA (vonoprazan) | |
| **PROTON PUMP INHIBITORS** | | |
| esomeprazole capsule | DEXILANT (dexlansoprazole) | |
| NEXIUM (esomeprazole) packet | dexlansoprazole | |
| omeprazole | esomeprazole packet | |
| pantoprazole tablet | KONVOMEP (omeprazole/sodium bicarbonate) | |
| | lansoprazole Rx | |
| | NEXIUM (esomeprazole) capsule | |

| | | |
|---|---|---|
| | omeprazole/sodium bicarbonate | |
| | pantoprazole packet | |
| | 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>**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 | ARNUITY ELLIPTA (fluticasone) | |
| fluticasone diskus | ASMANEX HFA (mometasone) | |
| fluticasone HFA | beclomethasone | |
| QVAR REDIHALER (beclomethasone) | budesonide 1 mg | |
| | 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) | |
| SYMBICORT (budesonide/formoterol) | budesonide/formoterol | |
| | fluticasone/salmeterol HFA | |
| | fluticasone/vilanterol | |
| | WIXELA INHUB (fluticasone/salmeterol) | |

## GROWTH HORMONES DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| GENOTROPIN (somatropin) | HUMATROPE (somatropin) | **Preferred Criteria**<br>• **Age ≥ 18 years** |
| NORDITROPIN FLEXPRO (somatropin) | NGENLA (somatrogon-ghla) | |

| | | |
|---|---|---|
| SKYTROFA (lonapegsomatropin-tcgd) | OMNITROPE (somatropin) | • Documented diagnosis of craniopharyngioma, HIV associated cachexia, iatrogenic growth deficiency due to drug-induced or post-procedural hypopituitarism, Noonan Syndrome, panhypopituitarism, Prader-Willi Syndrome, renal function impairment growth disorders, short stature shox deficiency, Turner Syndrome or history of cranial irradiation<br>• **Age < 18 years**<br>• Diagnosis of approvable pediatric diagnosis or history of cranial irradiation<br><br>**Minimum Age Limit**<br>• **3 years**: NGENLA<br><br>**Maximum Age Limit**<br>• **18 years**: NGENLA<br><br>**Non-Preferred Criteria**<br>Age ≥ 18 years<br>• Documented approvable diagnosis for age as above diagnosis of craniopharyngioma, HIV associated cachexia, iatrogenic growth deficiency due to drug-induced or post-procedural hypopituitarism, Noonan Syndrome, panhypopituitarism, Prader-Willi Syndrome, renal function impairment growth disorders, short stature shox deficiency, Turner Syndrome or history of cranial irradiation **AND**<br>• History of 28 days of therapy with a preferred Growth Hormone in the past 6 months **OR**<br>• 84 days of therapy with the requested agent in the past 105 days<br><br>Age < 18 years<br>• Diagnosis of congenital malformation syndrome, HIV associated cachexia, hypopituitarism, iatrogenic growth deficiency due to drug-induced or post-procedural hypopituitarism, mosaicism 45, Prader-Willi Syndrome, renal function impairment growth disorders, short stature due to endocrine disorder, small for gestational age or Turner Syndrome **AND**<br>• History of 28 days of therapy with a preferred Growth Hormone in the past 6 months **OR**<br>• 84 days of therapy with the requested agent in the past 105 days<br><br>**SKYTROFA**<br>Age ≥ 18 years<br>• Documented diagnosis of craniopharyngioma, HIV associated cachexia, iatrogenic growth deficiency growth deficiency due to drug-induced or post-procedural hypopituitarism, Noonan Syndrome, panhypopituitarism, renal function impairment growth disorders, short stature shox deficiency, Turner Syndrome or history of cranial irradiation **AND**<br>• No history of diagnosis of Prader Willi Syndrome **AND**<br>• History of 28 days of therapy with a preferred Short-Acting Growth Hormone in the past 6 months **OR**<br>• 84 days of therapy with Skytrofa in the past 105 days<br><br>Age < 18 years<br>• No history of diagnosis of Prader Willi Syndrome **AND**<br>• History of 28 days of therapy with a preferred Short-Acting Growth Hormone in the past 6 months **OR**<br>• 84 days of therapy with Skytrofa in the past 105 days |
| | SEROSTIM (somatropin) | |
| | SOGROYA (somapacitan-beco) | |
| | 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 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** |
| **PROPHYLAXIS** | | **Non-Preferred Criteria**<br>• Requires clinical review |
| HAEGARDA (C1 esterase inhibitor) | ANDEMBRY (garadacimab-gxii) | |
| | CINRYZE (C1 esterase inhibitor) | |
| | DAWNZERA (donidalorsen) | |
| | ORLADEYO (berotralstat) | |
| | TAKHZYRO (lanadelumab-flyo) | |
| **ACUTE TREATMENT** | | |
| BERINERT (C1 esterase inhibitor) | EKTERLY (sebetralstat) | |

| | | |
|---|---|---|
| icatibant | FIRAZYR (icatibant) | |
| | KALBITOR (ecallantide) | |
| | RUCONEST (C1 esterase inhibitor) | |
| | SAJAZIR (icatibant) | |

## 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 500 mg, 850 mg, 1,000 mg tablets | GLUMETZA (metformin) | |
| metformin ER (generic GLUCOPHAGE XR) | metformin 625 mg, 750 mg tablets | |
| | metformin ER (generic FORTAMET) | |
| | metformin ER (generic GLUMETZA) | |
| | metformin solution | |
| | RIOMET (metformin) | |

