

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 08/01/2014

Version 2014.11c

Updated: 8-5-2014

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ACNE AGENTS			
	ANTI-INFECTIVE		Acne agents will be authorized only for patients less than 21 years of age.
	AZELEX (azelaic acid) clindamycin (gel, lotion, solution) ERYGEL (erythromycin) erythromycin	ACZONE (dapson) AKNE-MYCIN (erythromycin) CLEOCIN-T (clindamycin) CLINDAGEL (clindamycin) clindamycin foam ERY (erythromycin) EVOCLIN (clindamycin) FINACEA (azelaic acid) KLARON (sulfacetamide) sulfacetamide	
	RETINOIDS		
	RETIN-A (tretinoin) TAZORAC (tazarotene) tretinoin cream, gel	adapalene AVITA (tretinoin) ATRALIN (tretinoin) DIFFERIN (adapalene) FABIOR (tazarotene) RETIN-A MICRO (tretinoin) tretinoin micro	
	COMBINATION DRUGS/OTHERS		
	DUAC (benzoyl peroxide/clindamycin) EPIDUO (adapalene/benzoyl peroxide) erythromycin/benzoyl peroxide sodium sulfacetamide/sulfur cream/foam/gel	ACANYA (benzoyl peroxide/clindamycin) BENZAACLIN GEL (benzoyl peroxide/clindamycin) BENZAACLIN KIT (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) benzoyl peroxide/clindamycin INOVA 4/1 (benzoyl peroxide/salicylic acid) INOVA 8/2 (benzoyl peroxide/salicylic acid) PRASCION (sulfacetamide sodium/sulfur) ROSANIL (sulfacetamide sodium/sulfur)	

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		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			
CHOLINESTERASE INHIBITORS			
	ARICEPT 23 MG (donepezil) ARICEPT ODT (donepezil) donepezil EXELON (rivastigmine)	ARICEPT (donepezil) EXELON Solution (rivastigmine) galantamine galantamine ER RAZADYNE (galantamine) RAZADYNE ER (galantamine) rivastigmine	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Documented diagnosis (based on labeled indication) found in the past 2 years medical claims – <u>ALL DRUGS</u> AND <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
NMDA RECEPTOR ANTAGONIST			
	NAMENDA TABS (memantine)	NAMENDA SOLUTION(memantine)	

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	NAMENDA XR (memantine)		
ANALGESICS, NARCOTIC - SHORT ACTING ^{SmartPA}			
	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) MAGNACET (oxycodone/APAP) NORCO (hydrocodone/APAP) NUCYNTA (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXECTA (oxycodone) pentazocine/naloxone PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) REPREXAIN (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) RYBIX (tramadol) SUBSYS (fentanyl) SYNALGOS-DC (dihydrocodeine/ aspirin/caffeine)	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> Suboxone/ Subutex concurrent therapy <ul style="list-style-type: none"> Opioids are limited to a 5 day supply while on Suboxone or Subutex therapy with a maximum cumulative total of 10 days. <p>Other Criteria at the Point of Sale: Applicable <u>quantity limit</u> in 31 rolling days.</p> <ul style="list-style-type: none"> 62 tablets in 31 days – codeine, oxycodone/ibuprofen, meperidine, hydromorphone, fentanyl, baltalbit/codeine combinations, morphine, tapentadol, dihydrocodeine combinations, tramadol, pentazocine, 124 tablets in 31 days – butalbital/APAP 750 145 tablets in 31 days – butalbital/APAP 650 186 tablets in 31 days – butalbital/APAP 325, butalbital/ASA 325 5mL (2 x 2.5 bottles) in 31 days – butorphanol nasal <p>Applicable CUMULATIVE <u>quantity limit</u> in 31 rolling days</p> <ul style="list-style-type: none"> 62 tablets in 31 days – hydrocodone combinations, oxycodone combinations

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		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)	<ul style="list-style-type: none"> • 180 ml – oxycodone liquids • 480 mL – hydrocodone liquids
ANALGESICS, NARCOTIC - LONG ACTING <small>SmartPA</small>			
	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) hydromorphone ER 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) ^{NR} ZOHYDRO ER (hydrocodone bitartrate)	SmartPA Criteria: <ul style="list-style-type: none"> • Suboxone/ Subutex concurrent therapy <ul style="list-style-type: none"> ○ Opioids are limited to a 5 day supply while on Suboxone or Subutex therapy with a maximum cumulative total of 10 days. • Avinza <ul style="list-style-type: none"> ○ 30 days of therapy with Opana ER or morphine ER in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days AND ○ Quantity limit of 31 tablets in 31 days • OxyContin <ul style="list-style-type: none"> ○ Documented diagnosis of cancer found in the past 2 years medical claims OR ○ Antineoplastic therapy in the past 6 months AND ○ 30 days of therapy with Kadian, Opana ER, morphine ER , Avinza or Duragesic patch in the past 6 months AND

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			<ul style="list-style-type: none"> o Quantity limit of 62 tablets in 31 days. • Non-Preferred Criteria o 30 days of therapy with 2 different preferred agents in the past 6 months OR o 90 days completed therapy with the same agent in the past 105 days AND o Applicable <u>quantity limit</u> in 31 rolling days. <ul style="list-style-type: none"> • 31 tablets in 31 days – Exalgo ER, Ultram ER, Ryzolt, Conzip ER, • 62 tablets in 31 days – Methadone, Kadian, Morphine ER, Embeda, oxycodone ER, Opana ER, • 10 patches in 31 days – Duragesic • 4 patches in 31 days - Butrans
ANALGESICS/ANAESTHETICS (Topical) <small>SmartPA</small>			
	VOLTAREN Gel (diclofenac sodium) <small>SmartPA</small>	capsaicin diclofenac sodium solution FLECTOR (diclofenac epolamine) <small>SmartPA</small> LIDAMANTLE HC (lidocaine/hydrocortisone) lidocaine lidocaine/prilocaine LIDODERM (lidocaine) <small>SmartPA</small> PENNSAID Solution (diclofenac sodium) <small>SmartPA</small> xylocaine SYNERA (lidocaine/tetracaine) ZOSTRIX (capsaicin)	SmartPA Criteria: Non-Preferred Criteria <ul style="list-style-type: none"> • One claim for 1 preferred agent in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days Lidoderm <ul style="list-style-type: none"> o Documented diagnosis found in the past years medical claims for Herpetic Neuralgia OR o Documented diagnosis found in the past years medical claims for

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			Diabetic Neuropathy
ANDROGENIC AGENTS SmartPA			
	TESTIM (testosterone gel)	ANDRODERM (testosterone patch) ANDROGEL (testosterone gel) AXIRON (testosterone gel) FORTESTSA (testosterone gel)	SmartPA Criteria: <ul style="list-style-type: none"> • Limited to male patients AND • 30 days of therapy with 1 different preferred agent in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
ANGIOTENSIN MODULATORS SmartPA			
ACE INHIBITORS			
	benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril	ACCUPRIL (quinapril) ALTACE (ramipril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril perindopril PRINIVIL (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	SmartPA Criteria: <ul style="list-style-type: none"> • ACE Inhibitor <ul style="list-style-type: none"> ○ 30 days of therapy with 2 different preferred <i>single entity</i> agents in the past 6 months OR ○ 90 days completed therapy with the 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 trandolapril/verapamil UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	<ul style="list-style-type: none"> • ACE Inhibitor/CCB <ul style="list-style-type: none"> ○ 30 days of therapy with 2 different preferred <i>ACEI/CCB</i> agents in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days • ACE Inhibitor/Diuretic <ul style="list-style-type: none"> ○ 30 days of therapy with 2 different preferred <i>ACEI/Diuretic</i> agents in the past 6 months OR

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	ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)		
	BENICAR (olmesartan) DIOVAN (valsartan) irbesartan losartan MICARDIS (telmisartan)	ATACAND (candesartan) AVAPRO (irbesartan) candesartan COZAAR (losartan) EDARBI (azilsartan) eprosartan telmisartan TEVETEN (eprosartan)	<ul style="list-style-type: none"> ○ 90 days of completed therapy with the same agent in the past 105 days. ● ARB <ul style="list-style-type: none"> ○ 30 days of therapy with 2 different preferred <i>single entity</i> agents in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days
	ARB COMBINATIONS		
	BENICAR-HCT (olmesartan/HCTZ) DIOVAN-HCT (valsartan/HCTZ) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) irbesartan/HCTZ losartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ)	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) candesartan/HCTZ EDARBYCLOR (azilsartan/chlorthalidone) HYZAAR (losartan/HCTZ) telmisartan/amlodipine telmisartan/HCTZ TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine)	<ul style="list-style-type: none"> ● ARB/CCB (includes ARB/CCB/Diuretic) <ul style="list-style-type: none"> ○ 30 days of therapy with 1 different preferred <i>ARB/CCB</i> agent in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days ● ARB/Diuretic <ul style="list-style-type: none"> ○ 30 days of therapy with 2 different preferred <i>ARB/Diuretic</i> products in the past 6 months OR ○ 90 days of completed therapy with the same agent in the past 105 days
	DIRECT RENIN INHIBITORS		
		TEKTURNA (aliskiren)	<ul style="list-style-type: none"> ● Direct Renin Inhibitor <ul style="list-style-type: none"> ○ Documented diagnosis found in the past 2 years medical claims for hypertension AND ○ 30 days of therapy with 2 different

