



MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 01/01/2019
Version 2019.7i
Updated: 02-28-2019

Conduent's SmartPA Pharmacy Application (SmartPA) is a proprietary electronic prior authorization system used for Medicaid fee for service claims. MSCAN plans may/may not have electronic PA functionality. However, they must adhere to Medicaid's PA criteria.

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ACNE AGENTS			
	ANTI-INFECTIVE		<p>Maximum Age Limit</p> <ul style="list-style-type: none"> • 21 years – all agents
	clindamycin (gel, lotion, solution) erythromycin	ACZONE (dapson) AKNE-MYCIN (erythromycin) azelaic acid AZELEX (azelaic acid) CLEOCIN-T (clindamycin) CLINDAMYCIN PAC (clindamycin) CLINDAGEL (clindamycin) clindamycin foam dapson ERY (erythromycin) ERYGEL (erythromycin) EVOCLIN (clindamycin) KLARON (sulfacetamide) sulfacetamide	
	RETINOIDS		
	RETIN-A (tretinoin) tretinoin cream	adapalene ALTRENO (tretinoin) ^{NR} ATRALIN (tretinoin) AVITA (tretinoin) DIFFERIN (adapalene) FABIOR (tazarotene) PLIXDA (adapalene) ^{NR} RETIN-A MICRO (tretinoin) tazarotene TAZORAC (tazarotene) tretinoin gel tretinoin micro	
	COMBINATION DRUGS/OTHERS		

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

Drugs highlighted in yellow denote a change in PDL status.

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<p>EPIDUO (adapalene/benzoyl peroxide) erythromycin/benzoyl peroxide sodium sulfacetamide/sulfur cream/foam/gel</p>	<p>ACANYA (benzoyl peroxide/clindamycin) adapalene/benzoyl peroxide AKTIPAK (erythromycin/benzoyl peroxide) BENZA CLIN GEL (benzoyl peroxide/clindamycin) BENZA CLIN KIT (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) benzoyl peroxide/clindamycin DUAC (benzoyl peroxide/clindamycin) EPIDUO FORTE (adapalene/benzoyl peroxide) INOVA 4/1 (benzoyl peroxide/salicylic acid) INOVA 8/2 (benzoyl peroxide/salicylic acid) NEUAC (benzoyl peroxide/clindamycin) ONEXTON (benzoyl peroxide/clindamycin) PRASCION (sulfacetamide sodium/sulfur) ROSANIL (sulfacetamide sodium/sulfur) SE BPO (benzoyl peroxide) sodium sulfacetamide/sulfur lotion/suspension/cleanser/pads sodium sulfacetamide/sulfur/meratan sulfacetamide sodium/sulfur/urea VELTIN (clindamycin/tretinoin) ZENCIA WASH (sulfacetamide sodium/sulfur) ZIANA (clindamycin/tretinoin)</p>
KERATOLYTICS (BENZOYL PEROXIDES)	
<p>benzoyl peroxide</p>	<p>BPO (benzoyl peroxide) INOVA (benzoyl peroxide) LAVOCLEN (benzoyl peroxide)</p>
ISOTRETINOIN	
<p>AMNESTEEM (isotretinoin) CLARAVIS (isotretinoin) MYORISAN(isotretinoin) ZENATANE (isotretinoin)</p>	<p>ABSORICA (isotretinoin) isotretinoin</p>

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ALPHA-1 PROTEINASE INHIBITORS

	ARALAST (alpha-1 proteinase inhibitor) GLASSIA (alpha-1 proteinase inhibitor) PROLASTIN C (alpha-1 proteinase inhibitor) ZEMAIRA (alpha-1 proteinase inhibitor)	
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ALZHEIMER'S AGENTS SmartPA

CHOLINESTERASE INHIBITORS		
	donepezil (Tablets and ODT) 5mg, 10mg galantamine galantamine ER rivastigmine capsules rivastigmine patches	ARICEPT (donepezil) ARICEPT 23 MG (donepezil) ARICEPT ODT (donepezil) donepezil 23mg EXELON Capsules (rivastigmine) EXELON Patches (rivastigmine) EXELON Solution (rivastigmine) RAZADYNE (galantamine) RAZADYNE ER (galantamine)
NMDA RECEPTOR ANTAGONIST		
	memantine	NAMENDA TABS (memantine) NAMENDA SOLUTION(memantine) NAMENDA XR (memantine) memantine XR
COMBINATION AGENTS		
		NAMZARIC (memantine/donepezil)

All Agents

- Documented diagnosis for both preferred and Non-Preferred

Non-Preferred Criteria

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

Namzarcic

- Documented diagnosis **AND**
- 30 days of concurrent therapy with donepezil + memantine in the past 6 months

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ANALGESICS, NARCOTIC - SHORT ACTING

<p>acetaminophen/codeine codeine dihydrocodeine/ APAP/caffeine hydrocodone/APAP hydromorphone meperidine morphine oxycodone capsules oxycodone liquid oxycodone tablets oxycodone/APAP oxycodone/aspirin oxycodone/ibuprofen pentazocine/APAP tramadol tramadol/APAP</p>	<p>ABSTRAL (fentanyl) ACTIQ (fentanyl) butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine butorphanol tartrate (nasal) DEMEROL (meperidine) DILAUDID (hydromorphone) fentanyl FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine) hydrocodone/ibuprofen IBUDONE (hydrocodone/ibuprofen) LAZANDA NASAL SPRAY (fentanyl) levorphanol LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAGNACET (oxycodone/APAP) NORCO (hydrocodone/APAP) NUCYNTA (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXAYDO (oxycodone) pentazocine/naloxone PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) REPREXAIN (hydrocodone/ibuprofen) ROXYBOND (oxycodone)^{NR} ROXICET (oxycodone/acetaminophen) ROXICODONE (oxycodone)</p>	<p>Minimum Age Limit 18 years – tramadol and codeine products</p> <p>Quantity Limits Applicable <u>quantity limit</u> in 31 rolling days.</p> <ul style="list-style-type: none"> • 62 tablets – bultalbital/codeine combinations, codeine, dihydrocodeine combinations, fentanyl, hydromorphone, levorphanol, meperidine, morphine, oxycodone, oxycodone/ibuprofen, oxymorphone, pentazocine, tapentadol, tramadol • 62 tablets CUMULATIVE – hydrocodone combinations, oxycodone combinations • 124 tablets – butalbital/APAP 750 • 145 tablets – butalbital/APAP 650 • 186 tablets – butalbital/APAP 325, butalbital/ASA 325 • 5mL (2 x 2.5 bottles) – butorphanol nasal • 180 mL CUMULATIVE – oxycodone liquids
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RYBIX (tramadol)
SUBSYS (fentanyl)
SYNALGOS-DC (dihydrocodeine/ aspirin/caffeine)
TYLENOL W/CODEINE (APAP/codeine)
TYLOX (oxycodone/APAP)
ULTRACET (tramadol/APAP)
ULTRAM (tramadol)
VICODIN (hydrocodone/APAP)
VICOPROFEN (hydrocodone/ibuprofen)
XODOL (hydrocodone/acetaminophen)
ZAMICET (hydrocodone/APAP)
ZOLVIT (hydrocodone/APAP)
ZYDONE (hydrocodone/acetaminophen)

ANALGESICS, NARCOTIC - LONG ACTING SmartPA

EMBEDA (morphine/naltrexone)
fentanyl patches
morphine ER tablets

ARYMO ER (morphine)
BELBUCA (buprenorphine)
buprenorphine patch
BUTRANS (buprenorphine)
CONZIP ER (tramadol)
DOLOPHINE (methadone)
DURAGESIC (fentanyl)
EXALGO (hydromorphone)
hydromorphone ER
HYSINGLA ER (hydrocodone)
KADIAN (morphine)
methadone
MORPHABOND (morphine)
morphine ER capsules
MS CONTIN (morphine)
NUCYNTA ER (tapentadol)

Minimum Age Limit

- **18 years** – Xartemis XR, Zohydro ER, tramadol products

Quantity Limits

Applicable quantity limit per rolling days

- **31 tablets/31 days** - Conzip ER, Exalgo ER, Hysingla ER, Ryzolt, Ultram ER
- **62 tablets/31 days** – Arymo ER, Belbuca, Embeda, Kadian, methadone, Morphabond, morphine ER, Nucynta ER, Opana ER, oxycodone ER, Oxycontin, Xtampza ER, Zohydro ER
- **10 patches/31 days** – Duragesic
- **4 patches/31 days** – Butrans

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OPANA ER (oxymorphone)
oxycodone ER
OXYCONTIN (oxycodone)
oxymorphone ER
RYZOLT (tramadol)
tramadol ER
ULTRAM ER (tramadol)
XARTEMIS XR (oxycodone/APAP)
XTAMPZA (oxycodone myristate)
ZOHYDRO ER (hydrocodone bitartrate)

- **40 tablets/10 days** – Xartemis XR
- Non-Preferred Criteria**
- Have tried 2 different preferred agents in the past 6 months **OR**
- Documented diagnosis of cancer **OR** Antineoplastic therapy **AND** 90 consecutive days on the requested agent in the past 105 days

ANALGESICS/ANESTHETICS (Topical)

PENNSAID Solution (diclofenac sodium) ^{SmartPA}
VOLTAREN Gel (diclofenac sodium) ^{SmartPA}

capsaicin
DICLO GEL KIT(diclofenac sodium)
diclofenac sodium 1% gel
diclofenac sodium solution
FLECTOR (diclofenac epolamine) ^{SmartPA}
FROTEK (ketoprofen)
LIDAMANTLE HC (lidocaine/hydrocortisone)
LIDO TRANS PAK (lidocaine)
lidocaine
lidocaine/prilocaine
LIDODERM (lidocaine) ^{SmartPA}
LIDTOPIC MAX (lidocaine)
xylocaine
SYNERA (lidocaine/tetracaine)
TRANZAREL (lidocaine)
XRYLIDERM (lidocaine)
ZOSTRIX (capsaicin)
ZTlido (lidocaine)

- Non-Preferred Criteria**
- Have tried 1 preferred agent in the past 6 months
- Lidoderm**
- Documented diagnosis of Herpetic Neuralgia **OR**
- Documented diagnosis of Diabetic Neuropathy
- ZTlido**
- Documented diagnosis of Herpetic Neuralgia

ANDROGENIC AGENTS ^{SmartPA}

ANDRODERM (testosterone patch)
testosterone gel packets

ANDROGEL (testosterone gel)
ANDROXY (fluoxymesterone)

- All Agents**
- Limited to male gender

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AXIRON (testosterone gel)
FORTESTSA (testosterone gel)
NATESTO (testosterone)
STRIANT (testosterone)
TESTIM (testosterone gel)
testosterone pump
VOGELXO (testosterone)
XYOSTED (testosterone ethanate)^{NR}

Non-Preferred Criteria

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

ANGIOTENSIN MODULATORS SmartPA

ACE INHIBITORS

benazepril
captopril
enalapril
fosinopril
lisinopril
quinapril
ramipril
trandolapril

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

Minimum Age Limit

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

Non-Preferred Criteria

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

ACE INHIBITOR COMBINATIONS

benazepril/amlodipine
benazepril/HCTZ
captopril/HCTZ
enalapril/HCTZ
fosinopril/HCTZ

ACCURETIC (quinapril/HCTZ)
CAPOZIDE (captopril/HCTZ)
LOTENSIN HCT (benazepril/HCTZ)
LOTREL (benazepril/amlodipine)
moexipril/HCTZ

**Non-Preferred Criteria
ACE Inhibitor/CCB**

- Have tried 2 different preferred *ACE/CCB* agents in the past 6 months **OR**
- 90 consecutive days on the requested

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

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		olmesartan/HCTZ telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine)	ARB/Diuretic <ul style="list-style-type: none"> Have tried 2 different preferred <u>ARB/Diuretic</u> products in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
DIRECT RENIN INHIBITORS			
		TEKTURNA (aliskiren)	Non-Preferred Criteria <ul style="list-style-type: none"> Documented diagnosis of hypertension AND Have tried 2 different preferred <u>ACEI or ARB single-entity</u> products in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
DIRECT RENIN INHIBITOR COMBINATIONS			
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz) VALTURNNA (aliskiren/valsartan)	Non-Preferred Criteria <ul style="list-style-type: none"> Documented diagnosis of hypertension AND Have tried 2 different preferred <u>ACEI or ARB diuretic agents</u> in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
ANTIBIOTICS (GI)			
	metronidazole neomycin tinidazole	DIFICID (fidaxomicin) FIRVANQ (vancomycin) ^{NR} FLAGYL (metronidazole) FLAGYL ER (metronidazole) paromomycin SOLOSEC (secnidazole)	

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TINDAMAX (tinidazole)
VANCOCIN (vancomycin)
vancomycin
XIFAXAN (rifaximin)