## HYPOGLYCEMICS, DPP4s AND COMBINATIONS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| JANUMET (sitagliptin/metformin) | alogliptin | **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 |
| JANUMET XR (sitagliptin/metformin) | alogliptin/metformin | |

| | | |
|---|---|---|
| JANUVIA (sitagliptin) | BRYNOVIN solution (sitagliptin) | 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 |
| JENTADUETO (linagliptin/metformin) | JENTADUETO XR (linagliptin/metformin) | |
| TRADJENTA (linagliptin) | KAZANO (alogliptin/metformin) | |
| | KOMBIGLYZE XR (saxagliptin/metformin) | |
| | linagliptin/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

| PREFERRED AGENTS DUR+ | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| BYETTA (exenatide) | BYDUREON (exenatide) | **Minimum Age Limit**<br>• **10 years**: BYDUREON BCISE, MOUNJARO, TRULICITY, VICTOZA<br>• **18 years**: BYETTA, OZEMPIC, RYBELSUS<br><br>**Preferred Criteria**<br>• Documented diagnosis of Type 2 Diabetes **AND**<br>• No history of GLP-1 agonist therapy for obesity in the past 30 days<br>**OR**<br>• No documented diagnosis for Type 2 Diabetes **AND**<br>• No history of GLP-1 agonist therapy for obesity in the past 30 days **AND**<br>• 84 days of therapy with the requested agent in the past 105 days<br><br>**Non-Preferred Criteria**<br>• Requires clinical review |
| MOUNJARO (tirzepatide) | exenatide | |
| OZEMPIC (semaglutide) | liraglutide | |
| TRULICITY (dulaglutide) | RYBELSUS (semaglutide) | |
| VICTOZA (liraglutide) | 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, ADMELOG SOLOSTAR (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** |
| HUMULIN 70/30 vial (insulin NPH/regular) | AFREZZA (insulin regular) | |
| HUMULIN N vial (insulin NPH) | APIDRA, APIDRA SOLOSTAR (insulin glulisine) | |

| | | |
|---|---|---|
| HUMULIN R vial (insulin regular) | BASAGLAR KWIKPEN, BASAGLAR TEMPO PEN (insulin glargine) | **Note**:<br>• Insulin pen formulations are not covered for Long Term Care (LTC) beneficiaries.<br><br>**BASAGLAR**<br>• Requires clinical review |
| HUMULIN R U-500 KWIKPEN (insulin regular) | FIASP, FIASP FLEXTOUCH (insulin aspart/niacinamide) | |
| insulin aspart, insulin aspart flexpen | HUMALOG; HUMALOG JUNIOR KWIKPEN, HUMALOG KWIKPEN, HUMALOG TEMPO PEN (insulin lispro) | |
| insulin aspart protamine mix 70/30 | HUMALOG MIX KWIKPEN 50/50, 75/25 (insulin lispro/lispro protamine) | |
| insulin glargine-yfgn | HUMULIN 70/30 KWIKPEN (insulin N/regular) | |
| insulin lispro, insulin lispro junior kwikpen, insulin lispro kwikpen | HUMULIN N KWIKPEN (insulin N) | |
| insulin lispro protamine mix 75/25 | insulin degludec, insulin degludec pen U-100, U-200 | |
| LANTUS, LANTUS SOLOSTAR (insulin glargine) | insulin glargine max solostar, insulin glargine solostar | |
| TOUJEO MAX SOLOSTAR (insulin glargine) | insulin glargine-yfgn | |
| TOUJEO SOLOSTAR (insulin glargine) | KIRSTY (insulin aspart-xjhz) | |
| | LYUMJEV, LYUMJEV KWIKPEN U-100, U-200, LYUMJEV TEMPO PEN (insulin lispro-aabc) | |
| | MERILOG, MERILOG SOLOSTAR (insulin aspart-szjj) | |
| | NOVOLIN 70/30, NOVOLIN 70/30 FLEXPEN (insulin NPH/regular) | |
| | NOVOLIN N, NOVOLIN N FLEXPEN (insulin NPH) | |
| | NOVOLIN R, NOVOLIN R FLEXPEN (insulin regular) | |
| | NOVOLOG, NOVOLOG FLEXPEN (insulin aspart) | |
| | NOVOLOG MIX 70/30, NOVOLOG MIX 70/30 FLEXPEN (insulin aspart protamine/aspart) | |
| | REZVOGLAR KWIKPEN (insulin glargine-aglr) | |
| | TRESIBA, TRESIBA FLEXTOUCH U-100, U-200 (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 |
| dapagliflozin | FARXIGA (dapagliflozin) | |
| JARDIANCE (empagliflozin) | INPEFA (sotagliflozin) | |
| | INVOKANA (canagliflozin) | |
| | STEGLATRO (ertugliflozin) | |
| **SGLT-2 INHIBITOR COMBINATIONS** | | |
| GLYXAMBI (empagliflozin/linagliptin) | dapagliflozin/metformin ER | |
| SYNJARDY (empagliflozin/metformin) | dapagliflozin/saxagliptin | |
| SYNJARDY XR (empagliflozin/metformin) | INVOKAMET (canagliflozin/metformin) | |
| TRIJARDY XR (empagliflozin/linagliptin/metformin) | INVOKAMET XR (canagliflozin/metformin) | |
| | 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><br>**OFEV**<br>• Documented diagnosis of Idiopathic Pulmonary Fibrosis, Progressive Pulmonary Fibrosis, or Systemic Sclerosis-associated Interstitial Lung Disease **OR**<br>• 90 days of therapy with Ofev in the past 105 days<br><br>**pirfenidone**<br>• Documented diagnosis of Idiopathic Pulmonary Fibrosis **OR**<br>• 90 days of therapy with pirfenidone or Esbriet in the past 105 days<br><br>**ESBRIET, nintedanib**<br>• Requires clinical review |
| pirfenidone | JASCAYD (nerandomilast) | |
| | nintedanib | |

| | | |
|---|---|---|
| | | **JASCAYD MANUAL PA** |

## IMMUNE GLOBULINS

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

## IMMUNOLOGIC THERAPIES FOR ASTHMA

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| DUPIXENT (dupilumab) DUR+ | NUCALA (mepolizumab) | **DUPIXENT**<br>• 1 claim with DUPIXENT in the past 60 days **OR**<br>• New starts require clinical review (see manual PA links below)<br>○ **Allergic Fungal Rhinosinusitis MANUAL PA**<br>○ **Asthma MANUAL PA**<br>○ **Atopic Dermatitis MANUAL PA**<br>○ **Bullous Pemphigoid MANUAL PA**<br>○ **COPD MANUAL PA**<br>○ **Chronic Spontaneous Urticaria MANUAL PA**<br>○ **Eosinophilic Esophagitis MANUAL PA**<br>○ **Nasal Polyposis MANUAL PA**<br>○ **Prurigo Nodularis MANUAL PA**<br><br>**FASENRA**<br>• Requires clinical review<br>○ **Asthma MANUAL PA**<br><br>**NUCALA**<br>• Requires clinical review<br><br>**TEZSPIRE**<br>• Requires clinical review<br><br>**XOLAIR**<br>• 1 claim with XOLAIR in the past 45 days **OR**<br>• New starts require clinical review<br>○ **Asthma MANUAL PA**<br>○ **Chronic Spontaneous Urticaria MANUAL PA**<br>○ **Nasal Polyposis MANUAL PA** |
| FASENRA (benralizumab) | TEZSPIRE (tezepelumab-ekko) | |
| XOLAIR (omalizumab) | | |

