**Texas Health and Human Services**

Preferred Drug List



**Texas Medicaid**

**Effective January 30, 2025**

**General Information**

Preferred drugs are medications recommended by the Texas Drug Utilization Review Board for their efficaciousness, clinical significance, cost-effectiveness, and safety.

**Formulary**

Everyone enrolled in Medicaid adheres to the same formulary. The Medicaid formulary includes legend and over-the-counter drugs. Certain supplies and select vitamin and mineral products are also available as a pharmacy benefit. Some drugs are subject to one or both types of prior authorization: clinical or non-preferred. The [**Formulary Drug Search**](https://www.txvendordrug.com/formulary/formulary-search)identifies the list of Medicaid-covered drugs and whether the drug requires prior authorization.

**Preferred Drug List**

HHSC arranges the **Medicaid Preferred Drug List (PDL)** by the therapeutic class and contains a subset of many, but not all, drugs on the Medicaid formulary. Drugs identified on the PDL as “preferred” are available without prior authorization unless clinical prior authorization is associated with the drug. Some drugs are subject to both non-preferred and clinical prior authorizations.

HHSC makes PDL changes twice a year, during January and July. HHSC will announce other changes based on exceptional circumstances.

*CHIP drugs are not subject to PDL requirements.*

The [PDL Criteria Guide](https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf) explains the criteria used to evaluate prior authorization requests.

HHSC links drugs with Drug Utilization Review Board (DUR) -approved clinical prior authorization within the list. Links will take the user to the specific drug or drug class clinical prior authorization criteria with a narrative explaining the purpose and requirements.

**Pharmacy Prior Authorization**

Each MCO administers pharmacy prior authorization services for people enrolled in Medicaid managed care. The Texas Prior Authorization Call Center administers traditional Medicaid prior authorizations.

**PDL Prior Authorization**

Drugs identified as “non-preferred” require a PDL prior authorization. The PDL Criteria Guide explains the criteria used to evaluate the non-preferred prior authorization requests.

**Clinical Prior Authorization**

**Clinical prior authorizations** may apply to any individual drug or an entire drug class on the formulary, including some preferred and non-preferred drugs. HHSC requires MCOs to perform specific clinical prior authorizations. Usage of all other clinical prior authorizations will vary between MCOs at the discretion of each MCO. The DUR Board approves all criteria.

* Review the [list of clinical prior authorizations](https://www.txvendordrug.com/formulary/clinical-prior-authorizations-managed-care) allowable in Medicaid managed care
* Review the [list of clinical prior authorizations](https://www.txvendordrug.com/formulary/clinical-prior-authorizations-traditional-medicaid) active in Medicaid fee-for-service

The [Clinical Prior Authorization Assistance Chart](https://www.txvendordrug.com/sites/default/files/docs/cpa-assistance-chart.pdf) identifies which MCOs utilize each clinical prior authorization.

**Obtaining Prior Authorization**

Prescribing providers can help people enrolled in Medicaid receive medications quickly and conveniently with a few simple steps by contacting one of the following:

**Medicaid Managed Care**

Pharmacy prior authorization call centers vary by MCO. Refer to the [MCO Search](https://www.txvendordrug.com/resources/mco-search) for each MCO’s

prior authorization call center number and other contact information.

**Traditional Medicaid**

The Texas Prior Authorization Call Center accepts prior authorization requests by phone at

877 PA TEXAS (877-728-3927), by fax at 1-866-469-8590, or online through the [VDP Provider Portal](https://provider.txvdpportal.com/). For more information, refer to these resources:

* [VDP Provider Portal Registration User Manual](https://provider.txvdpportal.com/SPContent/DocumentLibrary/Manuals)
* [VDP Provider Portal User Guide](https://provider.txvdpportal.com/SPContent/DocumentLibrary/Manuals)
* [VDP Prior Authorization Manual](https://provider.txvdpportal.com/SPContent/DocumentLibrary/Manuals)

**Texas Drug Utilization Review Board**

The DUR board recommends the PDL and clinical prior authorizations four times a year. Close to 75 therapeutic classes are reviewed each year, with approximately one-quarter of the classes reviewed at each meeting:

* The January edition of the PDL includes decisions made at the July and October meetings
* The July edition of the PDL includes decisions made at the January and April meetings

**Education**

Texas Health Steps offers free online continuing education courses and the [***Prescriber’s***](https://www.txhealthsteps.com/static/courses/prescribers/sections/section-1-1.html)[***Guide to***](https://www.txhealthsteps.com/static/courses/prescribers/sections/section-1-1.html)[***Texas Medicaid Outpatient Pharmacy Prior Authorization***](https://www.txhealthsteps.com/static/courses/prescribers/sections/section-1-1.html)quick course.

**Health and Human Services Commission**

**Texas Medicaid Preferred Drug List (PDL) and Prior Authorization (PA) Criteria**

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**PDL CRITERIA EXCEPTION****S**

HB 3286, Section 2, 88th Legislature, Regular Session, 2023, required the Health and Human Services Commission (HHSC) to allow the following exceptions on the PDL. Specific PDL exceptions about contraindications, adverse drug reactions, and drug ineffectiveness fall under the PDL criteria exceptions section. The exceptions listed in HB 3286 include:

* Is contraindicated.
* Will likely cause an adverse reaction or physical or mental harm to the recipient.
* Is expected to be ineffective based on the known clinical characteristics of the recipient and the known characteristics of the prescription drug regimen.
* The recipient previously discontinued taking the preferred drug at any point in their clinical history and for any length of time due to ineffectiveness, diminished effect, or adverse event(s).

These exceptions will be notated by “\*” in each PDL class section.

HB 3286, Section 2, 88th Legislature Regular Session, 2023, required the HHSC to allow the following exceptions on the PDL within the antipsychotic and antidepressant drug classes. For the antipsychotic and antidepressant drug classes, if the member was prescribed and is taking a non-preferred drug, the following PDL exception criteria will apply:

* The member was prescribed a non-preferred drug before being discharged from an inpatient facility.
* The member is stable on the non-preferred drug.
* The member is at risk of experiencing complications from switching from the non-preferred drug to another drug.

**REVISION** **HISTORY**

The PDL is published biannually (January, July). Recent changes to the PDL status are highlighted.

|  |  |
| --- | --- |
| **DATE** | **ISSUES/UPDATES** |
| 01/30/2025 | Published with updates |

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| **ACNE AGENTS,** **ORAL** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic   cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| ACCUTANE (isotretinoin) | ABSORICA (isotretinoin) |
| AMNESTEEM (isotretinoin) | ABSORICA LD (isotretinoin) |
| CLARAVIS (isotretinoin) |  |
| isotretinoin |  |
| isotretinoin (Absorica) |  |
| MYORISAN (isotretinoin) |  |
| ZENATANE (isotretinoin) |  |

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| **ACNE AGENTS, TOPI****CAL** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions | The following Clinical Prior Authorization may apply to drugs in the class:   * [Retinoids](https://paxpress-txpa.acentra.com/Retinoids.pdf) * [Topical Acne Agents](https://paxpress-txpa.acentra.com/Topical%20Acne%20Agents.pdf)   Hyperlinks specify Drug Utilization Review board-approved drug  clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **ANTIBITOICS** | |
| clindamycin gel | AMZEEQ (minocycline) |
| clindamycin pledgets | CLEOCIN-T (clindamycin) |
| clindamycin solution | clindamycin foam |
| erythromycin gel, solution | clindamycin gel AG (Clindagel) |
|  | clindamycin lotion |
|  | erythromycin medicated swab |
| **BENZOYL PEROXIDE** | |
| benzoyl peroxide gel (OTC) | BENZEFOAM FOAM OTC (topical) |
| benzoyl peroxide lotion (OTC) | benzoyl peroxide cleanser |
| benzoyl peroxide wash | benzoyl peroxide cream |
|  | benzoyl peroxide foam |
|  | benzoyl peroxide gel |
|  | benzoyl peroxide kit |
|  | benzoyl peroxide towelette |
| **RETINOIDS** | |
| adapalene gel OTC | AKLIEF (trifarotene) |
| tretinoin cream (Avita, Retin-A) | adapalene cream, gel RX |
| tretinoin gel (Avita, Retin-A) | ALTRENO (tretinoin) |
|  | ARAZLO (tazarotene) |
|  | ATRALIN (tretinoin) |
|  | AVITA (tretinoin) |
|  | DIFFERIN (adapalene) |
|  | FABIOR (tazarotene) |
|  | tazarotene |
|  | tretinoin gel (Atralin) |
|  | tretinoin microspheres |
| **COMBINATION AND OTHER AGENTS** | |
| benzoyl peroxide/clindamycin (Duac) | adapalene/benzoyl peroxide (Epiduo/Epiduo Forte) |
| EPIDUO FORTE (benzoyl peroxide/adapalene) | CABTREO (adapalene/benzoyl peroxide/clindamycin) |
| erythromycin/benzoyl peroxide | clindamycin/benzoyl peroxide (Acanya) |
|  | clindamycin/tretinoin |
|  | dapsone |
|  | DERMACINRX ATRIX CLEANSER OTC (TOPICAL) |
|  | DERMACINRX ATRIX CREAM OTC (TOPICAL) |
|  | DERMACINRX ATRIX SOLUTION OTC (TOPICAL) |
|  | sulfacetamide |
|  | sulfacetamide sodium |
|  | sulfacetamide sodium/sulfur |
|  | sulfacetamide/sulfur |
|  | sulfacetamide/sulfur/urea |
|  | TWYNEO (tretinoin/benzoyl peroxide) |
|  | WINLEVI (clascoterone) |
|  | ZIANA (clindamycin/tretinoin) |
|  | ZMA CLEAR CLEANSER (sulfacetamide sodium/sulfur) |

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| **ALZHEIMER’S AGENT****S** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions * For drugs in a therapeutic class or subclass with no preferred option, the provider must   obtain a PDL prior authorization | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **CHOLINESTERASE INHIBITORS** | |
| donepezil 5, 10 mg tablets | ADLARITY (donepezil) transdermal |
| donepezil ODT | ARICEPT (donepezil) |
| EXELON (rivastigmine) transdermal | donepezil 23 mg tablets |
|  | galantamine |
|  | galantamine ER |
|  | rivastigmine capsules |
|  | rivastigmine transdermal |
| **NMDA RECEPTOR ANTAGONIST** | |
| memantine tablets | memantine ER |
| memantine solution |
| memantine tablet dose pack |
| NAMENDA (memantine) tablets/titration pack |
| NAMENDA XR (memantine) |
| **CHOLINESTERASE INHIBITOR/NMADA**  **RECEPTOR ANTAGONIST COMBINATIONS** | |
|  | NAMZARIC (donepezil/memantine) |

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| **ANALGESICS, NARCOTICS – LONG A****CTING** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: The following Clinical Prior Authorization applies **to**   * Treatment failure with preferred drugs within **all drugs** in the class:   any subclass  [Opioid Policy Criteria](https://paxpress-txpa.acentra.com/opc.pdf)   * Contraindication to preferred drugs\*  [Opiate Overutilization](https://paxpress-txpa.acentra.com/opiate.pdf) * Allergic reaction to preferred drugs\*  [Opiate/Benzodiazepine/Muscle Relaxant](https://paxpress-txpa.acentra.com/TX%20PA_Opiate_Benzo_MRv2.pdf) * Treatment of stage-four advanced, Hyperlinks specify Drug Utilization Review board- metastatic cancer and associated conditions approved drug clinical prior authorization criteria. * Methadone oral solution will be authorized   for patients less than 24 months of age. | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| BUTRANS (buprenorphine)  [fentanyl patch](https://paxpress-txpa.acentra.com/fentanyl.pdf) (12, 25, 50, 75, 100 mcg) morphine ER (generic MS Contin) tramadol ER (generic Ultram ER) [XTAMPZA ER](https://paxpress-txpa.acentra.com/oxycontin.pdf) (oxycodone) | BELBUCA (buprenorphine) buprenorphine buccal/film buprenorphine patch CONZIP (tramadol)  [fentanyl patch](https://paxpress-txpa.acentra.com/fentanyl.pdf) (37.5, 62.5, 87.5 mcg) hydrocodone ER  hydromorphone ER HYSINGLA ER (hydrocodone) KADIAN (morphine) methadone  methadone brand sol tablets morphine ER (generic Avinza, Kadian) MS CONTIN (morphine)  NUCYNTA ER (tapentadol) [oxycodone ER](https://paxpress-txpa.acentra.com/oxycontin.pdf) [OXYCONTIN](https://paxpress-txpa.acentra.com/oxycontin.pdf) (oxycodone) oxymorphone ER  tramadol ER (generic Conzip) tramadol ER (generic Ryzolt)  ZOHYDRO ER (hydrocodone ER) |

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| **ANALGESICS, NARCOTICS – SHORT ACT****ING (NON-PARENTERAL)** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: The following Clinical Prior Authorization applies **to**   * Treatment failure with preferred drugs within **all drugs** in the class:   any subclass  [Opioid Policy Criteria](https://paxpress-txpa.acentra.com/opc.pdf)   * Contraindication to preferred drugs\*  [Opiate Overutilization](https://paxpress-txpa.acentra.com/opiate.pdf) * Allergic reaction to preferred drugs\*  [Opiate/Benzodiazepine/Muscle Relaxant](https://paxpress-txpa.acentra.com/TX%20PA_Opiate_Benzo_MRv2.pdf) * Treatment of stage-four advanced,   metastatic cancer and associated Hyperlinks specify Drug Utilization Review board-  conditions approved drug clinical prior authorization criteria. | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| APAP/codeine hydrocodone/APAP hydromorphone tablets morphine tablets morphine solution oxycodone solution oxycodone tablets oxycodone/APAP tablets tramadol 50 mg tramadol/APAP | [ACTIQ](https://paxpress-txpa.acentra.com/fentanyl.pdf) (fentanyl)  APADAZ (benzhydrocodone/APAP) benzhydrocodone/APAP butalbital/ASA/caffeine/codeine butalbital/APAP/caffeine/codeine butorphanol carisoprodol/aspirin/codeine codeine dihydrocodeine/APAP/caffeine DILAUDID (hydromorphone) DSUVIA (sufentanil citrate) [fentanyl buccal](https://paxpress-txpa.acentra.com/fentanyl.pdf) (Fentora)  [fentanyl citrate oral transmucosal](https://paxpress-txpa.acentra.com/fentanyl.pdf) (Actiq) [FENTORA](https://paxpress-txpa.acentra.com/fentanyl.pdf) (fentanyl)  FIORICET W/CODEINE (butalbital/APAP/caffeine/codeine)  hydrocodone/ibuprofen hydromorphone liquid hydromorphone suppositories levorphanol  LORTAB (hydrocodone/APAP) meperidine  morphine concentrated solution morphine disp syringe, oral morphine suppositories NALOCET (oxycodone/APAP) NUCYNTA (tapentadol) oxycodone/APAP solution oxycodone capsules  oxycodone concentrate solution oxymorphone pentazocine/naloxone PERCOCET (oxycodone/APAP) PROLATE (oxycodone/APAP) ROXICODONE (oxycodone) ROXYBOND (oxycodone) SEGLENTIS (celecoxib/tramadol) tramadol 100 mg  tramadol solution |

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| **ANDROGENIC AGENTS, TOPI****CAL** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: The following Clinical Prior Authorization applies **to**   * Treatment failure with preferred drugs **all drugs** in the class: within any subclass  [Androgenic Agents](https://paxpress-txpa.acentra.com/androgenic_agents.pdf) * Contraindication to preferred drugs\*  [Hormonal Therapy Agents](https://paxpress-txpa.acentra.com/hormonaltherapyagents.pdf) * Allergic reaction to preferred drugs\* Hyperlinks specify Drug Utilization Review board- * Treatment of stage-four advanced, approved drug clinical prior authorization criteria. metastatic cancer and associated   conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| ANDRODERM (testosterone) ANDROGEL (testosterone) pump TESTIM (testosterone)  testosterone gel packet (Androgel 1% pkt, Vogelxo) testosterone gel pump (Androgel)  testosterone gel tube (Testim, Vogelxo) | ANDROGEL (testosterone) packets FORTESTA (testosterone) NATESTO (testosterone)  testosterone gel (Axiron, Fortesta, Androgel 1.62% pkt)  VOGELXO (testosterone) |

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| **ANGIOTENSIN MODULAT****ORS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions * Epaned will be authorized for patients six   years of age and under | Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **ACE INHIBITORS** | |
| benazepril | ACCUPRIL (quinapril) |
| enalapril solution | ALTACE (ramipril) |
| enalapril tablets | captopril |
| fosinopril | EPANED (enalapril) |
| lisinopril | LOTENSIN (benazepril) |
| quinapril | moexipril |
| ramipril | perindopril |
|  | QBRELIS (lisinopril) solution |
|  | trandolapril |
|  | VASOTEC (enalapril) |
|  | ZESTRIL (lisinopril) |

