denotes change in current criteria
denotes new criteria

Antipsoriatics, Topical

Current class criteria:

CLASS PA CRITERIA: Non-preferred agents require thirty (30) day trials of two (2) preferred unique chemical entities before they will be approved, unless one (1) of the exceptions on the PA form is present.

Proposed class Criteria:

CLASS PA CRITERIA: Non-preferred agents require a thirty (30) day trial of a preferred agent. Documentation describing the reason for failure of the preferred agent must be provided. The required trial may be overridden when documented evidence is provided that the use of these preferred agent(s) would be medically contraindicated.

ANTIPSORIATICS, TOPICAL		
CLASS PA CRITERIA: Non-preferred agents require a thirty (30) day trial of a preferred agent. Documentation describing the reason for failure of the preferred agent must be provided. The required trial may be overridden when documented evidence is provided that the use of these preferred agent(s) would be medically contraindicated.		
calcipotriene solution TACLONEX (calcipotriene/ betamethasone)	calcipotriene cream calcipotriene ointment calcipotriene/betamethasone ointment, suspension calcitriol DOVONEX (calcipotriene) ENSTILAR (calcipotriene/betamethasone) SORILUX (calcipotriene) tazarotene cream VTAMA (tapinarof) ZORYVE (roflumilast) cream	

denotes change in current criteria
denotes new criteria

Auvelity (dextromethorphan HBR/bupropion)

*Auvelity may be approved after the following has been met:

1. Documentation is provided giving medical reasoning beyond convenience as to why the clinical need cannot be met with using a combination of the preferred individual components; **AND**

2. A trial of 30 days resulting in an inadequate clinical response, with each of the following:
   - ONE dopamine/norepinephrine reuptake inhibitor (DNRI); **AND**
   - ONE selective norepinephrine reuptake inhibitor (SNRI); **AND**
   - ONE Tricyclic antidepressant (TCA); **AND**
   - TWO selective serotonin reuptake inhibitors (SSRIs); **AND**
   - vilazodone (Viibryd); **AND**
   - vortioxetine (Trintellix)

SECOND GENERATION NON-SSRI, OTHER[AP]		
bupropion IR bupropion SR bupropion XL mirtazapine trazodone	APLENZIN (bupropion hbr) AUVELITY (dextromethorphan HBr/bupropion) EMSAM (selegiline) FORFIVO XL (bupropion) nefazodone REMERON (mirtazapine) TRINTELLIX (vortioxetine) VIIBRYD (vilazodone HCl) vilazodone WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion)	Non-preferred agents require separate thirty (30) day trials of a preferred agent in this sub-class **AND** an SSRI before they will be approved, unless one (1) of the exceptions on the PA form is present. *Auvelity may be approved after the following has been met: 1. Documentation is provided giving medical reasoning beyond convenience as to why the clinical need cannot be met with using a combination of the preferred individual components; **AND** 2. A trial of 30 days resulting in an inadequate clinical response, with each of the following: • ONE dopamine/norepinephrine reuptake inhibitor (DNRI); **AND** • ONE selective norepinephrine reuptake inhibitor (SNRI); **AND** • ONE Tricyclic antidepressant (TCA); **AND** • TWO selective serotonin reuptake inhibitors (SSRIs); **AND** • vilazodone (Viibryd); **AND** • vortioxetine (Trintellix)

denotes change in current criteria
denotes new criteria

Zonisade (zonisamide suspension)

*Zonisade may only be authorized for those who are unable to ingest solid dosage forms due to documented oral-motor difficulties or dysphagia AND have had a (14) fourteen day trial with a preferred agent available in a non-solid dosage form resulting in an inadequate treatment response.

CLASS PA CRITERIA: For a diagnosis of seizure disorder, non-preferred agents require a fourteen (14) day trial of a preferred agent in the same sub-class before they will be approved, unless one (1) of the exceptions on the PA form is present; patients currently on established therapies shall be grandfathered.