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			<p>preferred <u>ACEI or ARB single-entity</u> products in the past 6 months OR</p> <ul style="list-style-type: none"> o 90 days completed therapy with the 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)	<ul style="list-style-type: none"> • Direct Renin Inhibitor Combinations <ul style="list-style-type: none"> o Documented diagnosis found in the past 2 years medical claims for hypertension AND o 30 days of therapy with 2 different preferred <u>ACEI or ARB diuretic</u> agents in the past 6 months OR o 90 days completed therapy with the same agent in the past 105 days
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 (GI)			
	ALINIA (nitazoxanide) metronidazole neomycin TINDAMAX (tinidazole)	DIFICID (fidaxomicin) FLAGYL ER (metronidazole) tinidazole VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)	<ul style="list-style-type: none"> • *Xifaxan –requires a manual PA • Documented diagnosis of Hepatic Encephalopathy on manual PA request AND <ul style="list-style-type: none"> o One trial of Lactulose OR o Documented treatment failure or intolerance to lactulose OR o Hospital discharge on Xifaxan OR o One claim for Xifaxan in the past 365 days

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ANTIBIOTICS (VAGINAL)			
	CLEOCIN OVULES (clindamycin) CLINDESSE (clindamycin) METROGEL (metronidazole) VANDAZOLE (metronidazole)	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) clindamycin metronidazole vaginal	
ANTICOAGULANTS			
	SmartPA COUMADIN (warfarin) FRAGMIN (dalteparin) SmartPA LMWH LOVENOX (enoxaparin) Prefilled Syringe LMWH warfarin XARELTO 10mg (rivaroxaban) SmartPA	SmartPA LMWH ARIXTRA (fondaparinux) SmartPA LMWH ELIQUIS (apixaban) enoxaparin SmartPA LMWH fondaparinux SmartPA LMWH PRADAXA (dabigatran) SmartPA XARELTO 15 & 20mg (rivaroxaban)	LMWH: <ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days <ul style="list-style-type: none"> • LMWH therapy is found in prescription history in the past 3months <ul style="list-style-type: none"> ○ AND documented diagnosis of cancer in the past 2 years medical claims ○ OR Female with a documented diagnosis of pregnancy found in the past 280 days medical claims OR • NO LMWH therapy is found in prescription history in the past 3months <ul style="list-style-type: none"> ○ AND duration of therapy is ≤ 17 days ○ OR documented diagnosis of cancer in the past 2 years medical claims ○ OR Female with a documented diagnosis of pregnancy found in the past 280 days medical claims ○ OR documented diagnosis of total hip/knee replacement or hip fracture surgery in the past 6 months medical claims

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			<ul style="list-style-type: none"> • AND duration of therapy \leq 35 days <p>Warfarin:</p> <ul style="list-style-type: none"> • Non-Preferred Criteria <ul style="list-style-type: none"> ◦ 90 days completed therapy with the same agent in the past 105 days <p>DVT prophylaxis post knee or hip replacement surgery: Xarelto 10mg & Eliquis</p> <ul style="list-style-type: none"> • Limited to 70 days of therapy per calendar year • Documented diagnosis of knee replacement in past 30 days of medical claims or submitted on pharmacy claim <ul style="list-style-type: none"> ◦ AND therapy limits of \leq 12 days • OR documented diagnosis of hip replacement in past 30 days of medical claims or submitted on pharmacy claim AND therapy limits of \leq 35 days <p>Stroke and systemic embolism prophylaxis with nonvalvular atrial fibrillation: Eliquis, Pradaxa, Xarelto 15 & 20mg</p> <ul style="list-style-type: none"> • 1 claim with the same agent in the past 90 days OR • Documented diagnosis of atrial fibrillation found in the past 2 years medical claims AND <ul style="list-style-type: none"> ◦ NO documented diagnosis of cardiac valve disease found in the past 2 years medical claims AND ◦ 60 days therapy with warfarin in the past 6 months

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			Treatment of DVT/PE: Xarelto 15 & 20mg A manual PA is required.
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 levetiracetam ER oxcarbazepine TEGRETOL XR (carbamazepine) topiramate topiramate capsule 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) STAVZOR (valproic acid) TEGRETOL (carbamazepine) tiagabine	SmartPA Criteria: Banzel/Onfi: <ul style="list-style-type: none"> • 90 days completed therapy with the same agent in the past 105 days OR • Minimum Age Requirements – <ul style="list-style-type: none"> ○ Rufinamide – 4 years ○ Clobazam – 2 years AND • Documented diagnosis of Lennox-Gastaut found in the past 2 years medical claims AND • 30 days of therapy with 1 different preferred agents for Lennox-Gastaut in the past 6 months Non-Preferred Agents <ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		TOPAMAX Sprinkle (topiramate) TRILEPTAL Tablets (oxcarbazepine) TROKENDI XR (topiramate) ZONEGRAN (zonisamide)	
SELECTED BENZODIAZEPINES			
	DIASTAT (diazepam rectal)	diazepam rectal gel ONFI (clobazam)	Diastat • Quantity limits of 3 Twin Packs/31 days
HYDANTOINS			
	PHENYTEK (phenytoin) phenytoin	DILANTIN (phenytoin) PEGANONE (ethotoin)	
SUCCINIMIDES			
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
ANTIDEPRESSANTS, OTHER SmartPA			
	bupropion bupropion SR bupropion XL mirtazapine PRISTIQ (desvenlafaxine) trazodone venlafaxine venlafaxine ER capsules WELLBUTRIN XL (bupropion HCl)	APLENZIN (bupropion HBr) BRINTELLIX (vortioxetine) desvenlafaxine DESYREL (trazodone) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion) KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) REMERON (mirtazapine) tranylcypromine	SmartPA Criteria: • Minimum age requirement – 18 years (all drugs) • 30 days of therapy with 2 different preferred antidepressants, others class in the past 6 months OR • 30 days of therapy with BOTH preferred SSRI and antidepressants, others class in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days Cymbalta (see Fibromyalgia Agents)

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		venlafaxine ER tablets venlafaxine XR VIIBRYD (vilazodone) WELLBUTRIN (bupropion) WELLBUTRIN SR	
ANTIDEPRESSANTS, SSRIs <small>SmartPA</small>			
	citalopram escitalopram fluoxetine fluvoxamine paroxetine CR paroxetine IR PAXIL SUSPENSION sertraline	CELEXA (citalopram) LEXAPRO (escitalopram) LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine suspension PAXIL Tablets (paroxetine) PAXIL CR (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	SmartPA Criteria: <ul style="list-style-type: none"> •Minimum age requirements apply to all drugs <ul style="list-style-type: none"> ○ Citalopram – 9 years ○ Escitalopram – 12 years ○ Fluoxetine – 7 years ○ Fluoxetine 90 mg – 18 years ○ Fluvoxamine – 8 years ○ Fluvoxamine SR – 18 years ○ Paroxetine – 18 years ○ Sertraline – 6 years •30 days of therapy with 2 different preferred SSRI's in the past 6 months OR •90 days of completed therapy with the same agent in the past 105 days
ANTIEMETICS <small>SmartPA</small>			
		5HT3 RECEPTOR BLOCKERS	
	ondansetron ondansetron solution	ANZEMET (dolasetron) granisetron ondansetron ODT SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) ZUPLENZ (ondansetron)	All injectable 5HT3 receptor blockers closed to point of sale. SmartPA Criteria: <ul style="list-style-type: none"> •Age requirements – ondansetron ODT and Zuplenz 4mg strengths only <ul style="list-style-type: none"> ○ 4-11 years ○ One claim with a preferred antiemetic in the past 6 months

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ANTIEMETIC COMBINATIONS			
		DICLEGIS (doxylamine/pyridoxine)	
CANNABINOIDS			
		CESAMET (nabilone) MARINOL (dronabinol) dronabinol	
NMDA RECEPTOR ANTAGONIST			
		EMEND (aprepitant)	Emend <ul style="list-style-type: none"> • Documented diagnosis of cancer found in past 2 years medical claims OR • Antineoplastic history in the past 6 months AND <ul style="list-style-type: none"> ○ One claim with a preferred antiemetic 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) DIFLUCAN (fluconazole) griseofulvin ultramicrosize tablet itraconazole ketoconazole LAMISIL (terbinafine) MYCOSTATIN Tablets (nystatin) NIZORAL (ketoconazole) NOXAFIL (posaconazole) ONMEL (itraconazole) SPORANOX (itraconazole) TERBINEX Kit (terbinafine/ciclopirox) VFEND (voriconazole) voriconazole	SmartPA Criteria: <ul style="list-style-type: none"> • Documented diagnosis of HIV found in the past 2 years medical claims AND oral antifungal with a labeled indication for HIV opportunistic infection OR • One claim for 2 different preferred agents in the past 6 months OR • Itraconazole <ul style="list-style-type: none"> ○ Documented diagnosis of transplant found in the past 2 years of medical claims OR ○ History of an immunosuppressant in the past 6 months OR ○ One claim for 2 different preferred agents in the past 6 months