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| **ANGIOTENSIN MODULATORS cont.** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions * For drugs in a therapeutic class or subclass with no preferred option, the provider must obtain a PDL prior authorization | The following Clinical Prior Authorization applies  **to all drugs** in the class:   * [Duplicate Therapy](https://paxpress-txpa.acentra.com/duptherapy.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **ACE INHIBITOR/DIURETIC COMBINATIONS** | |
| enalapril/HCTZ | ACCURETIC (quinapril/HCTZ) |
| lisinopril/HCTZ | benazepril/HCTZ |
|  | captopril/HCTZ |
|  | fosinopril/HCTZ |
|  | LOTENSIN HCT (benazepril/HCTZ) |
|  | quinapril/HCTZ |
|  | VASERETIC (enalapril/HCTZ) |
|  | ZESTORETIC (lisinopril/HCTZ) |
| **ANGIOTENSIN II RECEPTOR BLOCKERS (ARBS)** | |
| DIOVAN (valsartan) | ATACAND (candesartan) |
| irbesartan | AVAPRO (irbesartan) |
| losartan | BENICAR (olmesartan) |
|  | candesartan |
|  | COZAAR (losartan) |
|  | EDARBI (azilsartan) |
|  | eprosartan |
|  | MICARDIS (telmisartan) |
|  | olmesartan |
|  | telmisartan |
|  | valsartan |
| **ARB/DIURETIC COMBINATIONS** | |
| irbesartan/HCTZ | ATACAND-HCT (candesartan/HCTZ) |
| losartan/HCTZ | AVALIDE (irbesartan/HCTZ) |
|  | BENICAR-HCT (olmesartan/HCTZ) |
|  | candesartan/HCTZ |
|  | DIOVAN-HCT (valsartan/HCTZ) |
|  | EDARBYCLOR (azilsartan/chlorthalidone) |
|  | HYZAAR (losartan/HCTZ) |
|  | MICARDIS-HCT (telmisartan/HCTZ) |
|  | olmesartan/HCTZ |
|  | telmisartan /HCTZ |
|  | valsartan/HCTZ |
| **DIRECT RENIN INIBITORS** | |
|  | [aliskiren](https://paxpress-txpa.acentra.com/aliskiren.pdf)  [TEKTURNA](https://paxpress-txpa.acentra.com/aliskiren.pdf) (aliskerin) |
| **DIRECT RENIN INHIBITOR/DIURETIC COMBINATIONS** | |
|  | [TEKTURNA HCT](https://paxpress-txpa.acentra.com/aliskiren.pdf) (aliskerin/HCTZ) |
| **ARB/NEPRILYSIN INHIBITOR COMBINATIONS** | |
| ENTRESTO (valsartan/sacubitril) tablet | ENTRESTO SPRINKLE (valsartan/sacubitril) pellet  valsartan/sacubitril |

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| **ANGIOTENSIN MODULATOR COMBINAT****IONS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: Hyperlinks specify Drug Utilization Review board-   * Treatment failure with preferred drugs within approved drug clinical prior authorization criteria. any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| benazepril /amlodipine [valsartan/amlodipine](https://paxpress-txpa.acentra.com/duptherapy.pdf) [valsartan/amlodipine/HCTZ](https://paxpress-txpa.acentra.com/duptherapy.pdf) | [AZOR](https://paxpress-txpa.acentra.com/duptherapy.pdf) (olmesartan/amlodipine) [EXFORGE](https://paxpress-txpa.acentra.com/duptherapy.pdf) (valsartan/amlodipine)  EXFORGE HCT (valsartan/amlodipine/HCTZ) LOTREL (benazepril/amlodipine) [olmesartan/amlodipine](https://paxpress-txpa.acentra.com/duptherapy.pdf) [olmesartan/amlodipine/HCTZ](https://paxpress-txpa.acentra.com/duptherapy.pdf) [telmisartan/amlodipine](https://paxpress-txpa.acentra.com/duptherapy.pdf) trandolapril/verapamil  [TRIBENZOR](https://paxpress-txpa.acentra.com/duptherapy.pdf) (olmesartan/amlodipine/HCTZ) |

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| **ANTI-ALLERGENS, ORA****L** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: Hyperlinks specify Drug Utilization Review board-   * Treatment failure with preferred drugs within approved drug clinical prior authorization criteria. any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| ODACTRA (house dust mite allergen extract)  [ORALAIR](https://paxpress-txpa.acentra.com/allergen_extractpdg.pdf) (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass mixed pollens allergen extract) [PALFORZIA TITRATION CAPSULES](https://paxpress-txpa.acentra.com/allergen_extractpdg.pdf) (peanut allergen powder) | [GRASTEK](https://paxpress-txpa.acentra.com/allergen_extractpdg.pdf) (grass pollen-timothy, standard)  [PALFORZIA MAINTENANCE SACHET](https://paxpress-txpa.acentra.com/allergen_extractpdg.pdf) (peanut allergen powder)  [RAGWITEK](https://paxpress-txpa.acentra.com/allergen_extractpdg.pdf) (weed pollen-short ragweed) |

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| **ANTIBIOTICS, GASTROINTEST****INAL** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: Hyperlinks specify Drug Utilization Review board-   * Treatment failure with preferred drugs within approved drug clinical prior authorization criteria. any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| FIRVANQ (vancomycin) metronidazole tablets neomycin  tinidazole  VANCOCIN (vancomycin) | AEMCOLO (rifamycin) DIFICID (fidaxomicin) FLAGYL (metronidazole)  LIKMEZ (metronidazole) suspension metronidazole capsules [nitazoxanide](https://paxpress-txpa.acentra.com/aliniapdg.pdf)  paromomycin vancomycin  [VOWST](https://paxpress-txpa.acentra.com/fmt.pdf) (fecal microbio spore, live-brpk)  [XIFAXAN](https://paxpress-txpa.acentra.com/xifaxan.pdf) (rifaximin) |

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| **ANTIBIOTICS, INHALE****D** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated   conditions | The following Clinical Prior Authorization applies to drugs with an “\*” in the class:   * [Antibiotics, Inhaled](https://paxpress-txpa.acentra.com/inhaledantibiotics.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| BETHKIS (tobramycin)\* | [ARIKAYCE](https://paxpress-txpa.acentra.com/arikayce.pdf) (amikacin) |
| CAYSTON (aztreonam)\* | TOBI (tobramycin) solution\* |
| KITABIS PAK (tobramycin)\* | tobramycin solution\* |
| TOBI PODHALER (tobramycin)\* |  |

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| **ANTIBIOTICS, TOPICA****L** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| bacitracin ointment | bacitracin packets |
| bacitracin/polymyxin ointment | CENTANY (mupirocin) |
| mupirocin ointment | gentamicin |
| neomycin/bacitracin/polymyxin/pramoxine ointment | mupirocin cream |
| triple antibiotic ointment | neomycin/polymyxin/pramoxine |
|  | XEPI (ozenoxacin) |

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| **ANTIBIOTICS, VAGI****NAL** | | |
| **PA CRITERIA** | | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions | | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** | |
| CLEOCIN (clindamycin) cream, ovules | clindamycin | |
| metronidazole 0.75% (generic Metrogel-Vaginal, Vandazole) | CLINDESSE (clindamycin) cream |  |
| NUVESSA (metronidazole) | METROGEL-VAGINAL (metronidazole) | |
| XACIATO (clindamycin) | metronidazole 1.3% (generic Nuvessa) | |
| SOLOSEC (secnidazole) |  |
| VANDAZOLE (metronidazole) |  |

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| **ANTICOAGULANT****S** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated   conditions | The following Clinical Prior Authorization applies **to all drugs** in the class:   * [Duplicate Therapy](https://paxpress-txpa.acentra.com/duptherapy.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| ELIQUIS (apixaban) | ARIXTRA (fondaparinux) |
| enoxaparin | dabigatran |
| JANTOVEN (warfarin) | fondaparinux |
| PRADAXA (dabigatran) capsules | FRAGMIN (dalteparin) |
| warfarin | LOVENOX (enoxaparin) |
| XARELTO (rivaroxaban) tablets, dosepak, suspension | PRADAXA (dabigatran) pellet pack |
|  | SAVAYSA (edoxaban) |

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| **ANTICONVULSANT****S** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: Hyperlinks specify Drug Utilization Review board-   * All of the agents in the Anticonvulsants class approved drug clinical prior authorization criteria.   are preferred | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| APTIOM (eslicarbazine) BANZEL (rufinamide) BRIVIACT (brivaracetam) carbamazepine carbamazepine ER, XR CARBATROL (carbamazepine) CELONTIN (methsuximide) clobazam  clonazepam  DEPAKOTE (divalproex sodium) DEPAKOTE ER (divalproex sodium) [DIACOMIT](https://paxpress-txpa.acentra.com/antiseizurepdg.pdf) (stiripentol)  DIASTAT (diazepam)  DIASTAT ACUDIAL (diazepam) diazepam  DILANTIN (phenytoin) DILANTIN INFATAB (phenytoin) divalproex  divalproex ER  ELEPSIA XR (levetiracetam) [EPIDIOLEX](https://paxpress-txpa.acentra.com/antiseizurepdg.pdf) (cannabidiol) EPITOL (carbamazepine) EPRONTIA (topiramate) EQUETRO (carbamazepine) ethosuximide  felbamate  FELBATOL (felbamate) [FINTEPLA](https://paxpress-txpa.acentra.com/antiseizurepdg.pdf) (fenfluramine) FYCOMPA (perampanel) GABITRIL (tiagabine) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) KLONOPIN (clonazepam) lacosamide  LAMICTAL (lamotrigine) tablets, ODT LAMICTAL XR (lamotrigine) lamotrigine tablets, ER, ODT levetiracetam  levetiracetam XR LIBERVANT (diazepam) methsuximide  MOTPOLY XR (lacosamide) MYSOLINE (primidone) NAYZILAM (midazolam) ONFI (clobazam) oxcarbazepine oxcarbazepine ER  OXTELLAR XR (oxcarbazepine) phenobarbital |  |

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| **ANTICONVULSANTS cont.** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * All of the agents in the Anticonvulsants class are preferred | Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| PHENYTEK (phenytoin) |  |
| phenytoin |
| primidone |
| QUDEXY XR (topiramate) |
| ROWEEPRA (levetiracetam) |
| rufinamide suspension |
| rufinamide tablets |
| SABRIL (vigabatrin) |
| SPRITAM (levetiracetam) |
| SUBVENITE (lamotrigine) |
| SYMPAZAN (clobazam) |
| TEGRETOL (carbamazepine) |
| TEGRETOL XR (carbamazepine) |
| tiagabine |
| TOPAMAX (topiramate) |
| topiramate |
| topiramate ER |
| TRILEPTAL (oxcarbazepine) |
| TROKENDI XR (topiramate) |
| valproic acid |
| VALTOCO (diazepam) |
| vigabatrin |
| VIGADRONE (vigabatrin) |
| VIMPAT (lacosamide) |
| XCOPRI (cenobamate) |
| ZARONTIN (ethosuximide) |
| ZONISADE (zonisamide) |
| zonisamide |
| [ZTALMY](https://paxpress-txpa.acentra.com/ztalmy.pdf) (ganaxolone) |

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| **ANTIDEPRESSANTS, OT****HER** | | |
| **PA CRITERIA** | | |
| Client must meet at least one of the listed PA criteria:   * Non-preferred drug usage prior to inpatient facility discharge * Stability with non-preferred drug usage * Complication risk with switch from non- preferred drug * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | | Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
|  | **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| bupropion |  | APLENZIN (bupropion) |
| bupropion SR (Wellbutrin SR) | | AUVELITY (dextromethorphan HBr/bupropion) |
| bupropion XL (Wellbutrin XL) | | bupropion XL (Forfivo XL) |
| FORFIVO XL (bupropion) | | desvenlafaxine ER |
| mirtazapine |  | EFFEXOR XR (venlafaxine) |
| phenelzine |  | EMSAM (selegiline) |
| PRISTIQ (desvenlafaxine) | | FETZIMA (levomilnacipran) |
| trazodone |  | MARPLAN (isocarboxazid) |
| venlafaxine ER capsules | | NARDIL (phenelzine) |
| venlafaxine IR |  | nefazodone |
| VIIBRYD (vilazodone) | | REMERON (mirtazapine) |
|  | | tranylcypromine |
|  | | TRINTELLIX (vortioxetine) |
|  | | venlafaxine besylate ER |
|  | | venlafaxine ER tablets |
|  | | vilazodone |
|  | | WELLBUTRIN SR (bupropion) |
|  | | WELLBUTRIN XL (bupropion) |
| **PPD AGENTS** |  | |
|  | | [ZURZUVAE](https://paxpress-txpa.acentra.com/zurzuvaepdg.pdf) (zuranolone) |

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| **ANTIDEPRESSANTS, SS****RIs** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Non-preferred drug usage prior to inpatient facility discharge * Stability with non-preferred drug usage * Complication risk with switch from non- preferred drug * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| citalopram tablets, solution | CELEXA (citalopram) |
| escitalopram tablets | citalopram 30mg capsules |
| fluoxetine capsules, solution | escitalopram solution |
| fluvoxamine | fluoxetine capsules DR |
| paroxetine (Paxil) | fluoxetine tablets |
| sertraline concentration, tablets | fluvoxamine ER |
|  | LEXAPRO (escitalopram) |
|  | paroxetine (Brisdelle) |
|  | paroxetine CR |
|  | PAXIL (paroxetine) |
|  | PAXIL CR (paroxetine) |
|  | PEXEVA (paroxetine) |
|  | PROZAC (fluoxetine) |
|  | sertraline capsules |
|  | ZOLOFT (sertraline) |

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| **ANTIDEPRESSANTS, TRICYCLI****C** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Non-preferred drug usage prior to inpatient facility discharge * Stability with non-preferred drug usage * Complication risk with switch from non- preferred drug * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| amitriptyline | amoxapine |
| doxepin | ANAFRANIL (clomipramine) |
| imipramine | clomipramine |
| nortriptyline capsules | desipramine |
|  | imipramine pamoate |
|  | NORPRAMIN (desipramine) |
|  | nortriptyline solution |
|  | PAMELOR (nortriptyline) |
|  | protriptyline |
|  | trimipramine |

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| **ANTIEMETIC-ANTIVERTIGO AGE****NTS (EXCLUDES INJECTABLES)** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: The following Clinical Prior Authorization may apply   * Treatment failure with preferred drugs within to drugs in the class:   any subclass  [Antiemetic Agents](https://paxpress-txpa.acentra.com/antiemetics.pdf)   * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* Hyperlinks specify Drug Utilization Review board- * Treatment of stage-four advanced, approved drug clinical prior authorization criteria.   metastatic cancer and associated conditions   * For drugs in a therapeutic class or subclass with no preferred option, the provider must   obtain a PDL prior authorization | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| **ANTICHOLINERGICS, ANTIHISTAMINES, DOPAMINE**  **ANTAGONISTS** | |
| [ANTIVERT (meclizine) tablet](https://paxpress-txpa.acentra.com/duptherapy.pdf) [BONJESTA](https://paxpress-txpa.acentra.com/doxylaminepyridoxine.pdf) (doxylamine/pyridoxine) [DICLEGIS](https://paxpress-txpa.acentra.com/doxylaminepyridoxine.pdf) (doxylamine/pyridoxine) dimenhydrinate  meclizine  metoclopramide solution, tablets phosphoric acid/dextrose/fructose prochlorperazine tablets [promethazine](https://paxpress-txpa.acentra.com/phenergan.pdf) syrup, tablets  TRANSDERM-SCOP (scopolamine) | [ANTIVERT (meclizine) chewable](https://paxpress-txpa.acentra.com/duptherapy.pdf) COMPRO (prochlorperazine) [doxylamine/pyridoxine](https://paxpress-txpa.acentra.com/doxylaminepyridoxine.pdf)  GIMOTI (metoclopramide) prochlorperazine suppositories [promethazine](https://paxpress-txpa.acentra.com/phenergan.pdf) suppositories REGLAN (metoclopramide) scopolamine patches trimethobenzamide |
| **CANNABINOIDS** | |
| MARINOL (dronabinol) | dronabinol |
| **5-HT3 RECEPTOR ANTAGONISTS** | |
| ondansetron ODT (4 mg, 8 mg), tablets ANZEMET (dolasetron) [granisetron](https://paxpress-txpa.acentra.com/antiemetics.pdf) ondansetron ODT 16 mg [SANCUSO](https://paxpress-txpa.acentra.com/antiemetics.pdf) (granisetron)  SUSTOL (granisetron) | |
| **SUBSTANCE P ANTAGONISTS AND COMBINATIONS** | |
|  | AKYNZEO (netupitant/palonosetron) aprepitant  EMEND (aprepitant) |

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| **ANTIFUNGALS,** **ORAL** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: Hyperlinks specify Drug Utilization Review board-   * Treatment failure with preferred drugs within approved drug clinical prior authorization criteria. any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic   cancer and associated conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| clotrimazole fluconazole  griseofulvin suspension ketoconazole  posaconazole suspension, tablets, AG nystatin  SPORANOX (itraconazole) capsule terbinafine  VFEND (voriconazole) suspension | ANCOBON (flucytosine) BREXAFEMME (ibrexafungerp) CRESEMBA (isavuconazonium sulfate) DIFLUCAN (fluconazole)  flucytosine  griseofulvin tablets /ultramicrosize itraconazole  NOXAFIL(posaconazole) suspension, suspdr packet, tablets  ORAVIG (miconazole)  SPORANOX (itraconazole) solution TOLSURA (itraconazole)  VFEND (voriconazole) tablets [VIVJOA](https://paxpress-txpa.acentra.com/rvvc.pdf) (oteseconazole)  voriconazole |

