MISSISSIPPI DIVISION OF MEDICAID
UNIVERSAL PREFERRED DRUG LIST
(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 08/01/2015
Version 2015.15e
Updated: 09-1-2015

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ACNE AGENTS			
	ANTI-INFECTIVE		**Maximum Age Limit** • **21 years** – all agents
	clindamycin (gel, lotion, solution) erythromycin	ACZONE (dapsone) AKNE-MYCIN (erythromycin) AZELEX (azelaic acid) CLEOCIN-T (clindamycin) CLINDAGEL (clindamycin) clindamycin foam ERY (erythromycin) ERYGEL (erythromycin) EVOCLIN (clindamycin) FINACEA (azelaic acid) KLARON (sulfacetamide) sulfacetamide	
	RETINOIDS		
	RETIN-A (tretinoin) tretinoin cream	adapalene AVITA (tretinoin) ATRALIN (tretinoin) DIFFERIN (adapalene) FABIOR (tazarotene) RETIN-A MICRO (tretinoin) TAZORAC (tazarotene) tretinoin gel tretinoin micro	
	COMBINATION DRUGS/OTHERS		
	EPIDUO (adapalene/benzoyl peroxide) erythromycin/benzoyl peroxide sodium sulfacetamide/sulfur cream/foam/gel	ACANYA (benzoyl peroxide/clindamycin) BENZACLIN GEL (benzoyl peroxide/clindamycin) BENZACLIN KIT (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) benzoyl peroxide/clindamycin	

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		DUAC (benzoyl peroxide/clindamycin)	
		INOVA 4/1 (benzoyl peroxide/salicylic acid)	
		INOVA 8/2 (benzoyl peroxide/salicylic acid)	
		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)	
KERATOLYTICS (BENZOYL PEROXIDES)			
	benzoyl peroxide	BPO (benzoyl peroxide)	
		INOVA (benzoyl peroxide)	
		LAVOCLEN (benzoyl peroxide)	
ISOTRETINOIN			
	Amnesteem Claravis Myorisan Zenatane	ABSORICA (isotretinoin)	

ALZHEIMER'S AGENTS SmartPA

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
CHOLINESTERASE INHIBITORS			
	ARICEPT ODT (donepezil) donepezil 5mg, 10mg EXELON PATCHES (rivastigmine)	ARICEPT (donepezil) ARICEPT 23 MG (donepezil) donepezil 23mg EXELON Solution (rivastigmine) galantamine galantamine ER RAZADYNE (galantamine)	**All Agents** • Documented diagnosis for both preferred and non-preferred **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **OR**

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		RAZADYNE ER (galantamine) rivastigmine	• 90 consecutive days on same agent in the past 105 days
NMDA RECEPTOR ANTAGONIST			
	NAMENDA TABS (memantine)	memantine NAMENDA SOLUTION(memantine) NAMENDA XR (memantine)	
COMBINATION AGENTS			
		NAMZARIC (memantine/donepezil)[NR]	**Namzaric** • Documented diagnosis **AND** • 30 days of concurrent therapy with donepezil + memantine **OR** • 90 consecutive days on same agent in the past 105 days
ANALGESICS, NARCOTIC - SHORT ACTING			
	acetaminophen/codeine codeine dihydrocodeine/ APAP/caffeine hydrocodone/APAP hydromorphone IBUDONE (hydrocodone/ibuprofen) meperidine morphine oxycodone oxycodone/APAP oxycodone/aspirin oxycodone/ibuprofen pentazocine/APAP tramadol tramadol/APAP	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 levorphanol LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP)	**Quantity Limits** Applicable <u>quantity limit</u> in 31 rolling days. • **62 tablets** – codeine, oxycodone/ibuprofen, meperidine, hydromorphone, fentanyl, bultalbital/codeine combinations, morphine, tapentadol, dihydrocodeine combinations, tramadol, pentazocine • **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

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		MAGNACET (oxycodone/APAP) NORCO (hydrocodone/APAP) NUCYNTA (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXECTA (oxycodone) pentazocine/naloxone PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) REPREXAINE (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) 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)	liquids • **480 mL CUMULATIVE –** hydrocodone liquids
ANALGESICS, NARCOTIC - LONG ACTING ^{SmartPA}			
	fentanyl patches methadone morphine ER tablets OPANA ER (oxymorphone)	AVINZA (morphine) BUTRANS (buprenorphine) CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EMBEDA (morphine/naltrexone) EXALGO (hydromorphone)	**Minimum Age Limit** • **18 years** – Xartemis XR, Zohydro ER **Quantity Limits** Applicable quantity limit per rolling days • **31 tablets/31 days –** Avinza, Exalgo ER, Hysingla ER, Ultram ER, Ryzolt, Conzip ER

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		hydromorphone ER HYSINGLA ER (hydrocodone) IONSYS (fentanyl)[NR] KADIAN (morphine) MS CONTIN (morphine) morphine ER capsules NUCYNTA ER (tapentadol) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol) XARTEMIS XR (oxycodone/APAP) ZOHYDRO ER (hydrocodone bitartrate)	• **62 tablets/31 days –** Methadone, Kadian, Morphine ER, Embeda, oxycodone ER, Opana ER, Oxycontin, Zohydro ER • **10 patches/31 days –** Duragesic • **4 patches/31 days –** Butrans • **40 tablets/10 days –** Xartemis XR **Non-Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **OR** • Documented diagnosis of cancer **OR** Antineoplastic therapy **AND** • 90 consecutive days on same agent in the past 105 days **Avinza** • Trial of Opana ER or morphine ER in the past 6 months **OR** • Documented diagnosis of cancer **OR** Antineoplastic therapy **AND** • 90 consecutive days on same agent in the past 105 days **Hysingla ER - MANUAL PA** • Documented diagnosis of cancer • Have tried 2 different preferred agents in the past 12 months AND • Have tried 2 different non-preferred agents in the past 12 months **OxyContin** • Documented diagnosis of cancer **OR** Antineoplastic therapy **AND**

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			• Trial of Kadian, Opana ER, morphine ER, Avinza or fentanyl patch in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days **Xartemis XR – MANUAL PA** • Have tried 2 different preferred agents in the past 30 days • Maximum duration of therapy = 20 days per calendar year **Zohydro ER - MANUAL PA** • Documented diagnosis of cancer • Have tried 3 different preferred agents in the past 12 months AND • Have tried 2 different non-preferred agents in the past 12 months
ANALGESICS/ANAESTHETICS (Topical)			
	VOLTAREN Gel (diclofenac sodium) ^{SmartPA}	capsaicin diclofenac sodium solution FLECTOR (diclofenac epolamine) ^{SmartPA} LIDAMANTLE HC (lidocaine/hydrocortisone) lidocaine lidocaine/prilocaine LIDODERM (lidocaine) ^{SmartPA} PENNSAID Solution (diclofenac sodium) ^{SmartPA} xylocaine SYNERA (lidocaine/tetracaine) ZOSTRIX (capsaicin)	**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

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ANDROGENIC AGENTS SmartPA			
	ANDROGEL (testosterone gel) TESTIM (testosterone gel)	ANDRODERM (testosterone patch) AXIRON (testosterone gel) FORTESTSA (testosterone gel) NATESTO (testosterone)[NR] STRIANT (testosterone) VOGELXO (testosterone)	**All Agents** • Limited to male gender **Non Preferred Criteria** • Have tried 2 preferred agents in the past 6 months
ANGIOTENSIN MODULATORS SmartPA			
	ACE INHIBITORS		
	benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril	ACCUPRIL (quinapril) ALTACE (ramipril) EPANED (epalapril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril perindopril PRINIVIL (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 same agent in the past 105 days
	ACE INHIBITOR COMBINATIONS		
	benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ LOTREL(benazepril/amlodipine) quinapril/HCTZ TARKA (trandolapril/verapamil)	ACCURETIC (quinapril/HCTZ) benazepril/amlodipine LOTENSIN HCT (benazepril/HCTZ) moexipril/HCTZ PRESTALIA (perindopril arginine/amlodipine)[NR] trandolapril/verapamil UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	**Non Preferred Criteria** **ACE Inhibitor/CCB** • Have tried 2 different preferred _ACEI/CCB_ agents in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days **ACE Inhibitor/Diuretic** • Have tried 2 different preferred

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			ACEI/Diuretic agents in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)			
	DIOVAN (valsartan) losartan MICARDIS (telmisartan)	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) candesartan COZAAR (losartan) EDARBI (azilsartan) eprosartan irbesartan telmisartan TEVETEN (eprosartan**)** valsartan	**Non Preferred Criteria** • Have tried 2 different preferred *single entity* agents in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
ARB COMBINATIONS			
	DIOVAN-HCT (valsartan/HCTZ) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) losartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ)	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) candesartan/HCTZ EDARBYCLOR (azilsartan/chlorthalidone) HYZAAR (losartan/HCTZ) irbesartan/HCTZ telmisartan/amlodipine telmisartan/HCTZ TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine)	**Non Preferred Criteria** **ARB/CCB or ARB/CCB/Diuretic** • Have tried 1 preferred *ARB/CCB* agent in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days **ARB/Diuretic** • Have tried 2 different preferred *ARB/Diuretic* products in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days