## IMMUNOSUPPRESSIVE AGENTS, ORAL

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| AZASAN (azathioprine)<br>azathioprine<br>CELLCEPT (mycophenolate)<br>cyclosporine<br>everolimus<br>mycophenolate<br>mycophenolic acid<br>NEORAL (cyclosporine)<br>RAPAMUNE (sirolimus)<br>SANDIMMUNE (cyclosporine)<br>sirolimus<br>tacrolimus | ASTAGRAF XL (tacrolimus)<br>ENVARSUS XR (tacrolimus)<br>LUPKYNIS (voclosporin)<br>MYFORTIC (mycophenolate)<br>MYHIBBIN (mycophenolate)<br>PROGRAF (tacrolimus)<br>REZUROCK (belumosudil)<br>tacrolimus XL<br>YULITHIRA (everolimus)[NR]<br>ZORTRESS (everolimus) | **Minimum Age Limit**<br>• **13 years**: RAPAMUNE<br>• **18 years**: ZORTRESS<br><br>**Maximum Age Limit**<br>• **12 years**: PROGRAF Granules<br><br>**Preferred Criteria**<br>• **AZASAN**<br>○ Documented diagnosis of kidney transplant, RA, or a State-accepted diagnosis<br>• **CELLCEPT**<br>○ Documented diagnosis of heart, kidney, or liver transplant or a State-accepted diagnosis<br>• **GENGRAF, NEORAL, SANDIMMUNE**<br>○ Documented diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA, or a State-accepted diagnosis<br>• **everolimus**<br>○ Documented diagnosis of kidney or liver transplant<br>• **RAPAMUNE**<br>○ Documented diagnosis of kidney transplant<br>• **tacrolimus**<br>○ Documented diagnosis of heart, kidney, liver, or lung transplant or a State-accepted diagnosis<br><br>**Non-Preferred Criteria**<br>• **ASTAGRAF XL or ENVARSUS XR**<br>○ Documented diagnosis of heart, kidney, liver, or lung transplant or a State-accepted diagnosis **AND**<br>○ 30 days of therapy with tacrolimus XL in the past 105 days **OR**<br>○ 90 days of therapy with the requested agent in the past 105 days<br>• **PROGRAF Granules**<br>○ Age ≤ 11 years **AND**<br>○ Documented diagnosis of heart, kidney, liver, or lung transplant or a State-accepted diagnosis<br>• **MYFORTIC**<br>○ Documented diagnosis of kidney transplant or psoriasis<br>• **MYHIBBIN**<br>○ Documented diagnosis of heart, kidney, or liver transplant or a State-accepted diagnosis **AND**<br>○ 30 days of therapy with mycophenolate suspension in the past 105 days **OR**<br>○ 90 days of therapy with MYHIBBIN Suspension in the past 105 days<br>• **tacrolimus XL**<br>○ Documented diagnosis of heart, kidney, liver, or lung transplant or a State-accepted diagnosis **AND**<br>○ 30 days of therapy with tacrolimus IR in the past 105 days **OR**<br>○ 90 days of therapy with the requested agent in the past 105 days<br>• **ZORTRESS**<br>○ Documented diagnosis of kidney or liver transplant<br><br>**LUPKYNIS and REZUROCK**<br>• Requires clinical review |

## INTRANASAL RHINITIS AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **ANTICHOLINERGICS** | | **Non-Preferred Criteria Corticosteroids**<br>• Documented diagnosis of allergic rhinitis **AND**<br>• Have tried 1 different preferred agent in the past 6 months |
| ipratropium | | |
| **ANTIHISTAMINE/CORTICOSTEROID COMBINATIONS** | | |

| | | |
|---|---|---|
| | azelastine/fluticasone | |
| | DYMISTA (azelastine/fluticasone) | |
| | RYALTRIS (olopatadine/mometasone) | |
| **ANTIHISTAMINES** | | |
| azelastine | olopatadine | |
| | PATANASE (olopatadine) | |
| **CORTICOSTEROIDS DUR+** | | |
| fluticasone | BECONASE AQ (beclomethasone) | |
| NASONEX 24 HOUR ALLERGY SPRAY (mometasone) OTC | flunisolide | |
| | mometasone | |
| | NASONEX (mometasone) | |
| | OMNARIS (ciclesonide) | |
| | QNASL (beclomethasone) | |
| | XHANCE (fluticasone) | |

## IRON CHELATING AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| deferasirox (all manufacturers except those listed as non-preferred) | deferasirox (manufacturers starting with 62332) | **JADENU and JADENU SPRINKLE MANUAL PA** |
| deferiprone 500 mg tablet | deferiprone 1,000 mg tablet | |
| FERRIPROX (deferiprone) | EXJADE (deferasirox) | |
| | JADENU (deferasirox) | |
| | 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>• **2 years**: LINZESS 72 mcg<br>• **7 years**: LINZESS 145 mcg<br>• **18 years**: AMITIZA, IBSRELA, LINZESS 290 mcg, MOTEGRITY, MOVANTIK, MYTESI, SYMPROIC, VIBERZI<br><br>**Gender Limit**<br>• **Female** AMITIZA 8 mcg<br><br>**LINZESS 72 mcg**<br>• Age 2-17 years **AND**<br>• Documented diagnosis of pediatric functional constipation **AND**<br>• No history of bowel or GI obstruction |
| LINZESS (linaclotide) | AMITIZA (lubiprostone) | |
| lubiprostone | IBSRELA (tenapanor) | |
| | MOTEGRITY (prucalopride) | |
| | MOVANTIK (naloxegol) | |
| | prucalopride | |
| | SYMPROIC (naldemedine) | |
| **IRRITABLE BOWEL SYNDROME DIARRHEA** | | |
| dicyclomine | alosetron | |
| hyoscyamine, hyoscyamine ER | DIGENYX (hyoscyamine) | |
| HYOSYNE (hyoscyamine) | VIBERZI (eluxadoline) DUR+ | |
| LEVSIN, LEVSIN-SL (hyoscyamine) | | |
| NULEV (hyoscyamine) | | |
| OSCIMIN, OSCIMIN SL (hyoscyamine) | | |