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| **ANTIFUNGALS, TOPICA****L** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: The following Clinical Prior Authorization may apply   * Treatment failure with preferred drugs within to drugs in the class:   any subclass  [Antifungal Agents, Topical](https://paxpress-txpa.acentra.com/anf.pdf)   * Contraindication to preferred drugs\* Hyperlinks specify Drug Utilization Review board- * Allergic reaction to preferred drugs\* approved drug clinical prior authorization criteria. * Treatment of stage-four advanced,   metastatic cancer and associated  conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| **ANTIFUNGALS** | |
| ciclopirox cream, nail solution ALEVAZOL (clotrimazole)  clotrimazole BENSAL HP (benzoic acid/salicylic acid)  JUBLIA (efinaconazole) CICLODAN (ciclopirox)  ketoconazole cream, shampoo ciclopirox gel, kit, shampoo, susp  miconazole cream, powder clotrimazole solution RX  NYAMYC (nystatin) powder DESENEX AERO POWDER OTC (miconazole)  nystatin econazole  NYSTOP (nystatin) powder ERTACZO (sertaconazole )  terbinafine EXTINA (ketoconazole)  tolnaftate cream, powder FUNGOID (miconazole)  VUSION (miconazole/zinc/petrolatum) ketoconazole foam KETODAN (ketoconazole) KLAYESTA (nystatin) powder LOPROX (ciclopirox) LOTRIMIN AF (clotrimazole) LOTRIMIN ULTRA (butenafine) luliconazole  LUZU (luliconazole) miconazole ointment, soln  MICOTRIN AC (clotrimazole) cream MICOTRIN AP (miconazole) powder MYCOZYL AC cream OTC (clotrimazole) MYCOZYL AP (miconazole) powder naftifine  NAFTIN (naftifine) oxiconazole  OXISTAT (oxiconazole) tavaborole  tolnaftate solution, spray  TRIPENICOL (undecylenic acid) cream, solution  VOTRIZA-AL LOTION OTC (clotrimazole) | |
| **ANTIFUNGAL/STEROID COMBINATIONS** | |
| clotrimazole/betamethasone cream | clotrimazole/betamethasone lotion nystatin/triamcinolone  TRIAMAZOLE KIT (econazole/triamcinolone) |

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| **ANTIHISTAMINES, FIRST GENERATI****ON** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: The following Clinical Prior Authorization applies **to**   * Treatment failure after no less than a 30-day **all drugs** in the class:   trial of preferred drugs  [Duplicate Therapy](https://paxpress-txpa.acentra.com/duptherapy.pdf)   * Contraindication to preferred drugs\* Hyperlinks specify Drug Utilization Review board- * Allergic reaction to preferred drugs\* approved drug clinical prior authorization criteria. * Treatment of stage-four advanced,   metastatic cancer and associated  conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| **ANTIHISTAMINES** | |
| BANOPHEN (diphenhydramine) carbinoxamine liquid, tablets chlorpheniramine IR tablets cyproheptadine syrup, tablets diphenhydramine capsules, liquid, tablets HISTEX (triprolidine) liquid, PD DROPS hydroxyzine  PEDIACLEAR PD DROPS OTC (triprolidine) PEDIACLEAR-8 LIQUID OTC (pyrilamine maleate) triprolidine drops OTC | carbinoxamine ER suspension [clemastine syrup](https://paxpress-txpa.acentra.com/duptherapy.pdf)/tablets diphenhydramine chew, elixir  ED CHLORPRED (chlorpheniramine/phenylephrine) HISTEX (triprolidine) chew, PDX drop  KARBINAL ER (carbinoxamine) suspension PEDIAVENT (dexbrompheniramine) RYCLORA (dexchlorpheniramine)  RYVENT (carbinoxamine) triprolidine  VISTARIL (hydroxyzine) |

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| **ANTIHISTAMINES, MINIMALLY SEDAT****ING** | | | |
| **PA CRITERIA** | | | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure after no less than a 30-day trial of preferred drugs * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions * For drugs in a therapeutic class or subclass with no preferred option, the provider must   obtain a PDL prior authorization | The following Clinical Prior Authorization applies **to all drugs** in the class:   * [Duplicate Therapy](https://paxpress-txpa.acentra.com/duptherapy.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. | | |
| **PREFERRED AGENTS** |  | **NON-PREFERRED AGENTS** | |
| **ANTIHISTAMINES** | | | |
| cetirizine solution, tablets | cetirizine chewable, capsules | | |
| loratadine solution, tablets | CLARINEX (desloratadine) | | |
|  | CLARITIN LIQUI-GEL (loratadine) | | |
|  | desloratadine | |  |
|  | fexofenadine | |  |
|  | levocetirizine | |  |
|  | loratadine | capsule | , chewable, ODT |
| **ANTIHISTAMINES/DECONGESTANT**  **COMBINATIONS** | | | |
|  | cetirizine/pseudoephedrine | | |
| CLARINEX-D (desloratadine/pseudoephedrine) | | |
| fexofenadine/pseudoephedrine | | |
| loratadine/pseudoephedrine | | |

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| **ANTIHYPERTENSIVES, SYMPATHOL****YTICS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| CATAPRES-TTS (clonidine) | clonidine ER [methyldopa / HCTZ](https://paxpress-txpa.acentra.com/duptherapy.pdf) |
| clonidine transdermal |
| clonidine IR tablets |
| guanfacine IR |
| methyldopa |

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| **ANTIHYPERURICEMIC****S** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: Hyperlinks specify Drug Utilization Review board-   * Treatment failure with preferred drugs within approved drug clinical prior authorization criteria. any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| allopurinol 100mg & 300mg tablets [MITIGARE](https://paxpress-txpa.acentra.com/Colcrys.pdf) (colchicine)  probenecid probenecid/colchicine | allopurinol 200mg [colchicine](https://paxpress-txpa.acentra.com/Colcrys.pdf)  [COLCRYS](https://paxpress-txpa.acentra.com/Colcrys.pdf) (colchicine) febuxostat  GLOPERBA (colchicine) ULORIC (febuxostat)  ZYLOPRIM (allopurinol) |

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| **ANTIMIGRAINE AGE****NTS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: The following Clinical Prior Authorization may apply   * Treatment failure with preferred drugs within to drugs in the class:   any subclass  [Antimigraine Agents, Triptans](https://paxpress-txpa.acentra.com/triptanspdg.pdf)   * Contraindication to preferred drugs\*  [Antimigraine Agents, Ergot Derivatives](https://paxpress-txpa.acentra.com/ergot.pdf) * Allergic reaction to preferred drugs\*  [Calcitonin Gene-Related Peptide](https://paxpress-txpa.acentra.com/cgrpacutepdg.pdf) * Treatment of stage-four advanced, [Receptor Antagonists, Acute Treatment](https://paxpress-txpa.acentra.com/cgrpacutepdg.pdf) metastatic cancer and associated  [Calcitonin Gene-Related Peptide](https://paxpress-txpa.acentra.com/cgrpchronicpdg.pdf) conditions [Receptor Antagonists, Prophylaxis](https://paxpress-txpa.acentra.com/cgrpchronicpdg.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| **TRIPTANS** | |
| IMITREX (sumatriptan) injection kit, nasal rizatriptan  sumatriptan nasal sumatriptan tablets ZOMIG (zolmitriptan) nasal | almotriptan  AMERGE (naratriptan) eletriptan  FROVA (frovatriptan) frovatriptan  IMITREX (sumatriptan) tablets, vial MAXALT (rizatriptan)  naratriptan  ONZETRA XSAIL (sumatriptan) RELPAX (eletriptan) sumatriptan injection kit, vial sumatriptan/naproxen TOSYMRA (sumatriptan[)](https://paxpress.txpa.hidinc.com/duptherapy.pdf)  [TREXIMET](https://paxpress-txpa.acentra.com/duptherapy.pdf)(sumatriptan/naproxen) ZEMBRACE SYMTOUCH (sumatriptan) zolmitriptan tablets, nasal  ZOMIG (zolmitriptan) tablets |
| **NON-TRIPTANS** | |
| [AIMOVIG](https://paxpress-txpa.acentra.com/cgrpchronicpdg.pdf) (erenumab)  [AJOVY](https://paxpress-txpa.acentra.com/cgrpchronicpdg.pdf) (fremanezumab-vfrm) [EMGALITY](https://paxpress-txpa.acentra.com/cgrpchronicpdg.pdf) (galcanezumab-gnlm) [NURTEC ODT](https://paxpress-txpa.acentra.com/cgrpchronicpdg.pdf) [(rimegepant)](https://paxpress.txpa.hidinc.com/cgrpacute.pdf) [UBRELVY](https://paxpress-txpa.acentra.com/cgrpacutepdg.pdf) (ubrogepant) | [D.H.E. 45 (dihydroergotamine)](https://paxpress-txpa.acentra.com/ergot.pdf) diclofenac potassium powder [dihydroergotamine mesylate](https://paxpress-txpa.acentra.com/ergot.pdf) ELYXYB SOLUTION (celecoxib)  [EMGALITY 100 mg (cluster headache)](https://paxpress-txpa.acentra.com/cgrpchronicpdg.pdf) (galcanezumab-gnlm)  [MIGERGOT supp (ergotamine tartrate/caffeine)](https://paxpress-txpa.acentra.com/ergot.pdf) [MIGRANAL (dihydroergotamine mesylate)](https://paxpress-txpa.acentra.com/ergot.pdf) [QULIPTA](https://paxpress-txpa.acentra.com/cgrpchronicpdg.pdf) (atogepant)  REYVOW (lasmiditan)  [TRUDHESA (dihydroergotamine mesylate)](https://paxpress-txpa.acentra.com/ergot.pdf) [ZAVZPRET](https://paxpress-txpa.acentra.com/cgrpacutepdg.pdf) (zavegepant) |

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| **ANTIPARASITICS, TOPIC****AL** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| NATROBA (spinosad) | CROTAN (crotamiton) |
| permethrin | EURAX (crotamiton) |
| VANALICE GEL OTC (piperonyl butoxide/pyrethrins) | ivermectin  lindane |
|  | malathion |
|  | OVIDE (malathion) |
|  | piperonyl butoxide/pyrethrins |
|  | piperonyl butox/pyrethr/permet |
|  | SKLICE (ivermectin) |
|  | spinosad |

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| **ANTIPARKINSON’S AG****ENTS (ORAL/TRANSDERMAL)** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: Hyperlinks specify Drug Utilization Review board-   * Treatment failure with preferred drugs within any approved drug clinical prior authorization criteria. subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions * For drugs in a therapeutic class or subclass with no preferred option, the provider must obtain a PDL prior authorization | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| **ANTICHOLINERGICS** | |
| benztropine  trihexyphenidyl |  |
| **COMT INHIBITORS** | |
|  | COMTAN (entacapone) entacapone ONGENTYS (opicapone)  TASMAR (tolcapone) tolcapone |
| **DOPAMINE AGONISTS** | |
| pramipexole ropinirole | APOKYN (apomorphine) [apomorphine](https://paxpress-txpa.acentra.com/DA_Clin_Edit_Criteria.pdf) bromocriptine  MIRAPEX ER (pramipexole) NEUPRO transdermal (rotigotine) PARLODEL (bromocriptine) pramipexole ER  ropinirole ER |
| **MAO-B INHIBITORS** | |
|  | AZILECT (rasagiline) rasagiline  selegiline  XADAGO (safinamide) ZELAPAR (selegiline) |
| **OTHERS** | |
| amantadine carbidopa/levodopa tablets carbidopa/levodopa ER  carbidopa/levodopa/entacapone | carbidopa carbidopa/levodopa ODT DHIVY (carbidopa/levodopa) DUOPA (carbidopa/levodopa) [GOCOVRI](https://paxpress-txpa.acentra.com/Amantadine_ER_Clin_Edit_Criteria.pdf) (amantadine) INBRIJA (levodopa) LODOSYN (carbidopa) NOURIANZ (istradefylline) [OSMOLEX ER](https://paxpress-txpa.acentra.com/Amantadine_ER_Clin_Edit_Criteria.pdf) (amantadine) RYTARY (carbidopa/levodopa)  SINEMET (carbidopa/levodopa)  STALEVO (levodopa/carbidopa/entacapone) |

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| **ANTIPSYCHOT****ICS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: The following Clinical Prior Authorization applies **to**   * Non-preferred drug usage prior to inpatient **all drugs** in the class: facility discharge  [Antipsychotics](https://paxpress-txpa.acentra.com/asypdg.pdf) * Stability with non-preferred drug usage Hyperlinks specify Drug Utilization Review board- * Complication risk with switch from non- approved drug clinical prior authorization criteria. preferred drug * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| **ANTIPSYCHOTICS** | |
| [aripiprazole t](https://paxpress.txpa.hidinc.com/antipsychotics.pdf)ablets CAPLYTA (lumateperone) [chlorpromazine](https://paxpress.txpa.hidinc.com/antipsychotics.pdf) [clozapine](https://paxpress.txpa.hidinc.com/antipsychotics.pdf)  [fluphenazine](https://paxpress.txpa.hidinc.com/antipsychotics.pdf) [haloperidol](https://paxpress.txpa.hidinc.com/antipsychotics.pdf) haloperidol decanoate lurasidone  [NUPLAZID](https://paxpress-txpa.acentra.com/nuplazid.pdf) (pimavanserin) capsules olanzapine  olanzapine ODT perphenazine quetiapine IR  REXULTI (brexpiprazole) risperidone tablets, solution thioridazine  thiothixene trifluoperazine VRAYLAR (cariprazine) ziprasidone | ABILIFY (aripiprazole) tablets ABILIFY MYCITE (aripiprazole) ADASUVE (inhalation) aripiprazole ODT, solution asenapine SL  clozapine ODT CLOZARIL (clozapine) FANAPT (iloperidone) fluphenazine decanoate  GEODON (ziprasidone) capsule, IM HALDOL (haloperidol) decanoate haloperidol lactate injection INVEGA (paliperidone)  LATUDA (lurasidone) loxapine  molindone  [NUPLAZID](https://paxpress-txpa.acentra.com/nuplazid.pdf) (pimavanserin) tablets olanzapine IM  paliperidone ER pimozide quetiapine ER  RISPERDAL (risperidone) risperidone ODT SAPHRIS (asenapine) SECUADO (asenapine) SEROQUEL (quetiapine)  SEROQUEL XR (quetiapine) VERSACLOZ (clozapine) ziprasidone IM  ZYPREXA (olanzapine)  ZYPREXA ZYDIS (olanzapine) |

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| **ANTIPSYCHOTICS cont.** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Non-preferred drug usage prior to inpatient facility discharge * Stability with non-preferred drug usage * Complication risk with switch from non- preferred drug * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | The following Clinical Prior Authorization applies **to all drugs** in the class:   * [Antipsychotics](https://paxpress-txpa.acentra.com/asypdg.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **ANTIPSYCHOTIC/SSRI COMBINATIONS** | |
| amitriptyline/perphenazine | olanzapine/fluoxetine |
| SYMBYAX (olanzapine/fluoxetine) |
| **ANTIPSYCHOTIC/SEROTONIN ANTAGONIST**  **COMBINATIONS** | |
|  | LYBALVI (olanzapine/samidorphan) |
| **LONG-ACTING INJECTABLES** | |
| ABILIFY ASIMTUFII (aripiprazole) | risperidone ER vial |
| ABILIFY MAINTENA (aripiprazole) | RYKINDO (risperidone) |
| ARISTADA (aripiprazole) | ZYPREXA RELPREVV (olanzapine) |
| ARISTADA INITIO (aripiprazole) |  |
| INVEGA HAFYERA (paliperidone) |  |
| INVEGA SUSTENNA (paliperidone) |  |
| INVEGA TRINZA (paliperidone) |  |
| PERSERIS (risperidone) |  |
| RISPERDAL CONSTA (risperidone) |  |
| UZEDY (risperidone) |  |

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| **ANTIVIRALS, ORAL/NAS****AL** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **ANTIHERPETIC** | |
| acyclovir | SITAVIG (acyclovir) |
| famciclovir | VALTREX (valacyclovir) |
| valacyclovir |  |
| **ANTI-INFLUENZA** | |
| oseltamivir | FLUMADINE (rimantadine) |
| RELENZA (zanamivir) |
| rimantadine |
| TAMIFLU (oseltamivir) |
| XOFLUZA (baloxavir) |
| **ANTI-CMV** | |
| VALCYTE (valganciclovir) solution | LIVTENCITY (maribavir) |
| valganciclovir tablets | VALCYTE (valganciclovir) tablets |
|  | valganciclovir solution |