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		valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/HCTZ	
DIRECT RENIN INHIBITORS			
		TEKTURNA (aliskiren)	**Non Preferred Criteria** • Documented diagnosis of hypertension **AND** • Have tried 2 different preferred _ACEI or ARB single-entity_ products in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
DIRECT RENIN INHIBITOR COMBINATIONS			
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz) VALTURNA (aliskiren/valsartan)	**Non Preferred Criteria** • Documented diagnosis of hypertension **AND** • Have tried 2 different preferred _ACEI or ARB diuretic agents_ in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
ANTIBIOTICS (GI)			
	ALINIA (nitazoxanide) metronidazole neomycin TINDAMAX (tinidazole)	DIFICID (fidaxomicin) FLAGYL ER (metronidazole) tinidazole VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)	**Xifaxan – MANUAL PA** • Documented diagnosis of Hepatic Encephalopathy **AND** • One trial of Lactulose **OR** • Failure or intolerance to lactulose **OR** • Hospital discharge on Xifaxan **OR** • One claim in the past 365 days

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ANTIBIOTICS (MISCELLANOUS)			
	KETOLIDES		
		KETEK (telithromycin)	
	LINCOSAMIDE ANTIBIOTICS		
	clindamycin capsules clindamycin solution	CLEOCIN (clindamycin) CLEOCIN SOLUTION (clindamycin)	
	MACROLIDES		
	azithromycin clarithromycin ER clarithromycin IR E.E.S. Suspension 200 (erythromycin ethylsuccinate) ERY-TAB (erythromycin)	BIAXIN (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 erythromycin estolate PCE (erythromycin) ZITHROMAX (azithromycin) ZMAX (azithromycin)	
	NITROFURAN DERIVATIVES		
	nitrofurantoin nitrofurantoin monohydrate macrocyrstals	FURADANTIN (nitrofurantoin) MACROBID (nitrofurantoin monohydrate macrocyrstals) MACRODANTIN (nitrofurantoin)	
	Oxazolidinones		
		linezolid SIVEXTRO (tedizolid)	**MANUAL PA – Sivextro, Zyvox**

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		ZYVOX (linezolid)	**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) METROGEL (metronidazole) VANDAZOLE (metronidazole)	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) clindamycin metronidazole vaginal NUVESSA (metronidazole)[NR]	
ANTICOAGULANTS [SmartPA]			
		ORAL	
	COUMADIN (warfarin) warfarin XARELTO 10mg (rivaroxaban) [Clinical Edit]	ELIQUIS (apixaban) PRADAXA (dabigatran) SAVAYSA (edoxaban tosylate) XARELTO 15 & 20mg (rivaroxaban)	**DVT Prophylaxis - following hip or knee replacement** XARELTO 10MG & ELIQUIS • 70 total days of therapy per calendar year • Documented diagnosis of knee replacement **AND** duration of therapy limited to 12 days **OR** • Documented diagnosis of hip replacement **AND** duration of therapy limited to 35 days **DVT and PE Treatment** PRADAXA, ELIQUIS, AND XARELTO 15 & 20MG

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			• Documented diagnosis of DVT or PE **Nonvalvular Atrial Fibrillation** **ELIQUIS, PRADAXA, XARELTO 15 & 20MG** • Documented diagnosis of atrial fibrillation **AND** • NO contraindication of cardiac valve disease **AND** • 60 days prior therapy with warfarin in the past 6 months **OR** • 1 claim with the same agent in the past 90 days
LOW MOLECULAR WEIGHT HEPARIN (LMWH)			

	FRAGMIN (dalteparin)
	LOVENOX (enoxaparin) Prefilled Syringe
		ARIXTRA (fondaparinux)
		enoxaparin
		fondaparinux
			LMWH – All Agents
			• LMWH therapy in the past 3months **AND**
			  o Documented diagnosis of cancer **OR**
			  o Pregnant female
			OR
			• NO LMWH therapy in the past 3months **AND**
			  o Duration of therapy is < 17 days **OR**
			  o Documented diagnosis of cancer **OR**
			  o Pregnant female **OR**
			  o Total hip/knee replacement or hip fracture surgery in the past 6 months **AND** duration of therapy < 35 days

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			LMWH Non Preferred Criteria • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
ANTICONVULSANTS SmartPA			
	ADJUVANTS		
	carbamazepine CARBATROL (carbamazepine) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) LAMICTAL XR (lamotrigine) lamotrigine levetiracetam oxcarbazepine TEGRETOL XR (carbamazepine) TOPAMAX Sprinkle (topiramate) topiramate tablet TRILEPTAL Suspension (oxcarbazepine) valproic acid VIMPAT (lacosamide) zonisamide	APTIOM (eslicarbazepine) BANZEL (rufinamide) carbamazepine XR DEPAKENE (valproic acid) DEPAKOTE (divalproex) EQUETRO (carbamazepine) FANATREX SUSPENSION (gabapentin)[NR] felbamate FELBATOL (felbamate) FYCOMPA (perampanel) GRALISE (gabapentin) HORIZANT (gabapentin) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) levetiracetam ER NEURONTIN (gabapentin) oxcarbazepine suspension OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine) QUDEXY XR (topiramate)[NR] SABRIL (vigabatrin)	**Minimum Age Limit** • **2 years** – Onfi • **1 year** - Banzel **Quantity Limit** • **3 Twin Packs/31 days** - Diastat **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days **Banzel/Onfi** • 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 same agent in the past 105 days

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		STAVZOR (valproic acid) TEGRETOL (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) topiramate sprinkle capsule TRILEPTAL Tablets (oxcarbazepine) TROKENDI XR (topiramate) ZONEGRAN (zonisamide)	
	SELECTED BENZODIAZEPINES		
	DIASTAT (diazepam rectal)	diazepam rectal gel ONFI (clobazam)	
	HYDANTOINS		
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
	SUCCINIMIDES		
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
ANTIDEPRESSANTS, OTHER SmartPA			
	bupropion bupropion SR bupropion XL BRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules	APLENZIN (bupropion HBr) desvenlafaxine DESYREL (trazodone) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion)	**Minimum Age Limit** • **18 years** - all drugs **Non Preferred Criteria** • Have tried 2 different preferred *Antidepressants, Other class* in the past 6 months **OR** • Have tried BOTH a preferred *SSRI and Antidepressants, Other* in the

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	VIIBRYD (vilazodone)	KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine venlafaxine ER tablets venlafaxine XR WELLBUTRIN (bupropion) WELLBUTRIN SR WELLBUTRIN XL (bupropion HCl)	past 6 months **OR** • 90 consecutive days on same agent in the past 105 days **Cymbalta (see Fibromyalgia Agents)**
ANTIDEPRESSANTS, SSRIs SmartPA			
	citalopram escitalopram fluoxetine fluvoxamine paroxetine CR paroxetine IR sertraline	CELEXA (citalopram) LEXAPRO (escitalopram) LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine suspension PAXIL CR (paroxetine) PAXIL SUPENSION PAXIL Tablets (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	**Minimum Age Limits** • **6 years** - Zoloft • **7 years** – Prozac • **8 years** - Luvox • **9 years** - Celexa • **12 years** - Lexapro • **18 years** - Luvox CR, Paxil, Prozac 90 mg **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days

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ANTIEMETICS SmartPA			
	5HT3 RECEPTOR BLOCKERS		
	ondansetron ondansetron solution	ANZEMET (dolasetron) granisetron ondansetron ODT SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) ZUPLENZ (ondansetron)	**Quantity Limits** • **100 ml/31 days** – Zofran solution • **30 tablets/31 days –** Zofran tablets/ODT • **6 tablets/31 days –** Akynzeo **Age Limit** • **4-11 years** - Zofran ODT 4mg, Zuplenz 4mg _Smart PA will automatically be issued for this age range_ **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) DICLEGIS (doxylamine/pyridoxine)	**Akynzeo** • Documented diagnosis of cancer **OR** Antineoplastic history **AND** • Have tried 1 preferred agent in the past 6 months
	CANNABINOIDS		
		CESAMET (nabilone) MARINOL (dronabinol) dronabinol	

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NMDA RECEPTOR ANTAGONIST			
		EMEND (aprepitant)	**Emend** • Documented diagnosis of cancer **OR** Antineoplastic history **AND** • Have tried 1 preferred agent in the past 6 months
ANTIFUNGALS (Oral) SmartPA			
	clotrimazole fluconazole GRIFULVIN V (griseofulvin, microsize) griseofulvin microsize tablets/capsules/susp GRIS-PEG (griseofulvin) nystatin terbinafine	ANCOBON (flucytosine) ^ CRESEMBA (isavuconazonium)[NR] DIFLUCAN (fluconazole) griseofulvin ultramicrosize tablet itraconazole ^ ketoconazole LAMISIL (terbinafine) NOXAFIL (posaconazole) ^ ONMEL (itraconazole) ^ SPORANOX (itraconazole) ^ TERBINEX Kit (terbinafine/ciclopirox) VFEND (voriconazole) ^ voriconazole ^	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **HIV opportunistic infection** • Non Preferred agent indicated for treatment (^) **AND** • Documented diagnosis of HIV **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/suspension clotrimazole econazole	BENSAL HP (benzoic acid/salicylic acid) CICLODAN KIT ciclopirox kit/shampoo/solution	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months

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	ketoconazole cream ketoconazole shampoo miconazole OTC nystatin terbinafine OTC cream,gel,spray tolnaftate OTC	CNL 8 (ciclopirox) ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) JUBLIA (efinaconazole)[NR] KERYDIN (tavaborole) ketoconazole foam LAMISIL (terbinafine) solution LOPROX (ciclopirox) LUZU (luliconazole) MENTAX (butenafine) NAFTIN (naftifine) NIZORAL (ketoconazole) OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide)	
	ANTIFUNGAL/STEROID COMBINATIONS		
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)	
ANTIFUNGALS (VAGINAL)			
	clotrimazole vaginal cream miconazole 1, 3 cream, 7cream, TERAZOL 3 Cream (terconazole) tioconzaole VAGISTAT 3 (miconazole) VAGISTAT 1 (tioconazole)	GYNAZOLE 1 (butoconazole) miconazole 3 vaginal suppository TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole	