ANTIBIOTICS (MISCELLANEOUS)

KETOLIDES

KETEK (telithromycin)

LINCOSAMIDE ANTIBIOTICS

clindamycin capsules
clindamycin solution

CLEOCIN (clindamycin)
CLEOCIN SOLUTION (clindamycin)

MACROLIDES

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

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

NITROFURAN DERIVATIVES

nitrofurantoin
nitrofurantoin monohydrate macrocrystals

FURADANTIN (nitrofurantoin)
MACROBID (nitrofurantoin monohydrate)

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		macrocrystals) MACRODANTIN (nitrofurantoin)	
Oxazolidinones			
		SIVEXTRO (tedizolid) ZYVOX (linezolid)	Sivextro, Zyvox - MANUAL PA Quantity Limit • 6 tablets/month – Sivextro
ANTIBIOTICS (Topical)			
	bacitracin bacitracin/polymixin BACTROBAN cream (mupirocin) gentamicin sulfate mupirocin ointment	ALTABAX (retapamulin) BACTROBAN OINTMENT (mupirocin) CORTISPORIN (bacitracin/neomycin/ polymyxin/HC) mupirocin cream	
ANTIBIOTICS (VAGINAL)			
	CLEOCIN OVULES (clindamycin) CLINDESSE (clindamycin) metronidazole vaginal	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) clindamycin cream METROGEL (metronidazole) NUVESSA (metronidazole) VANDAZOLE (metronidazole)	
ANTICOAGULANTS <small>SmartPA</small>			
ORAL			
	COUMADIN (warfarin) ELIQUIS (apixaban) PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban)	BEVYXXA (betrixaban) SAVAYSA (edoxaban tosylate)	DVT Prophylaxis - following hip replacement XARELTO 10MG, ELIQUIS, PRADAXA 110MG • 70 total days of therapy per calendar year • Documented diagnosis of hip replacement AND duration of

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			<p>therapy limited to 35 days</p> <p><u>DVT Prophylaxis - following knee replacement</u> XARELTO 10MG & ELIQUIS</p> <ul style="list-style-type: none"> 70 total days of therapy per calendar year Documented diagnosis of knee replacement AND duration of therapy limited to 12 days <p>Eliquis 5mg Starter Pack - ONLY approved for treatment of DVT/PE</p> <p>XARELTO 2.5MG</p> <ul style="list-style-type: none"> Documented diagnosis of coronary artery disease OR Documented diagnosis of peripheral artery disease AND History of therapy with aspirin in the past 30 days AND History of 90 days therapy with anti-platelet agent in the past year OR History of 30 days therapy with warfarin in the past year <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 1 claim with the same agent in the past 90 days
LOW MOLECULAR WEIGHT HEPARIN (LMWH)			
	enoxaparin	ARIXTRA (fondaparinux)	LMWH – All Agents

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fondaparinux
FRAGMIN (dalteparin)
LOVENOX (enoxaparin) Prefilled Syringe

- LMWH therapy in the past 3 months **AND**
 - Documented diagnosis of cancer **OR**
 - Female and age 8 to 51 years
- OR**
- NO LMWH therapy in the past 3 months **AND**
 - Duration of therapy is < 17 days **OR**
 - Documented diagnosis of cancer **OR**
 - Female and age 8 to 51 years **OR**
 - Total hip/knee replacement or hip fracture surgery in the past 6 months **AND** duration of therapy < 35 days

- LMWH Non-Preferred Criteria**
- Have tried 1 different preferred agent in the past 6 months **OR**
 - 90 consecutive days on the requested agent in the past 105 days

ANTICONVULSANTS SmartPA

ADJUVANTS

carbamazepine
carbamazepine ER
DEPAKOTE ER (divalproex)
DEPAKOTE SPRINKLE (divalproex)
divalproex
divalproex ER
divalproex sprinkle
EPITOL (carbamazepine)
gabapentin

APTIOM (eslicarbazepine)
BANZEL (rufinamide)
BRIVIACT (brivaracetam)
carbamazepine XR
CARBATROL (carbamazepine)
DEPAKENE (valproic acid)
DEPAKOTE (divalproex)
EPIDIOLEX (cannabidiol)^{NR}
EQUETRO (carbamazepine)

- Minimum Age Limit**
- **1 year** - Banzel
 - **2 years** – Epidiolex, Onfi, Sympazan
- Quantity Limit**
- **3 Twin Packs/31 days** - Diastat
- Non-Preferred Criteria**
- Have tried 2 different preferred agents in the past 6 months **OR**

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<p>GABITRIL (tiagabine) lamotrigine levetiracetam levetiracetam ER oxcarbazepine oxcarbazepine suspension topiramate tablet topiramate sprinkle capsule valproic acid VIMPAT (lacosamide) zonisamide</p>	<p>felbamate FELBATOL (felbamate) FYCOMPA (perampanel) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) LAMICTAL XR (lamotrigine) lamotrigine ER/XR lamotrigine ODT NEURONTIN (gabapentin) OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine) QUDEXY XR (topiramate) ROWEEPRA (levetiracetam) SABRIL (vigabatrin) SPRITAM (levetiracetam) SYMPAZAN (clobazam)^{NR} STAVZOR (valproic acid) SUBVENITE (lamotrigine) TEGRETOL (carbamazepine) TEGRETOL XR (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate) topiramate ER (generic Qudexy XR) Step Edit TRILEPTAL Tablets (oxcarbazepine) TRILEPTAL Suspension (oxcarbazepine) TROKENDI XR (topiramate) vigabatrin ZONEGRAN (zonisamide)</p>	<ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days days AND documented diagnosis of seizure <p>Banzel/Onfi/Sympazan</p> <ul style="list-style-type: none"> • Documented diagnosis of Lennox-Gastaut AND • Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days days AND documented diagnosis of seizure <p>Epidiolex</p> <ul style="list-style-type: none"> • Documented diagnosis of Dravet syndrome OR • Documented diagnosis of Lennox-Gastaut AND • Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months OR • 1 claim for the requested agent in the past 30 days <p>Sabril Powder for Oral Solution</p> <ul style="list-style-type: none"> • Documented diagnosis of infantile spasms OR • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days days AND documented diagnosis of seizure <p>Topiramate ER – Step Edit</p>
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			<ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure OR • 30 day trial with topiramate IR in the past 6 months
SELECTED BENZODIAZEPINES			
	DIASTAT (diazepam rectal)	clobazam diazepam rectal gel ONFI (clobazam) ONFI SUSPENSION (clobazam)	
HYDANTOINS			
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
SUCCINIMIDES			
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
ANTIDEPRESSANTS, OTHER SmartPA			
	bupropion bupropion SR bupropion XL TRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules VIIBRYD (vilazodone)	APLENZIN (bupropion HBr) desvenlafaxine ER desvenlafaxine fumarate ER DESYREL (trazodone) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 18 years - all drugs • Cymbalta – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder) <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred <u>'Antidepressants, Other' Class</u> in the past 6 months OR

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KHEDEZLA ER (desvenlafaxine)
MARPLAN (isocarboxazid)
NARDIL (phenelzine)
nefazodone
OLEPTRO ER (trazodone)
PARNATE (tranylcypromine)
phenelzine
PRISTIQ (desvenlafaxine)
REMERON (mirtazapine)
tranylcypromine
venlafaxine XR
venlafaxine ER tablets
WELLBUTRIN (bupropion)
WELLBUTRIN SR (bupropion)
WELLBUTRIN XL (bupropion HCl)

- Have tried BOTH a preferred 'Antidepressant, SSRI' and 'Antidepressants, Other' in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days

Cymbalta (see Fibromyalgia Agents)

ANTIDEPRESSANTS, SSRIs SmartPA

citalopram
escitalopram
fluoxetine
fluvoxamine
paroxetine CR
paroxetine IR
sertraline

CELEXA (citalopram)
fluoxetine DR
fluvoxamine ER
LEXAPRO (escitalopram)
LUVOX (fluvoxamine)
LUVOX CR (fluvoxamine)
paroxetine suspension
PAXIL CR (paroxetine)
PAXIL SUSPENSION (paroxetine)
PAXIL Tablets (paroxetine)
PEXEVA (paroxetine)
PROZAC (fluoxetine)
SARAFEM (fluoxetine)
ZOLOFT (sertraline)

Minimum Age Limits

- **6 years** - Zoloft
- **7 years** – Prozac
- **8 years** - Luvox
- **12 years** - Lexapro
- **18 years** – Celexa, Luvox CR, Paxil, Pexeva, Prozac 90 mg

Citalopram Criteria

- <18 years and 90 consecutive days on citalopram in the past 105 days **OR**
- < 60 years **AND** max daily dose ≤ 40 mg/day **OR**
- ≥ 60 years **AND** max daily dose ≤ 20 mg/day

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

ANTIEMETICS SmartPA

5HT3 RECEPTOR BLOCKERS

ondansetron
ondansetron ODT
ondansetron solution

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

- Quantity Limits**
- **4 tablets/28 days** - Varubi
 - **6 tablets/31 days** – Akynzeo
 - **30 tablets/31 days** – Zofran tablets/ODT
 - **100 ml/31 days** – Zofran solution

- Non-Preferred Agents**
- Have tried 1 preferred agent in the past 6 months

Injectables in this class closed to point of sale. PA required if not administered in clinic/hospital

ANTIEMETIC COMBINATIONS

AKYNZEO (netupitant/palonosetron)
BONJESTA (doxylamine/pyridoxine)
DICLEGIS (doxylamine/pyridoxine)

CANNABINOIDS

CESAMET (nabilone)
MARINOL (dronabinol)
dronabinol
SYNDROS (dronabinol)

NMDA RECEPTOR ANTAGONIST

EMEND (aprepitant)

aprepitant
VARUBI (rolapitant)

- Varubi - [MANUAL PA](#)**
- Documented diagnosis of cancer OR

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

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- Sporanox**
- HIV opportunistic infection criteria **OR**
 - Documented diagnosis of a transplant **OR**
 - History of an immunosuppressant in the past 6 months **OR**
 - Have tried 2 different preferred agents in the past 6 months

ANTIFUNGALS (Topical) SmartPA

ANTIFUNGALS

ciclopirox cream/gel/solution/suspension
clotrimazole
ketoconazole shampoo
nystatin

BENSAL HP (benzoic acid/salicylic acid)
CICLODAN KIT (ciclopirox kit)
ciclopirox kit/shampoo
CNL 8 (ciclopirox)
econazole
ERTACZO (sertaconazole)
EXELDERM (sulconazole)
EXTINA (ketoconazole)
JUBLIA (efinaconazole)
KERYDIN (tavaborole)
ketoconazole cream
ketoconazole foam
LAMISIL (terbinafine) solution
LOPROX (ciclopirox)
LUZU (luliconazole)
MENTAX (butenafine)
naftifine
NAFTIN (naftifine)
NIZORAL (ketoconazole)
oxiconazole
OXISTAT (oxiconazole)
PEDIADERM AF (nystatin)

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

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

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ANTIMIGRAINE AGENTS, CALCITONIN GENE RELATED PEPTIDE INHIBITOR

		AIMOVIG (erenumab-aoee) AJOVY (fremanezumab-vfrm) EMGALITY (galcanezumab-gnlm)
--	--	--

ANTIMIGRAINE AGENTS, TRIPTANS SmartPA

ORAL		
rizatriptan rizatriptan ODT sumatriptan tablets	almotriptan AMERGE (naratriptan) AXERT (almotriptan) eletriptan FROVA (frovatriptan) frovatriptan IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT(rizatriptan) naratriptan RELPAX (eletriptan) TREXIMET (sumatriptan/naproxen) zolmitriptan zolmitriptan ODT ZOMIG (zolmitriptan)	<p>Minimum Age Limit – ALL FORMULATIONS</p> <ul style="list-style-type: none"> 6 years – Maxalt 12-17 years – Axert, Treximet, Zomig nasal spray <i>Smart PA will automatically be issued for this age range</i> 18 years – Amerge, Frova, Imitrex, Onzetra Xsail, Relpax, Zembrace Symtouch, Zomig tablets <p>Quantity Limit - ORAL</p> <ul style="list-style-type: none"> 6 tablets/31 days - Axert, Relpax Zomig 9 tablets/31 days - Amerge, Frova, Imitrex, Treximet 12 tablets/31 days – Maxalt <p>Non-Preferred Criteria - ORAL</p> <ul style="list-style-type: none"> Have tried 2 preferred preferred oral agents in the past 90 days