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ANTIFUNGALS (Topical)	SmartPA		
	ANTIFUNGALS		
	ciclopirox cream/gel/suspension clotrimazole econazole ketoconazole cream ketoconazole shampoo miconazole OTC nystatin terbinafine OTC cream,gel,spray tolnaftate OTC	BENSAL HP (benzoic acid/salicylic acid) CICLODAN KIT ciclopirox kit/shampoo/solution CNL 8 (ciclopirox) ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) JUBLIA (efinaconazole)^{NR} ketoconazole foam LAMISIL (terbinafine) solution LOPROX (ciclopirox) LUZU (luliconazole)^{NR} MENTAX (butenafine) NAFTIN (naftifine) NIZORAL (ketoconazole) OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide)	SmartPA Criteria: •One claim for 2 preferred agents in the past 6 months
	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) tioconazole VAGISTAT 3 (miconazole)	GYNAZOLE 1 (butoconazole) miconazole 3 vaginal suppository TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole	

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	VAGISTAT 1 (tioconazole)		
ANTIHISTAMINES, MINIMALLY SEDATING AND COMBINATIONS <small>SmartPA</small>			
MINIMALLY SEDATING ANTIHISTAMINES			
	cetirizine loratadine	ALLEGRA (fexofenadine) CLARINEX (desloratadine) fexofenadine RX levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	SmartPA Criteria: <ul style="list-style-type: none"> • Documented diagnosis of allergy or urticaria in the past 2 years medical claims AND • 30 days of therapy with 2 different preferred agents in the past 12 months OR • 90 days completed therapy with the same agent in the past 105 days
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 <small>SmartPA</small>			
ORAL			
	RELPAX (eletriptan) sumatriptan	AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT(rizatriptan) naratriptan rizatriptan TREXIMET (sumatriptan/naproxen) zolmitriptan ZOMIG (zolmitriptan)	SmartPA Criteria: <ul style="list-style-type: none"> • Minimum age requirements apply to all drug formulations below <ul style="list-style-type: none"> ○ Almotriptan – 12 years ○ Eletriptan – 18 years ○ Frovatriptan – 18 years ○ Naratriptan – 18 years ○ Rizatriptan – 6 years ○ Sumatriptan – 18 years ○ Sumatriptan/Naproxen – 18 years ○ Zolmitriptan – 18 years Oral products <ul style="list-style-type: none"> • One claim for a preferred oral agent in

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	NASAL		
	IMITREX (sumatriptan)	sumatriptan ZOMIG (zolmitriptan)	<p>the past year</p> <ul style="list-style-type: none"> • Exceptions, SmartPA will be issued if beneficiary is in age range: <ul style="list-style-type: none"> • almotriptan – ages 12-17 • rizatriptan – ages 6-17 <p>Other Criteria at the Point of Sale: Applicable <u>quantity limit</u> in 31 rolling days.</p> <ul style="list-style-type: none"> • 12 tablets in 31 days - rizatriptan • 9 tablets in 31 days – naratriptan, frovatriptan, sumatriptan, sumatriptan/naproxen • 6 tablets in 31 days – almotriptan, zolmitriptan, eletriptan <p>Nasal Products</p> <ul style="list-style-type: none"> • One claim for a preferred nasal agent in the past year <p>Applicable <u>quantity limit</u> in 31 rolling days.</p> <ul style="list-style-type: none"> • 1 box in 31 days
	INJECTABLE		
	sumatriptan	IMITREX (sumatriptan)	<p>Injectable Products</p> <ul style="list-style-type: none"> • One claim for a preferred injectable agent in the past year <p>Applicable CUMULATIVE <u>quantity limit</u> in 31 rolling days</p> <ul style="list-style-type: none"> • 4 injections in 31 days

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ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS			
	AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) GILOTRIF (afatinib) GLEEVEC (imatinib mesylate) ICLUSIG (ponatinib) IMBRUVICA (ibrutinib) 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) ZYKADIA (ceritinib) ^{NR}		
ANTIPARASITICS (Topical) ^{SmartPA}			
	PEDICULICIDES ^{SmartPA}		
	NATROBA (spinosad) ^{Step Edit} permethrin 1% SKLICE (ivermectin) ^{Step Edit}	lindane malathion OVIDE (malathion) ULESFIA (benzyl alcohol)	SmartPA Criteria: <ul style="list-style-type: none"> • Minimum age/weight requirements apply to all drug formulations for the treatment of <i>head lice</i>: <ul style="list-style-type: none"> ○ Benzyl Alcohol Solution – 6 months ○ Ivermectin – 6 months ○ Lindane Shampoo – 50 kg

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			<ul style="list-style-type: none"> ○ Malathion – 6 years ○ Permethrin 1% – 2 months ○ Piperonyl/Pyrethrins – 2 years ○ Spinosad – 4 years <ul style="list-style-type: none"> ● Natroba or Sklice step edit: <ul style="list-style-type: none"> ○ History of permethrin 1% topical lotion – OTC OR piperonyl/pyrethrin OTC in the past 90 days ● Non Preferred Agents <ul style="list-style-type: none"> ○ History of permethrin 1% topical OR piperonyl/pyrethrin in the past 90 days AND ○ History of Natroba or Sklice in the past 90 days
SCABICIDES			
	EURAX CREAM (crotamiton)	ELIMITE (permethrin) EURAX LOTION (crotamiton) permethrin 5%	<ul style="list-style-type: none"> ● Permethrin 5% age edit: ● Approved for ages 2 months – 17 years
ANTIPARKINSON'S AGENTS (Oral) SmartPA			
ANTICHOLINERGICS			
	benztropine trihexyphenidyl	COGENTIN (benztropine)	<ul style="list-style-type: none"> ● SmartPA Criteria: ● Documented diagnosis of Parkinson's disease in the past 2 years medical claims AND ● 30 days of therapy with 2 different preferred agents in the past 6 months OR ● 90 days completed therapy with the same agent in the past 105 days
COMT INHIBITORS			
		COMTAN (entacapone) TASMAR (tolcapone)	

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DOPAMINE AGONISTS			
	pramipexole ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) 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) SINEMET (levodopa/carbidopa) SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)	Lodosyn <ul style="list-style-type: none"> • Approved for augmentation of carbidopa/levodopa only. • Pharmacy claims history of a combination carbidopa/levodopa product in the past 45 days must be present.
ANTIPSYCHOTICS SmartPA	ORAL		
	ABILIFY (aripiprazole) SmartPA amitriptyline/perphenazine chlorpromazine clozapine SmartPA FANAPT (iloperidone) SmartPA fluphenazine haloperidol SmartPA	CLOZARIL (clozapine) SmartPA FAZACLO (clozapine) SmartPA GEODON (ziprasidone) SmartPA HALDOL (haloperidol) SmartPA INVEGA (paliperidone) SmartPA NAVANE (thiothixene) olanzapine/fluoxetine SmartPA	SmartPA Criteria: Atypical Antipsychotics <ul style="list-style-type: none"> • Minimum age requirements apply to all oral drug formulations below <ul style="list-style-type: none"> ○ Aripiprazole – 6 years ○ Asenapine – 18 years ○ Clozapine – 18 years ○ Haloperidol – 3 years ○ Iloperidone – 18 years

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	LATUDA (lurasidone) ^{SmartPA} olanzapine ^{SmartPA} perphenazine risperidone ^{SmartPA} SAPHRIS (asenapine) ^{SmartPA} SEROQUEL (quetiapine) ^{SmartPA} SEROQUEL XR (quetiapine) ^{SmartPA} thioridazine thiothixene trifluoperazine ziprasidone ^{SmartPA}	quetiapine ^{SmartPA} RISPERDAL (risperidone) ^{SmartPA} SYMBYAX (olanzapine/fluoxetine) ^{SmartPA} VERSACLOZ (clozapine) ^{NR} ZYPREXA (olanzapine) ^{SmartPA}	<ul style="list-style-type: none"> ○ Lurasidone – 18 years ○ Olanzapine – 13 years ○ Olanzapine/Fluoxetine – 10 years ○ Paliperidone – 18 years ○ Quetiapine IR – 10 years ○ Quetiapine SR – 10 years ○ Risperidone – 5 years ○ Ziprasidone – 18 years <p>Abilify Tablets (all strengths, ODT formulation excluded)</p> <p>New Starts:</p> <ul style="list-style-type: none"> ● 2.5mg, 5mg, 7.5mg, 10mg, and 15 mg dosages will require tablet splitting. Use ½ tablet of the higher strength. ● 1 tablet splitter per year ● Detailed Abilify Tablet Splitting; click here <p>Invega Tablets</p> <ul style="list-style-type: none"> ● 30 days of therapy with risperidone in the past 12 months OR ● 30 days of therapy with the same agent in the past 105 days <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> ● 30 days of therapy with 1 preferred atypical antipsychotic agent in the past 12 months OR ● 30 days of therapy with the same agent in the past 105 days
	INJECTABLE, ATYPICALS ^{SmartPA}		
		ABILIFY (aripiprazole) GEODON (ziprasidone) INVEGA SUSTENNA (paliperidone palmitate) RISPERDAL CONSTA (risperidone)	Effective 11-1-2012, injectable antipsychotics are closed to POS except for Long Term Care beneficiaries.