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ANTIHISTAMINES, MINIMALLY SEDATING AND COMBINATIONS SmartPA			
	MINIMALLY SEDATING ANTIHISTAMINES		
	cetirizine loratadine	ALLEGRA (fexofenadine) CLARINEX (desloratadine) fexofenadine RX levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	**Non Preferred Criteria** • Documented diagnosis of allergy or urticaria **AND** • Have tried 2 different preferred agents in the past 12 months
	MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS		
	cetirizine/pseudoephedrine loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)	
ANTIMIGRAINE AGENTS, TRIPTANS SmartPA			
	ORAL		
	RELPAX (eletriptan)	AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT(rizatriptan) naratriptan rizatriptan sumatriptan TREXIMET (sumatriptan/naproxen) zolmitriptan ZOMIG (zolmitriptan)	**Minimum Age Limit – ALL FORMULATIONS** • **6-17 years** – Maxalt _Smart PA will automatically be issued for this age range_ • **12-17 years** – Axert, Treximet, Zomig nasal spray _Smart PA will automatically be issued for this age range_ • **18 years** – Amerge, Frova, Imitrex, Relpax, Zomig tablets **Quantity Limit - ORAL** • **6 tablets/31 days** - Axert, Relpax Zomig • **9 tablets/31 days** - Amerge, Frova,

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			Imitrex, Treximet • **12 tablets/31 days** – Maxalt **Non Preferred Criteria – ORAL & NASAL** • Have tried 1 preferred agent in the past 90 days
	NASAL		
	IMITREX (sumatriptan)	sumatriptan ZOMIG (zolmitriptan)	**Quantity Limit - NASAL** • 1 box/31 days
	INJECTABLES		
	IMITREX (sumatriptan)	sumatriptan SUMAVEL (sumatriptan)[NR]	**CUMULATIVE Quantity Limit - INJECTION** • 4 injections/31 days
ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS			
	AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) GILOTRIF (afatanib) GLEEVEC (imatinib mesylate) FARYDAK (panobinostat)[NR] ICLUSIG (ponatinib) IMBRUVICA (ibrutnib) INLYTA (axitinib) IRESSA (gefitinib) JAKAFI (ruxolitinib) MEKINIST (trametinib dimethyl sulfoxide) NEXAVAR (sorafenib) SPRYCEL (dasatinib) STIVARGA (regorafenib) SUTENT (sunitinib) TAFINLAR (dabrafenib)	IBRANCE (palbociclib) LENVIMA (lenvatinib) LYNPARZA (olaparib)	**Ibrance** • Documented diagnosis of breast cancer **AND** • Concurrent therapy with letrozole **Lenvima** • Documented diagnosis of thyroid cancer **Lynparza** • Documented diagnosis of ovarian cancer **AND** • History of 3 prior chemotherapy agents in the past 2 years

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	TARCEVA (erlotinib) TASIGNA (nilotinib) TYKERB (lapatinib ditosylate) vandetanib VOTRIENT (pazopanib) XALKORI (crizotinib) ZELBORAF (vemurafenib) ZYDELIG (idelalisib) ZYKADIA (ceritnib)		

ANTIPARASITICS (Topical) SmartPA

	PEDICULICIDES		
	permethrin 1% ULESFIA (benzyl alcohol)	lindane malathion NATROBA (spinosad) OVIDE (malathion) SKLICE (ivermectin)	**Minimum Age/Weight Limit for Pediculicides** • **50 kg** - lindane shampoo • **2 months** – permethrin 1%(OTC) • **6 months** – Natroba, SKLICE, Ulesfia • **2 years** – piperonyl/pyrethrins (OTC) • **6 years** – Ovide **Non Preferred Criteria** • History of permethrin 1% topical lotion **OR** piperonyl/pyrethrin in the past 90 days **AND** • History of Ulesfia in the past 90 days

	SCABICIDES		
	EURAX CREAM (crotamiton) STROMECTOL Tablet (ivermectin)	ELIMITE (permethrin) EURAX LOTION (crotamiton) permethrin 5%	**Generic permethrin 5% age exception** • **2 months to 17 years** – will approve

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ANTIPARKINSON'S AGENTS (Oral) SmartPA			
ANTICHOLINERGICS			
	benztropine trihexyphenidyl	COGENTIN (benztropine)	**Non Preferred Criteria** • Documented diagnosis of Parkinson's disease **AND** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
COMT INHIBITORS			
		COMTAN (entacapone) TASMAR (tolcapone) tolcapone	
DOPAMINE AGONISTS			
	ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole REQUIP (ropinirole) REQUIP XL (ropinirole) ropinerole ER	
MAO-B INHIBITORS			
	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) ZELAPAR (selegiline)	
OTHERS			
	amantadine bromocriptine levodopa/carbidopa	levodopa/carbidopa ODT levodopa/carbidopa/entacapone LODOSYN (carbidopa) PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine)	**Lodosyn** • Documented diagnosis of Parkinson's disease **AND** • History of a carbidopa/levodopa combination product in the past 45

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		RYTARY ER (levodopa/carbidopa) SINEMET (levodopa/carbidopa) SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)	days
ANTIPSYCHOTICS SmartPA			
	ORAL		
	ABILIFY (aripiprazole) SmartPA amitriptyline/perphenazine chlorpromazine clozapine SmartPA FANAPT (iloperidone) SmartPA fluphenazine haloperidol SmartPA olanzapine SmartPA perphenazine risperidone SmartPA SAPHRIS (asenapine) SmartPA SEROQUEL (quetiapine) SmartPA SEROQUEL XR (quetiapine) SmartPA thioridazine thiothixene trifluoperazine ziprasidone SmartPA	aripiprazole CLOZARIL (clozapine) SmartPA FAZACLO (clozapine) SmartPA GEODON (ziprasidone) SmartPA HALDOL (haloperidol) SmartPA INVEGA (paliperidone) SmartPA LATUDA (lurasidone) SmartPA NAVANE (thiothixene) olanzapine/fluoxetine SmartPA quetiapine SmartPA REXULTI (brexpiprazole)NR RISPERDAL (risperidone) SmartPA SYMBYAX (olanzapine/fluoxetine) SmartPA VERSACLOZ (clozapine)NR ZYPREXA (olanzapine) SmartPA	**Minimum Age Limits** • **3 years** - Haldol • **5 years** – Risperdal • **6 years** – Abilify • **10 years** – Saphris, Seroquel, Symbyax • **13 years** – Zyprexa • **18 years** – Clozaril, Fanapt, Geodon, Invega, Latuda **Abilify Tablets (excluding ODT)** • Detailed Abilify Tablet Splitting found here: • Use ½ tablet of the higher strength. • 1 tablet splitter/ year **Non Preferred Criteria** • Have tried 2 preferred atypical antipsychotic agents in the past 12 months **OR** • 30 consecutive days on the same agent in the past 180 days **Latuda** • Females of childbearing age ○ ≥ 18 years will approve

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			automatically ○ < 18 years will need an age waiver by manual PA **OR** • Males see Non Preferred Criteria noted above
INJECTABLE, ATYPICALS SmartPA			

		ABILIFY (aripiprazole)
		GEODON (ziprasidone)
		INVEGA SUSTENNA (paliperidone palmitate)
		RISPERDAL CONSTA (risperidone)
		ZYPREXA (olanzapine)
		ZYPREXA RELPREVV (olanzapine)
			Effective 11-1-2012, injectable antipsychotics are closed to POS except for Long Term Care (LTC) beneficiaries.
			
			LTC Long Acting Injectable Criteria
			• Minimum Age **AND**
			• Documented diagnosis **AND**
			• Non-Compliant with the oral formulation **OR**
			• History of the same injectable agent in the past 90 days
			  ○ **3 claims** - Abilify Maintena, Invega Sustenna, Zyprexa Relprevv
			  ○ **6 claims** - Risperdal Consta

ANTIRETROVIRALS SmartPA			
INTEGRASE STRAND TRANSFER INHIBITORS			
	ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium)	VITEKTA (elvitegravir)	**Non Preferred Criteria** • 1 claim with the same agent in the past 105 days
NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)			
	abacavir sulfate didanosine DR capsule EMTRIVA (emtricitabine) lamivudine stavudine	RETROVIR (zidovudine) VIDEX EC (didanosine) EPIVIR (lamivudine) ZERIT (stavudine)	

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	VIDEX SOLUTION (didanosine) VIREAD (tenofovir disoproxil fumarate) ZIAGEN (abacavir sulfate) zidovudine		
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)			
	EDURANT (rilpivirine) nevirapine nevirapine ER SUSTIVA (efavirenz)	INTELENCE (etravirine) RESCRIPTOR (delavirdine mesylate) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)	
PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR			
		TYBOST (cobicistat)	**MANUAL PA**
PROTEASE INHIBITORS (PEPTIDIC)			
	EVOTAZ (atazanavir/cobicistat) NORVIR (ritonavir) REYATAZ (atazanavir) VIRACEPT (nelfinavir mesylate)	CRIXIVAN (indinavir) LEXIVA (fosamprenavir) INVIRASE (saquinavir mesylate)	
PROTEASE INHIBITORS (NON-PEPTIDIC)			
	PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir) PREZCOBIX (darunavir/cobicistat)	
ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS			
		SELZENTRY (maraviroc)	
ENTRY INHIBITORS – FUSION INHIBITORS			
		FUZEON (enfuvirtide)	
COMBINATION PRODUCTS - NRTIs			
	abacavir/lamivudine/zidovudine EPZICOM (abacavir/lamivudine) lamivudine/zidovudine TRIZIVIR (abacavir/lamivudine/zidovudine)	COMBIVIR (lamivudine/zidovudine)	