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NASAL		
sumatriptan	IMITREX (sumatriptan) ONZETRA Xsail (sumatriptan) ZOMIG (zolmitriptan)	<p>Quantity Limit - NASAL</p> <ul style="list-style-type: none"> • 1 box/31 days <p>Non-Preferred Criteria - NASAL</p> <ul style="list-style-type: none"> • Have tried 2 preferred oral agents in the past 90 days AND • Have tried either a preferred nasal sumatriptan or injectable sumatriptan in the past 90 days
INJECTABLES		
sumatriptan	IMITREX (sumatriptan) SUMAVEL (sumatriptan) ZEMBRACE (sumatriptan)	<p>CUMULATIVE Quantity Limit - INJECTION</p> <p>4 injections/31 days</p>
OTHER		
	ZECUITY PATCH (sumatriptan)	<p>Quantity Limit</p> <ul style="list-style-type: none"> • 4 patches/31 days <p>Zecuity</p> <ul style="list-style-type: none"> • Have tried 2 preferred agents (oral, nasal, or injectable) in the past 90 days

***ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS**

AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) COTELLIC (cobimetinib) GILOTRIF (afatanib) GLEEVEC (imatinib mesylate) ICLUSIG (ponatinib) IMBRUVICA (ibrutinib)	ALECENSA (alectinib) ALUNBRIG (brigatinib) BRAFTOVI (encorafenib) ^{NR} COPIKTRA (duvelisib) ^{NR} CABOMETYX (cabozantinib s-malate) CALQUENCE (acalabrutinib) ERLEADA (apalutamide) FARYDAK (panobinostat) GLEOSTINE (lomustine)	<p>Farydak - <u>MANUAL PA</u></p> <ul style="list-style-type: none"> • Documented diagnosis of multiple myeloma AND • Used in combination with bortezomib and dexamethasone per PI AND • History of 2 prior regimens including bortezomib and an immunomodulatory agent
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INLYTA (axitinib)
IRESSA (gefitinib)
JAKAFI (ruxolitinib)
MEKINIST (trametinib dimethyl sulfoxide)
NEXAVAR (sorafenib)
SPRYCEL (dasatinib)
STIVARGA (regorafenib)
SUTENT (sunitinib)
TAFINLAR (dabrafenib)
TARCEVA (erlotinib)
TASIGNA (nilotinib)
TYKERB (lapatinib ditosylate)
vandetanib
VOTRIENT (pazopanib)
XALKORI (crizotinib)
ZELBORAF (vemurafenib)
ZYDELIG (idelalisib)
ZYKADIA (ceritinib)

IBRANCE (palbociclib) ^{SmartPA}
IDHIFA (enasidenib)
imatinib
KISQALI (ribociclib)
LENVIMA (lenvatinib) ^{SmartPA}
LORBRENA (lorlatinib) ^{NR}
LYNPARZA (olaparib) ^{SmartPA}
NERLYNX (neratinib maleate)
MEKTOVI (binimetinib) ^{NR}
RUBRACA (rucaparib)
RYDAPT (midostaurin)
TAGRISSO (osimertinib)
TALZENNA (talazoparib) ^{NR}
TIBSOVO (ivosidenib) ^{NR}
VERZENIO (abemaciclib)
VITRAKVI (loratrectinib) ^{NR}
VIZIMPRO (dacomitinib) ^{NR}
XATMEP (methotrexate)
XOSPATA (gilteritinib) ^{NR}
ZEJULA (niraparib)

Ibrance

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

Lenvima

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

Lynparza Capsules - [MANUAL PA](#)

Lynparza Tablets

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

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ANTIPARASITICS (Topical) ^{SmartPA}		
PEDICULICIDES		
	permethrin 1% NATROBA (spinosad) SKLICE (ivermectin)	lindane malathion OVIDE (malathion) spinosad ULESFIA (benzyl alcohol)
		<p>Minimum Age/Weight Limit for Pediculicides</p> <ul style="list-style-type: none"> • 50 kg - lindane shampoo • 2 months – permethrin 1%(OTC) • 6 months – Natroba, SKLICE, Ulesfia • 2 years – piperonyl/pyrethrins (OTC) • 6 years – Ovide <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • History of 2 preferred topical lice agents in the past 90 days <p>Ulesfia Ulesfia is no longer covered due to no longer being rebated.</p>
SCABICIDES		
	permethrin 5% STROMECTOL Tablet (ivermectin)	ELIMITE (permethrin) EURAX CREAM (crotamiton) EURAX LOTION (crotamiton)
		<p>Minimum Age/Weight Limit for Topical Scabicides</p> <ul style="list-style-type: none"> • 50 kg - lindane lotion • 2 months – permethrin 5% • 18 years – Eurax <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • History of permethrin 5% in the past 90 days
ANTIPARKINSON'S AGENTS (Oral) ^{SmartPA}		
ANTICHOLINERGICS		
	benztropine trihexyphenidyl	COGENTIN (benztropine)
		<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Documented diagnosis of Parkinson's disease AND

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			<ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
COMT INHIBITORS			
		COMTAN (entacapone) entacapone TASMAR (tolcapone) tolcapone	
DOPAMINE AGONISTS			
	ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole pramipexole ER REQUIP (ropinirole) REQUIP XL (ropinirole) ropinirole ER	
MAO-B INHIBITORS			
	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) rasagiline XADAGO (safinamide) ZELAPAR (selegiline)	Xadago: <ul style="list-style-type: none"> • Documented diagnosis of Parkinson's disease AND • History of a preferred carbidopa/levodopa combination product in the past 30 days AND • History of selegiline product in the past 45 days
OTHERS			

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amantadine
bromocriptine
carbidopa
levodopa/carbidopa

DUOPA (levodopa/carbidopa)
GOCOVRI (amantadine)
INBRIJA (levodopa)^{NR}
levodopa/carbidopa ODT
levodopa/carbidopa/entacapone
LODOSYN (carbidopa)
OSMOLEX ER (amantadine)
PARCOPA (levodopa/carbidopa)
PARLODEL (bromocriptine)
RYTARY ER (levodopa/carbidopa)
SINEMET (levodopa/carbidopa)
SINEMET CR (levodopa/carbidopa)
STALEVO (levodopa/carbidopa/entacapone)

Lodosyn and Inbrija

- Documented diagnosis of Parkinson's disease **AND**
- History of a carbidopa/levodopa combination product in the past 45 days

ANTIPSYCHOTICS SmartPA

ORAL

amitriptyline/perphenazine
aripiprazole
clozapine
fluphenazine
haloperidol
olanzapine
olanzapine ODT
perphenazine
quetiapine
quetiapine XR
risperidone
SAPHRIS (asenapine)
thioridazine
thiothixene
trifluoperazine
ziprasidone

ABILIFY (aripiprazole)
ABILIFY MYCITE (aripiprazole)^{NR}
ADASUVE (loxapine)
aripiprazole solution
aripiprazole ODT
chlorpromazine
clozapine ODT
CLOZARIL (clozapine)
FANAPT (iloperidone)
FAZACLO (clozapine)
GEODON (ziprasidone)
HALDOL (haloperidol)
INVEGA ER (paliperidone)
LATUDA (lurasidone)
NAVANE (thiothixene)
NUPLAZID (pimavanserin)
olanzapine/fluoxetine

Minimum Age Limits

- **2 years**- Droperidol
- **3 years** - Haldol
- **5 years** – Risperdal, thioridazine
- **6 years** – Abilify, trifluoperazine
- **10 years** – Latuda, Saphris, Seroquel, Symbyax
- **12 years**- Molidone, perphenazine, pimozole, thiothixene
- **13 years** – Zyprexa
- **18 years** – Abilify Mycrite, Amitriptyline/perphenazine, Clozaril, Fanapt, fluphenazine, Geodon, Invega, loxapine, Nuplazid, Rexulti, Vraylar,

Concurrent Therapy Limits – Ages 0-17 years

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		<p>paliperidone ER REXULTI (brexiprazole) RISPERDAL (risperidone) SEROQUEL (quetiapine) SEROQUEL XR (quetiapine) SYMBYAX (olanzapine/fluoxetine) VERSACLOZ (clonazpine) VRAYLAR (cariprazine) ZYPREXA (olanzapine)</p>	<ul style="list-style-type: none"> • 90 days with >2 antipsychotics in the last 120 days will require a manual PA <p>Non-Preferred Criteria- Atypical Agents</p> <ul style="list-style-type: none"> • Have tried 2 preferred atypical antipsychotic agents in the past 12 months OR • 30 consecutive days on the requested atypical agent in the past 180 days <p>Nuplazid</p> <ul style="list-style-type: none"> • Documented diagnosis of Parkinson's disease
INJECTABLE, ATYPICALS SmartPA			
	<p>ABILIFY MAINTENA (aripirazole) ARISTADA ER (aripiprazole lauroxil) ARISTADA INITIO (aripiprazole lauroxil) INVEGA SUSTENNA (paliperidone palmitate) INVEGA TRINZA (paliperidone) PERSERIS (risperidone)^{NR} RISPERDAL CONSTA (risperidone) ZYPREXA RELPREVV (olanzapine)</p>	<p>ABILIFY (aripiprazole) GEODON (ziprasidone) olanzapine ZYPREXA (olanzapine)</p>	<p>Minimum Age Limits</p> <ul style="list-style-type: none"> • 18 years – all injectable agents <p>Quantity Limits</p> <ul style="list-style-type: none"> • 3 syringes/year – Aristada Initio <p>Long Acting Injectable Agents All Agents</p> <ul style="list-style-type: none"> • Documented diagnosis of schizophrenia or schizoaffective disorder <p>Abilify Maintena or Risperdal Consta</p> <ul style="list-style-type: none"> • Documented diagnosis of schizophrenia or schizoaffective

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- disorder **OR**
- Documented diagnosis of bipolar disorder

ANTIRETROVIRALS SmartPA

INTEGRASE STRAND TRANSFER INHIBITORS

ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium)	ISENTRESS HD (raltegravir potassium) VITEKTA (elvitegravir)
--	--

Non-Preferred Criteria

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

NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

abacavir sulfate EMTRIVA (emtricitabine) lamivudine tenofovir disoproxil fumarate ZIAGEN Solution (abacavir sulfate) zidovudine	didanosine DR capsule EPIVIR (lamivudine) RETROVIR (zidovudine) stavudine VIDEX EC (didanosine) VIDEX SOLUTION (didanosine) VIREAD (tenofovir disoproxil fumarate) ZERIT (stavudine) ZIAGEN Tablet (abacavir sulfate)
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NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)

EDURANT (rilpivirine) SUSTIVA (efavirenz)	efavirenz INTELENCE (etravirine) nevirapine nevirapine ER PIFELTRO (doravirine) ^{NR} RESCRIPTOR (delavirdine mesylate) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)
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PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR

TYBOST (cobicistat)

Tybost - MANUAL PA

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PROTEASE INHIBITORS (PEPTIDIC)	
<p>atazanavir EVOTAZ (atazanavir/cobicistat) NORVIR (ritonavir)</p>	<p>CRIXIVAN (indinavir) fosamprenavir INVIRASE (saquinavir mesylate) LEXIVA (fosamprenavir) REYATAZ (atazanavir) ritonavir VIRACEPT (nelfinavir mesylate)</p>
PROTEASE INHIBITORS (NON-PEPTIDIC)	
<p>PREZCOBIX (darunavir/cobicistat) PREZISTA (darunavir ethanolate)</p>	<p>APTIVUS (tipranavir)</p>
ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS	
<p>SELZENTRY (maraviroc)</p>	
ENTRY INHIBITORS – FUSION INHIBITORS	
<p>FUZEON (enfuvirtide)</p>	
COMBINATION PRODUCTS - NRTIs	
<p>abacavir/lamivudine lamivudine/zidovudine</p>	<p>abacavir/lamivudine/zidovudine COMBIVIR (lamivudine/zidovudine) EPZICOM (abacavir/lamivudine) JULUCA (dolutegravir/rilpivirine) TRIZIVIR (abacavir/lamivudine/zidovudine)</p>
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOG RTIs	
<p>DESCOVY (emtricitabine/tenofovir alafenam) TRUVADA (emtricitabine/tenofovir)</p>	

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COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & INTEGRASE INHIBITORS		
BIKTARVY (bictegravir/emtricitabine/tenofovir) GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir) SYMFI (efavirenz/lamivudine/tenofovir) SYMFI-LO (efavirenz/lamivudine/tenofovir)	STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) SYMTUZA (darunavir/cobicistat/ emtricitabine/tenofovir) ^{NR} TRIUMEQ (abacavir/lamivudine/ dolutegravir)	Stribild – <u>MANUAL PA</u> <ul style="list-style-type: none"> Genotype testing supporting resistance to other regimens OR Intolerance or contraindication to preferred combination of drugs AND Medical reasoning beyond convenience or enhanced compliance over preferred agents AND CrCl > 70mL/min to initiate therapy OR CrCl >50mL/min to continue therapy
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & NON-NUCLEOSIDE RTIs		
CIMDUO (lamivudine/tenofovir) ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)	ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir) DELSTRIGO (doravirine/lamivudine/tenofovir) ^{NR}	
COMBINATION PRODUCTS – PROTEASE INHIBITORS		
KALETRA (lopinavir/ritonavir)	lopinavir/ritonavir	
CD4 DIRECTED HIV-1 INHIBITOR		
TROGARZO (ibalizumab)		
ANTIVIRALS (Oral)		
ANTI-CYTOMEGALOVIRUS AGENTS		
valganciclovir tablets MIVE	PREVMIS (letermovir) VALCYTE (valganciclovir) valganciclovir solution	valganciclovir solution – automatic approval for age <12 years