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		ZYPREXA (olanzapine) ZYPREXA RELPREVV (olanzapine)	SmartPA Criteria for Long Term Care Long Acting Injectable Agents: <ul style="list-style-type: none"> •Minimum Age requirement AND •Documented diagnosis (based on labeled indications) found in the past 2 years medical claims AND •Non-Compliant with the oral form of the injection OR •History of claims for the same injectable agent in the past 90 days. <ul style="list-style-type: none"> ○ History defined as: <ul style="list-style-type: none"> ○ 3 claims - Abilify Maintena, Invega Sustenna, Zyprexa Relprevv ○ 6 claims - Risperdal Consta
ANTIVIRALS (Oral) – ANTIHERPETIC AGENTS			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) SITAVIG (acyclovir)^{NR} 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)	

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ATOPIC DERMATITIS	SmartPA		
	ELIDEL (pimecrolimus)	PROTOPIC (tacrolimus)	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> ● Minimum age requirements <ul style="list-style-type: none"> ○ Elidel – 2 years ○ Protopic 0.03% - 2 years ○ Protopic 0.1% - 6 years <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> ● One claim for a different preferred agent in the past 6 months OR ● 90 days of completed therapy with the same agent in the past 105 day
BETA BLOCKERS	SmartPA		
	acebutolol atenolol bisoprolol BYSTOLIC (nebivolol) Step Edit metoprolol metoprolol XL pindolol propranolol sotalol timolol TOPROL XL (metoprolol)	BETAPACE (sotalol) betaxolol CORGARD (nadolol) HEMANSEOL (propranolol)^{NR} INDERAL LA (propranolol) INNOPRAN XL (propranolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) nadolol SECTRAL (acebutolol) TENORMIN (atenolol) ZEBETA (bisoprolol)	<p>SmartPA Criteria:</p> <p>Bystolic</p> <ul style="list-style-type: none"> ● 90 days completed therapy with the same agent in the past 105 days OR ● 30 days of therapy with 1 different preferred agent in the past 6 months <p>Non Preferred Agents</p> <ul style="list-style-type: none"> ● 30 days of therapy with 2 different preferred <i>Beta Blocker, Beta and Alpha Blocker or Beta Blocker Combo</i> agents in the past 6 months OR ● 90 days completed therapy with the same agent in the past 105 days

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BETA- AND ALPHA-BLOCKERS			
	carvedilol labetalol	COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	<p>Coreg CR</p> <ul style="list-style-type: none"> Documented diagnosis found in the past 2 years medical claims for hypertension AND 30 days of therapy with carvedilol AND a different preferred <u>Beta Blocker, Beta and Alpha Blocker or Beta Blocker Combo</u> agent in the past 6 months OR 90 days completed therapy with the 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)	<p>Non Preferred Agents</p> <ul style="list-style-type: none"> 30 days of therapy with 2 different preferred <u>Beta Blocker, Beta and Alpha Blocker or Beta Blocker Combo</u> agents in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days
BILE SALTS			
	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) URSO (ursodiol) URSO FORTE (ursodiol)	
BLADDER RELAXANT PREPARATIONS <small>SmartPA</small>			
	oxybutynin ER, IR OXYTROL (oxybutynin) TOVIAZ (fesoterodine fumarate) VESICARE (solifenacin)	DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN XL (oxybutynin) ENABLEX (darifenacin) GELNIQUE (oxybutynin) MYRBETRIQ (mirabegron) SANCTURA (trospium) SANCTURA XR (trospium)	<p>Smart PA Criteria:</p> <ul style="list-style-type: none"> 30 days of therapy with 2 different preferred agents in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days

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		tolterodine tolterodine ER trospium	
BONE RESORPTION SUPPRESSION AND RELATED AGENTS <small>SmartPA</small>			
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	SmartPA Criteria: <ul style="list-style-type: none"> Documented diagnosis found in the past 2 years medical claims for osteoporosis or osteopenia AND One claim for 2 different preferred agents in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days
OTHERS			
	FORTICAL (calcitonin)	calcitonin salmon EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) raloxifene	
BPH AGENTS <small>SmartPA</small>			
ALPHA BLOCKERS			
	alfuzosin doxazosin tamsulosin terazosin	CARDURA (doxazosin) CARDURA XL (doxazosin) FLOMAX (tamsulosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) UROXATRAL (alfuzosin)	SmartPA Criteria: <ul style="list-style-type: none"> Male patient AND 30 days of therapy with 2 different preferred agent in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days Female Patient AND <ul style="list-style-type: none"> Alfuzosin, doxazosin IR, finasteride,

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			tamsulosin, and terazosin AND <ul style="list-style-type: none"> ▪ Documented diagnosis found in the past 2 years medical claims based on a state accepted diagnosis
	5-ALPHA-REDUCTASE (5AR) INHIBITORS		
	AVODART (dutasteride) finasteride	PROSCAR (finasteride)	
	PDE5 INHIBITORS		
		CIALIS (tadalafil)	Cialis: (Requires a Manual PA) <ul style="list-style-type: none"> • Limited to Male Patients AND • Documented diagnosis found in the past 2 years medical claims for Benign Prostatic Hypertrophy AND • NO documented diagnosis of Erectile Dysfunction found in the past 2 years medical claims AND • Prescriber signed waiver stating treatment is NOT for Erectile Dysfunction AND • 30 days therapy with 2 different preferred agents in the past 6 months
BRONCHODILATORS & COPD AGENTS			
	ANTICHOLINERGICS & COPD AGENTS		
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA (tiotropium)	DALIRESP (roflumilast) TUDORZA PRESSAIR (aclidinium)	
	ANTICHOLINERGIC-BETA AGONIST COMBINATIONS		
	albuterol/ipratropium COMBIVENT RESPIMAT (albuterol/ipratropium)	ANORO ELLIPTA (umeclidinium/vilanterol)	

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BRONCHODILATORS, BETA AGONIST			
	INHALERS, SHORT-ACTING		
	PROAIR HFA (albuterol) PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol)	XOPENEX HFA (levalbuterol) <small>SmartPA</small>	<p>SmartPA Criteria: Xopenex HFA</p> <ul style="list-style-type: none"> • Age requirements – 4 years AND • One claim for a short acting albuterol inhaler in the past 30 days <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> ○ One claim for a short acting albuterol inhaler in the past 6 months
	INHALERS, LONG ACTING <small>SmartPA</small>		
	FORADIL (formoterol)	ARCAPTA (indacaterol) SEREVENT (salmeterol)	<p>SmartPA Criteria: Arcapta</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for COPD AND • Age requirements – 18 years AND • 30 days of therapy with a preferred long acting agent in the past 6 months OR 90 days completed therapy <p>Foradil</p> <ul style="list-style-type: none"> • Age requirements – 5 years <p>Serevent</p> <ul style="list-style-type: none"> • Age requirements – 4 years AND • 30 days of therapy with a preferred long acting agent in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days

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SmartPA			
INHALATION SOLUTION			
	albuterol	ACCUNEB (albuterol) BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	<p>SmartPA Criteria: Brovana or Perforomist</p> <ul style="list-style-type: none"> • Age requirements – 18 years AND • One claim for 1 different preferred Inhalation Solution in the past 6 months OR • 3 claims for the same agent in the past 105 days <p>Xopenex Inhalation Solution</p> <ul style="list-style-type: none"> • Age requirements – 6 years AND • One claim for an albuterol solution in the past 30 days <p>Non Preferred Agents</p> <ul style="list-style-type: none"> • One claim for 1 different preferred Inhalation Solution in the past 6 months OR • 3 claims for the same agent in the past 105 days
ORAL			
	albuterol metaproterenol terbutaline	VOSPIRE ER (albuterol)	
SmartPA			
CALCIUM CHANNEL BLOCKERS			
SHORT-ACTING			
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine PROCARDIA (nifedipine)	<p>SmartPA Criteria: nimodipine</p> <ul style="list-style-type: none"> ○ documented diagnosis found in the past 45 days for subarachnoid hemorrhage AND ○ quantity ≤ to 21 days maximum therapy (252 capsules/2520mL)

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			<ul style="list-style-type: none"> • Short Acting CCB <ul style="list-style-type: none"> ○ 30 days of therapy with 2 different preferred <i>Short Acting CCB</i> agents in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days
LONG-ACTING			
	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)	<ul style="list-style-type: none"> • Long Acting CCB <ul style="list-style-type: none"> ○ 30 days of therapy with 2 different preferred <i>Long Acting CCB</i> agents in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days
CALORIC AGENTS			
	BOOST (includes all Boost) BRIGHT BEGINNINGS CARNATION INSTANT BREAKFAST DUOCAL ENSURE JUVEN GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE	COMPLEAT EO28 SPLASH FIBERSOURCE ISOSOURCE JEVITY KINDERCAL PEPTAMEN PROMOTE SIMPLY THICK TOLEREX	

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	POLYCOSE PROMOD RESOURCE SCANDISHAKE TWOAL HN	VITAL VIVONEX		
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)				
BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS				
	amoxicillin/clavulanate AUGMENTIN 125 and 250 (amoxicillin/clavulanate) Suspension AUGMENTIN XR (amoxicillin/clavulanate)	amoxicillin/clavulanate XR AUGMENTIN (amoxicillin/clavulanate) Tablets MOXATAG (amoxicillin)		
CEPHALOSPORINS – First Generation SmartPA				
	cefadroxil cephalexin	KEFLEX (cephalexin)	<p>SmartPA Criteria: Cephalosporins (all generations)</p> <ul style="list-style-type: none"> • One claim for 2 different preferred agents in the past 6 months 	
CEPHALOSPORINS – Second Generation SmartPA				
	cefaclor capsules cefprozil cefuroxime tablets	cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)		
CEPHALOSPORINS – Third Generation SmartPA				
	cefdinir suspension (for patients <18 yr only) cefdinir capsules SUPRAX (cefixime)	CEDAX (ceftibuten) cefditoren cefpodoxime ceftibuten SPECTRACEF (cefditoren)	<p>Cefdinir suspension</p> <ul style="list-style-type: none"> • Maximum age requirement – 18 years OR <ul style="list-style-type: none"> ○ One claim for 2 different preferred agents in the past 6 months 	