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COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOG RTIs			
	TRUVADA (emtricitabine/tenofovir)		
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & INTEGRASE INHIBITORS			
		STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) TRIUMEQ (abacavir/lamivudine/ dolutegravir)	**Stribild – MANUAL PA** • 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 **Triumeq – MANUAL PA** • Medical reasoning beyond convenience or enhanced compliance over the preferred agents (Epzicom + Tivicay)
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & NON-NUCLEOSIDE RTIs			
	ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir)		
COMBINATION PRODUCTS – PROTEASE INHIBITORS			
	KALETRA (lopinavir/ritonavir)		

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ANTIVIRALS (Oral) – ANTIHERPETIC AGENTS			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) SITAVIG (acyclovir) VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
ANTIVIRALS (Topical)			
	ZOVIRAX Cream (acyclovir)	DENAVIR (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir)	
AROMATASE INHIBITORS			
	anastrozole ARIMIDEX (anastrozole) exemestane letrozole	AROMASIN (exemestane) FEMARA (letrozole)	
ATOPIC DERMATITIS SmartPA			
	ELIDEL (pimecrolimus)	PROTOPIC (tacrolimus) tacrolimus	**Minimum Age Limit** • **2 years** – Elidel, Protopic 0.03% • **6 years** – Protopic 0.1% **Non Preferred Criteria** • Have tried 1 preferred agent in the past 6 months

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BETA BLOCKERS & ANTIANGINALS SmartPA			
	acebutolol atenolol bisoprolol BYSTOLIC (nebivolol) Step Edit metoprolol metoprolol XL nadolol pindolol propranolol sotalol timolol	BETAPACE (sotalol) betaxolol CORGARD (nadolol) HEMANSEOL (propranolol)[NR] INDERAL LA (propranolol) INNOPRAN XL (propranolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) SOTYLIZE (sotalol) TENORMIN (atenolol) TOPROL XL (metoprolol) ZEBETA (bisoprolol)	**Bystolic** • 90 consecutive days on same agent in the past 105 days **OR** • Have tried 1 preferred agent in the past 6 months **Non Preferred Criteria – All Agents** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
BETA- AND ALPHA-BLOCKERS			
	carvedilol labetalol	COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	**Coreg CR** • Documented diagnosis for hypertension **AND** • Have tried generic carvedilol **AND** 1 preferred agent in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
BETA BLOCKER/DIURETIC COMBINATIONS			
	atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ timolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	

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ANTIANGINALS			
		RANEXA (ranolazine)	**Ranexa** • Documented diagnosis of angina **AND** • 1 claim for a calcium channel blocker, beta-blocker, nitrate, or combination agent in the past 30 days **OR** • 90 consecutive days on same agent in the past 105 days
BILE SALTS			
	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) URSO (ursodiol) URSO FORTE (ursodiol)	
BLADDER RELAXANT PREPARATIONS ^{SmartPA}			
	oxybutynin ER, IR OXYTROL (oxybutynin) TOVIAZ (fesoterodine fumarate)	DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN XL (oxybutynin) ENABLEX (darifenacin) GELNIQUE (oxybutynin) MYRBETRIQ (mirabegron) SANCTURA (trospium) SANCTURA XR (trospium) tolterodine tolterodine ER trospium VESICARE (solifenacin)	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months

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BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA			
BISPHOSPHONATES			
	ACTONEL (risedronate) alendronate BINOSTO (alendronate) FOSAMAX PLUS D (alendronate/vitamin D)	alendronate solution ATELVIA (risedronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) ibandronate PROLIA (denosumab) risedronate	**Non Preferred Criteria** • Documented diagnosis for osteoporosis or osteopenia **AND** • Have tried 2 different preferred agents in the past 6 months
OTHERS			
	FORTICAL (calcitonin)	calcitonin salmon EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) raloxifene	
BPH AGENTS SmartPA			
ALPHA BLOCKERS			
	doxazosin tamsulosin terazosin	alfuzosin CARDURA (doxazosin) CARDURA XL (doxazosin) FLOMAX (tamsulosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) UROXATRAL (alfuzosin)	**Female** • Cardura, Flomax, Proscar, Uroxatral, and terazosin **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 same agent in the past 105 days

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5-ALPHA-REDUCTASE (5AR) INHIBITORS			
	finasteride	AVODART (dutasteride) PROSCAR (finasteride)	
PDE5 INHIBITORS			
		CIALIS (tadalafil)	**Cialis – MANUAL PA** • Male gender **AND** • Documented diagnosis for Benign Prostatic Hypertrophy **AND** • NO history of Erectile Dysfunction **AND** • Signed waiver stating treatment is NOT for Erectile Dysfunction **AND** • Have tried 2 different preferred agents in the past 6 months
BRONCHODILATORS & COPD AGENTS			
ANTICHOLINERGICS & COPD AGENTS			
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA HANDIHALER (tiotropium)	DALIRESP (roflumilast) INCRUSE ELLIPTA (umeclidinium)[NR] SPIRIVA RESPIMAT (tiotropium)[NR] TUDORZA PRESSAIR (aclidinium)	
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS			
	albuterol/ipratropium COMBIVENT RESPIMAT (albuterol/ipratropium)	ANORO ELLIPTA (umeclidinium/vilanterol) STIOLTO RESPIMAT (tiotropium/olodaterol)[NR]	
BRONCHODILATORS, BETA AGONIST			
INHALERS, SHORT-ACTING			
	PROAIR HFA (albuterol)	XOPENEX HFA (levalbuterol) [SmartPA]	**Minimum Age Limit**

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	PROAIR RESPICLICK (albuterol)[NR] PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol)		• **4 years** - Xopenex HFA **Non Preferred Criteria** • 1 claim for a preferred agent in the past 6 months
	INHALERS, LONG ACTING SmartPA		
	FORADIL (formoterol)	ARCAPTA (indacaterol) SEREVENT (salmeterol) STRIVERDI RESPIMAT (olodaterol)	**Minimum Age Limit** • **4 years** – Serevent • **5 years** – Foradil • **18 years** – Arcapta, Striverdi Respimat **Non Preferred Criteria** • Have tried 1 preferred agent in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days **Arcapta & Striverdi Respimat** • Documented diagnosis of COPD **AND** • Have tried 1 preferred agent in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
	INHALATION SOLUTION SmartPA		
	albuterol	ACCUNEB (albuterol) BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	**Minimum Age Limit** • **6 years** – Xopenex • **18 years** – Brovana, Perforomist **Non Preferred Criteria** • 1 claim for a different preferred agent

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			in the past 6 months **OR** • 3 claims with the same agent in the past 105 days **Xopenex** • 1 claim for a albuterol in the past 30 days
ORAL			
	albuterol metaproterenol terbutaline	VOSPIRE ER (albuterol)	
CALCIUM CHANNEL BLOCKERS SmartPA			
SHORT-ACTING			
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine PROCARDIA (nifedipine)	**Quantity Limit - nimodipine** • **252 tablets/ 21 days** • **2520 mL/21 days** **Non Preferred Criteria** • Have tried 2 different preferred _Short Acting_ CCB agents in the past 6 months OR • 90 consecutive days on same agent in the past 105 days **nimodipine** • Documented diagnosis of subarachnoid hemorrhage in the past 45 days **AND** • Duration of therapy = 21 days

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LONG-ACTING			**Non Preferred Criteria** • Have tried 2 different preferred _Long Acting_ CCB agents in the past 6 months OR • 90 consecutive days on same agent in the past 105 days
	amlodipine diltiazem ER felodipine ER nifedipine ER verapamil ER	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem) DILACOR XR (diltiazem) nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	
CALORIC AGENTS			
	BOOST (includes all Boost) BRIGHT BEGINNINGS CARNATION INSTANT BREAKFAST DUOCAL ENSURE JUVEN GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE PROMOD RESOURCE SCANDISHAKE SOLCARB TWOCAL HN	COMPLEAT EO28 SPLASH FIBERSOURCE ISOSOURCE JEVITY KINDERCAL PEPTAMEN PROMOTE SIMPLY THICK 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 (amoxicillin/clavulanate) Suspension AUGMENTIN (amoxicillin/clavulanate) Tablets AUGMENTIN XR (amoxicillin/clavulanate) MOXATAG (amoxicillin)	
CEPHALOSPORINS – First Generation ^{SmartPA}			
	cefadroxil cephalexin capsules	cephalexin tablets 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
COLONY STIMULATING FACTORS ^{SmartPA}			
	LEUKINE (sargramostim) NEUPOGEN Vial (filgrastim)	GRANIX (tbo-filgrastim) NEULASTA (pegfilgrastim) NEUPOGEN Syringe (filgrastim)	**Neulasta** • 1 claim in the past 105 days **Neupogen Syringe – MANUAL PA** • Valid reason why the preferred vial cannot be used.