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| **ANTIVIRALS, TOP****ICAL** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| DENAVIR (penciclovir) docosanol cream OTC  XERESE (acyclovir/hydrocortisone)  ZOVIRAX (acyclovir) cream, ointment | acyclovir cream, ointment penciclovir |

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| **ANXIOL****YTICS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated   conditions | The following Clinical Prior Authorization applies **to all drugs** in the class:   * [Anxiolytics](https://paxpress-txpa.acentra.com/ashpdg.pdf) * [Opiate/Benzodiazepine/Muscle Relaxant](https://paxpress-txpa.acentra.com/TX%20PA_Opiate_Benzo_MRv2.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| alprazolam tablets | alprazolam ER |
| buspirone | alprazolam intensol |
| chlordiazepoxide | alprazolam ODT |
| clorazepate | ATIVAN (lorazepam) |
| diazepam solution | diazepam intensol |
| diazepam tablets | LOREEV XR (lorazepam) |
| lorazepam intensol | meprobamate |
| lorazepam tablets | oxazepam |
|  | XANAX XR (alprazolam) |
|  | XANAX (alprazolam) tablets |

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| **BETA BLOCKERS (ORAL****)** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: Hyperlinks specify Drug Utilization Review board-   * Treatment failure with preferred drugs within approved drug clinical prior authorization criteria. any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| **BETA BLOCKERS** | |
| acebutolol atenolol bisoprolol  HEMANGEOL (propranolol) metoprolol IR  metoprolol XL propranolol IR SORINE (sotalol) sotalol | BETAPACE/ AF (sotalol) betaxolol  BYSTOLIC (nebivolol) CORGARD (nadolol) INDERAL LA/XL (propranolol) INNOPRAN XL (propranolol)  KAPSPARGO (metoprolol succinate) LOPRESSOR (metoprolol)  nadolol nebivolol pindolol propranolol ER  SOTYLIZE (sotalol) TENORMIN (atenolol) timolol  TOPROL XL (metoprolol succinate) |
| **BETA BLOCKER COMBINATIONS** | |
| atenolol/chlorthalidone [bisoprolol/HCTZ](https://paxpress-txpa.acentra.com/duptherapy.pdf) | [metoprolol/HCTZ](https://paxpress-txpa.acentra.com/duptherapy.pdf) [propranolol/HCTZ](https://paxpress-txpa.acentra.com/duptherapy.pdf) [TENORETIC](https://paxpress-txpa.acentra.com/duptherapy.pdf) (atenolol/HCTZ) [ZIAC](https://paxpress-txpa.acentra.com/duptherapy.pdf) (bisoprolol/HCTZ) |
| **BETA- AND ALPHA-BLOCKERS** | |
| carvedilol  COREG CR (carvedilol)  labetalol | carvedilol ER COREG (carvedilol) |

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| **BILE SALT****S** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: Hyperlinks specify Drug Utilization Review board-   * Treatment failure with preferred drug approved drug clinical prior authorization criteria. * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| ursodiol tablets | [BYLVAY](https://paxpress-txpa.acentra.com/biliarycho.pdf) (odevixibat) cap/pellet CHENODAL (chenodiol) CHOLBAM (cholic acid) [IQIRVO](https://paxpress-txpa.acentra.com/biliarycho.pdf) (elafibranor)  [LIVMARLI](https://paxpress-txpa.acentra.com/biliarycho.pdf) (maralixibat) OCALIVA (obeticholic acid) RELTONE (ursodiol)  URSO (ursodiol)  URSO FORTE(urosodiol)  ursodiol capsules |

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| **BLADDER RELAXANT PREPARAT****IONS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| MYRBETRIQ (mirabegron) tablets/granules | darifenacin ER |
| oxybutynin IR 5 MG (generic Ditropan) | DETROL (tolterodine) |
| oxybutynin ER | DETROL LA (tolterodine) |
| solifenacin | DITROPAN XL (oxybutynin) |
| TOVIAZ (fesoterodine) | fesoterodine |
|  | flavoxate |
|  | GELNIQUE (oxybutynin) |
|  | GEMTESA (vibegron) |
|  | mirabegron |
|  | oxybutynin IR 2.5 MG |
|  | OXYTROL (oxybutynin) |
|  | tolterodine |
|  | tolterodine ER |
|  | trospium |
|  | trospium ER |
|  | VESICARE (solifenacin) |
|  | VESICARE LS (solifenacin) |

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| **BONE RESORPTION SUPPRESSION AND**  **RELATED** **AGENTS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions * For drugs in a therapeutic class or subclass with no preferred option, the provider must   obtain a PDL prior authorization | Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **BISPHOSPHONATES** | |
| alendronate tablets | ACTONEL (risedronate) |
| alendronate solution |
| ATELVIA (risedronate) |
| EVENITY (romosozumab-aqqg) |
| FOSAMAX (alendronate) |
| FOSAMAX PLUS D (alendronate/vitamin D) |
| ibandronate |
| risedronate |
| **OTHER BONE RESORPTION SUPPRESSION**  **AND RELATED AGENTS** | |
| [EVISTA](https://paxpress-txpa.acentra.com/duptherapy.pdf) (raloxifene) | calcitonin nasal |
| [FORTEO](https://paxpress-txpa.acentra.com/Forteo.pdf) (teriparatide) | PROLIA (denosumab) [raloxifene](https://paxpress-txpa.acentra.com/duptherapy.pdf)  [teriparatide](https://paxpress-txpa.acentra.com/Forteo.pdf) |
| TYMLOS (abaloparatide) |

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| **BPH AGENT****S** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: Hyperlinks specify Drug Utilization Review board-   * Treatment failure with preferred drugs within approved drug clinical prior authorization criteria. any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions * For drugs in a therapeutic class or subclass with no preferred option, the provider must   obtain a PDL prior authorization | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| **ALPHA BLOCKERS** | |
| alfuzosin doxazosin tamsulosin  terazosin | CARDURA (doxazosin) FLOMAX (tamsulosin) RAPAFLO (silodosin)  silodosin |
| **5-ALPHA-REDUCTASE (5AR) INHIBITORS** | |
| finasteride | AVODART (dutasteride) dutasteride  PROSCAR (finasteride) |
| **ALPHA BLOCKER/5AR INHIBITOR**  **COMBINATIONS** | |
|  | dutasteride/tamsulosin ENTADFI (finasteride/tadalafil)  JALYN (dutasteride/tamsulosin) |
| **PHOSPHODIESTERASE 5 INHIBITORS** | |
|  | [tadalafil](https://paxpress-txpa.acentra.com/revatio.pdf) |

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| **BRONCHODILATORS, BETA AGON****IST** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions * For drugs in a therapeutic class or subclass with no preferred option, the provider must   obtain a PDL prior authorization | The following Clinical Prior Authorization applies **to all drugs** in the class:   * [Duplicate Therapy](https://paxpress-txpa.acentra.com/duptherapy.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **INHALERS, SHORT-ACTING** | |
| PROVENTIL HFA (albuterol) | albuterol HFA |
| VENTOLIN HFA (albuterol) | levalbuterol |
| XOPENEX HFA (levalbuterol) | PROAIR DIGIHALER (albuterol) |
|  | PROAIR RESPICLICK (albuterol) |
| **INHALERS, LONG ACTING** | |
| SEREVENT (salmeterol) | STRIVERDI RESPIMAT (olodaterol) |
| **INHALATION SOLUTION** | |
| albuterol | arformoterol |
| XOPENEX (levalbuterol) | BROVANA (arformoterol) |
|  | formoterol |
|  | levalbuterol |
|  | PERFOROMIST (formoterol) |
| **ORAL** | |
| albuterol syrup | albuterol tablets |
| albuterol ER |
| terbutaline |

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| **CALCIUM CHANNEL BLOCKERS (O****RAL)** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| **SHORT-ACTING** | |
| diltiazem verapamil | CARDIZEM (diltiazem) isradipine  nicardipine nifedipine nimodipine  NYMALIZE (nimodipine) |
| **LONG-ACTING** | |
| amlodipine  CARTIA XT (diltiazem) DILT XR (diltiazem) diltiazem ER felodipine ER  KATERZIA (amlodipine) nifedipine ER nifedipine IR NORVASC (amlodipine) TIAZAC (diltiazem)  verapamil ER capsules, tablets | CALAN SR (verapamil) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem) diltiazem LA levamlodipine  MATZIM LA (diltiazem) nisoldipine  NORLIQVA (amlodipine oral solution) PROCARDIA XL (nifedipine)  SULAR (nisoldipine) TAZTIA XT (diltiazem) TIADYLT ER (diltiazem) verapamil 360 mg capsules verapamil ER PM  VERELAN (verapamil)  VERELAN PM (verapamil) |

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| **CEPHALOSPORINS AND RELATED ANTIBIOTICS**  **(ORA****L)** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| **BETA LACTAM/BETA-LACTAMASE INHIBITOR**  **COMBINATIONS** | |
| amoxicillin/clavulanate tablets, suspension  AUGMENTIN ES 600 susp (amoxicillin/clavulanate) | amoxicillin/clavulanate chewable, XR tablets  AUGMENTIN 125 susp (amoxicillin/clavulanate) |
| **CEPHALOSPORINS-FIRST GENERATION** | |
| cefadroxil capsules, suspension  cephalexin capsules, suspension | cefadroxil tablets  cephalexin tablets |
| **CEPHALOSPORINS-SECOND GENERATION** | |
| cefprozil suspension cefprozil tablets  cefuroxime tablets | cefaclor ER  cefaclor IR capsules, suspension |
| **CEPHALOSPORINS-THRID GENERATION** | |
| cefdinir  cefpodoxime tablets, suspension | cefixime  SUPRAX (cefixime) |

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| **COLONY STIMULATING FA****CTORS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| GRANIX (tbo-filgrastim) vial | FULPHILA (pegfilgrastim-jmdb) |
| NEUPOGEN (filgrastim) vial, syringe | FYLNETRA (pegfilgrastim-pbbk) |
| NYVEPRIA (pegfilgrastim-apgf) | GRANIX (tbo-filgrastim) syringe |
|  | LEUKINE (sargramostim) |
|  | NEULASTA (pegfilgrastim) |
|  | NIVESTYM (filgrastim-aafi) |
|  | RELEUKO (filgrastim-AYOW) syringe, vial |
|  | ROLVEDON SYRINGE (eflapegrastim-xnst) |
|  | STIMUFEND SYRINGE (pegfilgrastim-fpgk) |
|  | UDENYCA (pegfilgrastim-cbqv) |
|  | ZARXIO (filgrastim-sndz) |
|  | ZIEXTENZO SYRINGE (pegfilgrastim-bmez) |

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| **COPD AGE****NTS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions * For drugs in a therapeutic class or subclass with no preferred option, the provider must   obtain a PDL prior authorization | The following Clinical Prior Authorization applies **to all drugs** in the class:   * [Duplicate Therapy](https://paxpress-txpa.acentra.com/duptherapy.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **ANTICHOLINERGICS** | |
| ATROVENT HFA (ipratropium) | INCRUSE ELLIPTA (umeclidinium) |
| ipratropium inhalation solution | LONHALA MAGNAIR (glycopyrrolate) |
| SPIRIVA HANDIHALER (tiotropium) | TUDORZA (aclidinium) |
| SPIRIVA RESPIMAT (tiotropium) |  |
| **ANTICHOLINERGIC-BETA AGONIST**  **COMBINATIONS** | |
| albuterol/ipratropium | BEVESPI AEROSPHERE (glycopyrrolate/formoterol) |
| ANORO ELLIPITA (umeclidinium/vilanterol) | DUAKLIR PRESSAIR (aclidinium/formoterol) |
| COMBIVENT RESPIMAT (albuterol/ipratropium) | YUPELRI (revefenacin) |
| STIOLTO RESPIMAT (tiotropium/olodaterol) |  |
| **PHOSPHODIESTERASE INHIBITORS** | |
| roflumilast | DALIRESP (roflumilast) |

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| **COUGH AND COLD AG****ENTS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated   conditions | The following Clinical Prior Authorization may apply to drugs in the class:   * [Cough & Cold PA criteria](https://paxpress-txpa.acentra.com/Cough%20%26%20Cold.pdf) * [Dextromethorphan Overutilization](https://paxpress-txpa.acentra.com/dextro.pdf) Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| See separate **Preferred Cough and Cold Agent**  listing. | See separate **Preferred Cough and Cold Agent**  listing. |

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| **CYTOKINE AND CAM ANT****AGONISTS** | | | |
| **PA CRITERIA** | | | |
| Client must meet at least one of the listed PA criteria: The following Clinical Prior Authorization applies **to**   * Treatment failure with preferred drugs within **all drugs** in the class:   any subclass  [Cytokine and CAM Antagonists](https://paxpress-txpa.acentra.com/cytokinepend.pdf)   * Contraindication to preferred drugs\* Hyperlinks specify Drug Utilization Review board- * Allergic reaction to preferred drugs\* approved drug clinical prior authorization criteria. * Treatment of stage-four advanced,   metastatic cancer and associated  conditions | | | |
| **PREFERRED AGENTS** |  | **NON-PREFERRED AGENTS** |  |
| ENBREL (etanercept) HUMIRA (adalimumab) OTEZLA (apremilast) | ABRILADA (adalimumab-AFZB) ACTEMRA (tocilizumab) adalimumab-AACF  adalimumab-AATY kit, autoinjector adalimumab-ADAZ kit, pen kit adalimumab-ADBM syringe kit, pen kit adalimumab-FKJP kit, pen kit adalimumab-RYVK autoinjector AMJEVITA (adalimumab-atto) ARCALYST(rilonacept)  BIMZELX (bimekizumab-BKZX) CIBINQO (abrocitinib)  CIMZIA (certolizumab) COSENTYX (secukinumab)  CYLTEZO (adalimumab-ADBM) syringe kit, pen kit ENSPRYNG (satralizumab-MWGE)  ENTYVIO (vedolizumab) pen  HADLIMA (adalimumab-BWWD) kit, pen kit HULIO (adalimumab-FKJP) kit, pen kit HYRIMOZ (adalimumab-ADAZ) kit, pen kit IDACIO (adalimumab-AACF) kit, pen kit ILARIS (canakinumab)  ILUMYA (tildrakizumab-ASMN) KEVZARA (sarilumab) KINERET (anakinra)  LITFULO (ritlecitinib) OLUMIANT (baricitinib)  OMVOH (mirikizumab-MRKZ) pen, syringe ORENCIA (abatacept)  RINVOQ ER (upadacitinib)  RINVOQ LQ (upadacitinib) solution SILIQ (brodalumab)  SIMLANDI (adalimumab-RYVK) autoinjector SIMPONI (golimumab)  SKYRIZI (risankizumab-RZAA)  SKYRIZI ON-BODY (risankizumab-RZAA) SKYRIZI PEN (risankizumab-RZAA) SOTYKTU (deucravacitinib)  SPEVIGO (spesolimab-SBZO) STELARA (ustekinumab) TALTZ (ixekizumab)  TREMFYA (guselkumab) | | |
|  | TYENNE (tocilizumab-AAZG) autoinjector, PFS |  |

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| **CYTOKINE AND CAM ANTAGONISTS cont.** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* Treatment of stage-four advanced, metastatic cancer   and associated conditions | The following Clinical Prior Authorization applies **to all drugs** in the class:   * [Cytokine and CAM Antagonists](https://paxpress-txpa.acentra.com/cytokinepend.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
|  | XELJANZ (tofacitinib) |
| XELJANZ soln (tofacitinib) |
| XELJANZ XR (tofacitinib) |
| YUFLYMA (adalimumab-AATY) autoinjector, syringe |
| YUSIMRY (adalimumab-AQVH) |
| ZYMFENTRA (infliximab-DYYB) |

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| **EPINEPHRINE, SELF-IN****JECTED** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred products * Contraindication to preferred products\* * Allergic reaction to preferred products\* * Treatment of stage-four advanced, metastatic   cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| Auvi Q (epinephrine) | epinephrine (generic ADRENACLICK) |
| epinephrine (Mylan authorized generic EPIPEN and EPIPEN JR) | epinephrine (generic EPIPEN and EPIPEN JR) |
| EPIPEN (epinephrine) | SYMJEPI (epinephrine) |
| EPIPEN JR (epinephrine) |  |

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| **ERYTHROPOIESIS STIMULATING PROT****EINS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated   conditions | The following Clinical Prior Authorization applies **to all drugs** in the class:   * [Erythropoiesis Stimulating Proteins](https://paxpress-txpa.acentra.com/esapdg.pdf) Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| ARANESP (darbepoetin) | JESDUVROQ (daprodustat) |
| EPOGEN (RhUEPO) | MIRCERA (PEG-EPO) |
| RETACRIT (RhUEPO) | PROCRIT (RhUEPO) |
|  | REBLOZYL (luspatercept-aamt) |

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| **FLUOROQUINOLONES, O****RAL** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| ciprofloxacin IR | BAXDELA (delafloxacin) |
| CIPRO (ciprofloxacin) suspension | CIPRO (ciprofloxacin) tablets |
| levofloxacin tablets | ciprofloxacin suspension |
|  | levofloxacin solution |
|  | moxifloxacin |
|  | ofloxacin |