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CYSTIC FIBROSIS AGENTS			
	BETHKIS (tobramycin)	CAYSTON (aztreonam) COLY-MYCIN M (colistimethate sodium) KALYDECO (ivacaftor) PULMOZYME (dornase alfa) TOBI (tobramycin) TOBI PODHALER (tobramycin) tobramycin	<p>SmartPA Criteria</p> <ul style="list-style-type: none"> Documented diagnosis found in the past 2 years medical claims Cystic Fibrosis <p>Cayston, Coly-Mycin, and Pulmozyme:</p> <ul style="list-style-type: none"> One claim in the past 105 days <p>Kalydeco:</p> <ul style="list-style-type: none"> Documented diagnosis found in the past 2 years medical claims Cystic Fibrosis AND One claim for Kalydeco in the past 105 days <p>Tobramycin Nebulizer Solution:</p> <ul style="list-style-type: none"> Must use the preferred agent - Bethkis <p>Manual PA:</p> <ul style="list-style-type: none"> Kalydeco – new starts after 7.1.2013 TOBI Podhaler
COLONY STIMULATING FACTORS			
	LEUKINE (sargramostim) NEUPOGEN Vial (filgrastim)	GRANIX (tbo-filgrastim) NEULASTA (pegfilgrastim) NEUPOGEN Syringe (filgrastim)	<p>SmartPA Criteria:</p> <p>Neulasta</p> <ul style="list-style-type: none"> One claim in the past 105 days <p>Manual PA:</p> <p>Neupogen Syringes</p> <p>Valid reason why the preferred vial cannot be used.</p>

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CYTOKINE & CAM ANTAGONISTS			
	ENBREL (etanercept) HUMIRA (adalimumab) methotrexate SIMPONI (golimumab)	ACTEMRA (tocilizumab)^{NR} CIMZIA (certolizumab) ILARIS (canakinumab) KINERET (anakinra) ORENCIA (abatacept) OTEZLA (apremilast) ^{NR} OTREXUP (methotrexate) REMICADE (infliximab) RHEUMATREX (methotrexate) STELARA (ustekinumab) TREXALL (methotrexate) XELJANZ (tofacitinib)	Amevive, 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			
	ARANESP (darbepoetin) EPOGEN (rHuEPO) PROCRIT (rHuEPO)		<p>SmartPA Criteria: Omontys</p> <ul style="list-style-type: none"> • Minimum age requirement – 18 years AND • Documented diagnosis found in the past 2 years medical claims for chronic renal failure AND • Documented procedure code found in the past 180 days medical claims for dialysis <p>Non Preferred Agents</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for cancer or chronic renal failure <u>OR</u> Antineoplastic therapy in the past 6 months AND Procrit history in the past 6 months claims

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FIBROMYALGIA AGENTS			
	LYRICA (pregabalin) SAVELLA (milnacipran)	CYMBALTA (duloxetine) ^{SmartPA+} duloxetine	<p>SmartPA Criteria Cymbalta</p> <ul style="list-style-type: none"> • Documented diagnosis of <u>fibromyalgia</u> found in past 2 years medical claims AND <ul style="list-style-type: none"> ○ 30 days of therapy with BOTH Lyrica and Savella in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days • Documented diagnosis of <u>depression</u> found in past 2 years medical claims AND <ul style="list-style-type: none"> ○ 30 days of therapy with 2 different preferred <u>antidepressants, other</u> products in the past 6 months OR ○ 30 days of therapy with BOTH preferred SSRI and antidepressant other in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days • Documented diagnosis of <u>anxiety</u> found in past 2 years medical claims AND <ul style="list-style-type: none"> ○ 30 days of therapy with 2 of the following: sertraline , paroxetine IR, or any venlafaxine agent in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days • Documented diagnosis of <u>Diabetic Peripheral Neuropathy</u> found in past 2 years medical claims AND <ul style="list-style-type: none"> ○ 30 days of therapy with Lyrica in the

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			past 6 months OR <ul style="list-style-type: none"> o 90 days completed therapy with the same agent in the past 105 days
FLUOROQUINOLONES (Oral) <small>SmartPA</small>			
	AVELOX (moxifloxacin) ciprofloxacin tablets	ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin moxifloxacin NOROXIN (norfloxacin) ofloxacin	SmartPA Criteria: Non Preferred Oral Tablets <ul style="list-style-type: none"> • One claim for 1 preferred agent in the past 30 days • Ciprofloxacin suspension <ul style="list-style-type: none"> o Age < 12 years AND <ul style="list-style-type: none"> ▪ Documented diagnosis found in the past 3 months medical claims for anthrax infection or exposure OR ▪ Documented diagnosis found in the past 2 years for cystic fibrosis OR ▪ Documented diagnosis found in the past 3 months claims for pneumonic plague or tularemia AND history of doxycycline found in claims in the past 3 months OR ▪ 7 days of therapy with a preferred agent from 2 of the preferred classes below in the past 3 months <ul style="list-style-type: none"> • Penicillin, 2nd or 3rd generation cephalosporin, or macrolide OR <ul style="list-style-type: none"> o Age >12 years AND o One claim for 1 preferred agent in the past 30 days Levaquin Tablets

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			<ul style="list-style-type: none"> • One claim for ciprofloxacin, moxifloxacin, or SMX/TMP in the past 14 days OR • One claim for 1 preferred agent in the past 30 days • Levofloxacin solution <ul style="list-style-type: none"> ○ Age < 12 years AND <ul style="list-style-type: none"> ▪ Documented diagnosis found in the past 3 months medical claims for anthrax infection or exposure OR ▪ 7 days of therapy with a preferred agent from 2 of the preferred classes below in the past 3 months <ul style="list-style-type: none"> • Penicillin, 2nd or 3rd generation cephalosporin, or macrolide AND • Ciprofloxacin suspension in the past 3 months claims OR ○ Age >12 years AND ○ One claim for ciprofloxacin, moxifloxacin, or SMX/TMP in the past 14 days OR ○ One claim for 1 preferred agent in the past 30 days
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}	<ul style="list-style-type: none"> • Minimum age requirements apply to all drug formulations below <ul style="list-style-type: none"> ○ imiquimod – 12 years ○ ingenol – 18 years ○ podofilox – 18 years ○ sinecatechins – 18 years

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GLUCOCORTICOIDS (Inhaled) ^{SmartPA}	GLUCOCORTICOIDS ^{SmartPA}		<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Pulmicort Flexhaler <ul style="list-style-type: none"> ○ Minimum age requirement - 6 years <p>Non Preferred Agents</p> <ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred agents in the past 6 months <p>OR</p> <ul style="list-style-type: none"> 90 days completed therapy with the same agent in the past 105 days <p>NOTE: Institutional sized products are Non Preferred</p>
	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ASMANEX (mometasone) FLOVENT Diskus (fluticasone) FLOVENT HFA (fluticasone) QVAR (beclomethasone) PULMICORT (budesonide) Flexhaler PULMICORT (budesonide) Respules, 0.25mg & 0.5mg	budesonide PULMICORT (budesonide) Respules, 1mg	
	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 ranitidine syrup ranitidine tablet	AXID (nizatidine) famotidine suspension nizatidine PEPCID (famotidine) ranitidine capsule ZANTAC (ranitidine)	
	PROTON PUMP INHIBITORS		
	ACIPHEX Tablet (rabeprazole) lansoprazole Rx	ACIPHEX SPRINKLE (rabeprazole) DEXILANT (dexlansoprazole)	

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	omeprazole Rx pantoprazole PROTONIX PACKET (pantoprazole)	NEXIUM (esomeprazole) omeprazole sod. bicarb. 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		
	GENOTROPIN (somatropin) NORDITROPIN (somatropin) NUTROPIN AQ (somatropin)	HUMATROPE (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin)	SmartPA Criteria: Age >18 <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for craniopharyngioma, Prader-Willi Syndrome, or Turner Syndrome OR • Documented procedure found in the past 2 years medical claims for cranial irradiation Non Preferred Agents <ul style="list-style-type: none"> • 28 days of therapy with 1 preferred agent in the past 6 months OR • 84 days of completed therapy with the same agent in the past 105 days
H. PYLORI COMBINATION TREATMENTS			
	HELIDAC (bismuth subsalicylate, metronidazole, tetracycline) PREVPAC (lansoprazole, amoxicillin,	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline) OMECLAMOX (omeprazole, clarithromycin,	Limited to 1 treatment course per year

