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| **ANTIBIOTICS, INHALED** | | | |
| | TOBI (tobramycin) | BETHKIS (tobramycin)<br>CAYSTON (aztreonam)<br>TOBI PODHALER<br>tobramycin | A twenty-eight (28) day trial of the preferred agent and documentation of therapeutic failure is required before a non-preferred agent will be authorized unless one (1) of the exceptions on the PA form is present. |
| **ANTIDEPRESSANTS, OTHER** | | | |
| | **SNRIS[AP]** | | |
| | venlafaxine ER capsules | desvenlafaxine ER<br>EFFEXOR XR (venlafaxine)<br>FETZIMA (levomilnacipran)<br>KHEDEZLA (desvenlafaxine)<br>PRISTIQ (desvenlafaxine)<br>venlafaxine IR<br>VENLAFAXINE ER TABLETS (venlafaxine) | A thirty (30) day trial each of a preferred agent and an SSRI is required before a non-preferred agent will be authorized unless one (1) of the exceptions on the PA form is present. |
| | **SECOND GENERATION NON-SSRI, OTHER[AP]** | | |
| | bupropion IR<br>bupropion SR<br>bupropion XL<br>mirtazapine<br>trazodone | APLENZIN (bupropion hbr)<br>BRINTELLIX (vortioxetine)<br>EMSAM (selegiline)<br>FORFIVO XL (bupropion)<br>nefazodone<br>OLEPTRO ER (trazodone)<br>REMERON (mirtazapine)<br>WELLBUTRIN (bupropion)<br>WELLBUTRIN SR (bupropion)<br>WELLBUTRIN XL (bupropion)<br>VIIBRYD (vilazodone hcl) | |
| **ANTIPSYCHOTICS, ATYPICAL** | | | |
| | **SINGLE INGREDIENT** | | |
| | ABILIFY (aripiprazole)[AP] *<br>ABILIFY MAINTENA (aripiprazole)**[CL]<br>clozapine<br>FANAPT (iloperidone) [AP]<br>INVEGA SUSTENNA (paliperidone)**[CL]<br>LATUDA (lurasidone) [AP]<br>olanzapine<br>quetiapine*** AP for the 25mg Tablet Only<br>risperidone<br>SAPHRIS (asenapine)[AP]<br>ziprasidone | clozapine ODT<br>CLOZARIL (clozapine)<br>FANAPT TITRATION PACK (iloperidone)<br>FAZACLO (clozapine)<br>GEODON (ziprasidone<br>GEODON IM (ziprasidone)<br>INVEGA (paliperidone)<br>olanzapine IM**<br>RISPERDAL (risperidone)<br>RISPERDAL CONSTA (risperidone)**<br>SEROQUEL (quetiapine)<br>SEROQUEL XR (quetiapine)<br>VERSACLOZ (clozapine) | A fourteen (14) day trial of a preferred generic agent is required before a Preferred Brand will be authorized.<br><br>All antipsychotic agents require prior authorization for children up to six (6) years of age.<br><br>Non-preferred agents will be authorized for treatment naïve patients if the following criteria have been met:<br>1. A fourteen (14) day trial of a |

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| | | ZYPREXA (olanzapine)<br>ZYPREXA IM (olanzapine)**<br>ZYPREXA RELPREVV (olanzapine) | preferred generic agent **and**<br>2. Two (2) fourteen (14) day trials of additional preferred products unless one (1) of the exceptions on the PA form is present.<br><br>Upon discharge, a hospitalized patient stabilized on a non-preferred agent may receive authorization to continue this drug for labeled indications and at recommended dosages.<br><br>* Abilify will be prior authorized via electronic PA for MDD if the following criteria are met:<br>1. The patient is eighteen (18) years of age or older **and**<br>2. Diagnosis of Major Depressive Disorder (MDD) **and**<br>3. Prescribed as adjunctive therapy with buproprion, an SSRI agent or an SNRI agent **and**<br>4. The daily dose does not exceed 15mg<br><br>**All injectable antipsychotic products require clinical prior authorization and will be approved on a case-by-case basis.<br><br>***Quetiapine 25mg will be authorized:<br>1. For a diagnosis of schizophrenia **or**<br>2. For a diagnosis of bipolar disorder **or**<br>3. When prescribed concurrently with other strengths of Seroquel in order to achieve therapeutic treatment levels.<br><br>***Quetiapine 25mg will not be authorized for use as a sedative hypnotic. |