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CYSTIC FIBROSIS AGENTS SmartPA			

	BETHKIS (tobramycin)
	KITABIS (tobramycin)[NR]
		CAYSTON (aztreonam)
		COLY-MYCIN M (colistimethate sodium)
		KALYDECO (ivacaftor)
		ORKAMBI (lumacaftor/ivacaftor)[NR]
		PULMOZYME (dornase alfa)
		TOBI (tobramycin)
		TOBI PODHALER (tobramycin)
		tobramycin
			Minimum Age Limits
			• **2 years** – Kalydeco
			• **6 years** – TOBI Podhaler
			
			All Agents - SmartPA
			• Documented diagnosis Cystic Fibrosis
			
			Kalydeco
			• Requires 1 claim with the same agent in the past 105 days **OR**
			• **NEW STARTS – MANUAL PA**
			  ○ Diagnosis of cystic fibrosis with a *G551D,G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N,* or *S549R* mutation in the CFTR gene **AND**
			  ○ Prescriber is a CF specialist or pulmonologist **AND**
			  ○ Negative for one of the following infections: Burkholderia cenocepacia, dolosa, or Mycobacterium abcessus
			
			Orkambi – MANUAL PA
			
			TOBI Podhaler – MANUAL PA
			• History of 30 days 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

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CYTOKINE & CAM ANTAGONISTS			
	ENBREL (etanercept) HUMIRA (adalimumab) methotrexate	ACTEMRA (tocilizumab)[NR] CIMZIA (certolizumab) COSENTYX (secukinumab) ENTYVIO (vedolizumab) ILARIS (canakinumab) KINERET (anakinra) ORENCIA (abatacept) OTEZLA (apremilast) OTREXUP (methotrexate) RASUVO (methotrexate) REMICADE (infliximab) RHEUMATREX (methotrexate) SIMPONI (golimumab) STELARA (ustekinumab) TREXALL (methotrexate) XELJANZ (tofacitinib)	Orencia, Remicade and Stelara are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification.
ERYTHROPOIESIS STIMULATING PROTEINS [SmartPA]			
	EPOGEN (rHuEPO) PROCRIT (rHuEPO)	ARANESP (darbepoetin) MIRCERA (methoxy polyethylene glycol-epoetin-beta)	**Non Preferred Criteria** • Documented diagnosis of cancer **OR** chronic renal failure in the past 2 years **OR** antineoplastic therapy in the past 6 months **AND** • Trial of Procrit or Epogen in the past 6 months **OR** • 1 claim for the same agent in past 105 days **Mircera** • Documented diagnosis chronic renal

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			failure in the past 2 years **AND** • Trial of Procrit or Epogen in the past 6 months **OR** • 1 claim for the same agent in past 105 days
FIBROMYALGIA AGENTS			
	LYRICA (pregabalin) SAVELLA (milnacipran)	CYMBALTA (duloxetine) ^{SmartPA} duloxetine	**Cymbalta** **Minimum Age Limit** • **18 years** **Fibromyalgia** • Documented diagnosis **AND** • Have tried BOTH Lyrica and Savella in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days **Anxiety** • Documented diagnosis **AND** • Have tried 2 of the following preferred agents: sertraline, paroxetine IR, or venlafaxine in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days **Depression** • Documented diagnosis **AND** • Have tried 2 different preferred Antidepressant, Other products in the past 6 months **OR** • Have tried BOTH a preferred SSRI and Antidepressant ,Other in the past 6 months **OR** • 90 consecutive days on same agent

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			in the past 105 days **Diabetic Peripheral Neuropathy** • Documented diagnosis **AND** • Have tried Lyrica in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
FLUOROQUINOLONES (Oral) SmartPA			
	AVELOX (moxifloxacin) ciprofloxacin tablets	ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin moxifloxacin NOROXIN (norfloxacin) ofloxacin	**Non Preferred Criteria** • 1 claim for a preferred agent in past 30 days **Cipro suspension age > 12 years** • 1 claim for a preferred agent in past 30 days **Cipro Suspension for age < 12 years** • Anthrax infection or exposure **OR** • Cystic Fibrosis **OR** • Pneumonic plague **OR** tularemia **AND** history of doxycycline in the past 3 months **OR** • 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months o Penicillin, 2nd or 3rd generation cephalosporin, or macrolide **Levaquin Tablets & Levaquin solution age > 12 years** • 1 claim for preferred agent or SMZ/TMP in past 14 days **OR** • 1 claim for a preferred agent in past

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			30 days **Levaquin solution for age < 12 years** • Anthrax infection or exposure OR • 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months **AND** ○ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide • Cipro suspension in the past 3 months
GAUCHER'S DISEASE			
	ELELYSO (taliglucerase alfa) ZAVESCA (miglustat)	CERDELGA (eliglustat) CEREZYME (imiglucerase) VPRIV (velaglucerase alfa)	
GENITAL WARTS & RELATED AGENTS			
	ALDARA (imiquimod) [Age Edit] CONDYLOX (podofilox) [Age Edit]	Imiquimod [Age Edit] PICATO (ingenol) [Age Edit] podofilox [Age Edit] VEREGEN (sinecatechins) [Age Edit] ZYCLARA (imiquimod) [Age Edit]	**Minimum Age Limit** • **12 years** – Aldara • **18 years** – Condylox, Picato, Veregen
GLUCOCORTICOIDS (Inhaled)			
	GLUCOCORTICOIDS [SmartPA]		
	ASMANEX TWISTHALER (mometasone) QVAR (beclomethasone) PULMICORT (budesonide) Flexhaler PULMICORT (budesonide) Respules, 0.25mg & 0.5mg	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ARNUITY ELLIPTA (fluticasone) [NR] ASMANEX HFA (mometasone) budesonide	**Minimum Age Limit** • **1 year** – Pulmicort Respules • **4 years** – Asmanex Twisthaler, Flovent Diskus, Flovent HFA • **5 years** – QVAR • **6 years** – Aerospan, Pulmicort

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		FLOVENT Diskus (fluticasone) FLOVENT HFA (fluticasone) PULMICORT (budesonide) Respules, 1mg	Flexhaler • **12 years** – Alvesco, Arnuity Ellipta, Asmanex HFA **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months _NOTE:_ Institutional sized products are Non Preferred
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS			
	ADVAIR Diskus (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	BREO ELLIPTA (fluticasone/vilanterol)	
GI ULCER THERAPIES			
H2 RECEPTOR ANTAGONISTS			
	cimetidine famotidine tablet PEPCID (famotidine) ranitidine syrup ranitidine tablet ZANTAC (ranitidine)	AXID (nizatidine) famotidine suspension nizatidine ranitidine capsule	
PROTON PUMP INHIBITORS			
	NEXIUM (esomeprazole) omeprazole Rx PROTONIX PACKET (pantoprazole)	ACIPHEX SPRINKLE (rabeprazole) ACIPHEX Tablet (rabeprazole) DEXILANT (dexlansoprazole) lansoprazole Rx omeprazole sod. bicarb. pantoprazole	

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		PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole) PROTONIX (pantoprazole) rabeprazole	
		OTHER	
	CARAFATE SUSPENSION (sucralfate) misoprostol sucralfate tablet	CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) sucralfate suspension	
GROWTH HORMONE SmartPA			
	NORDITROPIN (somatropin) OMNITROPE (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) NUTROPIN AQ (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin)	**All Agents for Age > 18 years** • Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome **OR** • Documented procedure of cranial irradiation **Non Preferred Criteria** • Have tried 1 preferred agent in the past 6 months **OR** • 84 consecutive days on same agent in the past 105 days
***H. PYLORI* COMBINATION TREATMENTS**			
	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)	HELIDAC (bismuth subsalicylate, metronidazole, tetracycline) OMECLAMOX (omeprazole, clarithromycin, amoxicillin) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	**Quantity Limit** • 1 treatment course/ year

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HEPATITIS C TREATMENTS			
	HARVONI (ledipasvir/sofosbuvir)∞ PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets SOVALDI (sofosbuvir)∞ VICTRELIS (boceprevir)∞ VIEKIRA (ombitasvir/paritaprevir/ritonavir)∞	INFERGEN (interferon alfacon-1)[Smart PA] OLYSIO (simeprevir)∞ REBETOL (ribavirin) RIBAPAK DOSEPACK (ribavirin) ribavirin capsules RIBASPHERE (ribavirin)	**Infergen** • 1 claim for a preferred interferon agent in the past 6 months **OR** • 1 claim with the same agent in the past 12 months **∞ Harvoni, Olysio, Sovaldi, Viekira or Victrelis – MANUAL PA**
HYPERURICEMIA & GOUT [SmartPA]			
	allopurinol COLCRYS (colchicine) probenecid probenecid/colchicines	MITIGARE (colchicines)[NR] ULORIC (febuxostat) ZYLOPRIM (allopurinol)	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS			
	BYDUREON (exenatide) JANUMET (sitagliptin/metformin) JANUVIA (sitagliptin) KOMBIGLYZE XR (saxagliptin/metformin) ONGLYZA (saxagliptin)	BYETTA (exenatide) JANUMET XR (sitagliptin/metformin) JENTADUETO (linagliptin/metformin) KAZANO (alogliptin/metformin) NESINA (alogliptin) OSENI (alogliptin/pioglitazone) SYMLIN (pramlintide) TANZEUM (albiglutide)[NR] TRADJENTA (linagliptin) TRULICITY (dulaglutide) VICTOZA (liraglutide)	**Byetta** • Current users must move to the preferred agent - Bydureon - by 10.1.2015

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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) NOVOLIN VIAL (insulin) NOVOLOG FLEXPEN & VIAL (insulin aspart) NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine)	AFREZZA (insulin) APIDRA (insulin glulisine) HUMALOG KWIKPEN (insulin lispro) HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine) HUMULIN KWIKPEN (insulin) NOVOLIN FLEXPEN (insulin)[*] TOUJEO (insulin glargine)[NR]	**Non Preferred Criteria** • Documented diagnosis of Diabetes Mellitus **AND** • Have tried 1 preferred product in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
HYPOGLYCEMICS, MEGLITINIDES			
	repaglinide	nateglinide PRANDIMET (repaglinide/metformin) PRANDIN (repaglinide) STARLIX (nateglinide)	
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS			
		HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS	
		FARXIGA (dapaglifozin) INVOKANA (canagliflozin) JARDIACE (empagliflozin)[NR]	
		HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS	
		GLYXAMBI (empagliflozin/linagliptin) INVOKAMET (canaglifozin/metformin) SYNJARDY (empagliflozin/metformin)[NR] XIGDUO (dapaglifozin/metformin)	
HYPOGLYCEMICS, TZDS			
		THIAZOLIDINEDIONES	
	pioglitazone	ACTOS (pioglitazone)	