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| **GI MOTILITY, CHRONI****C** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: The following Clinical Prior Authorization applies **to**   * Treatment failure with preferred drugs within **all drugs** in the class: any subclass (including OTC products)  [GI Motility](https://paxpress-txpa.acentra.com/gimotilitypdg.pdf) * Contraindication to preferred drugs\* Hyperlinks specify Drug Utilization Review board- * Allergic reaction to preferred drugs\* approved drug clinical prior authorization criteria. * Treatment of stage-four advanced,   metastatic cancer and associated  conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| AMITIZA (lubiprostone) LINZESS (linaclotide) LOTRONEX (alosetron) lubiprostone MOVANTIK (naloxegol)  TRULANCE (plecanatide) | alosetron  IBSRELA (tenapanor HCl) MOTEGRITY (prucalopride) prucalopride  RELISTOR (methylnaltrexone) injection RELISTOR (methylnaltrexone) oral SYMPROIC (naldemedine)  VIBERZI (eluxadoline) |

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| **GLUCAGON AGENT****S** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| BAQSIMI (glucagon) | diazoxide suspension |
| glucagon injection | glucagon emergency kit (Fresenius) |
| glucagon emergency kit | GVOKE pen (glucagon) |
| PROGLYCEM (diazoxide) | GVOKE syringe/vial (glucagon) |
| ZEGALOGUE AUTOINJECTOR (dasiglucagon) |  |
| ZEGALOGUE SYRINGE (dasiglucagon) |  |

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| **GLUCOCORTICOIDS, INHALE****D** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA The following Clinical Prior Authorization applies **to all**  criteria: **drugs** in the class:   * Treatment failure with preferred drugs  [Duplicate Therapy](https://paxpress-txpa.acentra.com/duptherapy.pdf)   within any subclass Hyperlinks specify Drug Utilization Review board-   * Contraindication to preferred drugs\* approved drug clinical prior authorization criteria. * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated   conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| **GLUCOCORTICOIDS** | |
| ARNUITY ELLIPTA (fluticasone) ASMANEX (mometasone) ASMANEX HFA (mometasone) budesonide respules FLOVENT DISKUS (fluticasone) FLOVENT HFA (fluticasone)  PULMICORT FLEXHALER (budesonide)  QVAR (beclomethasone) | ALVESCO (ciclesonide)  ARMONAIR DIGIHALER (fluticasone) fluticasone HFA  fluticasone DISKUS  PULMICORT respules (budesonide) |
| **GLUCOCORTICOID/BRONCHODILATOR**  **COMBINATIONS** | |
| ADVAIR (fluticasone/salmeterol)  AIRDUO RESPICLICK (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol) | AIRDUO DIGIHALER (fluticasone/salmeterol) AIRSUPRA (albuterol/budesonide)  BREO ELLIPTA (fluticasone/vilanterol) BREYNA (budesonide/formoterol)  BREZTRI AEROSPHERE (budesonide/glycopyrrolate/formoterol) budesonide-formoterol  fluticasone/salmeterol (Air Duo)  fluticasone/vilanterol  TRELEGY ELLIPTA (fluticasone/umeclidinium/vilanterol) WIXELA (fluticasone/salmeterol) |

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| **GLUCORTICOIDS,** **ORAL** | | | |
| **PA CRITERIA** | | | |
| Client must meet at least one of the listed PA criteria: Hyperlinks specify Drug Utilization Review board-   * Treatment failure with preferred drugs within approved drug clinical prior authorization criteria. any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated   conditions | | | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | | | |
| budesonide EC  dexamethasone elixir, solution, tablets hydrocortisone  methylprednisolone tablet dose pack prednisolone solution  prednisone solution, tablets |  | [AGAMREE suspension](https://paxpress-txpa.acentra.com/syscorti.pdf) (vamorolone) |  |
| ALKINDI SPRINKLE (hydrocortisone) CORTEF (hydrocortisone)  cortisone [deflazacort](https://paxpress-txpa.acentra.com/syscorti.pdf)  dexamethasone intensol / tab ds pk DEXPAK (dexamethasone) [EMFLAZA](https://paxpress-txpa.acentra.com/syscorti.pdf) (deflazacort)  [EOHILIA](https://paxpress-txpa.acentra.com/eohiliapdg.pdf) (budesonide) [HEMADY](https://paxpress-txpa.acentra.com/Hemady_Clin_Edit_Criteria.pdf) (dexamethasone) MEDROL (methylprednisolone) methylprednisolone tablets MILLIPRED (prednisolone)  prednisolone tablets (MILLIPRED) prednisolone sodium phosphate ODT, solution (Millipred, Veripred)  prednisone intensol prednisone tablet dose pack RAYOS DR (prednisone) TAPERDEX (dexamethasone)  TARPEYO (budesonide) | | |

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| **GROWTH HORMON****E** | | | | | | | | | | |
| **PA CRITERIA** | | | | | | | | | | |
| Client must meet at least one of the listed PA criteria: The following Clinical Prior Authorization applies **to**   * Treatment failure with preferred drugs within **all drugs** in the class:   any subclass  [Growth Hormone](https://paxpress-txpa.acentra.com/ghpdg.pdf)   * Contraindication to preferred drugs\* Hyperlinks specify Drug Utilization Review board- * Allergic reaction to preferred drugs\* approved drug clinical prior authorization criteria. * Treatment of stage-four advanced,   metastatic cancer and associated  conditions | | | | | | | | | | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | | | | | | | | | | |
| GENOTROPIN (somatropin) NORDITROPIN (somatropin) SKYTROFA (lonapegsomatropin-tcgd) SOGROYA (somapacitan-beco) | HUMATROPE | | | | (somatropin | | | | ) | |
| NGENLA | | (somatrogon-ghla) | | | | | | |  |
| NUTROPIN AQ | | | | | (somatropin) | | | |  |
| OMNITROPE | | | | (somatropin) | | | |  | |
| SAIZEN | (somatropin) | | | | |  | | | |
| SEROSTIM | | | (somatropin) | | | |  | | |
| ZOMACTON ( | | | | somatropin) | | | |  | |

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| **H. PYLORI TREAT****MENT** | | |
| **PA CRITERIA** | | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions | | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** | |
| PYLERA (bismuth subcitrate/ metronidazole/tetracycline) | bismuth/metronidazole/tetracycline |  |
| lansoprazole/amoxicillin/clarithromycin | |
| OMECLAMOX PAK(omeprazole/amoxicillin/clarithromycin) | |
| TALICIA (omeprazole/amoxicillin/rifabutin) | |

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| **HEMOPHILIA TREAT****MENT** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * All of the agents in the Hemophilia Treatment class are preferred | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **FACTOR VIII** | |
| ADVATE |  |
| ADYNOVATE |
| AFSTYLA |
| ALTUVIIIO |
| ELOCTATE |
| ESPEROCT |
| HEMOFIL M |
| HUMATE P |
| JIVI |
| KOATE DVI |
| KOGENATE FS |
| KOVALTRY |
| NOVOEIGHT |
| NUWIQ |
| OBIZUR |
| RECOMBINATE |
| XYNTHA |
| **FACTOR IX** | |
| ALPHANINE SD |  |
| ALPROLIX |
| BENEFIX |
| IDELVION |
| IXINITY |
| PROFILNINE |
| REBINYN |
| RIXUBIS |
| **OTHER** | |
| ALPHANATE (von Willebrand factor/Factor VIII) |  |
| COAGADEX (Factor X) |
| CORIFACT (Factor XIII) |
| FEIBA NF (activated prothrombin complex) |
| HEMGENIX (etranacogene dezaparvovec-drlb) |
| HEMLIBRA (emicizumab-kxwh) |
| NOVOSEVEN RT (Factor VIIa) |
| SEVENFACT (Factor VIIa-jncw) |
| TRETTEN (Factor XIII) |
| VOVENDI (von Willebrand factor) |
| WILATE (von Willebrand factor/Factor VIII) |

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| **HEPATITIS C AGE****NTS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions * For drugs in a therapeutic class or subclass with no preferred option, the provider must   obtain a PDL prior authorization | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **PEGYLATED INTERFERONS** | |
|  | PEGASYS (pegylated IFN alfa-2a) |
| **POLYMERASE/PROTEASE INHIBITORS** | |
| MAVYRET (glecaprevir/pibrentasvir) | EPCLUSA (sofosbuvir/velpatasvir) |
| HARVONI (ledipasvir/sofosbuvir) tablets, pellet pack |
| ledipasvir/sofosbuvir |
| sofosbuvir/velpatasvir |
| SOVALDI (sofosbuvir) tablets, pellet pack |
| VIEKIRA PAK (dasabuvir/ombitasvir/paritaprevir/ritonavir) |
| VOSEVI (sofosbuvir, velpatasvir, voxilaprevir) |
| ZEPATIER (elbasvir/grazoprevir) |
| **RIBAVIRIN** | |
| ribavirin capsules |  |
| ribavirin tablets |

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| **HEREDITARY ANGIOEDEMA (HAE)**  **TREATMENTS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions | The following Clinical Prior Authorization applies to **all drugs** in the class:   * [Hereditary Angioedema](https://paxpress-txpa.acentra.com/HAE.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| BERINERT (C1 esterase inhibitor) | FIRAZYR (icatibant) |
| CINRYZE (C1 esterase inhibitor) | ORLADEYO (berotralstat) |
| HAEGARDA (C1 esterase inhibitor) | RUCONEST (C1 esterase inhibitor) |
| icatibant | TAKHZYRO (lanadelumab-FLYO) syringe, vial |
| KALBITOR (ecallantide) |  |
| SAJAZIR (icatibant) |  |

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| **HIV/A****IDS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * All of the agents in the HIV/AIDS class are preferred | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **ANTIRETROVIRAL SINGLE AGENT PRODUCTS** | |
| abacavir |  |
| APTIVUS (tipranavir) |
| atazanavir |
| darunavir |
| didanosine |
| EDURANT (rilpivirine) |
| efavirenz |
| emtricitabine |
| EMTRIVA (emtricitabine) |
| EPIVIR (lamivudine) |
| etravirine |
| fosamprenavir |
| FUZEON (enfuvirtide) |
| INTELENCE (etravirine) |
| ISENTRESS (raltegravir) |
| lamivudine |
| LEXIVA (fosamprenavir) |
| maraviroc |
| nevirapine |
| NORVIR (ritonavir) |
| PIFELTRO (doravirine) |
| PREZCOBIX (darunavir/cobicistat) |
| PREZISTA (darunavir) |
| RETROVIR (zidovudine) |
| REYATAZ (atazanavir) |
| ritonavir |
| RUKOBIA (fostemsavir) |
| SELZENTRY (maraviroc) |
| stavudine |
| SUNLENCA (lenacapavir sodium) tablets |
| tenofovir disoproxil fumarate |
| TIVICAY (dolutegravir) |
| TYBOST (cobicistat) |
| VIRACEPT (nelfinavir) |
| VIRAMUNE XR (nevirapine) |
| VIREAD (tenofovir disoproxil fumurate) |
| ZIAGEN (abacavir) |
| zidovudine |

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| **HIV/AIDS cont.** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * All of the agents in the HIV/AIDS class are preferred | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **ANTIRETROVIRAL COMBINATIONS** | |
| abacavir/lamivudine |  |
| abacavir/lamivudine/zidovudine |
| ATRIPLA (efavirenz/emtricitabine/tenofovir) |
| BIKTARVY (bictegravir/emtricitabine/tenofovir) |
| CIMDUO (lamivudine/tenofovir DF) |
| COMBIVIR (lamivudine/zidovudine) |
| COMPLERA (emtricitabine/rilpivirine/tenfovir DF) |
| DELSTRIGO (doravirine/lamivudine/ tenofovir DF) |
| DESCOVY (emtricitabine/tenofovir alafenamide) |
| DOVATO (dolutegravir/lamivudine) |
| efavirenz/emtricitabine/tenofovir disoproxil fumarate |
| efavirenz/lamivudine/tenofovir disoproxil fumarate (SYMFI LO) |
| efavirenz/lamivudine/tenofovir disoproxil fumarate (SYMFI) |
| emtricitabine/tenofovir disoproxil fumarate |
| EPZICOM (abacavir/lamivudine) |
| EVOTAZ (atazanavir/cobicistat) |
| GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir  alafenamide) |
| JULUCA (dolutegravir/rilpivirine) |
| KALETRA (lopinavir/ritonavir) |
| lamivudine/zidovudine |
| lopinavir/ritonavir |
| ODEFSEY (emtricitabine/rilpivirine/tenofovir alafenamide) |
| STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir DF) |
| SYMFI (efavirenz/lamivudine/tenofovir DF) |
| SYMFI LO (efavirenz/lamivudine/tenofovir DF) |
| SYMTUZA (darunavir/cobicistat/emtricitabine/tenofovir DF) |
| TRIUMEQ (abacavir/dolutegravir/lamivudine) |
| TRIUMEQ PD (abacavir/dolutegravir/lamivudine) |
| TRIZIVIR (abacavir/lamivudine/zidovudine) |
| TRUVADA (emtricitabine/tenofovir DF) |

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| **HYPOGLYCEMICS, INCRETIN**  **MIMETICS/ENHANCERS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions | Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **AMYLIN ANALOGS** | |
| [SYMLIN](https://paxpress-txpa.acentra.com/symlin.pdf) (pramlintide) |  |
| **HYPOGLYCEMICS, INCRETIN**  **MIMETICS/ENHANCERS cont.** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions | The following Clinical Prior Authorization applies **to all drugs** in the class:   * [DPP4 Inhibitor](https://paxpress-txpa.acentra.com/dpp4_inhibitor.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **INCRETIN ENHANCERS** | |
| JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin)  JENTADUETO (linagliptin/metformin) JENTADUETO XR (linagliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin) ONGLYZA (saxagliptin)  TRADJENTA (linagliptin) | alogliptin alogilptin/metformin alogliptin/pioglitazone  KAZANO (alogliptin /metformin) NESINA (alogliptin)  OSENI (alogliptin /pioglitazone) saxagliptin saxagliptin/metformin ER sitagliptin sitagliptin/metformin  ZITUVIO (sitagliptin) |

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| **HYPOGLYCEMICS, INCRETIN**  **MIMETICS/ENHANCERS cont.** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions | The following Clinical Prior Authorization applies **to all drugs** in the class:   * [GLP-1 Receptor Agonists](https://paxpress-txpa.acentra.com/glp_1_receptor_agonists.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **INCRETIN MIMETICS** | |
| BYETTA (exenatide) OZEMPIC (semaglutide) TRULICITY (dulaglutide) VICTOZA (liraglutide) | BYDUREON BCISE (exenatide ER) exenatide  liraglutide  MOUNJARO (tirzepatide)  RYBELSUS (semaglutide) |
| **HYPOGLYCEMICS, INCRETIN**  **MIMETICS/ENHANCERS cont.** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: The following Clinical Prior Authorization applies **to**   * Treatment failure with preferred drugs within any **all drugs** in the class: subclass  [DPP4 Inhibitor](https://paxpress-txpa.acentra.com/dpp4_inhibitor.pdf) * Contraindication to preferred drugs\* The following Clinical Prior Authorization applies **to** * Allergic reaction to preferred drugs\* **all drugs** in the class: * Treatment of stage-four advanced, metastatic  [GLP-1 Receptor Agonists](https://paxpress-txpa.acentra.com/glp_1_receptor_agonists.pdf)   cancer and associated conditions  Hyperlinks specify Drug Utilization Review board-  approved drug clinical prior authorization criteria. | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **INCRETIN ENHANCERS/SGLT2 INHIBITOR**  **COMBINATIONS** | |
| GLYXAMBI (empagliflozin/linagliptin)  TRIJARDY XR (empagliflozin/linagliptin/metformin) | QTERN (dapagliflozin/saxagliptin)  STEGLUJAN (ertugliflozin/sitagliptin) |
| **INCRETIN MIMETIC/INSULIN COMBINATIONS** | |
|  | SOLIQUA (lixisenatide/insulin glargine)  XULTOPHY (liraglutide/insulin degludec) |