<table>
<tr><td colspan="2">SHORT BOWEL SYNDROME AND SELECTED GI AGENTS DUR+</td><td rowspan="3"></td></tr>
<tr><td></td><td>GATTEX (teduglutide)</td></tr>
<tr><td></td><td>MYTESI (crofelemer)</td></tr>
<tr><td colspan="3">IRRITABLE BOWEL SYNDROME CONSTIPATION DUR+</td></tr>
<tr>
<td>Chronic Idiopathic Constipation (CIC): Amitiza 24 mcg, LINZESS, MOTEGRITY<br>• LINZESS 72 mcg<br>○ Age 6-17 years AND<br>○ Documented diagnosis pediatric functional constipation in the past year AND<br>○ No history of GI or bowel obstruction<br><br>OR<br><br>○ Age 18 years or older AND<br>○ Documented diagnosis of CIC in the past year AND<br>○ No history of GI or bowel obstruction<br>• LINZESS 145 mcg and lubiprostone 24 mcg<br>○ Age 18 years or older AND<br>○ Documented diagnosis of CIC in the past year AND<br>○ No history of GI or bowel obstruction<br>• LINZESS 290 mcg<br>○ Age 18 years or older AND<br>○ Documented diagnosis of CIC in the past year AND<br>○ No history of GI or bowel obstruction AND<br>○ 1 claim with LINZESS 145 mcg in the past 45 days<br>• Non-Preferred CIC Agents<br>○ Documented diagnosis of CIC AND<br>○ No history of GI or bowel obstruction AND</td>
<td>Irritable Bowel Syndrome Constipation Dominant (IBS-C): AMITIZA 8 mcg, IBSRELA, LINZESS 290 mcg<br>• Preferred IBS-C Agents<br>○ Documented diagnosis of IBS-C in the past year AND<br>○ No history of GI or bowel obstruction<br>• Non-Preferred IBS-C Agents<br>○ Documented diagnosis of IBS-C in the past year AND<br>○ No history of GI or bowel obstruction AND<br>○ Have tried 2 preferred IBS-C agents in the past 6 months OR<br>○ 1 claim with the requested agent in the past 105 days</td>
<td>Opioid Induced Constipation (OIC): AMITIZA 24 mcg, MOVANTIK, SYMPROIC<br>• Preferred OIC Agents<br>○ Documented diagnosis of OIC and chronic pain in the past year AND<br>○ No history of GI or bowel obstruction AND<br>○ 1 claim for an opioid in the past 30 days<br>• Non-Preferred OIC Agents<br>○ All preferred criteria met AND<br>○ Have tried 1 preferred OIC agents in the past 6 months OR<br>○ 1 claim with the requested agent in the past 105 days</td>
</tr>
</table>

| | | |
|---|---|---|
| ○ Have tried 2 preferred CIC agents in the past 6 months **OR**<br>○ 1 claim with the requested agent in the past 105 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 **MANUAL PA**

## SHORT BOWEL SYNDROME AND SELECTED GI AGENTS DUR+

| HIV/AIDS Non-infectious Diarrhea | Short Bowel Syndrome (SBS) |
|---|---|
| • **MYTESI**<br>○ Documented diagnosis of HIV/AIDS **and** non-infectious diarrhea in the past year **AND**<br>○ 1 claim for an antiretroviral in the past 30 days | • **GATTEX**<br>○ 1 claim for GATTEX in the past 105 days **OR**<br>○ New starts require clinical review |

## LEUKOTRIENE MODIFIERS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| montelukast | ACCOLATE (zafirlukast) | **Minimum Age Limit**<br>• **12 years**: ZYFLO & ZYFLO CR<br><br>**Non-Preferred Criteria**<br>• Have tried 2 different preferred agents in the past 6 months |
| zafirlukast | SINGULAIR (montelukast) | |
| | zileuton | |
| | ZYFLO (zileuton) | |

## LIPOTROPICS, OTHER (NON-STATINS)

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **ACL INHIBITORS AND COMBINATIONS** | | **JUXTAPID MANUAL PA**<br><br>**KYNAMRO**<br>• Requires clinical review<br><br>**LEQVIO**<br>• Requires clinical review<br><br>**NEXLETOL and NEXLIZET**<br>• Require clinical review<br><br>**PRALUENT MANUAL PA**<br><br>**REPATHA MANUAL PA**<br><br>**WELCHOL**<br>• Documented diagnosis of Type 2 Diabetes **AND**<br>• 30 days of therapy with an antidiabetic agent in the past 6 months **OR** |
| | 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) | • 90 days of therapy with WELCHOL in the past 105 days |
| **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 | niacin | |
| **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) | |

## LIPOTROPICS, STATINS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **STATINS** DUR+ | | **Minimum Age Limit**<br>• **10 years**: ATORVALIQ Suspension<br><br>**Non-Preferred Criteria Statins**<br>• 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 |
| atorvastatin | ALTOPREV (lovastatin) | |
| lovastatin | ATORVALIQ (atorvastatin) | |
| pravastatin | CRESTOR (rosuvastatin) | |
| rosuvastatin | EZALLOR SPRINKLE (rosuvastatin) | |
| 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) |