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	clarithromycin)	amoxicillin)	
HEPATITIS C TREATMENTS <i>SmartPA</i>			
	INCIVEK (telaprevir) PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) RIBAPAK DOSEPACK (ribavirin) SOVALDI (sofosbuvir) VICTRELIS (boceprevir)	INFERGEN (interferon alfacon-1) OLYSIO (simeprevir) ribavirin REBETOL (ribavirin) RIBASPHERE (ribavirin)	Incivek, Olysio, Sovaldi & Victrelis require manual PA SmartPA Criteria: Non Preferred Interferon Agents •One claim for a preferred peginterferon agent in the past 6 months OR •One claim with the same agent in the past 12 months
HYPERURICEMIA & GOUT <i>SmartPA</i>			
	allopurinol COLCRYS (colchicine) probenecid probenecid/colchicine	ULORIC (febuxostat) ZYLOPRIM (allopurinol)	SmartPA Criteria: •30 days of therapy with 2 different preferred agents in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS			
	BYETTA (exenatide) JANUMET (sitagliptin/metformin) JANUVIA (sitagliptin) KOMBIGLYZE XR (saxagliptin/metformin) ONGLYZA (saxagliptin)	BYDUREON (exenatide) JANUMET XR (sitagliptin/metformin) JENTADUETO (linagliptin/metformin) KAZANO (alogliptin/metformin) NESINA (alogliptin) OSENI (alogliptin/pioglitazone) SYMLIN (pramlintide) TANZEUM (albiglutide) ^{NR} TRADJENTA (linagliptin) VICTOZA (liraglutide)	Tradjenta SmartPA Criteria: •90 days completed therapy with the same agent in the past 105 days

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HYPOGLYCEMICS, INSULINS AND RELATED AGENTS <small>SmartPA</small>			
	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)	APIDRA (insulin glulisine) HUMALOG KWIKPEN (insulin lispro) HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine) HUMULIN KWIKPEN (insulin) NOVOLIN FLEXPEN (insulin)	SmartPA Criteria: <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for Diabetes Mellitus AND • 30 days of therapy with 1 preferred product in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days
HYPOGLYCEMICS, MEGLITINIDES			
	PRANDIN (repaglinide)	nateglinide PRANDIMET (repaglinide/metformin) repaglinide STARLIX (nateglinide)	
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS			
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS			
		FARXIGA (dapagliflozin) INVOKANA (canagliflozin)	
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS			
		XIGDUO (dapagliflozin/metformin) ^{NR}	
HYPOGLYCEMICS, TZDS			
THIAZOLIDINEDIONES			
	pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	

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	TZD COMBINATIONS		
	ACTOPLUS MET (pioglitazone/metformin) DUETACT (pioglitazone/glimepiride) pioglitazone/metformin	ACTOPLUSMET XR (pioglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) AVANDAMET (rosiglitazone/metformin)	
IMMUNOSUPPRESSIVE (ORAL) <small>SmartPA</small>			
	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}	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Azasan <ul style="list-style-type: none"> ○ Documented diagnosis found in the past 2 years medical claims for kidney transplant, RA or a state accepted diagnosis • Cyclosporine & Cyclosporine, modified <ul style="list-style-type: none"> ○ Documented diagnosis found in the past 2 years medical claims for 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 • Everolimus <ul style="list-style-type: none"> ○ Minimum age requirement – 18 years AND ○ Documented diagnosis found in the past 2 years medical claims for kidney transplant • Myfortic (mycophenolate sodium) <ul style="list-style-type: none"> ○ Documented diagnosis found in the past 2 years medical claims for kidney transplant or psoriasis • Sirolimus

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			<ul style="list-style-type: none"> Minimum age requirement – 13 years AND Documented diagnosis found in the past 2 years medical claims for kidney transplant Tacrolimus & CellCept <ul style="list-style-type: none"> Documented diagnosis found in the past 2 years medical claims for heart transplant, kidney transplant, liver transplant or a state accepted diagnosis
INTRANASAL RHINITIS AGENTS			
	ANTICHOLINERGICS		
	ipratropium	ATROVENT (ipratropium)	
	ANTIHISTAMINES		
	ASTELIN (azelastine) PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine	
	ANTIHISTAMINE/CORTICOSTEROID COMBINATION <small>SmartPA</small>		
		DYMISTA (azelastine/fluticasone)	
	CORTICOSTEROIDS <small>SmartPA</small>		
	fluticasone NASAREL (flunisolide) NASONEX (mometasone) QNASL (beclomethasone)	BECONASE AQ (beclomethasone) budesonide FLONASE (fluticasone) flunisolide OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide) triamcinolone VERAMYST (fluticasone) ZETONNA (ciclesonide)	SmartPA Criteria: <ul style="list-style-type: none"> Documented diagnosis found in the past 2 years medical claims for allergic rhinitis AND One claim for 2 different preferred agents in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days

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IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS			
IRRITABLE BOWL SYNDROME/SHORT BOWEL SYNDROME AGENTS			
	dicyclomine hyoscyamine	AMITIZA (lubiprostone) BENTYL (dicyclomine) GATTEX (teduglutide) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LINZESS (linaclotide) LOTRONEX (alosetron) NUTRESTORE POWDER PACK (glutamine) ZORBTIVE (somatropin)	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Amitiza, Linzess, Lotronex, or Zorbtive users will be grandfathered <ul style="list-style-type: none"> ○ 1 claim with the same agent in the past 105 days • Other Non Preferred Agents – require Manual PA
SELECTED GI AGENTS			
		FULYZAQ (cofelemer)	
LEUKOTRIENE MODIFIERS SmartPA			
	ACCOLATE (zafirlukast) SINGULAIR (montelukast)	montelukast ZYFLO CR (zileuton) zafirlukast	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Zyflo or Zyflo CR <ul style="list-style-type: none"> ○ Minimum age requirement - 12 years <p>Non Preferred Agents</p> <ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
LIPOTROPICS, OTHER (Non-statins) SmartPA			
BILE ACID SEQUESTRANTS			
	cholestyramine colestipol	COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)	<p>SmartPA Criteria Criteria for all drugs:</p> <ul style="list-style-type: none"> • 90 days completed therapy with the same agent in the past 105 days OR • 30 days completed therapy with a statin

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			<p>or statin combination agent in the past 1 year OR</p> <ul style="list-style-type: none"> • One of the following exceptions: <ul style="list-style-type: none"> ○ A female patient with a documented diagnosis of pregnancy found in medical claims in the past 280 days OR ○ Documented diagnosis found in the past 2 years medical claims for liver disease OR ○ Documented diagnosis found in the past 2 years medical claims for hypertriglyceridemia OR ○ Clinical justification provided for the reason the patient is unable to take a statin or statin combination product <p>AND</p> <p>Welchol</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for diabetes AND • 30 days of therapy with a preferred oral antidiabetic agent in the past 180 days <p>OR</p> <ul style="list-style-type: none"> • 30 days therapy with 2 different preferred bile acid sequestrants OR • A female patient with a documented diagnosis of pregnancy in the past 280 days
OMEGA-3 FATTY ACIDS			
	LOVAZA (omega-3-acid ethyl esters)	VASCEPA (icosapent ethyl)	<p>Non Preferred Agents</p> <p>30 days of therapy with 2 different preferred non-statin lipotropics in the past 6 months</p>

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CHOLESTEROL ABSORPTION INHIBITORS			
		ZETIA (ezetimibe)	
FIBRIC ACID DERIVATIVES			
	gemfibrozil TRICOR (fenofibrate nanocrystallized) TRILIPIX (fenofibric acid)	ANTARA (fenofibrate, micronized) fenofibrate, micronized fenofibrate nanocrystallized 145mg fenofibric acid FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate)	Fibric Acid Derivative 30 days of therapy with 2 different fibric acid derivatives in the past 6 months
MTP INHIBITOR			
		JUXTAPID (lomitapide)	
APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR			
		KYNAMRO (mipomersen)	
NIACIN			
	NIACOR (niacin) NIASPAN (niacin)		
LIPOTROPICS, STATINS <small>SmartPA</small>			
STATINS			
	atorvastatin CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin) lovastatin pravastatin simvastatin	ALTOPREV (lovastatin) LIPITOR (atorvastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin)	SmartPA Criteria: • 30 days of therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days Simvastatin 80mg:

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			<ul style="list-style-type: none"> • 12 months of therapy with simvastatin 80mg in the past 18 months AND • NO documented myopathies found in medical claims in the past 12 months
STATIN COMBINATIONS			
	atorvastatin/amlodipine SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)	ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine) LIPTRUZET (atorvastatin/ezetimibe)	Manual Criteria: Prior to consideration of a non-preferred statin combination, the patient must first have an unsuccessful trial with the preferred statin combination plus an unsuccessful trial with a preferred statin and calcium channel blocker (single agents) used together.
MACROLIDES/KETOLIDES (Oral)			
KETOLIDES			
		KETEK (telithromycin)	
MACROLIDES			
	Azithromycin clarithromycin ER clarithromycin IR E.E.S. Suspension (erythromycin ethylsuccinate) ERYPED Suspension (erythromycin ethylsuccinate) erythromycin	BIAXIN (clarithromycin) BIAXIN XL (clarithromycin) E.E.S. (erythromycin ethylsuccinate) E-MYCIN (erythromycin) ERYC (erythromycin) ERY-TAB (erythromycin) ERYTHROCIN (erythromycin stearate) erythromycin estolate PCE (erythromycin) ZITHROMAX (azithromycin) ZMAX (azithromycin)	