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| **HYPOGLYCEMICS, INSULIN AND RELAT****ED** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| FIASP (insulin aspart) vial, pen, pump cartridge  HUMALOG (insulin lispro) cartridge, kwikpen, vial (100 u/ml) HUMALOG JUNIOR KWIKPEN (insulin lispro)  HUMALOG TEMPO pen  HUMALOG MIX (insulin lispro/lispro protamine) pen, vial HUMULIN N (insulin) vial  HUMULIN R (insulin) vial  HUMULIN R 500 UNITS/ML (insulin) pen, vial HUMULIN 70/30 (insulin) pen, vial  insulin aspart cartridge (AG) insulin aspart pen (AG) insulin aspart vial (AG)  insulin aspart/insulin aspart protamine insulin pen (AG) insulin aspart/insulin aspart protamine vial (AG)  insulin lispro junior kwikpen (AG) insulin lispro pen (AG)  insulin lispro vial (AG) LANTUS (insulin glargine)  NOVOLIN N (insulin NPH) flexpen, vial NOVOLIN R (insulin regular) vial NOVOLOG (insulin aspart)  NOVOLOG MIX (insulin aspart/aspart protamine) TOUJEO (insulin glargine)  TOUJEO MAX (insulin glargine) | ADMELOG (insulin lispro) AFREZZA (insulin) APIDRA (insulin glulisine)  BASAGLAR (insulin glargine) kwikpen/TEMPO pen HUMALOG 200 UNITS/ML kwikpen  HUMULIN N (insulin) pen insulin degludec pen insulin degludec vial insulin glargine vial insulin glargine pen  insulin glargine MAX SOLOSTAR pen insulin glargine SOLOSTAR pen insulin glargine-YFGN pen  insulin glargine-YFGN vial  insulin lispro protamine mix kwikpen (AG) LEVEMIR (insulin detemir) flexpen, flextouch, vial LYUMJEV (insulin lispro) kwikpen, vial, TEMPO pen MYXREDLIN (insulin regular in 0.9 % NaCl) NOVOLIN 70/30 (insulin)  NOVOLIN R (insulin regular) flexpen REZVOGLAR (insulin glargine-AGLR) KWIKPEN SEMGLEE (insulin glargine) pen, vial  TRESIBA (insulin degludec) |

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| **HYPOGLYCEMICS, MEGLITINIDE****S** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated   conditions | The following Clinical Prior Authorization applies **to all drugs** in the class:   * [Duplicate Therapy](https://paxpress-txpa.acentra.com/duptherapy.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| nateglinide |  |
| repaglinide |

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| **HYPOGLYCEMICS, METFORMI****N** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic   cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| GLUMETZA (metformin ER) | glipizide/metformin |
| glyburide/metformin | metformin ER (FORTAMET) |
| metformin IR 500 MG, 850 MG, 1,000 MG (generic Glucophage) | metformin ER (GLUMETZA) |
| metformin ER (GLUCOPHAGE XR) | metformin IR 625 MG |
|  | metformin (solution) |
|  | RIOMET (metformin) |
|  | RIOMET ER (metformin) |

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| **HYPOGLYCEMICS, SGLT****2** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | The following Clinical Prior Authorization applies **to all drugs** in the class:   * [SGLT2 Inhibitor](https://paxpress-txpa.acentra.com/sglt2pdg.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **SUBCLASS** | |
| FARXIGA (dapagliflozin) JARDIANCE (empagliflozin) | dapagliflozin  INPEFA (sotagliflozin) INVOKANA (canaglifozin)  STEGLATRO (ertugliflozin) |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions | The following Clinical Prior Authorization applies **to all drugs** in the class:   * [SGLT2 Combinations](https://paxpress-txpa.acentra.com/sglt2pdg.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **SGLT2 COMBINATIONS** | |
| SYNJARDY (empagliflozin/metformin) | dapagliflozin/metformin ER |
| SYNJARDY XR (empagliflozin/metformin) | INVOKAMET (canagliflozin/metformin) |
| XIGDUO XR (dapagliflozin/metformin) | INVOKAMET XR (canagliflozin/metformin) |
|  | SEGLUROMET (ertugliflozin/metformin) |

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| **HYPOGLYCEMICS,** **TZD** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated   conditions | The following Clinical Prior Authorization applies **to all drugs** in the class:   * [Thiazolidinediones](https://paxpress-txpa.acentra.com/thiazolidinediones.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **THIAZOLIDINEDIONES** | |
| pioglitazone | ACTOS (pioglitazone) |
| **HYPOGLYCEMICS, TZD cont.** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Separate prescriptions for the individual components should be used instead of the combination drug. * Treatment of stage-four advanced, metastatic cancer and associated conditions * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* | The following Clinical Prior Authorization applies **to all drugs** in the class:   * [Thiazolidinediones](https://paxpress-txpa.acentra.com/thiazolidinediones.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **THIAZOLIDINEDIONES COMBINATIONS** | |
| DUETACT (pioglitazone/glimepiride) | pioglitazone/metformin |
| pioglitazone/glimepiride |

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| **IMMUNE GLOBULI****NS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated   conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| GAMMAGARD (immune globulin) | ASCENIV (immune globulin) |
| GAMMAKED (immune globulin) | BIVIGAM (immune globulin) |
| GAMUNEX-C (immune globulin) | CUTAQUIG (immune globulin) |
| HIZENTRA (immune globulin) syringe | CUVITRU (immune globulin) |
| HIZENTRA (immune globulin) vial | CYTOGAM (CMV immune globulin) |
|  | FLEBOGAMMA DIF (immune globulin) |
|  | GAMASTAN S-D (immune globulin) |
|  | HEPAGAM B (hepatitis B immune globulin) |
|  | HYQVIA (immune globulin) |
|  | OCTAGAM (immune globulin) |
|  | PANZYGA (immune globulin) |
|  | PRIVIGEN (immune globulin) |
|  | VARIZIG (varicella-zoster immune globulin) |
|  | XEMBIFY (immune globulin) |

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| **IMMUNOMODULATORS, ASTH****MA** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: The following Clinical Prior Authorization applies **to**   * Treatment failure with preferred drugs within **all drugs** in the class:   any subclass  [Immunomodulators, Asthma](https://paxpress-txpa.acentra.com/monoclonalabpdg.pdf)   * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* Hyperlinks specify Drug Utilization Review board- * Treatment of stage-four advanced, approved drug clinical prior authorization criteria.   metastatic cancer and associated conditions   * The PA criteria above apply to Dupixent for   Asthma | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| FASENRA PEN (benralizumab)  XOLAIR (omalizumab) autoinjector, syringe | NUCALA (mepolizumab)  TEZSPIRE PEN (tezepelumab-ekko) |

Client must meet at least one of the listed PA criteria:

**IMMUNOMODULATORS, ATOPIC DERMATITIS**

[ELIDEL](https://paxpress-txpa.acentra.com/immunomodulatorspdg.pdf) (pimecrolimus) [EUCRISA](https://paxpress-txpa.acentra.com/immunomodulatorspdg.pdf) (crisaborole) [tacrolimus](https://paxpress-txpa.acentra.com/immunomodulatorspdg.pdf)

**NON-PREFERRED AGENTS**

**PREFERRED AGENTS**

**PA CRITERIA**

* Treatment failure with preferred drugs within any subclass
* Contraindication to preferred drugs\*
* Allergic reaction to preferred drugs\*
* Treatment of stage-four advanced, metastatic cancer and associated conditions
* Dupixent, in this therapeutic PDL class, is for Atopic Dermatitis indication. The clinical prior authorization linked here includes the product’s other indications.

Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria.

[ADBRY](https://paxpress-txpa.acentra.com/monoclonalabpdg.pdf) (tralokinumab) autoinjector, syringe [DUPIXENT](https://paxpress-txpa.acentra.com/monoclonalabpdg.pdf) (dupilumab)

[OPZELURA](https://paxpress-txpa.acentra.com/immunomodulatorspdg.pdf) (ruxolitinib) [pimecrolimus](https://paxpress-txpa.acentra.com/immunomodulatorspdg.pdf)

[ZORYVE](https://paxpress-txpa.acentra.com/zoryve.pdf) (roflumilast) 0.15% and 0.3% cream, foam

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| **IMMUNOSUPPRESSIVE****S, ORAL/ SQ** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions | Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| azathioprine | ASTAGRAF XL (tacrolimus) |
| CELLCEPT (mycophenolate mofetil) suspension | AZASAN (azathioprine) |
| cyclosporine, modified | [BENLYSTA](https://paxpress-txpa.acentra.com/lupus.pdf) AUTOINJECTOR (belimumab.) |
| GENGRAF (cyclosporine modified) capsules, solution | [BENLYSTA](https://paxpress-txpa.acentra.com/lupus.pdf) SYRINGE (belimumab.) |
| mycophenolate mofetil capsules, tablets | CELLCEPT (mycophenolate mofetil) tablet |
| NEORAL (cyclosporine, modified) capsules | cyclosporine capsules, softgel |
| RAPAMUNE (sirolimus) solution | ENVARSUS XR (tacrolimus) |
| RAPAMUNE (sirolimus) tablets | everolimus tablets |
| sirolimus solution | IMURAN (azathioprine) |
| sirolimus tablets | [LUPKYNIS](https://paxpress-txpa.acentra.com/lupus.pdf) (voclosporin) |
| tacrolimus | mycophenolate mofetil suspension |
|  | mycophenolic acid |
|  | MYFORTIC (mycophenolic acid) |
|  | MYHIBBIN (mycophenolate mofetil) suspension |
|  | NEORAL (cyclosporine, modified) solution |
|  | PROGRAF (tacrolimus) |
|  | [REZUROCK](https://paxpress-txpa.acentra.com/rezurock.pdf) (belumosudil) |
|  | SANDIMMUNE (cyclosporine) |
|  | tacrolimus XL |
|  | TAVNEOS (avacopan) |
|  | ZORTRESS (everolimus) |

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| **INTRANASAL RHINITIS AGENT****S** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions * The PA criteria above apply to Dupixent for Chronic Rhinosinusitis * For drugs in a therapeutic class or subclass with   no preferred option, the provider must obtain a PDL prior authorization | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| **GLUCOCORTICOIDS** | |
| fluticasone NASONEX OTC | BECONASE AQ (beclomethasone) budesonide  flunisolide fluticasone OTC mometasone  OMNARIS (ciclesonide)  QNASL (beclomethasone dipropionate) triamcinolone  XHANCE (fluticasone)  ZETONNA (ciclesonide) |
| **OTHERS** | |
| azelastine (generic ASTELIN) ipratropium nasal spray | azelastine (generic ASTEPRO) olopatadine  PATANASE (olopatadine) |
| **COMBINATIONS** | |
|  | azelastine/fluticasone  DYMISTA (azelastine/fluticasone)  RYALTRIS (olopatadine HCl/mometasone) |

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| **IRON, ORA****L** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated   conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| See separate **Preferred Oral Iron Drugs** listing. | See separate **Preferred Oral Iron Drugs** listing. |

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| **LEUKOTRIENE MODIFIE****RS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated   conditions | The following Clinical Prior Authorization applies **to all drugs** in the class:   * [Leukotriene Modifiers](https://paxpress-txpa.acentra.com/leukotriene.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| montelukast tablets and chewable tablets | ACCOLATE (zafirlukast) |
| ZYFLO (zileuton) | montelukast granules |
| SINGULAIR (montelukast) |
| zafirlukast |
| zileuton |

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| **LINCOSAMIDES/OXAZOLIDINONES/**  **STREPTOGR****AMINS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * 14-day treatment trial with a preferred drug within the past 180 days * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| clindamycin capsules | CLEOCIN (clindamycin) |
| clindamycin solution | clindamycin injection |
| linezolid tablets, IV | LINCOCIN (lincomycin) |
| linezolid tablets, IV (AG) | lincomycin |
| ZYVOX (linezolid) suspension | linezolid suspension |
|  | linezolid suspension AG |
|  | SIVEXTRO (tedizolid) |
|  | SYNERCID (quinupristin/dalfopristin) |
|  | ZYVOX (linezolid) tablets, injection |

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| **LIPOTROPICS, OT****HER** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: Hyperlinks specify Drug Utilization Review board-   * Treatment failure with preferred drugs within approved drug clinical prior authorization criteria. any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions * For drugs in a therapeutic class or subclass with no preferred option, the provider must   obtain a PDL prior authorization | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| **ADENOSINE TRIPHOSPHATE-CITRATE LYASE**  **INHIBITOR** | |
|  | NEXLETOL (bempedoic acid)  NEXLIZET (bempedoic acid/ezetimibe) |
| **BILE ACID SEQUESTRANTS** | |
| cholestyramine  COLESTID (colestipol) tablets  PREVALITE (cholestyramine/aspartame) packet, powder  WELCHOL (colesevalam) | colesevelam  COLESTID (colestipol) granules colestipol granules  colestipol tablets QUESTRAN (cholestyramine)  QUESTRAN LIGHT (cholestyramine) |
| **CHOLESTEROL ABSORPTION INHIBITORS** | |
| ezetimibe | ZETIA (ezetimibe) |
| **FIBRIC ACID DERIVATIVES** | |
| fenofibrate (generic Lofibra, Tricor) gemfibrozil | ANTARA (fenofibrate,micronized)  fenofibrate (generic Antara, Fenoglide, Lipofen) fenofibric acid (generic Fibricor, Trilipix) FENOGLIDE (fenofibrate)  LIPOFEN (fenofibrate) LOPID (gemfibrozil) TRICOR (fenofibrate)  TRILIPIX (fenofibric acid) |
| **HOMOZYGOUS FAMILIAL**  **HYPERCHOLESTEROLEMIA TREATMENTS** | |
|  | [JUXTAPID (lomitapide)](https://paxpress-txpa.acentra.com/hyperlipidemia.pdf) |
| **NIACIN** | |
| niacin OTC | niacin ER |
| **OMEGA-3 FATTY ACIDS** | |
| [omega-3 fatty acids](https://paxpress-txpa.acentra.com/lovaza.pdf)  [VASCEPA](https://paxpress-txpa.acentra.com/lovaza.pdf) (icosapent ethyl) | [icosapent ethyl](https://paxpress-txpa.acentra.com/lovaza.pdf)  [LOVAZA](https://paxpress-txpa.acentra.com/lovaza.pdf) (omega-3 fatty acids) |

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| **LIPOTROPICS, OTHER cont.** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Trial of atorvastatin, rosuvastatin, and ezetimibe * Concurrent therapy of atorvastatin or rosuvastatin * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions * For drugs in a therapeutic class or subclass with no preferred option, the provider must obtain a PDL prior authorization | The following Clinical Prior Authorization applies to all PCSK9 inhibitors:   * [Hyperlipidemia agents](https://paxpress-txpa.acentra.com/hyperlipidemia.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **PCSK9 INHIBITORS** | |
| PRALUENT (alirocumab) Pen |  |
| REPATHA (evolocumab) |

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| **LIPOTROPICS, STAT****INS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with at least two preferred drugs accounting for no less than 120 days of therapy combined * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions * For drugs in a therapeutic class or subclass with no preferred option, the provider must obtain a PDL prior authorization | The following Clinical Prior Authorization applies **to all drugs** in the class:   * [Duplicate Therapy](https://paxpress-txpa.acentra.com/duptherapy.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **STATINS** | |
| atorvastatin | ALTOPREV (lovastatin) |
| LIPITOR (atorvastatin) | ATORVALIQ suspension (atorvastatin) |
| lovastatin | CRESTOR (rosuvastatin) |
| pravastatin | EZALLOR SPRINKLE (rosuvastatin) |
| rosuvastatin | fluvastatin |
| simvastatin | fluvastatin ER |
|  | LESCOL XL (fluvastatin) |
|  | LIVALO (pitavastatin) |
|  | pitavastatin |
|  | ZOCOR (simvastatin) |
|  | ZYPITAMAG (pitavastatin) |
| **STATIN COMBINATIONS** | |
|  | atorvastatin/amlodipine |
| CADUET (atorvastatin/amlodipine) |
| simvastatin/ezetimibe |
| VYTORIN (simvastatin/ezetimibe) |

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| **MACROLIDES (ORA****L)** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * A 7-day treatment trial with at least one preferred agent in the last 180 days (Exception may apply when a preferred drug requires less than a 7-day treatment trial) * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions * For clients with diagnosis of Gastroparesis, Cerebral Palsy Gastroparesis, and GERD associated with Gastrostomy complications,   a 90-day PA duration will be approved | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| azithromycin clarithromycin tablets ERYPED 400 (erythromycin) erythromycin base  erythromycin ethylsuccinate 200 suspension ZITHROMAX (azithromycin) Z-PAK | clarithromycin suspension clarithromycin ER  E.E.S. (erythromycin) tablets  E.E.S. (erythromycin) 200 suspension ERYPED 200 (erythromycin)  ERY-TAB (erythromycin) ERYTHROCIN (erythromycin) erythromycin base filmtab  erythromycin ethylsuccinate 400 suspension ZITHROMAX (azithromycin) powder packet,  suspension, tablet, TRI-PAK |

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| **MOVEMENT DISORDER****S** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated   conditions | The following Clinical Prior Authorization applies **to all drugs** in the class:   * [VMAT2 Inhibitors](https://paxpress-txpa.acentra.com/vmat2pdg.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| AUSTEDO (deutetrabenazine) | XENAZINE (tetrabenazine) |
| AUSTEDO XR (deutetrabenazine) |
| AUSTEDO XR (deutetrabenazine) titration pack |
| INGREZZA (valbenazine) capsule, sprinkle capsule |
| tetrabenazine |