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ANTIHERPETIC AGENTS			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) SITAVIG (acyclovir) VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
ANTIVIRALS (Topical)			
	ZOVIRAX Cream (acyclovir)	acyclovir ointment DENA VIR (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir)	
AROMATASE INHIBITORS			
	anastrozole ARIMIDEX (anastrozole) exemestane letrozole	AROMASIN (exemestane) FEMARA (letrozole)	
ATOPIC DERMATITIS			
	SmartPA ELIDEL (pimecrolimus) EUCRISA (crisaborole)	DUPIXENT (dupilumab) pimecrolimus PROTOPIC (tacrolimus) tacrolimus	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 2 years – Elidel, Eucrisa, Protopic 0.03% • 6 years – Protopic 0.1% <p>Eucrisa</p> <ul style="list-style-type: none"> • 1 claim for topical steroid or Elidel in the past year <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred agent in the past 6 months <p>Dupixent- MANUAL PA</p>

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BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS SmartPA

acebutolol atenolol bisoprolol BYSTOLIC (nebivolol) Step Edit metoprolol metoprolol ER nadolol pindolol propranolol propranolol ER sotalol	BETAPACE (sotalol) betaxolol CORGARD (nadolol) HEMANGEOL (propranolol) INDERAL LA (propranolol) INDERAL XL (propranolol) INNOPRAN XL (propranolol) KAPSPARGO SPRINKLES (metoprolol) ^{NR} KERLONE (bextaxolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) SOTYLIZE (sotalol) TENORMIN (atenolol) TOPROL XL (metoprolol) ZEBETA (bisoprolol)	<p style="color: red; font-weight: bold;">Bystolic – Step Edit</p> <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days OR Have tried 1 preferred agent in the past 6 months <p style="color: red; font-weight: bold;">Non-Preferred Criteria – All Agents</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
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BETA- AND ALPHA-BLOCKERS

carvedilol labetalol	carvedilol CR COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	<p style="color: red; font-weight: bold;">Coreg CR</p> <ul style="list-style-type: none"> Documented diagnosis for hypertension AND Have tried generic carvedilol AND 1 preferred agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
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BETA BLOCKER/DIURETIC COMBINATIONS

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	atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ timolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	
ANTIANGINALS			
		RANEXA (ranolazine)	Ranexa <ul style="list-style-type: none"> • Documented diagnosis of angina AND • 1 claim for a calcium channel blocker, beta-blocker, nitrate, or combination agent in the past 30 days OR • 90 consecutive days on the requested agent in the past 105 days
SINUS NODE AGENTS			
		CORLANOR (ivabradine)	Corlanor - MANUAL PA
BILE SALTS			
	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) CHOLBAM (cholic acid) OCALIVA (obeticholic acid) URSO (ursodiol) URSO FORTE (ursodiol)	
BLADDER RELAXANT PREPARATIONS SmartPA			
	oxybutynin ER oxybutynin IR	darifenacin DETROL (tolterodine)	Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 2 different preferred agents

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TOVIAZ (fesoterodine fumarate)	DETROL LA (tolterodine) DITROPAN XL (oxybutynin) ENABLEX (darifenacin) GELNIQUE (oxybutynin) MYRBETRIQ (mirabegron) OXYTROL (oxybutynin) SANCTURA (trospium) SANCTURA XR (trospium) tolterodine tolterodine ER trospium trospium ER VESICARE (solifenacin)	in the past 6 months
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BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA

BISPSPHONATES		
alendronate BINOSTO (alendronate) risedronate	ACTONEL (risedronate) ACTONEL WITH CALCIUM (risedronate/calcium) alendronate solution ATELVIA (risedronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) FOSAMAX PLUS D (alendronate/vitamin D) ibandronate PROLIA (denosumab) XGEVA (denosumab)	<b style="color: red;">Non-Preferred Criteria <ul style="list-style-type: none"> Documented diagnosis for osteoporosis or osteopenia AND Have tried 2 different preferred agents in the past 6 months
OTHERS		
calcitonin salmon FORTICAL (calcitonin)	EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) raloxifene	

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TYMLOS (abaloparatide)

BPH AGENTS SmartPA

ALPHA BLOCKERS

alfuzosin
doxazosin
tamsulosin
terazosin

CARDURA (doxazosin)
CARDURA XL (doxazosin)
dutasteride/tamsulosin
FLOMAX (tamsulosin)
HYTRIN (terazosin)
JALYN (dutasteride/tamsulosin)
RAPAFLO (silodosin)
silodosin
UROXATRAL (alfuzosin)

Female

- Cardura, Flomax, Proscar, terazosin, or Uroxatral **AND** a documented diagnosis based on a state accepted diagnosis

Non-Preferred Criteria - MALE

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

5-ALPHA-REDUCTASE (5AR) INHIBITORS

finasteride

AVODART (dutasteride)
dutasteride
PROSCAR (finasteride)

PDE5 INHIBITORS

CIALIS (tadalafil)

BRONCHODILATORS & COPD AGENTS

ANTICHOLINERGICS & COPD AGENTS

ATROVENT HFA (ipratropium)
ipratropium
SPIRIVA HANDHALER (tiotropium)
TUDORZA PRESSAIR (aclidinium)

DALIRESP (roflumilast)
INCRUSE ELLIPTA (umeclidinium)
SEEBRI (glycopyrrolate)
SPIRIVA RESPIMAT (tiotropium)

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ANTICHOLINERGIC-BETA AGONIST COMBINATIONS

	albuterol/ipratropium BEVESPI (glycopyrrolate/formoterol)	ANORO ELLIPTA (umeclidinium/vilanterol) COMBIVENT RESPIMAT (albuterol/ipratropium) * SmartPA STIOLTO RESPIMAT (tiotropium/olodaterol) TRELEGY ELLIPTA (fluticasone furoate/umeclidinium/vilanterol) UTIBRON (indacaterol/glycopyrrolate)	Combivent Respimat <ul style="list-style-type: none"> • 1 claim for a Combivent Respimat in the past 90 days
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BRONCHODILATORS, BETA AGONIST

INHALERS, SHORT-ACTING

	PROAIR HFA (albuterol) PROAIR RESPICLICK (albuterol) PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol)	XOPENEX HFA (levalbuterol) ^{SmartPA}	Minimum Age Limit <ul style="list-style-type: none"> • 4 years - Xopenex HFA Xopenex Criteria <ul style="list-style-type: none"> • 1 claim for a preferred albuterol inhaler in the past 30 days
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INHALERS, LONG ACTING ^{SmartPA}

	SEREVENT (salmeterol)	ARCAPTA (indacaterol) STRIVERDI RESPIMAT (olodaterol)	Minimum Age Limit <ul style="list-style-type: none"> • 4 years – Serevent • 18 years – Arcapta, Striverdi Respimat Arcapta & Striverdi Respimat <ul style="list-style-type: none"> • Documented diagnosis of COPD AND • Have tried 1 preferred agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
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INHALATION SOLUTION ^{SmartPA}

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	albuterol	BROVANA (arformoterol) levalbuterol LONHALA MAGNAIR (glycopyrrolate) metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 6 years – Xopenex • 18 years – Brovana, Perforomist <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • 1 claim for a different preferred agent in the past 6 months OR • 3 claims with the requested agent in the past 105 days <p>Xopenex</p> <ul style="list-style-type: none"> • 1 claim for a albuterol in the past 30 days
ORAL			
	albuterol ER albuterol IR metaproterenol terbutaline	VOSPIRE ER (albuterol)	
CALCIUM CHANNEL BLOCKERS <small>SmartPA</small>			
SHORT-ACTING			
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine NYMALIZE SOLUTION (nimodipine) PROCARDIA (nifedipine)	<p>Quantity Limit - nimodipine</p> <ul style="list-style-type: none"> • 252 tablets/ 21 days • 2520 mL/21 days <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred <u>Short Acting</u> CCB agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days

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			<p>nimodipine</p> <ul style="list-style-type: none"> Documented diagnosis of subarachnoid hemorrhage in the past 45 days AND Duration of therapy = 21 days
LONG-ACTING			
	amlodipine DILT XR 24 HR Caps (diltiazem) diltiazem ER Cap 24 HR (generic Cardizem CD) diltiazem ER Cap 24 HR felodipine ER nifedipine ER verapamil ER	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem) DILACOR XR (diltiazem) diltiazem ER Cap 12 HR diltiazem ER Tab 24 HR nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred <u>Long Acting</u> CCB agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
CALORIC AGENTS			
	BOOST (includes all Boost) BREAKFAST ESSENTIALS BRIGHT BEGINNINGS CARNATION INSTANT BREAKFAST DUOCAL ENSURE JUVEN GLUCERNA NUTREN (includes all Nutren) OSMOLITE	COMPLEAT EO28 SPLASH FIBERSOURCE ISOSOURCE JEVITY KINDERCAL PEPTAMEN PHENYLADE PROMOTE SIMPLY THICK	<p>Non-Preferred Agents - <u>MANUAL PA</u></p>

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PEDIASURE PROMOD RESOURCE SCANDISHAKE SOLCARB TWOAL HN	TOLEREX VITAL VIVONEX
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CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)

BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS		
amoxicillin/clavulanate amoxicillin/clavulanate XR	AUGMENTIN 125 and 250 Suspension (amoxicillin/clavulanate) AUGMENTIN (amoxicillin/clavulanate) Tablets AUGMENTIN XR (amoxicillin/clavulanate) MOXATAG (amoxicillin)	
CEPHALOSPORINS – First Generation SmartPA		
cefadroxil cephalexin capsules cephalexin suspension	cephalexin tablets DAXBIA (cephalexin) KEFLEX (cephalexin)	Non-Preferred Criteria – all generations • Have tried 2 different preferred agents in the past 6 months
CEPHALOSPORINS – Second Generation SmartPA		
cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)	
CEPHALOSPORINS – Third Generation SmartPA		
cefdinir suspension cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	Maximum Age Limit • 18 years – cefdinir suspension

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COLONY STIMULATING FACTORS SmartPA

	GRANIX (tbo-filgrastim) NEUPOGEN Vial (filgrastim)	FULPHILA (pegfilgrastim) LEUKINE (sargramostim) NEUPOGEN Syringe (filgrastim) NEULASTA (pegfilgrastim) NIVESTYM (filgrastim-aafi) ^{NR} UDENYCA (pegfilgrastim-cbqv) ^{NR} ZARXIO (filgrastim)	<u>Non-Preferred Criteria</u> • MANUAL PA Neupogen Syringe – use preferred Neupogen Vial
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CYSTIC FIBROSIS AGENTS SmartPA

	tobramycin(generic TOB I) labeler 00093,00781, 65162, 17478	BETHKIS (tobramycin) CAYSTON (aztreonam) COLY-MYCIN M (colistimethate sodium) KALYDECO (ivacaftor) KITABIS (tobramycin) ORKAMBI (lumacaftor/ivacaftor) PULMOZYME (dornase alfa) SYMDEKO (tezacaftor/ivacaftor) TOBI (tobramycin) TOBI PODHALER (tobramycin) tobramycin (generic Kitabis) labeler 70644	<u>Minimum Age Limits</u> • 3 months – Pulmozyme • 1 year – Kalydeco Granules • 2 years – Coly-Mycin M, Orkambi Granules • 6 years – Bethkis, Kalydeco Tablet, Kitabis, Orkambi 100/125mg Tablet, TOBI, TOBI Podhaler • 7 years – Cayston • 12 years – Orkambi 200/125mg Tablet, Symdeko <u>Maximum Age Limits</u> • 11 years – Kalydeco and Orkambi Granules <u>All Agents</u> • Documented diagnosis Cystic Fibrosis <u>Kalydeco, Okambi & Symdeko</u> • 1 claim with in the same agent in the past 105 days OR • MANUAL PA
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- TOBI Podhaler – MANUAL PA**
- Therapy with a preferred tobramycin nebulizer solution in the past 90 days **AND**
 - Documented significant impairment with valid clinical reasoning the preferred agent cannot be used