| | | |
|---|---|---|
| | GRASTEK | • **31 tablets**: alprazolam ER<br><br>**Quantity Limit** (per 31 days)<br>• **2 kits**: epinephrine<br><br>**EVRYSDI MANUAL PA**<br><br>**PALSONIFY MANUAL PA**<br><br>**RHAPSIDO MANUAL PA**<br><br>***The Miscellaneous subclass contains drugs that do not belong to any PDL drug classes. A non-preferred drug in this subclass may not require a documented history of preferred agents within the Miscellaneous subclass except for a brand name product with a generic equivalent.** |
| | ORALAIR | |
| | RAGWITEK | |
| **ANXIOLYTICS** | | |
| alprazolam | alprazolam ER | |
| hydroxyzine HCL | VISTARIL (hydroxyzine pamoate) | |
| hydroxyzine pamoate | XANAX, XANAX XR (alprazolam) | |
| **EPINEPHRINE** | | |
| epinephrine (Mylan) | AUVI-Q (epinephrine) | |
| | epinephrine (all other manufacturers) | |
| | EPIPEN (epinephrine) | |
| | EPIPEN JR (epinephrine) | |
| | NEFFY (epinephrine) | |
| **FAMILIAL CHYLOMICRONEMIA SYNDROME** | | |
| | REDEMPLO (plozasiran sodium) | |
| | TRYNGOLZA (olezarsen) | |
| **MISCELLANEOUS*** | | |
| megestrol | BLUJEPA (gepotidacin) | |
| REVLIMID (lenalidomide) | BRINSUPRI (brensocatib) | |
| | CAMZYOS (mavacamten) | |
| | CRENESSITY (crinecerfont) | |
| | ERGOMAR (ergotamine) | |
| | EVRYSDI (risdiplam) | |
| | HARLIKU (nitisinone) | |
| | KORLYM (mifepristone) | |
| | lenalidomide | |
| | MYQORZO (aficamten) | |
| | PALSONIFY (paltusotine) | |
| | pomalidomide | |
| | POMALYST (pomalidomide) | |
| | RHAPSIDO (remibrutinib) | |
| | TARPEYO (budesonide) | |
| | VERQUVO (vericiguat) | |
| **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 **AND**<br>• 30 days of therapy with tetrabenazine in the past 180 days **OR**<br>• 90 days of therapy with either agent in the past 105 days<br><br>• Documented diagnosis of tardive dyskinesia **AND**<br>• 90 days of therapy with either agent in the past 105 days **OR** |
| AUSTEDO XR (deutetrabenazine) | XENAZINE (tetrabenazine) | |
| INGREZZA (valbenazine) | | |
| INGREZZA SPRINKLE (valbenazine) | | |
| tetrabenazine | | |

| | | |
|---|---|---|
| | | • New starts require clinical review **MANUAL PA**<br><br>**INGREZZA and INGREZZA SPRINKLE**<br>• Documented diagnosis of Huntington's chorea **AND**<br>• 30 days of therapy with tetrabenazine in the past 180 days **OR**<br>• 90 days of therapy with the requested agent in the past 105 days<br><br>• Documented diagnosis of tardive dyskinesia **AND**<br>• 90 days of therapy with the requested agent in the past 105 days **OR**<br>• New starts require clinical review **MANUAL PA** |
| **MULTIPLE SCLEROSIS AGENTS** DUR+ | | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** | **PA CRITERIA** |
| **HIGHLY ACTIVE** | | **Preferred Agents**<br>• Documented diagnosis of multiple sclerosis<br><br>**Preferred Agents**<br>• Documented diagnosis of multiple sclerosis<br><br>**Non-Preferred Criteria (Highly Active)**<br>• Requires clinical review<br><br>**Non-Preferred Criteria (Mildly Active)**<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>**GILENYA, KESIMPTA, PONVORY, TASCENSO ODT, and ZEPOSIA**<br>• Requires clinical review<br><br>**cladribine and MAVENCLAD MANUAL PA**<br><br>**MAYZENT MANUAL PA**<br><br>**OCREVUS and OCREVUS ZUNOVO MANUAL PA** |
| TYSABRI (natalizumab) | BRIUMVI (ublituximab-xiiy) | |
| | cladribine | |
| | KESIMPTA PEN (ofatumumab) | |
| | MAVENCLAD (cladribine) | |
| | OCREVUS (ocrelizumab) | |
| | OCREVUS ZUNOVO (ocrelizumab/hyaluronidase-ocsq) | |
| | TYRUKO (natalizumab-sztn) | |
| **MODERATELY ACTIVE** | | |
| fingolimod | GILENYA (fingolimod) | |
| | MAYZENT (siponimod) | |
| | PONVORY (ponesimod) | |
| | TASCENSO ODT (fingolimod) | |
| | ZEPOSIA (ozanimod) | |
| **MILDLY ACTIVE** | | |
| BETASERON (interferon beta-1b) | AMPYRA (dalfampridine) | |
| COPAXONE (glatiramer) 20 mg | AUBAGIO (teriflunomide) | |
| dalfampridine ER | AVONEX (interferon beta-1a) | |
| dimethyl fumarate | BAFIERTAM (monomethyl fumarate) | |
| REBIF (interferon beta-1a) | COPAXONE (glatiramer) 40 mg | |
| REBIF REBIDOSE (interferon beta-1a) | glatiramer | |
| teriflunomide | GLATOPA (glatiramer) | |
| | PLEGRIDY (peginterferon beta-1a) | |
| | TECFIDERA (dimethyl fumarate) | |
| | VUMERITY (diroximel fumarate) | |
| **MUSCULAR DYSTROPHY AGENTS** | | |