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| **MULTIPLE SCLEROSIS AGENT****S** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: Hyperlinks specify Drug Utilization Review board-   * All of the agents in the Multiple Sclerosis class approved drug clinical prior authorization criteria. are preferred | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| [AMPYRA](https://paxpress-txpa.acentra.com/ms.pdf) (dalfampridine) [AUBAGIO](https://paxpress-txpa.acentra.com/ms.pdf) (teriflunomide) AVONEX (interferon beta-1a)  BAFIERTAM (monomethyl fumarate) BETASERON (interferon beta-1b) [COPAXONE](https://paxpress-txpa.acentra.com/copaxone.pdf) (glatiramer) dalfampridine  dimethyl fumarate  EXTAVIA (interferon beta-1b) fingolimod  GILENYA (fingolimod) [glatiramer](https://paxpress-txpa.acentra.com/copaxone.pdf)  [GLATOPA (glatiramer)](https://paxpress-txpa.acentra.com/copaxone.pdf) KESIMPTA (ofatumumab) [MAVENCLAD](https://paxpress-txpa.acentra.com/ms.pdf) (cladribine) [MAYZENT](https://paxpress-txpa.acentra.com/ms.pdf) (siponimod)  PLEGRIDY (peginterferon beta-1a) [PONVORY STARTER PACK (ponesimod)](https://paxpress-txpa.acentra.com/ms.pdf) [PONVORY TABLETS (ponesimod)](https://paxpress-txpa.acentra.com/ms.pdf)  REBIF (interferon beta-1a)  [TASCENSO ODT (fingolimod lauryl sulfate)](https://paxpress-txpa.acentra.com/ms.pdf) TECFIDERA (dimethyl fumarate) teriflunomide  VUMERITY (diroximel fumarate)  [ZEPOSIA](https://paxpress-txpa.acentra.com/ms.pdf) (ozanimod) |  |

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| **NEUROPATHIC PA****IN** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: Hyperlinks specify Drug Utilization Review board-   * Treatment failure with preferred drugs within approved drug clinical prior authorization criteria. any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| **ORAL AGENTS** | |
| [duloxetine](https://paxpress-txpa.acentra.com/cymbalta.pdf) (Cymbalta) [gabapentin](https://paxpress-txpa.acentra.com/gabapentinpdg.pdf)  [LYRICA](https://paxpress-txpa.acentra.com/lyrica.pdf) (pregabalin) capsules | [CYMBALTA](https://paxpress-txpa.acentra.com/cymbalta.pdf) (duloxetine) DRIZALMA SPRINKLE (duloxetine) duloxetine (Irenka)  [gabapentin ER](https://paxpress-txpa.acentra.com/gabapentinpdg.pdf) [GRALISE](https://paxpress-txpa.acentra.com/gabapentinpdg.pdf) (gabapentin)  [HORIZANT](https://paxpress-txpa.acentra.com/gabapentinpdg.pdf) (gabapentin enacarbil ER) [LYRICA CR](https://paxpress-txpa.acentra.com/lyrica.pdf) (pregabalin)  [LYRICA](https://paxpress-txpa.acentra.com/lyrica.pdf) (pregabalin) solution [NEURONTIN](https://paxpress-txpa.acentra.com/gabapentinpdg.pdf) (gabapentin) [pregabalin capsule](https://paxpress-txpa.acentra.com/lyrica.pdf)s [pregabalin ER, solution](https://paxpress-txpa.acentra.com/lyrica.pdf)  [SAVELLA](https://paxpress-txpa.acentra.com/Savella.pdf) (milnacipran) |
| **TOPICAL AGENTS** | |
| capsaicin OTC [lidocaine patch](https://paxpress-txpa.acentra.com/lidoderm.pdf)  [LIDODERM PATCH (lidocaine)](https://paxpress-txpa.acentra.com/lidoderm.pdf) | [DERMACINRX LIDOCAN PATCH](https://paxpress-txpa.acentra.com/lidoderm.pdf) (lidocaine)  [LIDOCAN II PATCH](https://paxpress-txpa.acentra.com/lidoderm.pdf) (lidocaine) QUTENZA (capsaicin/skin cleanser) XYLIDERM (lidocaine/kinesiology tape)  ZTLIDO (lidocaine) |

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| **NSAID****s** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: The following Clinical Prior Authorization applies **to**   * Treatment failure with preferred drugs within any **all drugs** in the class:   subclass   * Contraindication to preferred drugs\*  [Duplicate Therapy](https://paxpress-txpa.acentra.com/duptherapy.pdf) * Allergic reaction to preferred drugs\* Hyperlinks specify Drug Utilization Review board- * Treatment of stage-four advanced, metastatic approved drug clinical prior authorization criteria.   cancer and associated conditions   * For drugs in a therapeutic class or subclass with no preferred option, the provider must obtain a PDL prior authorization | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| **NONSPECIFIC** | |
| diclofenac potassium tablets diclofenac sodium  ibuprofen indomethacin capsules [ketorolac](https://paxpress-txpa.acentra.com/ketorolac.pdf)  naproxen EC naproxen sodium OTC naproxen tablets sulindac | DAYPRO (oxaprozin) diclofenac potassium capsules diclofenac SR  diflunisal etodolac etodolac SR  FELDENE (piroxicam) fenoprofen flurbiprofen  indomethacin ER capsules indomethacin suspension ketoprofen  ketoprofen ER KIPROFEN (ketoprofen) Lofena (diclofenac) meclofenamate mefenamic acid nabumetone NALFON(fenoprofen)  NAPRELAN CR (naproxen sodium) NAPROSYN suspension (naproxen) naproxen CR  naproxen sodium (Rx) naproxen suspension oxaprozin  piroxicam  RELAFEN DS (nabumetone)  tolmetin |
| **NSAID/GI PROTECTANT COMBINATIONS** | |
|  | ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol  DUEXIS (ibuprofen/famotidine) ibuprofen/famotidine naproxen/esomeprazole mag  VIMOVO (naproxen/ esomeprazole) |

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| **NSAIDs cont.** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: The following Clinical Prior Authorization applies **to**   * Treatment failure with preferred drugs within any **all drugs** in the class:   subclass   * Contraindication to preferred drugs\*  [Duplicate Therapy](https://paxpress-txpa.acentra.com/duptherapy.pdf) * Allergic reaction to preferred drugs\* Hyperlinks specify Drug Utilization Review board- * Treatment of stage-four advanced, metastatic approved drug clinical prior authorization criteria.   cancer and associated conditions  For drugs in a therapeutic class or subclass with no preferred option, the provider must obtain a PDL prior authorization | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| **TOPICAL NSAIDs** | |
| [diclofenac gel 1%](https://paxpress-txpa.acentra.com/diclofenac.pdf) | diclofenac patch [diclofenac sodium pump](https://paxpress-txpa.acentra.com/diclofenac.pdf) [diclofenac solution](https://paxpress-txpa.acentra.com/diclofenac.pdf) FLECTOR (diclofenac) [ketorolac nasal spray](https://paxpress-txpa.acentra.com/ketorolac.pdf)  LICART PATCH (diclofenac epolamine)  [PENNSAID](https://paxpress-txpa.acentra.com/diclofenac.pdf) (diclofenac) |
| **NSAIDs cont.** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: The following Clinical Prior Authorization applies **to**   * Treatment failure with preferred drugs within **all drugs** in the class:   any subclass  [Duplicate Therapy](https://paxpress-txpa.acentra.com/duptherapy.pdf)   * Contraindication to preferred drugs\*  [Cox II Inhibitors](https://paxpress-txpa.acentra.com/cox2.pdf) * Allergic reaction to preferred drugs\* Hyperlinks specify Drug Utilization Review board-   Treatment of stage-four advanced, metastatic cancer approved drug clinical prior authorization criteria. and associated conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| **COX-II SELECTIVE** | |
| CELEBREX (celecoxib) celecoxib capsules, AG meloxicam tablets | meloxicam capsules |

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| **ONCOLOGY, ORAL - BRE****AST** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * All of the agents in the Oncology, Oral –   Breast class are preferred | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| anastrozole |  |
| ARIMIDEX (anastrozole) |
| AROMASIN (exemestane) |
| capecitabine |
| cyclophosphamide |
| exemestane |
| FARESTON (toremifene) |
| FEMARA (letrozole) |
| IBRANCE (palbociclib) |
| KISQALI (ribociclib) |
| KISQALI/FEMARA KIT (ribociclib/letrozole) |
| lapatinib |
| letrozole |
| NERLYNX (neratinib) |
| ORSERDU (elacestrant HCl) |
| PIQRAY (alpelisib) |
| SOLTAMOX (tamoxifen) |
| TALZENNA (talazoparib) |
| tamoxifen |
| toremifene |
| TORPENZ (everolimus) |
| TRUQAP (capivasertib) |
| TUKYSA (tucatinib) |
| TYKERB (lapatinib) |
| VERZENIO (abemaciclib) |
| XELODA (capecitabine) |

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| **ONCOLOGY, ORAL - HEMATOLO****GIC** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * All of the agents in the Oncology, Oral –   Hematologic class are preferred | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| ALKERAN (melphalan) BOSULIF (bosutinib) BRUKINSA (zanubrutinib)  CALQUENCE (acalabrutinib) capsules/tablets COPIKTRA (duvelisib)  dasatinib  DAURISMO (glasdegib) GLEEVEC (imatinib) HYDREA (hydroxyurea) hydroxyurea  ICLUSIG (ponatinib) IDHIFA (enasidenib) imatinib  IMBRUVICA (ibrutinib) capsules/suspension/tablets INQOVI (decitabine/cedazuridine)  INREBIC (fedratinib) JAKAFI (ruxolitinib) lenalidomide  LEUKERAN (chlorambucil) MATULANE (procarbazine) melphalan mercaptopurine MYLERAN (busulfan) NINLARO (ixazomib) OJJAARA (momelotinib) ONUREG (azacytidine)  POMALYST (pomalidomide) PURIXAN (mercaptopurine) REVLIMID (lenalidomide) REZLIDHIA (olutasidenib) RYDAPT (midostaurin) SCEMBLIX (asciminib) SPRYCEL (dasatinib) TABLOID (thioguanine) TASIGNA (nilotinib) THALOMID (thalidomide) TIBSOVO (ivosidenib) tretinoin  VANFLYTA (quizartinib dihydrochloride) VENCLEXTA (venetoclax)  VONJO (pacritinib) XOSPATA (gilteritinib) XPOVIO (selinexor)  ZOLINZA (vorinostat) ZYDELIG (idelalisib) |  |

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| **ONCOLOGY, ORAL - LU****NG** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * All of the agents in the Oncology, Oral – Lung class are preferred | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| ALECENSA (alectinib) ALUNBRIG (brigatinib) AUGTYRO (repotrectinib) erlotinib  EXKIVITY (mobocertinib) GAVRETO (pralsetinib) gefitinib  GILOTRIF (afatinib) HYCAMTIN (topotecan) IRESSA (gefitinib) KRAZATI (adafrasib) LORBRENA (lorlatinib) LUMAKRAS (sotorasib) RETEVMO (selpercatinib) ROZLYTREK (entrectinib)  ROZLYTREK PELLET PACK (entrectinib) TABRECTA (capmatinib)  TAGRISSO (osimertinib) TARCEVA (erlotinib) TEPMETKO (tepotinib) VIZIMPRO (dacomitinib) XALKORI (crizotinib) XALKORI PELLET (crizotinib)  ZYKADIA (ceritinib) |  |

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| **ONCOLOGY, ORAL - OT****HER** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * All of the agents in the Oncology, Oral – Other class are preferred | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| AYVAKIT (avapritinib) BALVERSA (erdafitinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) FRUZAQLA (fruquintinib) IWILFIN (eflornithine) JAYPIRCA (pirtbrutinib) KOSELUGO (selumetinib) LONSURF (trifluridine/tipiracil) LYNPARZA (olaparib)  LYTGOBI (futibatinib) OGSIVEO (nirogacestat) OJEMDA (tovorafenib) PEMAZYRE (pemigatinib) QINLOCK (ripretinib) RUBRACA (rucaparib) STIVARGA (regorafenib) TAZVERIK (tazemetostat) temozolomide  TURALIO (pexidartinib)  VITRAKVI (larotrectinib) ZEJULA (niraparib) |  |

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| **ONCOLOGY, ORAL - PROSTAT****E** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * All of the agents in the Oncology, Oral –   Prostate class are preferred | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| abiraterone |  |
| AKEEGA (niraparib/abiraterone) |
| bicalutamide |
| CASODEX (bicalutamide) |
| EMCYT (estramustine) |
| ERLEADA (apalutamide) |
| flutamide |
| nilutamide |
| NUBEQA (darolutamide) |
| ORGOVYX (relugolix) |
| XTANDI (enzalutamide) |
| YONSA (abiraterone) |
| ZYTIGA (abiraterone) |

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| **ONCOLOGY, ORAL – RENAL** **CELL** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * All of the agents in the Oncology, Oral – Renal Cell class are preferred | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| AFINITOR (everolimus) |  |
| CABOMETYX (cabozantinib) |
| everolimus |
| FOTIVDA (tivozanib HCl) |
| INLYTA (axitinib) |
| LENVIMA (Lenvatinib) |
| NEXAVAR (sorafenib) |
| pazopanib |
| sorafenib |
| sunitinib |
| SUTENT (sunitinib) |
| VOTRIENT (pazopanib) |
| WELIREG (belzutifan) |

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| **ONCOLOGY, ORAL - SKI****N** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * All of the agents in the Oncology, Oral – Skin class are preferred | Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| BRAFTOVI (encorafenib) |  |
| COTELLIC (cobimetinib) |
| ERIVEDGE (vismodegib) |
| MEKINIST (trametinib) |
| MEKTOVI (binimetinib) |
| ODOMZO (sonidegib) |
| TAFINLAR (dabrafenib) |
| [ZELBORAF](https://paxpress-txpa.acentra.com/zelboraf.pdf) (vemurafenib) |

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| **OPHTHALMICS, ANTIBIOTIC – STEROID**  **COMBINAT****IONS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| neomycin/polymyxin/dexamethasone | MAXITROL (neomycin/polymyxin/ dexamethasone) |
| sulfacetamide/prednisolone | neomycin/bacitracin/polymyxin/hydrocortisone |
| TOBRADEX (tobramycin/dexamethasone) ointment | neomycin/polymyxin/hydrocortisone |
| TOBRADEX (tobramycin/dexamethasone) suspension | TOBRADEX ST (tobramycin/dexamethasone) |
| tobramycin/dexamethasone suspension, AG |  |
| ZYLET (tobramycin/loteprednol) |  |

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| **OPHTHALMIC ANTIBIOTI****CS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions * For drugs in a therapeutic class or subclass with no preferred option, the provider must   obtain a PDL prior authorization | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| **AMINOGLYCOSIDES** | |
| GENTAK (gentamicin) gentamicin tobramycin  TOBREX (tobramycin) ointment |  |
| **QUINOLONES** | |
| BESIVANCE (besifloxacin) CILOXAN ointment (ciprofloxacin) ciprofloxacin  moxifloxacin (**Vigamox**) ophthalmic, AG ofloxacin | CILOXAN solution(ciprofloxacin) gatifloxacin  moxifloxacin (**Moxeza**) OCUFLOX (ofloxacin) VIGAMOX (moxifloxacin)  ZYMAXID (gatifloxacin) |
| **MACROLIDES** | |
| AZASITE (azithromycin)  erythromycin |  |
| **OTHER, ANTIFUNGAL** | |
|  | NATACYN (natamycin) |
| **OTHER, MISC** | |
| bacitracin/polymyxin  POLYCIN (bacitracin/polymyxin B sulfate) polymyxin/trimethoprim | bacitracin neomycin/bacitracin/polymyxin neomycin/polymyxin/gramicidin POLYTRIM (polymyxin/trimethoprim)  sulfacetamide ointment, solution |

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| **OPHTHALMICS FOR ALLERGIC**  **CONJUNCTIVIT****IS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| BEPREVE (bepotastine) cromolyn  ketotifen  olopatadine OTC (Pataday Once Daily) olopatadine OTC (Pataday Twice a Day) PATADAY XS ONCE DAILY OTC (olopatadine) | alcaftadine  ALOCRIL (nedocromil) ALOMIDE (lodoxamide) ALREX (loteprednol) azelastine  bepotastine epinastine  LASTACAFT (alcaftadine) LASTACAFT (alcaftadine) OTC loteprednol (generic Alrex) olopatadine  PATADAY OTC (olopatadine) ZADITOR OTC (ketotifen)  ZERVIATE (cetirizine) |

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| **OPHTHALMICS, ANTI-INFLAMMAT****ORIES** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **NSAIDs** | |
| diclofenac | ACULAR (ketorolac) |
| ketorolac | ACULAR LS (ketorolac) |
|  | ACUVAIL (ketorolac) |
|  | bromfenac |
|  | BROMSITE (bromfenac) |
|  | flurbiprofen |
|  | ILEVRO (nepafenac) |
|  | ketorolac LS |
|  | NEVANAC (nepafenac) |
|  | PROLENSA (bromfenac) |
| **STEROIDS** | |
| DUREZOL (difluprednate) | dexamethasone |
| LOTEMAX (loteprednol) drops, gel, ointment | difluprednate |
| prednisolone acetate | FLAREX (fluorometholone) |
|  | fluorometholone |
|  | FML(fluorometholone) |
|  | FML FORTE (fluorometholone) |
|  | INVELTYS (loteprednol) |
|  | LOTEMAX SM (loteprednol) gel |
|  | loteprednol (generic Lotemax) |
|  | MAXIDEX (dexamethasone) |
|  | PRED FORTE (prednisolone) |
|  | PRED MILD (prednisolone) |
|  | prednisolone sodium phosphate |