CYTOKINE & CAM ANTAGONISTS

<p>COSENTYX (secukinumab) ^{SmartPA} ENBREL (etanercept) HUMIRA (adalimumab) methotrexate</p>	<p>ACTEMRA (tocilizumab) CIMZIA (certolizumab) ENTYVIO (vedolizumab) ILARIS (canakinumab) ILUMYA (tildrakizumab)^{NR} INFLECTRA (infliximab) KEVZARA (sarilumab) KINERET (anakinra) OLUMIANT (baricitinin)^{NR} ORENCIA (abatacept) OTEZLA (apremilast) OTREXUP (methotrexate) RASUVO (methotrexate) REMICADE (infliximab) RENFLEXIS (infliximab-abda) RHEUMATREX (methotrexate) SILIQ (brodalumab) SIMPONI (golimumab) STELARA (ustekinumab) TALTZ (ixekizumab) TREMIFYA (guselkumab)</p>	<p>Orencia IV Infusion, Remicade IV Infusion, Renflexis and Stelara (first dose) are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification.</p> <p>Cosentyx</p> <ul style="list-style-type: none"> • ≥ 18 years = Minimum Age • Documented diagnosis of plaque psoriasis, psoriatic arthritis or ankylosing spondylitis in the past 2 years AND • 90 consecutive days of Humira in the past year
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TREXALL (methotrexate)
XELJANZ (tofacitinib)
XELJANZ XR (tofacitinib)

ERYTHROPOIESIS STIMULATING PROTEINS SmartPA

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

ARANESP (darbepoetin)
RETACRIT (rHuEPO)

Mircera

- Documented diagnosis chronic renal failure in the past 2 years
- Non Preferred Criteria**
- Documented diagnosis of cancer or chronic renal failure **OR** Antineoplastic therapy in the past 6 months **AND**
 - Trial of a preferred agent in the past 6 months **OR** 1 claim for the requested agent in the past 105 days

FIBROMYALGIA/NEUROPATHIC PAIN AGENTS

duloxetine
gabapentin
LYRICA (pregabalin)
SAVELLA (milnacipran)

CYMBALTA (duloxetine) SmartPA
duloxetine DR
GRALISE (gabapentin)
HORIZANT (gabapentin)
IRENKA (duloxetine)
LYRICA CR (pregabalin)
NEURONTIN (gabapentin)

Cymbalta (see Antidepressant, Other)

Minimum Age Limit – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder)

FLUOROQUINOLONES (Oral) SmartPA

ciprofloxacin tablets
levofloxacin tablets

AVELOX (moxifloxacin)
BAXDELA (delafloxacin)
CIPRO (ciprofloxacin)
CIPRO SUSPENSION (ciprofloxacin)
CIPRO XR (ciprofloxacin)

Non-Preferred Criteria

- 1 claim for a preferred agent in past 30 days
- Cipro Suspension for age < 12 years**
- Anthrax infection or exposure **OR**

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- | | | |
|--|--|--|
| | ciprofloxacin ER
ciprofloxacin suspension
FACTIVE (gemifloxacin)
LEVAQUIN (levofloxacin)
levofloxacin solution
moxifloxacin
NOROXIN (norfloxacin)
ofloxacin | <ul style="list-style-type: none"> • Cystic Fibrosis OR • Pneumonic plague OR tularemia AND history of doxycycline in the past 3 months OR • 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months <ul style="list-style-type: none"> ◦ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide <p>Levaquin solution for age < 12 years</p> <ul style="list-style-type: none"> • Anthrax infection or exposure OR • 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months AND <ul style="list-style-type: none"> ◦ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide • Cipro suspension in the past 3 months |
|--|--|--|

GAUCHER'S DISEASE

	ELELYSO (taliglucerase alfa) ZAVESCA (miglustat)	CERDELGA (eliglustat) CEREZYME(imiglucerase) VPRIV (velaglucerase alfa)
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GENITAL WARTS & ACTINIC KERATOSIS AGENTS

	ALDARA (imiquimod) ^{Age Edit} CONDYLOX (podofilox) ^{Age Edit} podofilox ^{Age Edit}	CARAC (fluorouracil) diclofenac 3% gel imiquimod ^{Age Edit} EFUDEX (fluorouracil) fluorouracil 0.5% cream fluorouracil 5% cream PICATO (ingenol) ^{Age Edit} SOLARAZE (diclofenac)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 12 years – Aldara • 18 years – Condylox, Picato, Veregen
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TOLAK (fluorouracil)
VEREGEN (sinecatechins) ^{Age Edit}
ZYCLARA (imiquimod) ^{Age Edit}

GLUCOCORTICOIDS (Inhaled) ^{SmartPA}

GLUCOCORTICOIDS

budesonide 0.25mg and 0.5mg
PULMICORT FLEXHALER (budesonide)
QVAR REDHALER (beclomethasone dipropionate)

AEROSPAN (flunisolide)
ALVESCO (ciclesonide)
ARMONAIR RESPICLICK (fluticasone)
ARNUITY ELLIPTA (fluticasone)
ASMANEX HFA (mometasone)
ASMANEX TWISTHALER (mometasone)
budesonide 1mg
FLOVENT DISKUS(fluticasone)
FLOVENT HFA (fluticasone)
PULMICORT (budesonide) Respules
QVAR (beclomethasone dipropionate)

Non-Preferred Criteria

- 90 consecutive days on the requested agent in the past 105 days **OR**
- Have tried 1 preferred agent in the past 6 months

Flovent HFA 44 & 110 mcg –
automatic approval for age <12 years

NOTE: Institutional sized products are Non-Preferred

GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS

ADVAIR DISKUS (fluticasone/salmeterol)
ADVAIR HFA (fluticasone/salmeterol)
DULERA (mometasone/formoterol)
SYMBICORT (budesonide/formoterol)

AIRDUO Resplick (fluticasone/salmeterol)
BREO ELLIPTA (fluticasone/vilanterol)
fluticasone/salmeterol

Non-Preferred Criteria

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

GI ULCER THERAPIES

H2 RECEPTOR ANTAGONISTS

cimetidine
famotidine tablet
PEPCID (famotidine)
ranitidine syrup

AXID (nizatidine)
famotidine suspension
nizatidine
ranitidine capsule

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	ranitidine tablet ZANTAC (ranitidine)		
PROTON PUMP INHIBITORS			
	NEXIUM Rx(esomeprazole) esomeprazole DR omeprazole Rx pantoprazole PROTONIX PACKET (pantoprazole)	ACIPHEX SPRINKLE (rabeprazole) ACIPHEX Tablet (rabeprazole) DEXILANT (dexlansoprazole) lansoprazole Rx omeprazole sod. bicarb. PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole) PRILOSEC SUSPENSION (omeprazole) PROTONIX DR (pantoprazole) rabeprazole	
OTHER			
	CARAFATE SUSPENSION (sucralfate) misoprostol sucralfate tablet	CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) sucralfate suspension	
GROWTH HORMONE SmartPA			
	NORDITROPIN (somatropin) NUTROPIN AQ (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) ZOMACTON (somatropin) ZORBTIVE (somatropin)	<p>All Agents for Age > 18 years</p> <ul style="list-style-type: none"> • Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome or an approvable indication OR • Documented procedure of cranial irradiation <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred agent in the past 6 months OR

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

H. PYLORI COMBINATION TREATMENTS

	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)	lansoprazole, amoxicillin, clarithromycin OMECLAMOX (omeprazole, clarithromycin, amoxicillin) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	Quantity Limit <ul style="list-style-type: none"> • 1 treatment course/year
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HEPATITIS B TREATMENTS

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

	EPCLUSA (sofosbuvir/velpatasvir) ∞ MAVYRET (glecaprevir/pibrentasvir)∞ PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets ZEPATIER (elbasvir/grazoprevir)∞	COPEGUS (ribavirin) DAKLINZA (daclatasvir) ∞ HARVONI (ledipasvir/sofosbuvir)∞ MODERIBA (ribavirin) OLYSIO (simeprevir) REBETOL (ribavirin) RIBASPHERE (ribavirin) RIBASPHERE RIBAPAK DOSEPACK (ribavirin) ribavirin capsules sofosbuvir/velpatasvir SOVALDI (sofosbuvir)∞ TECHNIVIE (ombitasvir/paritaprevir/ritonavir) VIEKIRA (ombitasvir/paritaprevir/ritonavir) VIEKIRA XR (ombitasvir/paritaprevir/ritonavir)	∞ Daklinza, Epclusa, Harvoni, Mavyret, Sovaldi, Vosevi, Zepatier – MANUAL PA
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VOSEVI (sofosbuvir/velpatasvir/voxilaprevir)[∞]

HEREDITARY ANGIOEDEMA

FIRAZYR SYRINGE (icatibant acetate)

BERINERT (C1 esterase inhibitor)
CINRYZE VIAL (C1 esterase inhibitor)
HAEGARDA (C1 esterase inhibitor)
KALBITOR VIAL (ecallantide)
RUCONEST VIAL (C1 esterase inhibitor, recombinant)
TAKHZYRO (lanadelvumab)^{NR}

HYPERURICEMIA & GOUT SmartPA

allopurinol
colchicine capsule
probenecid
probenecid/colchicine

colchicine tablet
COLCRYS (colchicine)
DUZALLO (lesinurad/allopurinol)
MITIGARE (colchicine)
ULORIC (febuxostat)
ZURAMPIC (lesinurad)
ZYLOPRIM (allopurinol)

- Non-Preferred Criteria**
- Have tried 2 different preferred agents in the past 6 months
- Zurampic Criteria**
- Have tried a xanthine oxidase inhibitor in the past 6 months **AND**
 - Concurrent use with a xanthine oxidase inhibitor per PI

HYPOGLYCEMICS, BIGUANIDES SmartPA

metformin HCL tablet
metformin HCL ER 24HR tablet (generic GlucophageXR)

FORTAMET ER
GLUCOPHAGE (metformin)
GLUCOPHAGE XR (metformin ER)
GLUMETZA (metformin ER)
metformin 24HR (generic Fortamet)
metformin 24 HR(generic Glumetza)
RIOMET SOLUTION* (metformin)

- MANUAL PA**
- Addition of a fourth concurrent oral agent in a different drug class
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 - Combination agents count as 2 classes

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			<p>Riomet Solution</p> <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days
HYPOGLYCEMICS, DPP4s and COMBINATON <small>SmartPA</small>			
	<p>JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) TRADJENTA (linagliptin)</p>	<p>alogliptin alogliptin/metformin alogliptin/pioglitazone JENTADUETO XR (linagliptin/metformin) KAZANO (alogliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin)* NESINA (alogliptin) ONGLYZA (saxagliptin) * OSENI (alogliptin/pioglitazone)</p>	<p>MANUAL PA</p> <ul style="list-style-type: none"> Required with concomitant use of GLP-1 product in the past 30 days OR Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days Combination agents count as 2 classes <p>Kombiglyze XR and Onglyza Criteria</p> <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS <small>SmartPA</small>			
	<p>BYDUREON (exenatide) BYETTA (exenatide) VICTOZA (liraglutide)</p>	<p>ADLYXIN (lixisenatide) BYDUREON BCISE (exenatide) OZEMPIC (semaglutide) SOLIQUA (insulin glargine/lixisenatide) SYMLIN (pramlintide) TRULICITY (dulaglutide) XULTOPHY (insulin degludec/ liraglutide)</p>	<p>MANUAL PA</p> <ul style="list-style-type: none"> Required with concomitant use of DPP-4 product in the past 30 days OR Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days Combination agents count as 2 classes

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Symlin is excluded from all criteria

HYPOGLYCEMICS, INSULINS AND RELATED AGENTS SmartPA

HUMALOG VIAL (insulin lispro)
HUMALOG MIX VIAL (insulin lispro/ lispro protamine)
HUMULIN VIAL (insulin)
LANTUS SOLOSTAR & VIAL (insulin glargine)
LEVEMIR FLEXPEN & VIAL (insulin detemir)
NOVOLOG FLEXPEN & VIAL (insulin aspart)
NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine)

AFREZZA (insulin)
ADMELOG (insulin lispro)
APIDRA (insulin glulisine)
BASAGLAR (insulin glargine)
FIASP (insulin aspart)
HUMALOG JR (insulin lispro)
HUMALOG KWIKPEN (insulin lispro)
HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine)
HUMULIN KWIKPEN (insulin)
NOVOLIN FLEXPEN (insulin)
NOVOLIN VIAL (insulin)
TOUJEO (insulin glargine)
TRESIBA (insulin degludec)

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

Non-Preferred Criteria

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

HYPOGLYCEMICS, MEGLITINIDES SmartPA

nateglinide
repaglinide

PRANDIMET (repaglinide/metformin)
PRANDIN (repaglinide)
repaglinide/metformin
STARLIX (nateglinide)

MANUAL PA

- Addition of a fourth concurrent oral agent in a different drug class
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HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS SmartPA

HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS

FARXIGA (dapagliflozin) JARDIANCE (empagliflozin)	INVOKANA (canagliflozin) STEGLATRO (ertugliflozin)	<p>MANUAL PA</p> <ul style="list-style-type: none"> • Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> ○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days ○ Combination agents count as 2 classes
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HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS

SYNJARDY (empagliflozin/metformin)	GLYXAMBI (empagliflozin/linagliptin) INVOKAMET (canagliflozin/metformin) INVOKAMET XR (canagliflozin/metformin) QTERN (dapagliflozin/saxagliptin) SEGLUROMET (ertugliflozin/metformin) STEGLUJAN (ertugliflozin/sitagliptin) SYNJARDY XR (empagliflozin/metformin) XIGDUO XR (dapagliflozin/metformin)
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HYPOGLYCEMICS, TZDS

THIAZOLIDINEDIONES

pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	<p>MANUAL PA</p> <ul style="list-style-type: none"> • Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> ○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days
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			o Combination agents count as 2 classes
TZD COMBINATIONS			
	pioglitazone/metformin	ACTOPLUS MET (pioglitazone/metformin) ACTOPLUSMET XR (pioglitazone/metformin) AVANDAMET (rosiglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) DUETACT (pioglitazone/glimepiride) pioglitazone/glimepiride	
IDIOPATHIC PULMONARY FIBROSIS <small>SmartPA</small>			
	ESBRIET (pirfenidone) OFEV (nintedanib)		All Agents • Documented diagnosis Idiopathic Pulmonary Fibrosis Esbriet & OFEV • No concurrent therapy with either agent
IMMUNOSUPPRESSIVE (ORAL) <small>SmartPA</small>			
	AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine) IMURAN (azathioprine) mycophenolate mofetil MYFORTIC (mycophenolic acid) NEORAL (cyclosporine) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) sirolimus tacrolimus	ASTAGRAF XL (tacrolimus) ENVARUSUS XR (tacrolimus) HECORIA (tacrolimus) mycophenolic acid PROGRAF (tacrolimus)	Minimum Age Limit • 13 years - Rapamune • 18 years - Zortress Astagraf, Cellcept, Envarsus XR, Hecoria, Prograf • Documented diagnosis for heart transplant, kidney transplant, liver transplant, or a State accepted diagnosis Azasan • Documented diagnosis of kidney transplant, RA, or a State accepted diagnosis

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ZORTRESS (everolimus)

- Gengraf, Neoral, Sandimmune**
- Documented diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA, or a State – accepted diagnosis **OR**
 - A **MANUAL PA** review for a diagnosis of Kimura's disease or multifocal motor neuropathy
- Myfortic**
- Documented diagnosis of kidney transplant or psoriasis
- Rapamune**
- Documented diagnosis of kidney transplant
- Zortress**
- Documented diagnosis of kidney transplant or liver transplant

IMMUNE GLOBULINS

CARIMUNE NF
FLEBOGAMMA DIF
GAMASTAN SD
GAMMAGARD
GAMMAKED
GAMUNEX-C
HIZENTRA
HYQVIA
OCTAGAM

BIVIGAM
CUVITRU
GAMMAGARD SD
GAMMAPLEX
PRIVIGEN

INTRANASAL RHINITIS AGENTS

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ANTICHOLINERGICS		
	ipratropium	ATROVENT (ipratropium)
ANTIHISTAMINES		
	PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine olopatadine
ANTIHISTAMINE/CORTICOSTEROID COMBINATION SmartPA		
		DYMISTA (azelastine/fluticasone) TICALAST (azelastine/fluticasone)
CORTICOSTEROIDS SmartPA		
	FLONASE (fluticasone) fluticasone QNASL (beclomethasone)	BECONASE AQ (beclomethasone) budesonide flunisolide mometasone NASONEX (mometasone) OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide) TICANASE KIT (flonase kit) triamcinolone VERAMYST (fluticasone) XHANCE (fluticasone) ZETONNA (ciclesonide)
		<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Documented diagnosis for allergic rhinitis AND • Have tried 2 different preferred agents in the past 6 months <p>Budesonide <i>Smart PA will be issued for pregnant women.</i></p> <ul style="list-style-type: none"> • A documented diagnosis of pregnancy OR a pregnancy indicator submitted on the pharmacy claim at Point of Sale
IRON CHELATING AGENTS		
	FERRIPROX (deferiprone) EXJADE (deferasirox)	JADENU (deferasirox) JADENU SPRINKLES (deferasirox)

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IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS SmartPA

IRRITABLE BOWEL SYNDROME CONSTIPATION

	AMITIZA (lubiprostone) LINZESS (linaclotide) MOVANTIK (naloxegol)	RELISTOR (methylnaltrexone) SYMPROIC (naldemedine) TRULANCE (plecanatide)	<p>Minimum Age Limit All Subclasses</p> <ul style="list-style-type: none"> • 18 years –except Bentyl, Levsin <p>Gender Limits</p> <ul style="list-style-type: none"> • Female - Amitiza 8mcg <p>Chronic Idiopathic Constipation (CIC)</p> <p>AMITIZA 24MCG, LINZESS 72MCG, LINZESS 145 MCG, TRULANCE</p> <p>All CIC Agents:</p> <ul style="list-style-type: none"> • Documented diagnosis of CIC in the past year AND • No history of GI or bowel obstruction <p>Non Preferred CIC Agents</p> <ul style="list-style-type: none"> • Above CIC criteria AND • 30 days of therapy with 2 preferred agent in the past 6 months OR • 1 claim with the same agent in the past 105 days <p>Irritable Bowel Syndrome – Constipation Dominant (IBS-C)</p> <p>AMITIZA 8MCG, LINZESS 290 MCG</p> <ul style="list-style-type: none"> • Documented diagnosis of IBS-C in the past year AND • No history of GI or bowel obstruction <p>Opioid Induced Constipation (OIC)</p> <p>AMITIZA 24MG, MOVANTIK, RELISTOR, SYMPROIC</p>
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			<p>All OIC Agents:</p> <ul style="list-style-type: none"> • Documented diagnosis of OIC in the past year AND • 1 claim for an opioid in the past 30 days AND • No history of GI or bowel obstruction AND • Documented diagnosis of chronic pain in the past year <p>Non Preferred OIC Agents</p> <ul style="list-style-type: none"> • Above OIC criteria AND • 30 days of therapy with 1 preferred agent in the past 6 months OR • 1 claim with the same agent in the past 105 days <p>Relistor Injection</p> <ul style="list-style-type: none"> • Above OIC criteria AND • Documented diagnosis of active cancer in the past year AND • Documented diagnosis of palliative care in the past 6 months
IRRITABLE BOWEL SYNDROME DIARRHEA			
	dicyclomine hyoscyamine VIBERZI (eluxadoline)	alosetron BENTYL (dicyclomine) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LOTRONEX (alosetron)	<p>Viberzi</p> <ul style="list-style-type: none"> • Documented diagnosis of Irritable Bowel Syndrome – Diarrhea Dominant (IBS-D) in the past year <p>Lotronex</p> <ul style="list-style-type: none"> • 1 claim for the same agent in the past

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

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Nutrestore - [MANUAL PA](#)

LEUKOTRIENE MODIFIERS SmartPA

ACCOLATE (zafirlukast)
montelukast granules
montelukast tablets

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

Minimum Age Limit

- **12 years** – Zyflo & Zyflo CR

Non-Preferred Criteria

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

LIPOTROPICS, OTHER (NON-STATINS) SmartPA

BILE ACID SEQUESTRANTS

cholestyramine
colestipol

colesevelam
COLESTID (colestipol)
QUESTRAN (cholestyramine)
WELCHOL (colesevelam)

All Agents, All Sub-Classes both Preferred (exception is Zetia) and Non-Preferred

- 90 consecutive days on the requested agent in the past 105 days **OR**
- Have tried 1 statin or statin combination agent in the past year **OR**
- One of the following exceptions:
 - Welchol **AND** Type 2 diabetes **AND** 1 preferred oral antidiabetic agent in the past 180 days **OR**
 - Pregnant female **OR**
 - Documented diagnosis of liver disease **OR**
 - Documented diagnosis for hypertriglyceridemia **OR**
 - Clinical justification a statin or statin combination product cannot be used

Non-Preferred Criteria

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			<ul style="list-style-type: none"> Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
OMEGA-3 FATTY ACIDS			
	LOVAZA (omega-3-acid ethyl esters)	VASCEPA (icosapent ethyl)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
CHOLESTEROL ABSORPTION INHIBITORS			
	ZETIA (ezetimibe)	ezetimibe	Zetia does not have to meet the trial of 1 statin or statin combination agent in the past year
FIBRIC ACID DERIVATIVES			
	fenofibrate nanocrystallized gemfibrozil	ANTARA (fenofibrate, micronized) fenofibrate 40mg tablet fenofibrate, micronized fenofibric acid FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRICOR (fenofibrate nanocrystallized) TRIGLIDE (fenofibrate) TRILIPIX (fenofibric acid)	<p>Fibric Acid Derivative Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different fibric acid derivatives in the past 6 months
MTP INHIBITOR			
		JUXTAPID (lomitapide)	<u>MANUAL PA</u>
APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR			
		KYNAMRO (mipomersen)	<u>MANUAL PA</u>

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NIACIN		
	niacin ER NIACOR (niacin)	NIASPAN (niacin) Non-Preferred Criteria • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
PCSK-9 INHIBITOR		
		PRALUENT (alirocumab) REPATHA (evolocumab) <u>MANUAL PA</u>
LIPOTROPICS, STATINS <small>SmartPA</small>		
STATINS		
	atorvastatin fluvastatin LESCOL (fluvastatin) LESCOL XL (fluvastatin) lovastatin pravastatin rosuvastatin simvastatin	ALTOPREV (lovastatin) CRESTOR (rosuvastatin) FLOLIPID (simvastatin) fluvastatin ER LIPITOR (atorvastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin) ZYPITAMAG (pitavastatin) ^{NR} Simvastatin 80mg • 12 months of therapy with simvastatin 80mg AND • NO myopathy contraindication Non-Preferred Criteria • Have tried 2 different preferred statin or statin combination agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
STATIN COMBINATIONS		
	SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)	ADVICOR (lovastatin/niacin) atorvastatin/amlodipine CADUET (atorvastatin/amlodipine) ezetimibe/simvastatin LIPTRUZET (atorvastatin/ezetimibe) Non-Preferred Criteria • Have tried 2 different preferred statin or statin combination agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days

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MISCELLANEOUS BRAND/GENERIC

CLONIDINE		
	CATAPRES-TTS (clonidine) clonidine tablets	
EPINEPHRINE		
	epinephrine autoinject pens (labeler 49502)	
MISCELLANEOUS		
	alprazolam hydroxyzine hcl syrup hydroxyzine pamoate MAKENA (hydroxyprogesterone caproate) megestrol suspension 625mg/5mL	
SUBLINGUAL ALLERGEN EXTRACT IMMUNOTHERAPY		
SUBLINGUAL NITROGLYCERIN		
	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	

Quantity Limits
• 2 kits/31 days

Alprazolam ER CUMULATIVE quantity limit
• 31 tablets/31 days
• **Exception** –previously stable on 2 tablets/day in the past 90 days

Hydroxyzine hcl 10mg tablets
• 6-12 years - *Smart PA will automatically be issued for this age range*

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MOVEMENT DISORDER AGENTS

SmartPA

	<p>INGREZZA (valbenazine) tetrabenazine</p>	<p>AUSTEDO (deutetrabenazine) XENAZINE (tetrabenazine)</p>	<p>Ingrezza:</p> <ul style="list-style-type: none"> • MANUAL PA <p>tetrabenazine:</p> <ul style="list-style-type: none"> • Documented diagnosis of Huntington's Chorea <p>Non-Preferred Criteria</p> <p>Austedo:</p> <ul style="list-style-type: none"> • MANUAL PA for diagnosis of tardive dyskinesia OR • Documented diagnosis of Huntington's Chorea AND • 30 days of therapy with preferred tetrabenazine in the past 6 months
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MULTIPLE SCLEROSIS AGENTS

SmartPA

	<p>AUBAGIO (teriflunomide) AVONEX (interferon beta-1a) AVONEX PEN (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE 20mg (glatiramer) GILENYA (fingolimod) REBIF (interferon beta-1a) REBIF REBIDOSE (interferon beta-1a)</p>	<p>AMPYRA (dalfampridine) COPAXONE 40mg (glatiramer) EXTAVIA (interferon beta-1b) glatiramer GLATOPA (glatiramer) OCREVUS (ocrelizumab) PLEGRIDY (interferon beta-1a) TECFIDERA (dimethyl fumarate) ZINBRYTA (daclizumab)</p>	<p>All Agents</p> <ul style="list-style-type: none"> • Documented diagnosis of multiple sclerosis <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR • 3 claims with the requested agent in the last 105 days <p>Ampyra – MANUAL PA</p> <ul style="list-style-type: none"> • 18 years – minimum age limit AND • 60 tablets/30 days (2 tablets/day) – quantity limit AND • Documented gait disorder associated with MS AND • NO seizure diagnosis or moderate to
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61