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| EMFLAZA (deflazacort) | AGAMREE (vamorolone) | **AGAMREE MANUAL PA**<br><br>**AMONDYS-45 MANUAL PA***<br><br>**DUVYZAT MANUAL PA**<br><br>**ELEVIDYS MANUAL PA***<br><br>**EMFLAZA MANUAL PA**<br><br>**EXONDYS-51 MANUAL PA***<br><br>**JAYTHARI MANUAL PA**<br><br>**KYMBEE MANUAL PA**<br><br>**VILTEPSO MANUAL PA***<br><br>**VYONDYS-53 MANUAL PA***<br><br>* Please submit the prior authorization request to Telligen if the member is enrolled in fee-for-service or to the member's respective coordinated care organization. |
| | AMONDYS-45 (casimersen) | |
| | deflazacort | |
| | DUVYZAT (givinostat) | |
| | ELEVIDYS (delandistrogene moxeparvovec-rokl) | |
| | EXONDYS-51 (eteplirsen) | |
| | JAYTHARI (deflazacort) | |
| | KYMBEE (deflazacort) | |
| | 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>**Non-Preferred Criteria**<br>• Requires clinical review |
| CELEBREX (celecoxib) | ELYXYB (celecoxib) | |
| celecoxib | meloxicam capsule | |
| meloxicam tablet | VYSCOXA (celecoxib) | |
| | ZYBIC (meloxicam) | |
| **NON-SELECTIVE** | | |
| diclofenac sodium | COXANTO (oxaprozin) | |
| diclofenac sodium ER | DAYPRO (oxaprozin) | |
| EC-naproxen DR 500 mg tablet | diclofenac potassium | |
| etodolac tablet | diflunisal | |
| flurbiprofen | DOLOBID (diflunisal) | |
| ibuprofen | etodolac capsule, etodolac ER | |
| indomethacin capsule | FELDENE (piroxicam) | |
| indomethacin ER | fenoprofen | |
| ketorolac | ibuprofen 300 mg | |
| nabumetone | indomethacin suspension, suppository | |
| naproxen 250 mg, 500 mg | ketoprofen | |
| piroxicam | LOFENA (diclofenac potassium) | |
| sulindac | meclofenamate | |
| | mefenamic acid | |
| | NALFON (fenoprofen) | |
| | NAPRELAN (naproxen) | |

| | | |
|---|---|---|
| | NAPROSYN 375 mg (naproxen) | |
| | naproxen 375 mg, naproxen CR 375 mg, naproxen ER 500 mg | |
| | ORUDIS (ketoprofen) | |
| | oxaprozin | |
| | RELAFEN DS (nabumetone) | |
| | TOLECTIN (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 | PA CRITERIA |
|---|---|---|
| **ANTIBIOTICS** | | **Minimum Age Limit**<br>• **16 years**: RESTASIS<br>• **17 years**: XIIDRA<br>• **18 years**: CEQUA, EYSUVIS, MIEBO, TRYPTYR, VEVYE<br><br>**Quantity Limit** (per 31 days)<br>• **2 mL**: VEVYE<br>• **3 mL**: MIEBO<br>• **5.5 mL**: RESTASIS Multidose<br>• **8.3 mL**: EYSUVIS<br>• **60 units**: CEQUA, RESTASIS Droperette, TRYPTYR, XIIDRA<br>• **1 bottle (150 mL)**: diclofenac 1.5% solution<br><br>**Non-Preferred Criteria**<br>• **Anti-Inflammatory Agents**<br>○ Have tried 2 different preferred agents in the past 6 months<br><br>• **Dry Eye Agents**<br>○ History of 1 claim for both RESTASIS Droperette and XIIDRA in the past 6 months<br><br>**BYQLOVI, MIEBO, RESTASIS Multidose, TRYPTYR, TYRVAYA, VEVYE**<br>• Requires clinical review |
| bacitracin/polymyxin | AZASITE (azithromycin) | |
| ciprofloxacin | bacitracin | |
| erythromycin | besifloxacin | |
| gentamicin | BESIVANCE (besifloxacin) | |
| moxifloxacin | CILOXAN (ciprofloxacin) | |
| ofloxacin | gatifloxacin | |
| polymyxin B/trimethoprim | NATACYN (natamycin) | |
| tobramycin | neomycin/bacitracin/polymyxin | |
| | 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) | tobramycin/loteprednol | |
| 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 | BYQLOVI (clobetasol) | |
| flurbiprofen | DUREZOL (difluprednate) | |
| FML FORTE (fluorometholone) | FML (fluorometholone) | |
| ketorolac | ILEVRO (nepafenac) | |
| MAXIDEX (dexamethasone) | INVELTYS (loteprednol) | |
| PRED MILD (prednisolone) | LOTEMAX, LOTEMAX SM (loteprednol) | |
| prednisolone acetate | loteprednol | |
| prednisolone sodium phosphate | NEVANAC (nepafenac) | |
| | PRED FORTE (prednisolone) | |
| | PROLENSA (bromfenac) | |
| **DRY EYE AGENTS** | | |
| EYSUVIS (loteprednol) | CEQUA (cyclosporine) | |
| RESTASIS Droperette (cyclosporine) | cyclosporine | |
| XIIDRA (lifitegrast) | MIEBO (perfluorohexyloactane) | |
| | RESTASIS Multidose (cyclosporine) | |
| | TYRVAYA (varenicline) | |
| | VEVYE (cyclosporine) | |

## OPHTHALMIC, GLAUCOMA AGENTS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **BETA BLOCKERS** | | **Minimum Age Limit**<br>• **18 years**: IYUZEH<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 |
| 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** | | |
| dorzolamide | AZOPT (brinzolamide) | |
| | brinzolamide | |
| **COMBINATION AGENTS** | | |
| COMBIGAN (brimonidine/timolol) | brimonidine/timolol | |
| dorzolamide/timolol | COSOPT (dorzolamide/timolol) | |

| | | |
|---|---|---|
| SIMBRINZA (brinzolamide/brimonidine) | dorzolamide/timolol PF | |
| **PARASYMPATHOMIMETICS** | | |
| pilocarpine 1%, 2%, 4% | | |
| **PROSTAGLANDIN ANALOGS** | | |
| latanoprost | bimatoprost | |
| | IYUZEH (latanoprost) | |
| | LUMIGAN (bimatoprost) | |
| | tafluprost | |
| | TRAVATAN Z (travoprost) | |
| | travoprost | |
| | VYZULTA (latanoprostene bunod) | |
| | XALATAN (latanoprost) | |
| | XELPROS (latanoprost) | |
| | ZIOPTAN (tafluprost) | |
| | ZOLYMBUS (bimatoprost) | |
| **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>**Minimum Age Limit**<br>• **18 years**: VIVITROL<br><br>**SUBLOCADE MANUAL PA**<br><br>**VIVITROL**<br>• Documented diagnosis of opioid related disorder<br>• Diagnosis of alcohol dependence requires **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) DUR+ | |

| | | |
|---|---|---|
| | 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 and ciprofloxacin/hydrocortisone<br><br>**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 |
| CORTISPORIN-TC (neomycin/colistin/hydrocortisone) | ciprofloxacin/dexamethasone | |
| fluocinolone | ciprofloxacin/fluocinolone | |
| neomycin/polymyxin/hydrocortisone | ciprofloxacin/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) | VIOKACE (lipase/protease/amylase) | **Non-Preferred Criteria**<br>• Have tried 2 different preferred agents in the past 6 months |
| PERTZYE (lipase/protease/amylase) | | |
| ZENPEP (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 | BRILINTA (ticagrelor) | **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** |
| cilostazol | EFFIENT (prasugrel) | |
| clopidogrel | PLAVIX (clopidogrel) | |
| dipyridamole | | |
| pentoxifylline | | |
| prasugrel | | |
| ticagrelor | | |