For all other diagnoses, non-preferred agents require a thirty (30) day trial of a preferred agent in the same sub-class before they will be approved, unless one (1) of the exceptions on the PA form is present.

In situations where AB-rated generic equivalent products are available, "Brand Medically Necessary" must be hand-written by the prescriber on the prescription for the brand name product to be reimbursed.

ADJUVANTS

carbamazepine carbamazepine ER CARBATROL (carbamazepine) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER divalproex sprinkle EPITOL (carbamazepine) GABITRIL (tiagabine) lacosamide tablets, solution LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL XR (lamotrigine) lamotrigine lamotrigine ODT levetiracetam IR levetiracetam ER levetiracetam IR suspension oxcarbazepine tablets QUDEXY XR (topiramate ER) TEGRETOL SUSPENSION (carbamazepine) TEGRETOL XR (carbamazepine) topiramate IR tablet topiramate ER* topiramate IR sprinkle caps topiramate ER sprinkle caps (generic Qudexy) TRILEPTAL SUSPENSION (oxcarbazepine) valproic acid zonisamide	APTIOM (eslicarbazepine) BANZEL (rufinamide) BRIVIACT (brivaracetam) carbamazepine oral suspension DEPAKOTE (divalproex) DEPAKOTE DR (divalproex DEPAKOTE ER (divalproex) DIACOMIT CAPSULE/POWDER PACK (stripentol)** ELEPSIA XR (levetiracetam) EPRONTIA SOLUTION (topiramate)**** EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) FINTEPLA (fenfluramine) SOLUTION***** FYCOMPA (perampanel) KEPPRA (levetiracetam) KEPPRA SOLUTION (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL ODT (lamotrigine) lamotrigine dose pack lamotrigine ER oxcarbazepine suspension OXTELLAR XR (oxcarbazepine) rufinamide oral suspension, tablets SABRIL (vigabatrin) SPRITAM (levetiracetam) TEGRETOL TABLETS (carbamazepine) tiagabine TOPAMAX SPRINKLE CAPS (topiramate) TOPAMAX TABLETS (topiramate) TRILEPTAL TABLETS (oxcarbazepine) TROKENDI XR (topiramate)*** vigabatrin tablet/powder pack VIMPAT (lacosamide) tablets, solution XCOPRI (cenobamate) ZONISADE (zonisamide) suspension	*Topiramate ER will be authorized after a thirty (30) day trial of topiramate IR. **Diacomit may only be approved as adjunctive therapy for diagnosis of Dravet Syndrome when prescribed by, or in consultation with, a neurologist AND requires a thirty (30) day trial of valproate and clobazam unless one (1) of the exceptions on the PA form is present. Diacomit must be used concurrently with clobazam. *** Trokendi XR are only approvable on appeal. ****Eprontia requires medical reasoning beyond convenience or enhanced compliance as to why the medical need cannot be met by using the preferred Topamax (topiramate) sprinkle capsules. *****Full PA criteria for Fintepla may be found on the PA Criteria page by clicking the hyperlink. *Zonisade may only be authorized for those who are unable to ingest solid dosage forms due to documented oral-motor difficulties or dysphagia AND have had a (14) fourteen day trial with a preferred agent available in a non-solid dosage form resulting in an inadequate treatment response.

denotes change in current criteria
denotes new criteria

Ryaltris (olopatadine/mometasone)

*Ryaltris requires a thirty (30) day trial of each individual component before it may be approved.