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- severe renal impairment **AND**
- *Initial authorization* – requires a baseline Timed 25-foot Walk (T25FW) assessment and will be approved for 12 weeks **OR**
- *Additional prior authorizations* - requires a benefit assessment measured by a 20% improvement in the T25FW from baseline. Renewal will not be approved if the 20% improvement is not maintained. A renewal will be issued in a 6 month interval

MUSCULAR DYSTROPHY AGENTS

	EMFLAZA (deflazacort) EXONDYS (eteplirsen)	Exondys- MANUAL PA
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NSAIDS SmartPA

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

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

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

OPHTHALMIC ANTIBIOTICS

bacitracin/neomycin/gramicidin
 bacitracin/polymyxin
 ciprofloxacin
 erythromycin
 GENTAK Ointment (gentamicin)
 gentamicin
 ILOTYCIN (erythromycin)
 moxifloxacin
 ofloxacin
 polymyxin/trimethoprim
 tobramycin

AZASITE (azithromycin)
 bacitracin
 BESIVANCE (besifloxacin)
 BLEPH-10 (sulfacetamide)
 CILOXAN Ointment (ciprofloxacin)
 CILOXAN Solution (ciprofloxacin)
 GARAMYCIN (gentamicin)
 gatifloxacin
 levofloxacin
 MOXEZA (moxifloxacin)
 NATACYN (natamycin)
 neomycin/bacitracin/polymyxin b
 NEO-POLYCIN (neomy/baci/polymyxin b)
 NEOSPORIN (bacitracin/neomycin/gramicidin)
 (oxy-tcn/polymyx sul)
 OCUFLOX (ofloxacin)
 POLYTRIM (polymyxin/trimethoprim)
 sulfacetamide
 TOBEX drops (tobramycin)
 TOBEX ointment (tobramycin)
 VIGAMOX (moxifloxacin)
 ZYMAR (gatifloxacin)
 ZYMAXID (gatifloxacin)

ANTIBIOTIC STEROID COMBINATIONS

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

<p>dexamethasone diclofenac DUREZOL (difluprednate) FLAREX (fluorometholone) fluorometholone flurbiprofen FML FORTE (fluorometholone) FML SOP (fluorometholone) ketorolac MAXIDEX (dexamethasone) NEVANAC (nepafenac) prednisolone acetate prednisolone NA phosphate PRED MILD (prednisolone) VEXOL (rimexolone)</p>	<p>ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac BROMSITE (bromfenac) ILEVRO (nepafenac) INVELTYS (loteprednol)^{NR} LOTEMAX (loteprednol) OCUFEN (flurbiprofen) PRED FORTE (prednisolone) PROLENSA (bromfenac) VOLTAREN (diclofenac)</p>	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months
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OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS SmartPA

<p>ALREX (loteprednol) azelastine cromolyn olopatadine 0.1%</p>	<p>ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (Iodoxamide) BEPREVE (bepotastine) ELESTAT (epinastine) EMADINE (emedastine)</p>	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months
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epinastine
LASTACRAFT (alcaftadine)
olopatadine 0.2%
OPTIVAR (azelastine)
PATADAY (olopatadine)
PATANOL (olopatadine)
PAZEO (olopatadine)

OPHTHALMIC, DRY EYE AGENTS

	RESTASIS droperette (cyclosporine)	CEQUA (cyclosporine 0.09%) ^{NR} RESTASIS Multidose (cyclosporine) XIIDRA (lifitegrast) ^{Smart PA}	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 16 years – Restasis • 17 years – Xiidra • 18 years – Cequa <p>Quantity Limits</p> <ul style="list-style-type: none"> • 5.5 mL/31 days – Restasis Multidose • 60 units/31 days – Cequa, Restasis droperette, Xiidra <p>Non-Preferred Criteria:</p> <ul style="list-style-type: none"> • History of 4 claims for Restasis in the past 6 months
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OPHTHALMIC, GLAUCOMA AGENTS ^{SmartPA}

BETA BLOCKERS			
	BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol drops 0.25%, 0.5%	BETAGAN (levobunolol) betaxolol BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel timolol daily drop 0.5% (generic Istalol)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days

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		TIMOPTIC (timolol) TIMOPTIC XE (timolol)
CARBONIC ANHYDRASE INHIBITORS		
	dorzolamide	AZOPT (brinzolamide) TRUSOPT (dorzolamide)
COMBINATION AGENTS		
	COMBIGAN (brimonidine/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine)	COSOPT (dorzolamide/timolol) COSOPT PF(dorzolamide/timolol)
PARASYMPATHOMIMETICS		
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)
PROSTAGLANDIN ANALOGS		
	latanoprost	bimatoprost LUMIGAN (bimatoprost) RESCULA (unoprostone) TRAVATAN Z (travoprost) travoprost XALATAN (latanoprost) XELPROS (latanoprost) ^{NR} VYZULTA (latanoprostene bunod) ZIOPTAN (tafluprost)
RHO KINASE INHIBITORS		
	RHOPRESSA (netarsudil)	

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SYMPATHOMIMETICS		
	ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine 0.2%	brimonidine 0.15% dipivefrin PROPINE (dipivefrin)
OPIATE DEPENDENCE TREATMENTS		
DEPENDENCE		
	naltrexone tablets SUBOXONE FILM (buprenorphine/naloxone) ^{SmartPA}	buprenorphine tablets buprenorphine/naloxone film buprenorphine/naloxone tablets BUNAVAIL (buprenorphine/naloxone) LUCEMYRA (lofexidine) ^{NR} PROBUPHINE (buprenorphine) SUBLOCADE (buprenorphine) VIVITROL (naltrexone) ZUBSOLV (buprenorphine/naloxone)
		<p>Buprenorphine/Naloxone and buprenorphine: Suboxone</p> <ul style="list-style-type: none"> • Detailed buprenorphine/naloxone and buprenorphine criteria found here <p>Non-Preferred Criteria:</p> <ul style="list-style-type: none"> • Bunavail is preferred over Zubsolv and other generic forms of buprenorphine/naloxone <p>Bunavail <i>NOTE: Bunavail is not indicated for induction therapy</i></p> <ul style="list-style-type: none"> • History of Suboxone therapy within the past 6 months OR • History of Bunavail therapy within the past 3 months AND • All other buprenorphine/naloxone criteria found here <p>Probuphine, Sublocade, Vivitrol - MANUAL PA</p>
TREATMENT		

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	naloxone injection NARCAN NASAL SPRAY (naloxone)	EVZIO (naloxone)	
OTIC ANTIBIOTICS			
	CIPRODEX (ciprofloxacin/dexamethasone) ^{Age Edit} CIPRO HC (ciprofloxacin/hydrocortisone) ^{Age Edit} COLY-MYCIN S (colistin/neomycin/hydrocortisone) ofloxacin	ciprofloxacin CORTISPORIN-TC (colistin/neomycin/hydrocortisone) DERMOTIC (fluocinolone) neomycin/polymyxin/hydrocortisone OTIPRIO (ciprofloxacin) OTOVEL (ciprofloxacin/fluocinolone)	Maximum Age Limit • 9 years - Cipro HC
PANCREATIC ENZYMES ^{SmartPA}			
	CREON (pancreatin) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) pancrelipase PERTZYE (pancrelipase) ULTRESA (pancrelipase) VIOKACE (pancrelipase)	Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months
PARATHYROID AGENTS			
	calcitriol ergocalciferol paricalcitol ROCALTROL (calcitriol) ZEMPLAR (paricalcitol)	cinacalcet doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone) RAYALDEE (calcifediol) SENSIPAR (cinacalcet)	
PHOSPHATE BINDERS			
	calcium acetate ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) sevelamer carbonate tablets	AURYXIA (ferric citrate) FOSRENOL (lanthanum) lanthanum PHOSLO (calcium acetate) RENAGEL (sevelamer HCl)	

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RENVELA (sevelamer carbonate)
sevelamer carbonate powder packets
VELPHORO (sucroferric oxyhydroxide)

PLATELET AGGREGATION INHIBITORS SmartPA

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

dipyridamole/aspirin
DURLAZA ER (aspirin)
EFFIENT (prasugrel)
PERSANTINE (dipyridamole)
PLAVIX (clopidogrel)
PLETAL (cilostazol)
ticlopidine
YOSPRALA (aspirin/omeprazole)
ZONTIVITY (vorapaxar) Clinical Edit

Zontivity – **MANUAL PA**

- Documented diagnosis of myocardial infarction or peripheral artery disease **AND**
- No diagnosis of stroke, transient ischemic attack or intracranial hemorrhage **AND**
- Concurrent therapy with aspirin and/or clopidogrel

Non-Preferred Criteria

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

PRENATAL VITAMINS

COMPLETE NATAL DHA
CONCEPT DHA Capsule
PRENATA CHEWABLE Tablet
PRENATAL PLUS Tablet
PRENATAL VITAMIN PLUS LOW IRON Tablet
PREPLUS Ca/Fe27/FA 1 Tablet
TARON-C DHA Capsule
TRICARE PRENATAL Tablet
TRINATAL Rx 1 Tablet
TRIVEEN-DUO DHA COMBO PACK

Products not listed here are assumed to be Non-Preferred.

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PSEUDOBULBAR AFFECT AGENTS

	NUEDEXTA (dextromethorphan/quinidine)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • 90 consecutive days on the requested agent in the past 105 days OR • Documented diagnosis for Pseudobulbar Affect
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PULMONARY ANTIHYPERTENSIVES SmartPA

ENDOTHELIN RECEPTOR ANTAGONIST

TRACLEER (bosentan) Tablets	LETAIRIS (ambrisentan)* OPSUMIT (macitentan) TRACLEER (bosentan) Suspension	<p>All PAH Agents – Preferred and Non-Preferred</p> <ul style="list-style-type: none"> • Documented diagnosis of pulmonary hypertension <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
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PDE5's

sildenafil (generic Revatio)	ADCIRCA (tadalafil) REVATIO (sildenafil)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days <p>Revatio suspension</p> <ul style="list-style-type: none"> • < 12 years of age AND documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or
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			<p>Persistent Fetal Circulation OR history of heart transplant OR 90 consecutive days on the requested agent in the past 105 days</p> <p>Revatio tablets</p> <ul style="list-style-type: none"> • < 1 year of age AND documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation OR 90 consecutive days on the requested agent in the past 105 days • > 1 years of age AND Non-Preferred Criteria
PROSTACYCLINS			
	ORENITRAM ER (treprostinil)	TYVASO (treprostinil) VENTAVIS (iloprost)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
SELECTIVE PROSTACYCLIN RECEPTOR AGONISTS			
		UPTRAVI (selexipag)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
SOLUBLE GUANYLATE CYCLASE STIMULATORS			
		ADEMPAS (riociguat)	<p>Adempas</p> <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR

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- 90 consecutive days on the requested agent in the past 105 days **OR**
- [MANUAL PA](#) for PAH WHO Group 4

ROSACEA TREATMENTS

	metronidazole (cream, gel, lotion)	AVAR (sulfacetamide sodium/sulfur) FINACEA (azelaic acid) METROCREAM (metronidazole cream) METROGEL (metronidazole gel) METROLOTION (metronidazole lotion) MIRVASO (brimonidine) NORITATE (metronidazole) OVACE (sulfacetamide sodium) RHOFADE (oxymetazoline HCl) ROSULA (sodium sulfacetamide/sulfur) sodium sulfacetamide/sulfur (cleanser, pads, suspension) SOOLANTRA (ivermectin) SUMADAN(sodium sulfacetamide/sulfur wash) SUMAXIN(sodium sulfacetamide/sulfur pads) SUMAXIN TS(sodium sulfacetamide/sulfur suspension)	Topical Sulfonamides used for Rosacea will require a manual PA for ≥ 21 years. Other labeled indications are limited to < 21 years.
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SEDATIVE HYPNOTICS

BENZODIAZEPINES SmartPA			
	estazolam flurazepam temazepam (15mg and 30mg)	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) quazepam RESTORIL (temazepam) temazepam (7.5mg and 22.5mg) triazolam	Single source benzodiazepines and barbiturates are NOT covered – NO PA's will be issued for these drugs. Quantity Limits – CUMULATIVE Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy</i>