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		AVANDIA (rosiglitazone)	
TZD COMBINATIONS			
	ACTOPLUS MET (pioglitazone/metformin) DUETACT (pioglitazone/glimepiride)	ACTOPLUSMET XR (pioglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) AVANDAMET (rosiglitazone/metformin) pioglitazone/metformin	
IDIOPATHIC PULMONARY FIBROSIS SmartPA			
	ESBRIET (pirfenidone) OFEV (nintedanib)		**Esbriet & OFEV** • No concurrent therapy with either agent
IMMNOSUPPRESSIVE (ORAL) SmartPA			
	AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine) mycophenolate mofetil MYFORTIC (mycophenolic acid) NEORAL (cyclosporine) PROGRAF (tacrolimus) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) tacrolimus ZORTRESS (everolimus)	ASTAGRAF XL (tacrolimus)[NR] HECORIA (tacrolimus)[NR] sirolimus	**Minimum Age Limit** • **13 years** - Rapamune • **18 years** - Zortress **Astagraf, Cellcept, Hecoria** • 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 **Gengraf, Neoral, Sandimmune** • Documented diagnosis of heart transplant, kidney transplant, liver

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			transplant, psoriasis, RA, or a State – accepted diagnosis **OR** • A **MANUAL PA** review for a diagnosis of Kimura's disease or multifocal motor neuropathy **Rapamune & Zortress** • Documented diagnosis of kidney transplant **Myfortic** • Documented diagnosis of kidney transplant or psoriasis
IMMUNE GLOBULINS			
	CARIMUNE NF FLEBOGAMMA DIF GAMASTAN SD GAMMAGARD GAMMAKED GAMMUNEX-C HIZENTRA HYQVIA OCTAGAM	BIVIGAM GAMMAGARD SD GAMMAPLEX PRIVIGEN	
INTRANASAL RHINITIS AGENTS			
	ANTICHOLINERGICS		
	ipratropium	ATROVENT (ipratropium)	
	ANTIHISTAMINES		
	PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine olopatadine	

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ANTIHISTAMINE/CORTICOSTEROID COMBINATION SmartPA			
		DYMISTA (azelastine/fluticasone)	
CORTICOSTEROIDS SmartPA			
	FLONASE (fluticasone) fluticasone QNASL (beclomethasone)	BECONASE AQ (beclomethasone) budesonide FLONASE ALLERGY OTC (fluticasone) flunisolide NASONEX (mometasone) OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide) triamcinolone VERAMYST (fluticasone) ZETONNA (ciclesonide)	**Non Preferred Criteria** • Documented diagnosis for allergic rhinitis **AND** • Have tried 2 different preferred agents in the past 6 months **Rhinocort Aqua** _Smart PA will be issued for pregnant women._ • A documented diagnosis of pregnancy **OR** a pregnancy indicator submitted on the pharmacy claim at Point of Sale
IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS SmartPA			
IRRITABLE BOWL SYNDROME/SHORT BOWEL SYNDROME AGENTS			
	dicyclomine hyoscyamine	alosetron∞ AMITIZA (lubiprostone)∞ BENTYL (dicyclomine) GATTEX (teduglutide) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LINZESS (linaclotide) ∞ LOTRONEX (alosetron) ∞ NUTRESTORE POWDER PACK (glutamine) RELISTOR (methylnaltrexone)[NR] ZORBTIVE (somatropin) ∞	∞ **Amitiza, Fulyzaq, Gattex, Linzess, Lotronex, Relistor, or Zorbtive** • 1 claim for the same agent in the past 105 days **OR** • **MANUAL PA** - All new patients require manual review.
SELECTED GI AGENTS			
		FULYZAQ (crofelemer) MOVANTIK (naloxegol)	**Movantik - MANUAL PA**

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LEUKOTRIENE MODIFIERS SmartPA			
	ACCOLATE (zafirlukast) montelukast granules SINGULAIR Tablets (montelukast)	montelukast tablets SINGULAR GRANULES ZYFLO CR (zileuton) zafirlukast	**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
		COLESTID (colestipol)
		QUESTRAN (cholestyramine)
		WELCHOL (colesevelam)
			All Agents, All Sub-Classes both Preferred and Non Preferred
			• 90 consecutive days on same agent in the past 105 days**OR**
			• Have tried 1 statin or statin combination agent in the past year **OR**
			• One of the following exceptions:
			  o Welchol **AND** Type 2 diabetes **AND** 1 preferred oral antidiabetic agent in the past 180 days **OR**
			  o Pregnant female **OR**
			  o Documented diagnosis of liver disease **OR**
			  o Documented diagnosis for hypertriglyceridemia **OR**
			  o Clinical justification a statin or statin combination product cannot be used
			
			Non Preferred Criteria

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			• 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)	**Non Preferred Criteria** • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
CHOLESTEROL ABSORPTION INHIBITORS			
		ZETIA (ezetimibe)	**Non Preferred Criteria** • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
FIBRIC ACID DERIVATIVES			
	fenofibrate tablets gemfibrozil TRICOR (fenofibrate nanocrystallized) TRILIPIX (fenofibric acid)	ANTARA (fenofibrate, micronized) fenofibrate, micronized capsules fenofibric acid FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate)	**Fibric Acid Derivative Non Preferred Criteria** • Have tried 2 different fibric acid derivatives in the past 6 months
MTP INHIBITOR			
		JUXTAPID (lomitapide)	**MANUAL PA**
APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR			
		KYNAMRO (mipomersen)	**MANUAL PA**
NIACIN			
	niacin ER NIACOR (niacin) NIASPAN (niacin)		**Non Preferred Criteria** • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6

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			months
LIPOTROPICS, STATINS SmartPA			
STATINS			
	atorvastatin CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin) lovastatin pravastatin simvastatin	ALTOPREV (lovastatin) LIPITOR (atorvastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin)	**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 same agent in the past 105 days
STATIN COMBINATIONS			
	atorvastatin/amlodipine SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)	ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine) 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 same agent in the past 105 days
MISCELLANEOUS BRAND/GENERIC			
CLONIDINE			
	CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)	
EPINEPHRINE			
	EPIPEN (epinephrine) EPIPEN JR (epinephrine)	ADRENACLICK (epinephrine) AUVI-Q (epinephrine)	

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	MISCELLANEOUS		
	alprazolam hydroxyzine hcl syrup hydroxyzine pamoate megestrol suspension 625mg/5mL SUBOXONE (buprenorphine/naloxone)[SmartPA]	alprazolam ER[SmartPA] BUNAVAIL (buprenorphine/naloxone) hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) VISTARIL (hydroxyzine pamoate) ZUBSOLV (buprenorphine/naloxone)	**Alprazolam ER CUMULATIVE quantity limit** • **31 tablets/31 days** • **Exception** –previously stable on 2 tablets/day in the past 90 days **Buprenorphine/Naloxone and buprenorphine:** **Suboxone** • Detailed buprenorphine/naloxone and buprenorphine criteria found here **Non Preferred Criteria:** • Bunavail is preferred over Zubsolv and other generic forms of buprenorphine/naloxone **Bunavail** • History of Suboxone therapy within the past 6 months **AND** • All other buprenorphine/naloxone criteria found here **Hydroxyzine hcl 10mg tablets** • **6-12 years** - *Smart PA will automatically be issued for this age range*
	SUBLINGUAL ALLERGEN EXTRACT IMMUNOTHERAPY		
		GRASTEK ORALAIR RAGWITEK	

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SUBLINGUAL NITROGLYCERIN			
	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)	
MOVEMENT DISORDER AGENTS SmartPA			
		XENAZINE (tetrabenazine)	**Xenazine** • Documented diagnosis of Huntington's Chorea
MULTIPLE SCLEROSIS AGENTS SmartPA			
	AVONEX (interferon beta-1a) COPAXONE 20mg (glatiramer) REBIF (interferon beta-1a)	AMPYRA (dalfampridine) AUBAGIO (teriflunomide) BETASERON (interferon beta-1b) COPAXONE 40mg (glatiramer) EXTAVIA (interferon beta-1b) GLATOPA (glatiramer)[NR] GILENYA (fingolimod) PLEGRIDY (interferon beta-1a) TECFIDERA (dimethyl fumarate)	**All Agents** • Documented diagnosis of multiple sclerosis **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **OR** • 3 claims with the same agent **Ampyra – MANUAL PA** • **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 severe renal impairment **AND** • *Initial authorization* – requires a baseline Timed 25-foot Walk (T25FW) assessment and will be approved for 12 weeks **OR**

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			• *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 intervals
NSAIDS SmartPA			
		NON-SELECTIVE	
	diclofenac EC etodolac tab flurbiprofen ibuprofen indomethacin ketorolac naproxen sulindac	ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac) CATAFLAM (diclofenac) DAYPRO (oxaprozin) diclofenac SR etodolac cap etodolac tab SR FELDENE (piroxicam) fenoprofen INDOCIN (indomethacin) indomethacin cap ER ketoprofen ketoprofen ER meclofenamate mefenamic acid nabumetone NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) NUPRIN (ibuprofen) oxaprozin	**Non Preferred Criteria** • Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months