INTRANASAL RHINITIS AGENTS[AP]		
CLASS PA CRITERIA: See below for individual sub-class criteria.		
ANTICHOLINERGICS		
ipratropium	ATROVENT (ipratropium)	Non-preferred agents require thirty (30) day trials of one (1) preferred nasal anti-cholinergic agent, **AND** one (1) preferred antihistamine **AND** one (1) preferred intranasal corticosteroid agent before they will be approved, unless one (1) of the exceptions on the PA form is present.
ANTIHISTAMINES		
azelastine	olopatadine PATANASE (olopatadine)	Non-preferred agents require thirty (30) day trials of one (1) preferred antihistamine **AND** one (1) preferred intranasal corticosteroid before they will be approved, unless one (1) of the exceptions on the PA form is present.
COMBINATIONS		
	azelastine/fluticasone DYMISTA (azelastine / fluticasone) RYALTRIS (olopatadine HCl/mometasone)*	Dymista requires a concurrent thirty (30) day trial of each preferred component before it will be approved, unless one (1) of the exceptions on the PA form is present. *Ryaltris requires a thirty (30) day trial of each individual component before it may be approved.
CORTICOSTEROIDS		
fluticasone propionate OMNARIS (ciclesonide) QNASL HFA (beclomethasone) ZETONNA (ciclesonide)	BECONASE AQ (beclomethasone) flunisolide mometasone NASONEX (mometasone)	Non-preferred agents require thirty (30) day trials of each preferred agent in this sub-class before they will be approved, unless one (1) of the exceptions on the PA form is present

denotes change in current criteria
denotes new criteria

Tadliq (tadalafil suspension)

Tadliq may be authorized for those who are unable to ingest solid dosage forms due to documented oral-motor difficulties or dysphagia AND after a thirty (30) day trial of Revatio resulting in an inadequate treatment response.

sildenafil suspension

sildenafil suspension may be authorized for those who are unable to ingest solid dosage forms due to documented oral-motor difficulties or dysphagia AND documentation is provided as to why the clinical need cannot be met with Revatio.

PAH AGENTS – PDE5s[CL]		
CLASS PA CRITERIA: Non-preferred agents require a thirty (30) day trial of a preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present. - Patients stabilized on non-preferred agents will be grandfathered.		
sildenafil tablets	ADCIRCA (tadalafil) REVATIO IV (sildenafil) REVATIO SUSPENSION (sildenafil) REVATIO TABLETS (sildenafil) sildenafil suspension (generic Revatio)* TADLIQ SUSPENSION (tadalafil)**	*sildenafil suspension may be authorized for those who are unable to ingest solid dosage forms due to documented oral-motor difficulties or dysphagia AND documentation is provide as to why the clinical need cannot be met with Revatio. **Tadliq may be authorized for those who are unable to ingest solid dosage forms due to documented oral-motor difficulties or dysphagia AND after a thirty (30) day trial of Revatio resulting in an inadequate treatment response.

denotes change in current criteria
denotes new criteria

Entadfi (finasteride/talafil) capsules

*Documentation of medical reasoning beyond convnience must be provided as to why the clinical need cannot be met with finasteride used in combination with tadalafil.

BPH TREATMENTS		
CLASS PA CRITERIA: Non-preferred agents require thirty (30) day trials of at least two (2) chemically distinct preferred agents, including the generic formulation of the requested non-preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present.		
5-ALPHA-REDUCTASE (5AR) INHIBITORS AND PDE-5 AGENTS		
finasteride	AVODART (dutasteride) CIALIS 5 mg (tadalafil) Dutasteride ENTADFI (finasteride/tadalafil) capsules PROSCAR (finasteride) tadalafil	*Documentation of medical reasoning beyond convenience must be provided as to why the clinical need cannot be met with finasteride used in combination with tadalafil.
ALPHA BLOCKERS		
alfuzosin doxazosin tamsulosin terazosin	CARDURA (doxazosin) CARDURA XL (doxazosin) FLOMAX (tamsulosin) RAPAFLO (silodosin) silodosin	
5-ALPHA-REDUCTASE (5AR) INHIBITORS/ALPHA BLOCKER COMBINATION		
	dutasteride/tamsulosin JALYN (dutasteride/tamsulosin)	**Substitute for Class Criteria**: Concurrent thirty (30) day trials of dutasteride and tamsulosin are required before the non-preferred agent will be authorized.