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| **CALCIUM CHANNEL BLOCKERS[AP]** | | | |
| | **SHORT-ACTING** | | |
| | diltiazem<br>verapamil | CALAN (verapamil)<br>CARDIZEM (diltiazem)<br>isradipine<br>nicardipine<br>nifedipine<br>nimodipine<br>NIMOTOP (nimodipine)<br>NYMALIZE SOLUTION (nimodipine)<br>PROCARDIA (nifedipine) | Fourteen (14) day trials each of the preferred agents are required before a non-preferred agent will be authorized unless one (1) of the exceptions on the PA form is present. |
| **CYTOKINE & CAM ANTAGONISTS[CL]** | | | |
| | **ANTI-TNFs** | | Ninety day trials of two of the preferred anti-TNF agents are required before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present.<br><br>*Xeljanz (tofacitinib) will be authorized after a thirty (30) day trial of one (1) of the preferred agents if the following criteria are met:<br>1. Diagnosis of moderately or severely active rheumatoid arthritis **and**<br>2. Negative tuberculin skin test before initiation of therapy **and**<br>3. Intolerance to or an inadequate response to a sixty (60) day trial of methotrexate **and**<br>4. The patient is eighteen (18) years of age or older **and**<br>5. There are no plans to use tolfactinib in combination with biologic DMARDS or potent immunosuppressants (e.g. azathioprine or cyclosporine) **and**<br>6. The dose is limited to two (2) tablets daily.<br><br>See additional criteria for treatment of psoriasis or psoriatic arthritis at http://www.dhhr.wv.gov/bms/Pharmacy/Pages/pac.aspx |
| | ENBREL (etanercept)<br>HUMIRA (adalimumab)<br>SIMPONI (golimumab) | CIMZIA (certolizumab pegol) | |
| | **OTHERS** | | |
| | | ACTEMRA syringe (tocilizumab)<br>KINERET (anakinra)<br>ORENCIA syringe (abatacept)<br>STELARA syringe (ustekinumab)<br>XELJANZ (tofacitinib)* | |

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| **NSAIDS[AP]** | | | |
| | **NON-SELECTIVE** | | |
| | diclofenac (IR, SR)<br>etodolac IR<br>flurbiprofen<br>ibuprofen (Rx and OTC)<br>INDOCIN SUSPENSION (indomethacin)<br>indomethacin<br>ketoprofen<br>ketorolac<br>nabumetone<br>naproxen (Rx and OTC)<br>piroxicam<br>sulindac | ANAPROX (naproxen)<br>ANSAID (flurbiprofen)<br>CATAFLAM (diclofenac)<br>CLINORIL (sulindac)<br>DAYPRO (oxaprozin)<br>diflunisal<br>DUEXIS (famotidine/ibuprofen)<br>etodolac SR<br>FELDENE (piroxicam)<br>fenoprofen<br>INDOCIN SUPPOSITORIES (indomethacin)<br>indomethacin ER<br>ketoprofen ER<br>meclofenamate<br>mefenamic acid<br>MOTRIN (ibuprofen)<br>NALFON (fenoprofen)<br>NAPRELAN (naproxen)<br>NAPROSYN (naproxen)<br>oxaprozin<br>PONSTEL (meclofenamate)<br>SPRIX (ketorolac)<br>tolmetin<br>VOLTAREN (diclofenac)<br>ZIPSOR (diclofenac potassium)<br>ZORVOLEX (diclofenac) | Thirty (30) day trials of each of the preferred agents are required before a non-preferred agent will be authorized unless one (1) of the exceptions on the PA form is present. |
| **PAH AGENTS – ENDOTHELIN RECEPTOR ANTAGONISTS[CL]** | | | |
| | LETAIRIS (ambrisentan)<br>TRACLEER (bosentan) | OPSUMIT (macitentan) | Letairis and Tracleer will be authorized for a diagnosis of pulmonary arterial hypertension (PAH). |
| **PAH AGENTS – GUANYLATE CYCLASE STIMULATOR[CL]** | | | |
| | | ADEMPAS (riociguat) | A thirty (30) day trial of the preferred agent is required before a non-preferred agent will be authorized unless one (1) of the exceptions on the PA form is present. |
| **PROTON PUMP INHIBITORS[AP]** | | | |

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| | omeprazole (Rx)<br>pantoprazole<br>PREVACID SOLUTABS (lansoprazole)* | ACIPHEX (rabeprazole)<br>ACIPHEX SPRINKLE (rabeprazole)<br>DEXILANT (dexlansoprazole)<br>esomeprazole strontium<br>lansoprazole Rx<br>NEXIUM (esomeprazole)<br>omeprazole/sodium bicarbonate (Rx)<br>PREVACID CAPSULES (lansoprazole)<br>PRILOSEC Rx (omeprazole)<br>PROTONIX (pantoprazole)<br>rabeprazole<br>ZEGERID Rx (omeprazole/sodium bicarbonate) | Sixty (60) day trials of each of the preferred agents, inclusive of a concurrent thirty (30) day trial at the maximum dose of an $H_2$ antagonist are required before a non-preferred agent will be authorized unless one (1) of the exceptions on the PA form is present<br><br>*Prior authorization is required for Prevacid Solutabs for members eight (8) years of age or older. |

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| **ANTIPARASITICS, TOPICAL**AP<br>permethrin (OTC)<br>pyrethrins-piperonyl butoxide OTC<br>SKLICE (ivermectin)<br>ULESFIA (benzyl alcohol)<br>permethrin 5% cream | EURAX (crotamiton)<br>LICE EGG REMOVER OTC (benzalkonium chloride)<br>lindane<br>malathion<br>NATROBA (spinosad)<br>OVIDE (malathion)<br>permethrin 5% cream (RX)AP*<br>spinosad | Trials of the preferred agents (which are age and weight appropriate) are required before non-preferred agents will be authorized unless one (1) of the exceptions on the PA form is present.<br>* |