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MISCELLANEOUS BRAND/GENERIC			
CLONIDINE			
	CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)	
EPINEPHRINE			
	EPIPEN (epinephrine) EPIPEN JR (epinephrine)	ADRENALICK (epinephrine) AUVI-Q (epinephrine)	
MISCELLANEOUS			
	alprazolam hydroxyzine hcl syrup hydroxyzine pamoate megestrol suspension 625mg/5mL SUBOXONE (buprenorphine/naloxone) ^{SmartPA}	alprazolam ER ^{SmartPA} GRASTEK^{NR} hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) RAGWITEK^{NR} VISTARIL (hydroxyzine pamoate) ZUBSOLV (buprenorphine/naloxone)	Suboxone References can be found at: http://www.medicaid.ms.gov/wp-content/uploads/2014/04/BuprenorphineNaloxoneCoverageSummaryPharmacists.pdf SmartPA Criteria • Alprazolam ER: Applicable CUMULATIVE <u>quantity limit</u> in 31 rolling days <ul style="list-style-type: none"> ▪ 31 tablets ▪ <i>Exception: previous beneficiaries with a paid claim for 2 tablets per day in the past 90 days are allowed to remain on cumulative of 62 tablets.</i>
SUBLINGUAL NITROGLYCERIN			
	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)	

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
MULTIPLE SCLEROSIS AGENTS <small>SmartPA</small>	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) GILENYA (fingolimod) TECFIDERA (dimethyl fumarate)	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for multiple sclerosis AND <p>Non Preferred Agents:</p> <ul style="list-style-type: none"> • One claim for 2 different preferred agents in the past 6 months OR • 3 claims with the same agent in the past 105 days <p>*Ampyra – Requires Manual PA:</p> <ol style="list-style-type: none"> 1. For patients that have a gait disorder associated with MS; <i>and</i> 2. Initial authorizations will be approved for 12 weeks with a baseline Timed 25-foot Walk (T25FW) assessment; <i>and</i> 3. Additional prior authorizations will be considered at 6 month intervals after assessing the benefit to the patient as measured by a 20% improvement in the T25FW from baseline. Renewal will not be approved if the 20% improvement is not maintained; <i>and</i> 4. Prior authorizations will not be considered for patients with a seizure diagnosis or in patients will moderate to severe renal impairment. 5. Max dose of 20 mg daily; and #60 units in 30 days; approved for ages 18 and above

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NSAIDS			
	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 piroxicam PONSTEL (mefenamic acid) SPRIX NASAL SPRAY (ketorolac) tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac) ZORVOLEX (diclofenac)	SmartPA Criteria: <ul style="list-style-type: none"> • Non-Selective agents: 30 days therapy with 2 different preferred agents in the past 6 months

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	NSAID/GI PROTECTANT COMBINATIONS		
		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	
	COX II SELECTIVE SmartPA		
	meloxicam	CELEBREX (celecoxib) MOBIC (meloxicam)	<p>SmartPA Criteria</p> <ul style="list-style-type: none"> • COX II Selective Agents: <ul style="list-style-type: none"> ○ Documented diagnosis found in the past 2 years medical claims for Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or Ankylosing Spondylitis AND <ul style="list-style-type: none"> ▪ 30 days of therapy with 1 preferred COX-II Selective agent OR ▪ 90 days completed therapy with the same agent in the past 105 days OR ▪ 30 days of therapy with 1 preferred COX-II Selective agent AND ▪ 30 days of therapy with 1 preferred Non-Selective Agent OR ▪ 30 days of therapy with 1 preferred COX-II Selective agent AND ▪ Documented diagnosis found in the past 2 years medical claims for 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) flurbiprofen FML SOP (fluorometholone)	ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac DUREZOL (difluprednate)	SmartPA Criteria: • One claim for 2 different preferred agents in the past 6 months

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	ILEVRO (nepafenac) MAXIDEX (dexamethasone) NEVANAC (nepafenac) prednisolone acetate prednisolone NA phosphate VEXOL (rimexolone)	FML FORTE (fluorometholone) LOTEMAX (loteprednol) OCUFEN (flurbiprofen) PROLENSA (bromfenac) PRED MILD (prednisolone) PRED FORTE (prednisolone) VOLTAREN (diclofenac)	
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS <small>SmartPA</small>			
	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 LASTACRAFT (alcaftadine)	SmartPA Criteria: <ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred agents in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days
OPHTHALMICS, GLAUCOMA AGENTS <small>SmartPA</small>			
BETA BLOCKERS			
	betaxolol BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol solution	BETAGAN (levobunolol) BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel TIMOPTIC (timolol)	SmartPA Criteria: <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for glaucoma AND • 30 days of therapy with 2 different preferred agents in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days

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	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) neomycin/polymyxin/hydrocortisone ofloxacin	CIPRO HC (ciprofloxacin/hydrocortisone) ciprofloxacin COLY-MYCIN S (colistin/neomycin/ hydrocortisone) CORTISPORIN-TC (colistin/neomycin/ hydrocortisone) DERMOTIC (fluocinolone)	<ul style="list-style-type: none"> • Maximum age requirements <ul style="list-style-type: none"> ○ Cipro HC –8 years ○ Ciprodex – 14 years
PANCREATIC ENZYMES SmartPA			
	CREON (pancreatin) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) PANCRELIPASE PERTZYE ULTRESA VIOKACE	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
PARATHYROID AGENTS			
	calcitriol ergocalciferol ZEMPLAR (paricalcitol)	doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) paricalcitol ROCALTROL (calcitriol) SENSIPAR (cinacalcet)	
PHOSPHATE BINDERS			
	ELIPHOS (calcium acetate) RENAGEL (sevelamer HCl)	calcium acetate FOSRENOL (lanthanum) PHOSLYRA (calcium acetate) PHOSLO (calcium acetate) RENVELA (sevelamer carbonate) sevelamer carbonate VELPHORO (sucroferric oxyhydrone)	

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PLATELET AGGREGATION INHIBITORS <small>SmartPA</small>			
	AGGRENEX (dipyridamole/aspirin) cilostazol clopidogrel dipyridamole	BRILINTA (ticagrelor) EFFIENT (prasugrel) PERSANTINE (dipyridamole) PLAVIX (clopidogrel) PLETAL (cilostazol) ticlopidine ZONTIVITY (vorapaxar)^{NR}	<p>SmartPA Criteria:</p> <p>Brilinta</p> <ul style="list-style-type: none"> Documented diagnosis found in the past 2 years medical claims for Acute Coronary Syndrome or Percutaneous Coronary Intervention OR 30 days of therapy with Brilinta in the past 60 days <p>Effient</p> <ul style="list-style-type: none"> Documented diagnosis found in the past 2 years medical claims for Acute Coronary Syndrome or Percutaneous Coronary Intervention <p>Pletal</p> <ul style="list-style-type: none"> Documented diagnosis found in the past 2 years medical claims for an approvable indication OR 90 days completed therapy with the same agent in the past 105 days <p>Non Preferred Agents</p> <ul style="list-style-type: none"> Documented diagnosis found in the past 2 years medical claims for an approvable indication AND 30 days of therapy with 2 different preferred agents in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days
PRENATAL VITAMINS			
	CONCEPT DHA Capsule FE C PLUS Tablet	B-NEXA Tablet CAVAN-EC SOD DHA VITAMINS	Products not listed here are assumed to be non-preferred.

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	PAIRE OB PLUS DHA COMBO PACK PRENATAL PLUS Tablet PREQUE 10 TABLET SE-NATAL CHEWABLE Tablet TARON-C DHA Capsule TRICARE PRENATAL Tablet VOL-PLUS Tablet	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 PR NATAL 400 COMBO PACK 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	

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		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 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)	SmartPA Criteria <ul style="list-style-type: none"> ● 90 days completed therapy with the same agent in the past 105 days OR ● Documented diagnosis found in the past 2 years medical claims for Pseudobulbar Affect, Multiple Sclerosis, or Amyotrophic Lateral Sclerosis
PULMONARY ANTIHYPERTENSIVES – ENDOTHELIN RECEPTOR ANTAGONISTS			
	LETAIRIS (ambrisentan) TRACLEER (bosentan)	OPSUMIT (macitentan)	SmartPA Criteria: <ul style="list-style-type: none"> ● Documented diagnosis found in the

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			past 2 years medical claims for pulmonary hypertension
PULMONARY ANTIHYPERTENSIVES – PDE5s <small>SmartPA</small>			
	ADCIRCA (tadalafil) sildenafil	REVATIO (sildenafil)	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for pulmonary hypertension <p>Revatio</p> <ul style="list-style-type: none"> • Age <1 year AND <ul style="list-style-type: none"> ○ Documented diagnosis found in the past 1 year medical claims for Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation <p>OR</p> <ul style="list-style-type: none"> • Age > 18 years AND <ul style="list-style-type: none"> ○ 30 days of therapy with 1 preferred PAH agent in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days <p>Sildenafil</p> <ul style="list-style-type: none"> • Minimum age requirement of 12 years AND • Documented diagnosis found in the past 2 years medical claims for Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation OR • Documented diagnosis found in the past 2 years medical claims for Heart Transplant

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PULMONARY ANTIHYPERTENSIVES – PROSTACYCLINS			
		TYVASO (treprostinil) ORENITRAM ER (treprostinil)^{NR} VENTAVIS (iloprost)	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> Documented diagnosis found in the past 2 years medical claims for pulmonary hypertension <p>Non Preferred Agents</p> <ul style="list-style-type: none"> 30 days of therapy with 1 preferred PAH agent in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days
PULMONARY ANTIHYPERTENSIVES – SOLUABLE GUANYLATE CYCLASE STIMULATORS			
		ADEMPAS (riociguat)	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> Documented diagnosis found in the past 2 years medical claims for pulmonary hypertension <p>Non Preferred Agents</p> <ul style="list-style-type: none"> 30 days of therapy with 1 preferred PAH agent in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days <p>Manual PA</p> <ul style="list-style-type: none"> Adempas will be approved for patients that meet the criteria for WHO Group 4 Pulmonary Arterial Hypertension.
SEDATIVE HYPNOTICS			
	BENZODIAZEPINES		
	estazolam flurazepam temazepam (15mg and 30mg)	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam)	Single source benzodiazepines and barbiturates are NOT covered; PAs will not be issued for these drugs.