## PLATELET STIMULATING AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| NPLATE (romiplostim) | ALVAIZ (eltrombopag) | |
| PROMACTA (eltrombopag) tablet | DOPTELET (avatrombopag) | |
| | DOPTELET SPRINKLE (avatrombopag maleate) | |
| | 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 | List of Preferred NDC's for Prenatal Vitamins can be found **here** |
| COMPLETE NATAL DHA | | |
| COMPLETENATE | | |

| | | |
|---|---|---|
| CONCEPT DHA | those specifically indicated as preferred. | |
| CONCEPT OB | | |
| M-NATAL PLUS | | |
| PRENATAL | | |
| PRENATAL PLUS VITAMIN-MINERAL | | |
| PRENATAL VITAMIN | | |
| PRENATAL VITAMIN PLUS LOW IRON | | |
| PRENATAL VITAMINS | | |
| PROVIDA OB | | |
| SELECT-OB + DHA | | |
| SE-NATAL-19 | | |
| STUART ONE | | |
| THRIVITE RX | | |
| TRICARE | | |
| TRINATAL RX 1 | | |
| VITAFOL FE PLUS | | |
| VITAFOL ULTRA | | |
| VITAFOL-OB | | |
| VITAFOL-ONE | | |
| 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** |
| | WINREVAIR (sotatercept-csrk) | |
| **COMBINATION AGENTS** | | |
| | OPSYNVI (macitentan/tadalafil) | |
| **ENDOTHELIN RECEPTOR ANTAGONISTS** | | |
| ambrisentan | macitentan[NR] | |
| bosentan | OPSUMIT (macitentan) | |
| LETAIRIS (ambrisentan) | TRACLEER (bosentan) | |
| | TRYVIO (aprocitentan) | |
| **PDE5 INHIBITORS** | | |
| sildenafil (generic REVATIO) tablet, suspension | ADCIRCA (tadalafil) | |
| tadalafil | ALYQ (tadalafil) | |
| | REVATIO (sildenafil) | |
| | TADLIQ (tadalafil) | |

| | | |
|---|---|---|
| **PROSTACYCLINS** | | • 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 |
| | ORENITRAM ER (treprostinil) | |
| | ORENITRAM TITRATION PAK (treprostinil) | |
| | TYVASO (treprostinil) | |
| | VENTAVIS (iloprost) | |
| | YUTREPIA (treprostinil) | |
| **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:<br>• Topical Sulfonamides used for Rosacea will require a manual PA for age > 21 years.<br>• Other labeled indications are limited to < 21 years. |
| | AVAR LS (sulfacetamide sodium/sulfur) | |
| | AVAR-E (sulfacetamide sodium/sulfur) | |
| | BP 10-1 (sulfacetamide sodium/sulfur) | |
| | brimonidine | |
| | EPSOLAY (benzoyl peroxide) | |
| | FINACEA (azelaic acid) | |
| | METROCREAM (metronidazole) | |
| | METROGEL (metronidazole) | |
| | MIRVASO (brimonidine) | |
| | 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** | | |
| ENILLORING (etonogestrel/ethinyl estradiol) | ANNOVERA (segesterone/ethinyl estradiol) | |
| NUVARING (etonogestrel/ethinyl estradiol) | PHEXXI (lactic acid/citric acid/potassium bitartrate) | |
| **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** | | |
| TWIRLA (levonorgestrel/ethinyl estradiol) | norelgestromin/ethinyl estradiol | |
| XULANE (norelgestromin/ethinyl estradiol) | | |
| ZAFEMY (norelgestromin/ethinyl estradiol) | | |

## SICKLE CELL AGENTS

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| CASGEVY (exagamglogene autotemcel) | ADAKVEO (crizanlizumab-tmca) | ENDARI MANUAL PA<br><br>CASGEVY MANUAL PA<br><br>LYFGENIA MANUAL PA |
| DROXIA (hydroxyurea) | ENDARI (glutamine) | |
| hydroxyurea | HYDREA (hydroxyurea) | |
| LYFGENIA (lovotibeglogene autotemcel) | l-glutamine | |
| | 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>**AMRIX, ATMEKSI, cyclobenzaprine ER, metaxalone 640 mg, ONTRALFY, TANLOR, and tizanidine capsules**<br>• Requires clinical review |
| chlorzoxazone | ATMEKSI (methocarbamol suspension) | |
| cyclobenzaprine 5 mg, 10 mg tablet | baclofen 15 mg tablet | |
| methocarbamol | baclofen suspension | |
| tizanidine tablet | carisoprodol | |
| | 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) | |
| | ONTRALFY (tizanidine) | |
| | 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) DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **LOW POTENCY** | | **Non-Preferred Criteria** |

| | |
|---|---|
| alclometasone | fluocinolone |
| DERMA-SMOOTHE-FS (fluocinolone) | hydrocortisone gel, lotion |
| desonide | HYDRAVEX (hydrocortisone) |
| hydrocortisone cream, ointment, solution | HYDROXYM (hydrocortisone) |
| | MICORT-HC (hydrocortisone) |
| | 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 |
| **VERY HIGH POTENCY** | |
| clobetasol cream, foam, gel, ointment, shampoo, solution | APEXICON E (diflorasone) |
| clobetasol-E | clobetasol emulsion |
| halobetasol cream and ointment | clobetasol 0.025% cream |
| | CLOBEX (clobetasol) |
| | CLODAN (clobetasol) |
| | DIPROLENE (betamethasone) |
| | halobetasol foam and lotion |
| | IMPEKLO (clobetasol) |
| | IMPOYZ (clobetasol) 0.025% cream |
| | LEXETTE (halobetasol) |
| | OLUX (clobetasol) |