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

SELECT CONTRACEPTIVE PRODUCTS

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INJECTABLE CONTRACEPTIVES		
	medroxyprogesterone acetate IM	DEPO-PROVERA IM (medroxyprogesterone acetate) DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)
ORAL CONTRACEPTIVES SmartPA		
	ALL CONTRACEPTIVES ARE PREFERRED EXCEPT FOR THOSE SPECIFICALLY INDICATED AS NON-PREFERRED	AMETHIA (levonorgestrel/ethinyl estradiol) AMETHYST (levonorgestrel/ethinyl estradiol) BEYAZ (ethinyl estradiol/drospirenone/levomefolate) BRIELLYN (norethindrone/ethinyl estradiol) CAMRESE (levonorgestrel/ethinyl estradiol) CAMRESE LO (levonorgestrel/ethinyl estradiol) ethinyl estradiol/drospirenone GENERESS FE (norethindrone/ethinyl estradiol/fe) Gianvi (ethinyl estradiol/drospirenone) GILDAGIA (norethindrone/ethinyl estradiol) INTROVALE (levonorgestrel/ethinyl estradiol) JOLESSA (levonorgestrel/ethinyl estradiol) LOESTRIN 24 FE (norethindrone/ethinyl estradiol) LO LOESTRIN FE (norethindrone/ethinyl estradiol) LORYNA (ethinyl estradiol/drospirenone) NATAZIA (estradiol valerate/dienogest) norethindrone/ethinyl estradiol/fe chew tab OCELLA (ethinyl estradiol/drospirenone) OVCON-35 (norethindrone/ethinyl estradiol) PHILITH (norethindrone/ethinyl estradiol) QUASENSE (levonorgestrel/ethinyl estradiol) SAFYRAL (ethinyl estradiol/drospirenone/levomefolate) SYEDA (ethinyl estradiol/drospirenone) TILIA FE (norethindrone/ethinyl estradiol/fe)

Non-Preferred Criteria

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

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TRI-LEGEST FE (norethindrone/ethinyl estradiol/fe)
VESTURA (ethinyl estradiol/drospirenone)
WYMZYA FE (norethindrone/ethinyl estradiol/fe)
ZARAH (ethinyl estradiol/drospirenone)
ZENCHENT FE (norethindrone/ethinyl estradiol/fe)
ZEOSA (norethindrone/ethinyl estradiol/fe)

SKELETAL MUSCLE RELAXANTS SmartPA

baclofen
chlorzoxazone
cyclobenzaprine 5mg, 10mg
methocarbamol
tizanidine tablets

AMRIX (cyclobenzaprine ER)
carisoprodol
carisoprodol compound
cyclobenzaprine 7.5mg, 15mg
cyclobenzaprine ER
DANTRIUM (dantrolene)
dantrolene
FEXMID (cyclobenzaprine)
FLEXERIL (cyclobenzaprine)
LORZONE (chlorzoxazone)
metaxalone
orphenadrine
orphenadrine compound
orphenadrine ER
PARAFON FORTE DSC (chlorzoxazone)
ROBAXIN (methocarbamol)
SKELAXIN (metaxalone)
SOMA (carisoprodol)
tizanidine capsules
ZANAFLEX (tizanidine)

Non-Preferred Agents

- Documented diagnosis for an approvable indication **AND**
- Have tried 2 different preferred agents in the past 6 months

Carisoprodol

- Documented diagnosis of acute musculoskeletal condition **AND**
- NO history with meprobamate in the past 90 days **AND**
- 1 claim for cyclobenzaprine in the past 21 days **OR** a documented intolerance to cyclobenzaprine **AND**

Quantity Limits

- 18 tablets - to allow tapering off
- 84 tablets/6 months

Carisoprodol with codeine
[MANUAL PA](#)

SMOKING DETERRENT

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NICOTINE TYPE			
	nicotine gum nicotine lozenge nicotine patch	NICODERM CQ PATCH NICORETTE LOZENGE NICORETTE GUM NICOTROL INHALER NICOTROL NASAL SPRAY	
NON-NICOTINE TYPE			
	bupropion ER CHANTIX (varenicline)	ZYBAN (bupropion)	
			<p>Minimum Age Limit - Chantix</p> <ul style="list-style-type: none"> • 18 years <p>Quantity Limits</p> <ul style="list-style-type: none"> • Chantix 0.5 mg, 1mg tablets and continuing pack – 336 tablets/year • Chantix Starter – 2 treatment courses/year
STEROIDS (Topical) SmartPA			
LOW POTENCY			
	CAPEX (fluocinolone) desonide hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTH-FS (fluocinolone) DESONATE (desonide) DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred low potency agents in the past 6 months
MEDIUM POTENCY			
	fluocinolone hydrocortisone mometasone cr, oint. prednicarbate cr PANDEL (hydrocortisone probutate)	betamethasone valerate foam CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate) ELOCON (mometasone)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred medium potency agents in the past 6 months

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		fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint SYNALAR (fluocinolone)	
HIGH POTENCY			
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. fluocinolone triamcinolone	amcinonide oint betameth diprop/prop gly cr, lot, oint betamethasone dipropionate oint. BETA-VAL (betamethasone valerate) desoximetasone diflorasone DIPROLENE AF (betamethasone diprop/prop gly) ELOCON (mometasone) fluocinonide HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) SERNIVO (betamethasone dipropionate) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide)	Non-Preferred Criteria • Have tried 2 different preferred high potency agents in the past 6 months
VERY HIGH POTENCY			
	CLOBEX (clobetasol) clobetasol shampoo clobetasol propionate cream clobetasol propionate ointment halobetasol cream halobetasol ointment	BRYHALI (halobetasol) ^{NR} clobetasol emollient clobetasol propionate foam, gel, sol DIPROLENE (betamethasone diprop/prop gly) HALONATE (halobetasol/ammonium lactate) HALAC (halobetasol/ammonium lac)	Non-Preferred Criteria • Have tried 2 different preferred very high potency agents in the past 6 months

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TEMOVATE Cream (clobetasol propionate)
TEMOVATE Ointment (clobetasol propionate)
OLUX (clobetasol)
OLUX-E (clobetasol)
ULTRAVATE Cream, Lotion (halobetasol)
ULTRAVATE Ointment (halobetasol)

STIMULANTS AND RELATED AGENTS SmartPA

SHORT-ACTING

amphetamine salt combination
dexamethylphenidate IR
dextroamphetamine IR
METHYLIN chewable tablets (methylphenidate)
METHYLIN solution (methylphenidate)
methylphenidate IR
PROCENTRA (dextroamphetamine)

ADDERALL (amphetamine salt combination)
DESOXYN (methamphetamine)
dextroamphetamine solution
EVEKEO (amphetamine)
FOCALIN (dexamethylphenidate)
methamphetamine
methylphenidate chewable
methylphenidate solution
ZENZEDI (dextroamphetamine)

- Minimum Age Limit**
- **3 years** - Adderall, Evekeo, Procentra, Zenzedi
 - **6 years** – Desoxyn, Focalin, Methylin
- Quantity Limits**
Applicable quantity limit per rolling days
- **62 tablets/31 days** –Adderall, Desoxyn, Evekeo, Focalin, Methylin, Zenzedi
 - **310 mL/31 days** – Methylin solution, Procentra
- Documented diagnosis of:**
ADHD – ALL SA AGENTS
Narcolepsy – ADDERALL, DESOXYN, EVEKEO, METHYLIN, PROCENTRA, RITALIN, ZENZEDI
- Non-Preferred Criteria**
- Have tried 2 different preferred Short Acting agents in the past 6 months
OR
 - 1 claim for a 30 day supply with the

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LONG-ACTING		
amphetamine salt combination ER APTENSIO XR (methylphenidate) armodafinil FOCALIN XR (dexamethylphenidate) methylphenidate CD (generic Metadate CD) methylphenidate ER (generic Concerta) modafinil QUILLICHEW (methylphenidate) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine) VYVANSE CHEWABLE (lisdexamfetamine)	ADDERALL XR (amphetamine salt combination) ADZENYS XR ODT (amphetamine) ADZENYS ER SUSPENSION (amphetamine) CONCERTA (methylphenidate) COTEMPLA XR-ODT (methylphenidate) DAYTRANA (methylphenidate) DEXEDRINE (dextroamphetamine) dexmethylphenidate ER dextroamphetamine ER DYANAVEL XR (amphetamine) methylphenidate ER Caps (generic Ritalin LA) methylphenidate ER Tabs (generic Ritalin SR) MYDAYIS (amphetamine salt combination) NUVIGIL (armodafinil) PROVIGIL (modafinil) RELEXXI (methylphenidate) RITALIN LA (methylphenidate) RITALIN SR (methylphenidate)	requested agent in the past 105 days Minimum Age Limit <ul style="list-style-type: none"> • 6 years – Adderall XR, Adzenys ER Suspension, Adzenys XR ODT, Aptensio XR, Concerta, Cotempla XR ODT, Daytrana, Dexedrine, Dyanavel XR Focalin XR, Metadate, CD, methylphenidate ER 72mg, Quillichew, Quillivant XR, Ritalin LA, Vyvanse • 13 years – Mydayis • 16 years – Provigil • 18 years – Nuvigil Maximum Age Limit <ul style="list-style-type: none"> • 18 years – Cotempla XR ODT, Daytrana Quantity Limits Applicable <u>quantity limit</u> per rolling days <ul style="list-style-type: none"> • 31 tablets/31 days – Adderall XR, Adzenys XR ODT, Aptensio XR, Concerta 18, 27, & 54 mg, Cotempla XR-ODT 8.6 mg, Daytrana, Dexedrine Spansule, Focalin XR, Metadate CD, Methylin ER, methylphenidate ER 72mg, Nuvigil 150 & 200 mg, Provigil 200mg, Quillichew, Ritalin LA & SR, Vyvanse • 46.5 tablets/31 days – Provigil 100 mg • 62 tablets/31 days – Concerta 36mg,

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		<p>Cotempla XR-ODT 17.3 & 25.9 mg, Nuvigil 50mg</p> <ul style="list-style-type: none"> • 248 mL/31 days – Dyanavel XR • 372 mL/31 days – Quillivant XR <p>Documented diagnosis of: <u>ADHD</u> – ALL LA AGENTS <i>excluding Nuvigil</i> <u>Narcolepsy</u> – ADDERALL, APTENSIO XR, CONCERTA, DEXEDRINE, METADATE, METHYLIN ER, MYDAYIS, NUVIGIL, PROVIGIL, QUILLICHEW, QUILLIVANT, RITALIN <u>Obstructive Sleep Apnea or Shift Work Disorder</u> – NUVIGIL, PROVIGIL <u>Bipolar Depression</u> – NUVIGIL <u>Depression, Sleep Deprivation, Steinert Myotonic Dystrophy Syndrome</u> - PROVIGIL</p> <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • 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
NON-STIMULANTS		
	atomoxetine guanfacine ER Step Edit	clonidine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release) STRATTERA (atomoxetine)
		<p>Minimum Age Limit 6 years – Intuniv, Kapvay, Strattera</p> <p>Maximum Age Limit</p> <ul style="list-style-type: none"> • 18 years – Intuniv, Kapvay • 21 years – diagnosis of ADD/ADHD is required for Strattera

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- Quantity Limits**
Applicable quantity limit per rolling days
- **31 tablets/31 days** – Intuniv, Strattera
 - **124 tablets/31 days** – Kapvay
- Intuniv**
- Have tried the short acting guanfacine in the past 6 months **OR**
 - 1 claim for a 30 day supply with guanfacine ER in the past 105 days
- Kapvay**
- Diagnosis for ADD or ADHD **AND**
 - Have tried 1 Short or Long Acting stimulant in the past 6 months **OR**
 - Have tried 1 preferred Non-Stimulant in the past 6 months **OR**
 - Have tried the short acting product in the past 6 months

TETRACYCLINES SmartPA

<p>doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR tetracycline</p>	<p>ACTICLATE (doxycycline) ADOXA (doxycycline monohydrate) demeclocycline doxycycline monohydrate caps (75mg & 150mg) doxycycline monohydrate tabs DORYX (doxycycline hyclate) DYNACIN (minocycline) MINOCIN (minocycline) minocycline ER minocycline tabs</p>	<p>Non-Preferred Agents</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months <p>Demeclocycline</p> <ul style="list-style-type: none"> • Documented diagnosis of Diabetes Insipidus or SIADH will allow automatic approval.
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MONODOX (doxycycline monohydrate)
OKEBO (doxycycline)
ORACEA (doxycycline)
SOLODYN (minocycline)
TARGADOX (doxycycline)
VIBRAMYCIN cap/susp/syrup
XIMINO (minocycline)

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

ORAL

APRISO (mesalamine)
balsalazide
DELZICOL (mesalamine)
sulfasalazine

ASACOL HD (mesalamine)
AZULFIDINE (sulfasalazine)
AZULFIDINE ER (sulfasalazine)
budesonide EC
COLAZAL (balsalazide)
DIPENTUM (olsalazine)
ENTOCORT EC (budesonide)
GIAZO (balsalazide)
LIALDA (mesalamine)
mesalamine tablet
PENTASA 250mg (mesalamine)
PENTASA 500mg (mesalamine)
UCERIS (budesonide)

Gender Limits

- **Male** - Giazio

Non-Preferred Criteria

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

budesonide EC

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

RECTAL

CANASA (mesalamine)

mesalamine
ROWASA (mesalamine)
SF-ROWASA (mesalamine)

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UCERIS Foam (budesonide)

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