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	triazolam	RESTORIL (temazepam) temazepam (7.5mg and 22.5mg)	Sedative/Hypnotics are limited to 31 cumulative units of all/any strengths per month. Any quantity required above these limits requires a PA.
OTHERS <i>SmartPA</i>			
	zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) EDLUAR (zolpidem) HETLIOZ (tasimelteon)^{NR} INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER ZOLPIMIST (zolpidem)	<p>SmartPA Criteria: Applicable CUMULATIVE <u>quantity limit</u> in 31 rolling days</p> <ul style="list-style-type: none"> • 31 tablets in 31 days • 1 Canister (Zolpimist) Female - 62 days Male - 31 days <p>Applicable dosage and gender limitations for zolpidem products:</p> <ul style="list-style-type: none"> • Female - zolpidem 5mg, 6.25mg, and 1.75 mg • Male - all zolpidem strengths <ul style="list-style-type: none"> • One claim for 2 different preferred agents in the past 6 months <p>Hetlioz</p> <ul style="list-style-type: none"> • Documented diagnosis found in medical claims in the past 2 years for circadian rhythm sleep disorder AND • Documented diagnosis found in medical claims in the past 2 years indicating total blindness of the patient
SELECT CONTRACEPTIVE PRODUCTS			
INJECTABLE CONTRACEPTIVES			
	medroxyprogesterone acetate IM	DEPO-PROVERA IM (medroxyprogesterone acetate)	Depo Provera Injection 90 days completed therapy with the

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		DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)	same agent in the past 105 days
ORAL CONTRACEPTIVES			
	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) TRI-LEGEST FE (norethindrone/ethinyl estradiol/fe) VESTURA (ethinyl estradiol/drospirenone) WYMZYA FE (norethindrone/ethinyl estradiol/fe)	SmartPA Criteria Oral Contraceptive Products <ul style="list-style-type: none"> • One claim in the past 105 days

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		ZARAH (ethinyl estradiol/drospirenone) ZENCHENT FE (norethindrone/ethinyl estradiol/fe) ZEOSA (norethindrone/ethinyl estradiol/fe)	
SKELETAL MUSCLE RELAXANTS <small>SmartPA</small>			
	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)	<p>SmartPA Criteria: Carisoprodol</p> <ul style="list-style-type: none"> • Documented diagnosis found in medical claims in the past 3 months for an acute musculoskeletal condition AND • NO history of meprobamate therapy in the past 90 days AND • One claim for cyclobenzaprine in the past 21 days OR a documented intolerance to cyclobenzaprine AND • Quantity limits of 84 tablets total in the past 6 months OR • One claim for 18 tablets of carisoprodol to taper off <p>Non Preferred Agents</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for an approvable indication AND • One claim for 2 different preferred agents in the past 6 months OR • Documented diagnosis found in the past 2 years medical claims for a chronic musculoskeletal disorder AND • 90 days completed therapy with the same agent in the past 105 days

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STEROIDS (Topical) <small>SmartPA</small>			
	LOW POTENCY		
	CAPEX (fluocinolone) DESOWEN (desonide) lotion desonide cr, oint. hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTH-FS (fluocinolone) DESONATE (desonide) desonide lotion DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	SmartPA Criteria: <ul style="list-style-type: none"> • Low Potency Agents <ul style="list-style-type: none"> ○ One claim for 2 different preferred low potency agents in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days
	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)	SmartPA Criteria: <ul style="list-style-type: none"> • Medium Potency Agents <ul style="list-style-type: none"> ○ One claim for 2 different preferred medium potency agents in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days
	HIGH POTENCY		
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. CAPEX (fluocinolone) fluocinolone fluocinonide 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)	SmartPA Criteria <ul style="list-style-type: none"> • High Potency Agents <ul style="list-style-type: none"> ○ One claim for 2 different preferred high potency agents in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days

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		ELOCON (mometasone) HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide)	
VERY HIGH POTENCY			
	clobetasol emollient clobetasol propionate cr, gel, oint, sol halobetasol	clobetasol propionate foam CLOBEX (clobetasol) DIPROLENE (betamethasone diprop/prop gly) HALONATE (halobetasol/ammonium lactate) HALAC (halobetasol/ammonium lac) TEMOVATE (clobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) ULTRAVATE (halobetasol)	<p style="color: red;">SmartPA Criteria</p> <ul style="list-style-type: none"> • Very High Potency Agents <ul style="list-style-type: none"> ○ One claim for 2 different preferred very high potency agents in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days
STIMULANTS AND RELATED AGENTS SmartPA			
SHORT-ACTING			
	amphetamine salt combination dexmethylphenidate IR dextroamphetamine IR FOCALIN (dexmethylphenidate) METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) methamphetamine methylphenidate solution	<p>Applicable <u>quantity limit</u> in 31 rolling days</p> <ul style="list-style-type: none"> • 62 tablets in 31 days – Adderall IR, Concerta 36mg, Desoxyn, dextroamphetamine IR, Focalin IR, Focalin XR 15 & 20mg, methylphenidate IR, Nuvigil 50mg, methylphenidate IR • 31 tablets in 31 days – Adderall XR, Concerta 18, 27, & 54 mg, Daytrana, Dexedrine Spansule, Focalin XR 5 &

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			<p>10mg, Intuniv ER, Metadate CD, Methylin ER, Nuvigil 150 & 200 mg, Provigil 200mg, Ritalin LA & SR, Strattera, and Vyvanse</p> <ul style="list-style-type: none"> • 46.5 tablets in 31 days – Provigil 100 mg • 155 mL in 31 days – methylphenidate solution, dextroamphetamine solution • 124 tablets in 31 days – Kapvay 0.1mg • 372 mL in 31 days – methylphenidate ER solution <p>SmartPA Criteria: Short Acting Agents</p> <ul style="list-style-type: none"> • Minimum age requirements apply to all drug formulations below <ul style="list-style-type: none"> ○ Amphetamine salts – 3 years ○ Dexmethylphenidate IR – 6 years ○ Dextroamphetamine IR – 3 years ○ Methylphenidate – 6 years ○ Methamphetamine – 6 years • 30 days therapy with 2 different preferred Short Acting agents OR • 1 claim for a 30 day supply in the past 180 days
LONG-ACTING			
	ADDERALL XR (amphetamine salt combination) DAYTRANA (methylphenidate) FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) PROVIGIL (modafinil)	amphetamine salt combination ER CONCERTA (methylphenidate) DEXEDRINE (dextroamphetamine) dexmethylphenidate XR dextroamphetamine ER	<p>Long Acting Agents</p> <ul style="list-style-type: none"> • Minimum age requirements apply to all drug formulations below <ul style="list-style-type: none"> ○ Armodafinil – 17 years ○ Modafinil – 16 years ○ All other long acting agents – 6

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	QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine)	methylphenidate ER (generic Concerta) methylphenidate CD (generic Metadate CD) NUVIGIL (armodafinil) RITALIN LA (methylphenidate)	years Non Preferred Agents <ul style="list-style-type: none"> •30 days therapy with 2 different preferred Long Acting agents in the past 6 months OR •1 claim for a 30 day supply in the past 180 days Nuvigil or Provigil <ul style="list-style-type: none"> •Documented diagnosis found in the past 2 years medical claims for Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder AND •30 days of therapy with a Short Acting or Long Acting agent in the past 6 months OR •1 claim for a 30 day supply with the same agent in the past 180 days
NON-STIMULANTS			
	STRATTERA (atomoxetine)	clonidine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release)	Kapvay/Intuniv <ul style="list-style-type: none"> •1 claim for a 30 day supply in the past 180 days OR •Age requirement – 6 to 17 years AND •Documented diagnosis found in the past 2 years medical claims for ADD or ADHD AND •30 days of therapy with a Short Acting or Long Acting agent in the past 6 months OR •30 days therapy with Strattera in the past 6 months OR •30 days therapy with short acting product (Intuniv - guanfacine or Kapvay - clonidine)

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TETRACYCLINES <small>SmartPA</small>			
	doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR tetracycline	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	SmartPA Criteria: <ul style="list-style-type: none"> • Demeclocycline - a documented diagnosis found in the past 2 years medical claims for Diabetes Insipidus or SIADH Non Preferred Agents One claims for 2 different preferred agents in the past 6 months
ULCERATIVE COLITIS AGENTS			
	ORAL		
	APRISO (mesalamine) ASACOL (mesalamine) balsalazide DIPENTUM (olsalazine) PENTASA 250mg (mesalamine) sulfasalazine	ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) COLAZAL (balsalazide) DELZICOL (mesalamine) GIAZO (balsalazide) LIALDA (mesalamine) PENTASA 500mg (mesalamine) UCERIS (budesonide) ^{NR}	SmartPA Criteria Giazo <ul style="list-style-type: none"> • Limited to Male Patients AND • Non Preferred Criteria • Documented diagnosis found in the past 2 years medical claims for Ulcerative Colitis AND • 30 days therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
	RECTAL		
	CANASA (mesalamine) mesalamine	SFROWASA (mesalamine)	

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