- **Low Potency**
  - Have tried 2 different preferred low potency agents in the past 6 months
- **Medium Potency**
  - Have tried 2 different preferred medium potency agents in the past 6 months
- **High Potency**
  - Have tried 2 different preferred high potency agents in the past 6 months
- **Very High Potency**
  - Have tried 2 different preferred very high potency agents in the past 6 months

**amcinonide, clobetasol 0.025%, hydrocortisone 2% gel, HYDRAVEX, HYDROXYM, MICORT-HC, PROCTOCORT**

- Requires clinical review.

| | | |
|---|---|---|
| | TEMOVATE (clobetasol) | |
| | TOVET (clobetasol) | |
| | ULTRAVATE (halobetasol) | |

## STIMULANTS AND RELATED AGENTS DUR+

| PREFERRED AGENTS | NON-PREFERRED AGENTS | PA CRITERIA |
|---|---|---|
| **SHORT-ACTING** | | |
| dexmethylphenidate | ADDERALL (dextroamphetamine/amphetamine) | |
| dextroamphetamine | amphetamine | |
| dextroamphetamine/amphetamine | EVEKEO (amphetamine) | |
| methylphenidate tablet, solution | 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) | amphetamine ER ODT (generic ADZENYS XR ODT) | |
| dexmethylphenidate ER | APTENSIO XR (methylphenidate) | |
| dextroamphetamine ER | ARYNTA (lisdexamfetamine) solution | |
| dextroamphetamine/amphetamine ER (generic ADDERALL XR) | AZSTARYS (serdexmethylphenidate/dexmethylphenidate) | |
| DYANAVEL XR (amphetamine) suspension | COTEMPLA XR ODT (methylphenidate) | |
| lisdexamfetamine | DAYTRANA (methylphenidate) | |
| methylphenidate CD | DEXEDRINE (dextroamphetamine) | |
| methylphenidate ER tablet | dextroamphetamine/amphetamine ER (generic MYDAYIS ER) | |
| methylphenidate LA | DYANAVEL XR (amphetamine) tablets | |
| QUILLICHEW ER (methylphenidate) | FOCALIN XR (dexmethylphenidate) | |

**Minimum Age Limit**
- **3 years**: ADDERALL, EVEKEO, PROCENTRA, ZENZEDI
- **6 years**: ADDERALL XR, ADHANSIA XR, ADZENYS ER SUSPENSION, ADZENYS XR ODT, APTENSIO XR, ARYNTA, 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, WAKIX, XELSTRYM
- **7 years**: XYREM
- **13 years**: MYDAYIS
- **16 years**: modafinil
- **18 years**: armodafinil, SUNOSI

**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
- **372 mL**: QUILLIVANT XR
- **465 mL:** PROCENTRA

**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
- **93 tablets**: QELBREE 200 mg
- **124 tablets**: clonidine ER
- **1 bottle (30 mL or 60 mL)**: ONYDA XR Suspension

**ARYNTA**
- Requires clinical review

| | |
|---|---|
| QUILLIVANT XR (methylphenidate) | JORNAY PM (methylphenidate) |
| VYVANSE (lisdexamfetamine) capsules | methylphenidate patch |
| | methylphenidate ER capsule, ODT |
| | 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 |
| XYREM (sodium oxybate) | WAKIX (pitolisant) |
| | XYWAV (calcium/magnesium/potassium/sodium oxybate) |
| **NON-STIMULANTS** | |
| atomoxetine | ATONCY (atomoxetine) |
| clonidine ER (generic Kapvay only) | INTUNIV (guanfacine) |
| guanfacine ER | ONYDA XR (clonidine) |
| QELBREE (viloxazine) | STRATTERA (atomoxetine) |

**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

**QELBREE 100 mg**

- Quantity of 1 per day **AND**
- Documented diagnosis of ADD/ADHD **AND**
- No history of a different strength of QELBREE in the past 26 days **AND**

**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 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 MANUAL PA**
- 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

**QELBREE 150 mg**
- Quantity of ≤ 2 per day **AND**
- Documented diagnosis of ADD/ADHD **AND**
- No history of a different strength of QELBREE in the past 26 days **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

**QELBREE 200 mg**
- Age 18 years and older **AND**
- Quantity of ≤ 3 per day **AND**
- Documented diagnosis of ADD/ADHD **AND**
- No history of a different strength of QELBREE in the past 26 days **AND**
- 30 days of therapy with a preferred ADHD agent in the past 105 days **OR**
- Age 6-17 years **AND**
- Quantity of </= 2 tablets per day **AND**
- Documented diagnosis of ADD/ADHD **AND**
- No history of a different strength of Qelbree in the past 26 days **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 **OR**
- 90 days of therapy with Vyvanse in the past 105 days

**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** |
| doxycycline monohydrate capsule | DORYX (doxycycline hyclate) | |
| minocycline capsule | DORYX MPC (doxycycline hyclate) | |
| tetracycline capsule | doxycycline hyclate DR | |
| | doxycycline IR/DR | |

| | | |
|---|---|---|
| | doxycycline monohydrate suspension, tablet | • Requires clinical review |
| | 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 |
| balsalazide | AZULFIDINE (sulfasalazine) | |
| budesonide | DELZICOL (mesalamine) | |
| PENTASA (mesalamine) | DIPENTUM (olsalazine) | |
| sulfasalazine | LIALDA (mesalamine) | |
| sulfasalazine DR | mesalamine | |
| | mesalamine DR, mesalamine ER | |
| | VELSIPITY (etrasimod) | |
| **RECTAL** | | |
| mesalamine suppository | budesonide | |
| | CANASA (mesalamine) | |
| | mesalamine enema | |
| | ROWASA (mesalamine) | |
| | SFROWASA (mesalamine) | |
| **UREA CYCLE DISORDER AGENTS** | | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** | **PA CRITERIA** |
| CARBAGLU (carglumic acid) | BUPHENYL (sodium phenylbutyrate) | |
| | carglumic acid | |
| | glycerol phenylbutyrate | |
| | OLPRUVA (sodium phenylbutyrate) | |
| | PHEBURANE (sodium phenylbutyrate) | |
| | RAVICTI (glycerol phenylbutyrate) | |