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		piroxicam PONSTEL (mefenamic acid) SPRIX NASAL SPRAY (ketorolac) TIVORBEX (indomethacin)[NR] 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** • 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)[NR]	**Non Preferred Criteria – COX II** • Documented diagnosis of Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or Ankylosing Spondylitis **AND** • 90 consecutive days on same agent in the past 105 days **OR** • Have tried 1 preferred COX-II Selective and 1 preferred Non-Selective Agent **OR** • Have tried 1 preferred COX-II Selective agent and a documented diagnosis of GI Bleed, GERD, PUD, GI Perforation, or Coagulation Disorder

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OPHTHALMIC ANTIBIOTICS			
	bacitracin/neomycin/gramicidin bacitracin/polymyxin CILOXAN (ciprofloxacin) ciprofloxacin erythromycin gentamicin levofloxacin MOXEZA (moxifloxacin) ofloxacin polymyxin/trimethoprim sulfacetamide tobramycin TOBREX (tobramycin) oint VIGAMOX (moxifloxacin)	AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) GARAMYCIN (gentamicin) 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) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	
	ANTIBIOTIC STEROID COMBINATIONS		
	neomycin/bacitracin/polymyxin/hc neomycin//polymyxin/dexamethasone PRED-G (gentamicin/prednisolone) sulfacetamide/prednisolone TOBRADEX OINTMENT (tobramycin/dexamethasone) tobramycin/dexamethasone ZYLET (loteprednol/tobramycin)	BLEPHAMIDE (sulfacetamide/prednisolone) MAXITROL(neomycin/polymyxin/dexamethasone)	
OPHTHALMIC ANTI-INFLAMMATORIES ^{SmartPA}			
	dexamethasone diclofenac FLAREX (fluorometholone)	ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac)	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months

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	flurbiprofen FML SOP (fluorometholone) MAXIDEX (dexamethasone) prednisolone acetate prednisolone NA phosphate VEXOL (rimexolone)	bromfenac DUREZOL (difluprednate) FML FORTE (fluorometholone) ILEVRO (nepafenac) LOTEMAX (loteprednol) NEVANAC (nepafenac) OCUFEN (flurbiprofen) PROLENSA (bromfenac) PRED MILD (prednisolone) PRED FORTE (prednisolone) VOLTAREN (diclofenac)	
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS SmartPA			
	cromolyn ketotifen OTC OPTIVAR (azelastine) PATADAY (olopatadine) PATANOL (olopatadine)	ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (lodoxamide) ALREX (loteprednol) azelastine BEPREVE (bepotastine) ELESTAT (epinastine) EMADINE (emedastine) epinastine LASTACAFT (alcaftadine) PAZEO (olopatadine)[NR]	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months
OPHTHALMICS, GLAUCOMA AGENTS SmartPA			
		BETA BLOCKERS	
	betaxolol BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol	BETAGAN (levobunolol) BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel TIMOPTIC (timolol)	**Non Preferred Criteria** • Documented diagnosis of glaucoma **AND** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on same agent

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	metipranolol timolol solution		in the past 105 days
CARBONIC ANHYDRASE INHIBITORS			
	AZOPT (brinzolamide) dorzolamide TRUSOPT (dorzolamide)		
COMBINATION AGENTS			
	COMBIGAN (brimonidine/timolol) COSOPT (dorzolamide/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine)	COSOPT PF(dorzolamide/timolol)	
PARASYMPATHOMIMETICS			
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)	
PROSTAGLANDIN ANALOGS			
	latanoprost TRAVATAN Z (travoprost)	LUMIGAN (bimatoprost) RESCULA (unoprostone)[NR] travoprost XALATAN (latanoprost) ZIOPTAN (tafluprost)	
SYMPATHOMIMETICS			
	ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine	dipivefrin PROPINE (dipivefrin)	

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OTIC ANTIBIOTICS			
	CIPRODEX (ciprofloxacin/dexamethasone) [Age Edit] neomycin/polymyxin/hydrocortisone ofloxacin	CIPRO HC (ciprofloxacin/hydrocortisone) [Age Edit] ciprofloxacin COLY-MYCIN S (colistin/neomycin/ hydrocortisone) CORTISPORIN-TC (colistin/neomycin/ hydrocortisone) DERMOTIC (fluocinolone)	**Maximum Age Limit** • **8 years** - Cipro HC • **14 years** - Ciprodex
PANCREATIC ENZYMES [SmartPA]			
	CREON (pancreatin) PANCRELIPASE ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) PERTZYE ULTRESA VIOKACE	**Non Preferred Criteria** • Have tried 3 different preferred agents in the past 6 months
PARATHYROID AGENTS			
	calcitriol ergocalciferol ZEMPLAR (paricalcitol)	doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone)[NR] paricalcitol ROCALTROL (calcitriol) SENSIPAR (cinacalcet)	
PHOSPHATE BINDERS			
	ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) RENAGEL (sevelamer HCl)	AURYXIA (ferric citrate)[NR] calcium acetate FOSRENOL (lanthanum) PHOSLO (calcium acetate) RENVELA (sevelamer carbonate) sevelamer carbonate	

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		VELPHORO (sucroferric oxyhydronxide)	
PLATELET AGGREGATION INHIBITORS SmartPA			
	AGGRENOX (dipyridamole/aspirin) cilostazol clopidogrel dipyridamole ZONTIVITY (vorapaxar)Clinical Edit	BRILINTA (ticagrelor) EFFIENT (prasugrel) PERSANTINE (dipyridamole) PLAVIX (clopidogrel) PLETAL (cilostazol) ticlopidine	**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 same agent in the past 105 days **Brilinta** • Documented diagnosis for Acute Coronary Syndrome or Percutaneous Coronary Intervention **OR** • Therapy with Brilinta in the past 60 days **Effient** • Documented diagnosis for Acute Coronary Syndrome or Percutaneous Coronary Intervention

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PRENATAL VITAMINS			
	CONCEPT DHA Capsule FE C PLUS Tablet PRENATAL PLUS Tablet SE-NATAL CHEWABLE Tablet TARON-C DHA Capsule TRICARE PRENATAL Tablet VOL-PLUS Tablet VOL-TAB Rx	B-NEXA Tablet CAVAN-EC SOD DHA VITAMINS CITRANATAL 90 DHA PACK CITRANATAL ASSURE COMBO PACK CITRANATAL B-CALM PACK CITRANATAL DHA PACK CITRANATAL HARMONY Capsule CITRANATAL HARMONY Capsule CITRANATAL RX Tablet COMPLETE NATAL DHA COMPLETENATE Tablet CHEW CONCEPT OB Capsule CORENATE-DHA COMBO PACK DUET DHA BALANCED COMBO PACK DUET DHA BALANCED COMBO PACK ED CYTE F Tablet FOLCAL DHA Capsule FOLCAPS OMEGA-3 Capsule FOLIVANE-EC CALCIUM DHA COMBO FOLIVANE-OB Capsule FOLIVANE-PRX DHA NF Capsule GESTICARE DHA COMBO PACK ICAR-C PLUS SR Capsule ICAR-C PLUS Tablet NATAFORT Tablet NATELLE ONE Capsule NESTABS DHA COMBO PACK NESTABS PRENATAL Tablet NEXA SELECT Capsule PNV-DHA SOFTGEL PNV-SELECT Tablet PAIRE OB PLUS DHA COMBO PACK PR NATAL 400 COMBO PACK	Products not listed here are assumed to be non-preferred.

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		PR NATAL 430 COMBO PACK	
		PR NATAL 430 EC COMBO PACK	
		PREFERA OB Tablet	
		PREFERA-OB ONE SOFTGEL	
		PREFERA-OB PLUS DHA COMBO PACK	
		PREFERA-OB PLUS DHA COMBO PACK	
		PREFERA-OB Tablet	
		PRENATABS FA Tablet	
		PRENATAL 19 Tablet	
		PRENATAL PLUS IRON Tablet	
		PRENATAL VITAMINS Tablet	
		PRENATE DHA SOFTGEL	
		PRENATE ELITE Tablet	
		PRENATE ESSENTIAL SOFTGEL	
		PRENATE PLUS Tablet	
		PRENAVITE Tablet	
		PRENEXA Capsule	
		PREQUE 10 Tablet	
		RELNATE DHA PRENATAL SOFTGEL	
		ROVIN-NV DHA Capsule	
		ROVIN-NV Tablet	
		SE-CARE CHEWABLE Tablet	
		SELECT-OB + DHA PACK	
		SELECT-OB CAPLET	
		SE-NATAL 19 CHEWABLE Tablet	
		SE-NATAL 19 Tablet	
		SE-TAN DHA Capsule	
		TARON-BC Tablet	
		TARON-PREX PRENATAL DHA CAP	
PSEUDOBULBAR AFFECT AGENTS			
		NUEDEXTA (dextromethorphan/quinidine)	**Non Preferred Criteria** • 90 consecutive days on same agent in the past 105 days **OR** • Documented diagnosis for

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			Pseudobulbar Affect, Multiple Sclerosis, or Amytrophic Lateral Sclerosis
PULMONARY ANTIHYPERTENSIVES^{SmartPA}			
		ENDOTHELIN RECEPTOR ANTAGONIST	
	LETAIRIS (ambrisentan) TRACLEER (bosentan)	OPSUMIT (macitentan)	**All PAH Agents – Preferred and Non Preferred** • Documented diagnosis of pulmonary hypertension **Non Preferred Criteria** • Have tried 1 preferred PAH agent in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
		PDE5's	
	sildenafil	ADCIRCA (tadalafil) REVATIO (sildenafil)	**Non Preferred Criteria** • Have tried 1 preferred PAH agent in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days **Revatio** • **< 1 year** of age **AND** documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation **OR** 90 consecutive days on the same agent • **> 18 years** of age **AND** Non Preferred Criteria **Sildenafil 25mg, 50mg, or 100mg** • **< 12 years** of age **AND** documented

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			diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation **OR** history of heart transplant **OR** 90 consecutive days on the same agent.
PROSTACYCLINS			
	ORENITRAM ER (treprostinil)	TYVASO (treprostinil) VENTAVIS (iloprost)	**Non Preferred Criteria** • Have tried 1 preferred PAH agent in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
SOLUABLE GUANYLATE CYCLASE STIMULATORS			
		ADEMPAS (riociguat)	**Adempas** • Have tried 1 preferred PAH agent in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days **OR** • **MANUAL PA** for PAH WHO Group 4
SEDATIVE HYPNOTICS			
BENZODIAZEPINES			
	estazolam flurazepam temazepam (15mg and 30mg) triazolam	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) RESTORIL (temazepam) temazepam (7.5mg and 22.5mg)	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 • **31 units/31 days** - all strengths

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		OTHERS ^SmartPA	
	zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (sovorexant) EDLUAR (zolpidem) HETLIOZ (tasimelteon) INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER ZOLPIMIST (zolpidem)	**Quantity Limits – CUMULATIVE** Quantity limit per rolling days for all strengths • **31 units/31 days** • **1 canister/31 days** – Zolpimist & male • **1 canister/62 days –** Zolpimist & female **Gender and Dose Limits for zolpidem** • **Female -** Ambien 5mg, Ambien CR 6.25mg, Intermezzo 1.75 mg • **Male** – all zolpidem strengths **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **Hetlioz** • Circadian rhythm sleep disorder **AND** • Diagnosis indicating total blindness of the patient
SELECT CONTRACEPTIVE PRODUCTS			
		INJECTABLE CONTRACEPTIVES	
	medroxyprogesterone acetate IM	DEPO-PROVERA IM (medroxyprogesterone acetate) DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)	
		ORAL CONTACEPTIVES ^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)	**Non Preferred Criteria** • 1 claim with the same agent in the past 105 days

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		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) 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)	

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SKELETAL MUSCLE RELAXANTS SmartPA			

	baclofen
	chlorzoxazone
	cyclobenzaprine 5mg, 10mg
	methocarbamol
	tizanidine tablets
		AMRIX (cyclobenzaprine ER)
		carisoprodol
		carisoprodol compound
		cyclobenzaprine 7.5mg, 15mg
		cyclobenzaprine ER
		dantrolene
		FEXMID (cyclobenzaprine)
		LORZONE (chlorzoxazone)
		metaxalone
		orphenadrine
		orphenadrine compound
		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**

SMOKING DETERRANTS			
	NICOTINE TYPE		
	nicotine gum nicotine lozenge nicotine patch	NICODERM CQ PATCH NICORETTE LOZENGE NICORETTE GUM NICOTROL INHALER NICOTROL NASAL SPRAY	
	NON-NICOTINE TYPE		
	bupropion ER CHANTIX (varenicline)	ZYBAN (bupropion)	**Minimum Age Limit - Chantix** • **18 years** **Quantity Limits**

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			• **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-SMOOTHE-FS (fluocinolone) DESONATE (desonide) DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	**Non Preferred Criteria** • Have tried 2 different preferred low potency agents in the past 6 months
MEDIUM POTENCY			
	fluocinolone hydrocortisone mometasone cr, oint. prednicarbate cr PANDEL (hydrocortisone probutate)	CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate) ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint SYNALAR (fluocinolone)	**Non Preferred Criteria** • Have tried 2 different preferred medium potency agents in the past 6 months

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	HIGH POTENCY		
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. CAPEX (fluocinolone) 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) 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) TEMOVATE (clobetasol propionate) ULTRAVATE (halobetasol)	clobetasol emollient clobetasol propionate cr, foam, gel, oint, sol DIPROLENE (betamethasone diprop/prop gly) halobetasol HALONATE (halobetasol/ammonium lactate) HALAC (halobetasol/ammoium lac) OLUX (clobetasol) OLUX-E (clobetasol)	**Non Preferred Criteria** • Have tried 2 different preferred very high potency agents in the past 6 months
STIMULANTS AND RELATED AGENTS SmartPA			
	SHORT-ACTING		
	amphetamine salt combination dexmethylphenidate IR	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine)	**Minimum Age Limit** • **3 years** - Adderall, Procentra, Zenzedi

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	dextroamphetamine IR FOCALIN (dexmethylphenidate) METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR PROCENTRA (dextroamphetamine)	dextroamphetamine solution methamphetamine methylphenidate chewable methylphenidate solution ZENZEDI (dextroamphetamine)	• **6 years** – Desoxyn, Focalin, Methylin **Maximum Age Limit** • **21 years** – diagnosis of ADD/ADHD is required **Quantity Limits** Applicable quantity limit per rolling days • **62 tablets/ 31 days** –Adderall, Desoxyn, Focalin, Methylin, Zenzedi • **155 mL/ 31 days** – Methylin solution, Procentra **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 same agent in the past 180 days
LONG-ACTING			
	ADDERALL XR (amphetamine salt combination) DAYTRANA (methylphenidate) FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate ER (generic Concerta) PROVIGIL (modafinil) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine)	amphetamine salt combination ER APTENSIO XR (methylphenidate)[NR] CONCERTA (methylphenidate) DEXEDRINE (dextroamphetamine) dexmethylphenidate XR dextroamphetamine ER methylphenidate CD (generic Metadate CD) NUVIGIL (armodafinil) RITALIN LA (methylphenidate)	**Minimum Age Limit** • **6 years** – Adderall XR, Aptensio XR Concerta, Daytrana, Dexedrine, Focalin XR, Metadate, CD, Quillivant XR, Ritalin LA, Vyvanse • **16 years** – Provigil • **18 years** – Nuvigil **Maximum Age Limit** • **21 years** – diagnosis of ADD/ADHD is required **Quantity Limits** Applicable quantity limit per rolling days

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			• **31 tablets/ 31 days** – Adderall XR, Aptensio XR, Concerta 18, 27, & 54 mg, Daytrana, Dexedrine Spansule, Focalin XR 5 & 10mg, Metadate CD, Methylin ER, Nuvigil 150 & 200 mg, Provigil 200mg, Ritalin LA & SR, Vyvanse • **46.5 tablets/ 31 days** – Provigil 100 mg • **62 tablets/ 31 days** – Concerta 36mg, Focalin XR 15 & 20mg, Nuvigil 50mg • **372 mL/ 31 days** – Quillivant XR **Provigil** • Documented diagnosis of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder **Non-Preferred Criteria** • Have tried 2 different preferred Long Acting agents in the past 6 months **OR** • 1 claim for a 30 day supply with the same agent in the past 180 days **Nuvigil** • Documented diagnosis of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder **AND** • 1 claim for a 30 day supply with the same agent in the past 180 days **OR** • 30 days of therapy with Provigil in the past 6 months **AND** 30 days of

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Drugs highlighted in yellow denote a change in PDL status.

*Existing users will be grandfathered; grandfathering is defined as approving a non-preferred agent for an existing user; all other changes will not qualify for grandfathering

To search the PDL, press CTRL + F

MISSISSIPPI DIVISION OF MEDICAID
UNIVERSAL PREFERRED DRUG LIST
(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 08/01/2015
Version 2015.15e
Updated: 09-1-2015

'Smart PA' is Xerox's 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
			therapy in the past 6 months with a preferred stimulant that is indicated for the treatment of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder
NON-STIMULANTS			
	STRATTERA (atomoxetine)	clonidine ER guanfacine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release)	**Minimum Age Limit** • **6 years** – Intuniv, Kapvay, Strattera **Maximum Age Limit** • **17 years** – Intuniv, Kapvay • **21 years** – diagnosis of ADD/ADHD is required **Quantity Limits** Applicable <u>quantity limi</u>t per rolling days • **31 tablets/ 31 days** – Intuniv, Strattera • **124 tablets/ 31 days** – Kapvay **Kapvay & Intuniv** • 1 claim for a 30 day supply in the past 180 days **OR** • Diagnosis for ADD or ADHD **AND** • Have tried 1 Short or Long Acting stimulant in the past 6 months **OR** • Have tried Strattera in the past 6 months **OR** • Have tried the short acting product in the past 6 months

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
TETRACYCLINES SmartPA			
	doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR tetracycline	ACTICLATE (doxycyline)[NR] ADOXA (doxycycline monohydrate) demeclocycline doxycycline monohydrate caps (75mg & 150mg) doxycycline monohydrate tabs DYNACIN (minocycline) minocycline ER minocycline tabs ORACEA (doxycycline) SOLODYN (minocycline) VIBRAMYCIN cap/susp/syrup	**Non Preferred Agents** • Have tried 2 different preferred agents in the past 6 months **Demeclocycline** • Documented diagnosis of Diabetes Insipidus or SIADH will allow automatic approval.
ULCERATIVE COLITIS and CROHN'S AGENTS *See Cytokine & CAM Antagonists Class for additional agents			
		ORAL	
	APRISO (mesalamine) ASACOL (mesalamine) balsalazide DIPENTUM (olsalazine) PENTASA 250mg (mesalamine) sulfasalazine	ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) budesonide EC COLAZAL (balsalazide) DELZICOL (mesalamine) ENTOCORT EC (budesonide) GIAZO (balsalazide) LIALDA (mesalamine) PENTASA 500mg (mesalamine) UCERIS (budesonide)	**Gender Limits** • **Male** - Giazo **Non Preferred Criteria** • Documented diagnosis for Ulcerative Colitis **AND** • 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on same agent in the past 105 days
		RECTAL	
	CANASA (mesalamine) mesalamine	SFROWASA (mesalamine) UCERIS Foam (budesonide)	

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