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| **OPHTHALMICS, ANTI-INFLAMMATORY**  **IMMUNOMODULATOR****S** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: Hyperlinks specify Drug Utilization Review board-   * Treatment failure with preferred drugs within approved drug clinical prior authorization criteria. any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| [RESTASIS (cyclosporine)](https://paxpress-txpa.acentra.com/dryeye.pdf) vial [XIIDRA (lifitegrast)](https://paxpress-txpa.acentra.com/dryeye.pdf) | CEQUA (cyclosporine) [cyclosporine](https://paxpress-txpa.acentra.com/dryeye.pdf)  [EYSUVIS (loteprednol etabonate)](https://paxpress-txpa.acentra.com/dryeye.pdf) MIEBO (perfluorohexyloctane/PF) [RESTASIS MULTIDOSE (cyclosporine)](https://paxpress-txpa.acentra.com/dryeye.pdf) [TYRVAYA (varenicline)](https://paxpress-txpa.acentra.com/dryeye.pdf)  VERKAZIA (cyclosporine)  [VEVYE (cyclosporine)](https://paxpress-txpa.acentra.com/dryeye.pdf) |

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| **OPHTHALMICS, GLAUCOMA AGENT****S** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions * For drugs in a therapeutic class or subclass with no preferred option, the provider must obtain a PDL prior authorization | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| **SYMPATHOMIMETICS** | |
| brimonidine pilocarpine | ALPHAGAN P (brimonidine) apraclonidine  brimonidine P  IOPIDINE (apraclonidine)  VUITY (pilocarpine) |
| **BETA BLOCKERS** | |
| BETIMOL (timolol) carteolol ISTALOL(timolol) levobunolol timolol | betaxolol  BETOPTIC S (betaxolol) timolol (Betimol, Istalol) timolol PF (Timoptic Ocudose) TIMOPTIC (timolol)  TIMOPTIC XE (timolol) |
| **CARBONIC ANHYDRASE INHIBITORS** | |
| AZOPT (brinzolamide)  dorzolamide | brinzolamide |
| **RHO KINASE INHIBITORS** | |
| RHOPRESSA (netarsudil)  ROCKLATAN(netarsudil/latanoprost) |  |
| **PROSTAGLANDIN ANALOGS** | |
| latanoprost  TRAVATAN-Z (travoprost) XALATAN (latanoprost) | bimatoprost  IYUZEH (latanoprost/PF) LUMIGAN (bimatoprost) tafluprost  travoprost  VYZULTA (latanoprostene bunod) XELPROS (latanoprost)  ZIOPTAN (tafluprost) |
| **COMBINATION AGENTS** | |
| COMBIGAN (brimonidine/timolol) dorzolamide/timolol  SIMBRINZA (brinzolamide/brimonidine) | brimonidine tartrate/timolol COSOPT (dorzolamide/timolol) COSOPT PF (dorzolamide/timolol)  dorzolamide/timolol |
| **MISC** | |
|  | phospholine iodide |

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| **OPIATE DEPENDENCE TREAT****MENTS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: The following Clinical Prior Authorization applies to   * Treatment failure with preferred drugs within drugs with an “\*” in the class:   any subclass  [Opiate/Benzodiazepine/Muscle Relaxant](https://paxpress-txpa.acentra.com/TX%20PA_Opiate_Benzo_MRv2.pdf)   * Contraindication to preferred drugs\* Hyperlinks specify Drug Utilization Review board- * Allergic reaction to preferred drugs\* approved drug clinical prior authorization criteria. * Treatment of stage-four advanced,   metastatic cancer and associated  conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| [buprenorphine\*](https://paxpress-txpa.acentra.com/buprenorphine_agents.pdf) [buprenorphine/naloxone](https://paxpress-txpa.acentra.com/buprenorphine_agents.pdf) KLOXXADO (naloxone) nasal lofexidine  LUCEMYRA (lofexidine)  naloxone syringe, vial, nasal spray naltrexone  NARCAN (naloxone) nasal NARCAN OTC (naloxone) nasal  OPVEE SPRAY (nalmefene HCl nasal) REXTOVY (naloxone) nasal  [SUBOXONE (buprenorphine/naloxone) film](https://paxpress-txpa.acentra.com/buprenorphine_agents.pdf) VIVITROL (naltrexone)  ZIMHI (naloxone)  [ZUBSOLV (buprenorphine/naloxone)](https://paxpress-txpa.acentra.com/buprenorphine_agents.pdf) |  |

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| **OTIC ANTIBIOT****ICS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| CIPRODEX (ciprofloxacin/dexamethasone) | CIPRO HC (ciprofloxacin/hydrocortisone) |
| ciprofloxacin/dexamethasone otic, AG | ciprofloxacin |
| neomycin/polymyxin/hydrocortisone | ciprofloxacin HCl/fluocinolone |
| ofloxacin | CORTISPORIN-TC (colistin sulfate - neomycin sulfate - thonzonium bromide - hydrocortisone  acetate otic suspension) |
|  | OTOVEL (ciprofloxacin/fluocinolone) |

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| **OTIC ANTI-INFECTIVES/ANESTHETI****CS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| acetic acid | acetic acid/hydrocortisone |

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| **PAH AGENTS (ORAL, INHALAT****ION)** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: Clinical Prior Authorization applies **to all drugs** in   * Treatment failure with preferred drugs within the class:   any subclass  [Pulmonary Hypertension Agents;](https://paxpress-txpa.acentra.com/pah.pdf) OR   * Contraindication to preferred drugs\*  [PDE5-Inhibitors](https://paxpress-txpa.acentra.com/revatio.pdf) * Allergic reaction to preferred drugs\* Hyperlinks specify Drug Utilization Review board- * Treatment of stage-four advanced, approved drug clinical prior authorization criteria. metastatic cancer and associated   conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| [ADCIRCA](https://paxpress-txpa.acentra.com/revatio.pdf) (tadalafil) [LETAIRIS](https://paxpress-txpa.acentra.com/pah.pdf) (ambrisentan) [REVATIO](https://paxpress-txpa.acentra.com/revatio.pdf) (sildenafil)  [TRACLEER](https://paxpress-txpa.acentra.com/pah.pdf) (bosentan) tablets | [ADEMPAS](https://paxpress-txpa.acentra.com/pah.pdf) (riociguat) [ALYQ](https://paxpress-txpa.acentra.com/revatio.pdf) (tadalafil) [ambrisentan](https://paxpress-txpa.acentra.com/pah.pdf) [bosentan](https://paxpress-txpa.acentra.com/pah.pdf)  [LIQREV (sildenafil) suspension](https://paxpress-txpa.acentra.com/revatio.pdf) [OPSUMIT](https://paxpress-txpa.acentra.com/pah.pdf) (macitentan) [OPSYNVI](https://paxpress-txpa.acentra.com/pah.pdf) (macitentan/tadalafil)  [ORENITRAM ER](https://paxpress-txpa.acentra.com/pah.pdf) (treprostinil) tablets, titration kit [sildenafil suspension](https://paxpress-txpa.acentra.com/revatio.pdf) (generic Revatio) [sildenafil tablets](https://paxpress-txpa.acentra.com/revatio.pdf) (generic Revatio)  [tadalafil](https://paxpress-txpa.acentra.com/revatio.pdf) (generic Adcirca) [TADLIQ](https://paxpress-txpa.acentra.com/revatio.pdf) (tadalafil) suspension  [TRACLEER](https://paxpress-txpa.acentra.com/pah.pdf) (bosentan) suspension [TYVASO Inhalation](https://paxpress-txpa.acentra.com/pah.pdf) (treprostinil) [TYVASO DPI](https://paxpress-txpa.acentra.com/pah.pdf) (treprostinil) [UPTRAVI](https://paxpress-txpa.acentra.com/pah.pdf) (selexipag)  [VENTAVISInhalation](https://paxpress-txpa.acentra.com/pah.pdf) (iloprost) |

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| **PANCREATIC ENZY****MES** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| CREON (pancrelipase) | PERTZYE (pancrelipase) |
| ZENPEP (pancrelipase) | VIOKACE (pancrelipase) |

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| **PEDIATIRC VITAMIN PREPARAT****IONS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| See separate **Preferred Pediatric Vitamin Preparations** listing. | See separate **Preferred Pediatric Vitamin Preparations** listing. |

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| **PENICILLIN****S** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| amoxicillin |  |
| ampicillin |
| dicloxacillin |
| penicillin VK |

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| **PHOSPHATE BINDER****S** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria): Hyperlinks specify Drug Utilization Review board-   * Treatment failure with preferred drug approved drug clinical prior authorization criteria. * Contraindication to preferred drug\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions * Diagnosis of ESRD, hyperphosphatemia AND at least one of the following:   + Hypercalcemia (corrected serum calcium   > 10.2 mg/dL)   * + Plasma PTH levels < 150 pg/mL on two consecutive measurements   + Dialysis patients with severe vascular and/or soft tissue calcifications | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| [calcium acetate](https://paxpress-txpa.acentra.com/phosphate_binders.pdf) RENAGEL (sevelamer HCl)  [RENVELA (sevelamer carbonate)](https://paxpress-txpa.acentra.com/phosphate_binders.pdf) | [AURYXIA](https://paxpress-txpa.acentra.com/phosphate_binders.pdf) (ferric citrate) [FOSRENOL](https://paxpress-txpa.acentra.com/phosphate_binders.pdf) (lanthanum) [lanthanum](https://paxpress-txpa.acentra.com/phosphate_binders.pdf)  PHOSLYRA (calcium acetate) [sevelamer](https://paxpress-txpa.acentra.com/phosphate_binders.pdf)  [sevelamer carbonate](https://paxpress-txpa.acentra.com/phosphate_binders.pdf)  [VELPHORO](https://paxpress-txpa.acentra.com/phosphate_binders.pdf) (sucroferric oxyhydroxide)  XPHOZAH (tenapanor) |

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| **PLATELET AGGREGATION INHIBITO****RS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drug * Contraindication to preferred drug\* * Allergic reaction to preferred drug\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| aspirin/dipyridamole | dipyridamole |
| BRILINTA (ticagrelor) | EFFIENT (prasugrel) |
| clopidogrel | PLAVIX (clopidogrel) |
| prasugrel |  |

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| **POTASSIUM BINDER****S** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drug * Contraindication to preferred drug\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| LOKELMA (sodium zirconium cyclosilicate) |  |
| sodium polystyrene sulfonate |
| VELTASSA (patiromer calcium sorbitex) |

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| **PRENATAL VIT****AMINS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| See separate **Preferred Prenatal Vitamins** listing. | See separate **Preferred Prenatal Vitamins** listing. |

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| **PROGESTINS FOR CAC****HEXIA** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drug * Contraindication to preferred drug\* * Allergic reaction to preferred drug\* * Treatment of stage-four advanced, metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| megestrol suspension, tablets | megestrol ES suspension (generic Megace ES) |

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| **PROTON PUMP INHIBITORS (ORA****L)** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure after no less than a 30-day trial of each preferred drug * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions * Prevacid Solutabs will be approved for   children 10 years of age and under | The following Clinical Prior Authorization applies **to all drugs** in the class:   * [Proton Pump Inhibitor](https://paxpress-txpa.acentra.com/PPI.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| DEXILANT (dexlansoprazole) | ACIPHEX (rabeprazole) |
| NEXIUM suspension packet (esomeprazole) | dexlansoprazole DR |
| omeprazole RX | esomeprazole |
| pantoprazole | KONVOMEP (omeprazole/sodium bicarbonate) |
| PROTONIX (pantoprazole) suspension | lansoprazole |
|  | NEXIUM capsules (esomeprazole) |
|  | NEXIUM OTC (esomeprazole) |
|  | omeprazole OTC |
|  | omeprazole/sodium bicarbonate |
|  | pantoprazole suspension |
|  | PREVACID (lansoprazole) |
|  | PRILOSEC (omeprazole)suspension |
|  | PROTONIX tablets (pantoprazole) |
|  | rabeprazole |
|  | ZEGERID (omeprazole/sodium bicarbonate) |

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| **ROSACEA AGENTS, TOPICA****L** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: The following Clinical Prior Authorization may apply   * Treatment failure after no less than a 30-day to drugs in the class:   trial of every preferred drug  [Rosacea Agents, Topical](https://paxpress-txpa.acentra.com/Topical%20Acne%20Agents.pdf)   * Contraindication to preferred drugs\* Hyperlinks specify Drug Utilization Review board- * Allergic reaction to preferred drugs\* approved drug clinical prior authorization criteria. * Treatment of stage-four advanced, metastatic cancer and associated   conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| FINACEA (azelaic acid) foam metronidazole cream, gel NORITATE (metronidazole) | azelaic acid brimonidine gel  FINACEA (azelaic acid) gel ivermectin  metronidazole lotion RHOFADE (oxymetazoline)  ROSADAN KIT (metronidazole) |

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| **SEDATIVE HYPNOTIC****S** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic   cancer and associated conditions | The following Clinical Prior Authorization applies **to all drugs** in the class:   * [Anxiolytics and Sedatives/Hypnotics](https://paxpress-txpa.acentra.com/ashpdg.pdf) * [Opiate/Benzodiazepine/Muscle Relaxant](https://paxpress-txpa.acentra.com/TX%20PA_Opiate_Benzo_MRv2.pdf) Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **BENZODIAZEPINES** | |
| temazepam 15, 30 mg | estazolam |
| triazolam | HALCION (triazolam) |
|  | RESTORIL (temazepam) |
|  | temazepam 7.5, 22.5 mg |
| **SEDATIVE HYPNOTICS cont.** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **OTHERS** | |
| eszopiclone | AMBIEN (zolpidem) |
| zaleplon | AMBIEN CR (zolpidem) |
| zolpidem | BELSOMRA (suvorexant) |
|  | DAYVIGO (lemborexant) |
|  | doxepin |
|  | EDLUAR (zolpidem) |
|  | flurazepam |
|  | HETLIOZ (tasimelteon) |
|  | HETLIOZ LQ (tasimelteon) |
|  | LUNESTA (eszopiclone) ramelteon |
|  | quazepam |
|  | QUVIVIQ (daridorexant) |
|  | ramelteon |
|  | ROZEREM (ramelteon) |
|  | SILENOR (doxepin) |
|  | tasimelteon |
|  | zolpidem ER/SL/capsules |

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| **SICKLE CELL ANEMIA TREAT****MENTS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated   conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| DROXIA (hydroxyurea) ENDARI (glutamine) hydroxyurea glutamine  SIKLOS (hydroxyurea) |  |

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| **SKELETAL MUSCLE RELAXANT****S** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: The following Clinical Prior Authorization applies to   * Treatment failure with preferred drugs within drugs with an “\*” in the class:   any subclass  [Opiate/Benzodiazepine/Muscle Relaxant](https://paxpress-txpa.acentra.com/TX%20PA_Opiate_Benzo_MRv2.pdf)   * Contraindication to preferred drugs\* Hyperlinks specify Drug Utilization Review board- * Allergic reaction to preferred drugs\* approved drug clinical prior authorization criteria. * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| baclofen tablets  [carisoprodol](https://paxpress-txpa.acentra.com/Carisoprodol-Containing_Agents.pdf) (except 250 mg)\* [cyclobenzaprine](https://paxpress-txpa.acentra.com/cyclobenzaprine.pdf)\* methocarbamol\*  tizanidine tablets | [AMRIX](https://paxpress-txpa.acentra.com/cyclobenzaprine.pdf) (cyclobenzaprine ER)\* baclofen solution, suspension [carisoprodol 250 mg](https://paxpress-txpa.acentra.com/Carisoprodol-Containing_Agents.pdf)\* [carisoprodol compound](https://paxpress-txpa.acentra.com/Carisoprodol-Containing_Agents.pdf) chlorzoxazone\* [cyclobenzaprine ER](https://paxpress-txpa.acentra.com/cyclobenzaprine.pdf) DANTRIUM (dantrolene) dantrolene  [FEXMID](https://paxpress-txpa.acentra.com/cyclobenzaprine.pdf) (cyclobenzaprine)\* FLEQSUVY (baclofen suspension) LORZONE (chlorzoxazone)\* LYVISPAH (baclofen) metaxalone\*  NORGESIC FORTE (orphenadrine/aspirin/caffeine) orphenadrine\*  [SOMA](https://paxpress-txpa.acentra.com/Carisoprodol-Containing_Agents.pdf) (carisoprodol)\* tizanidine capsules  ZANAFLEX (tizanidine) |

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| **SMOKING CESSAT****ION** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| bupropion SR (discontinued brand Zyban) | NICOTROL (nicotine) |
| CHANTIX (varenicline) | NICOTROL NS (nicotine) |
| nicotine gum |  |
| nicotine lozenge |  |
| nicotine patch |  |
| varenicline tartrate dose pack, tablets |  |

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| **STEROIDS, TOPI****CAL** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated   conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| **LOW POTENCY** | |
| DERMA-SMOOTHE/FS (fluocinolone) hydrocortisone cream, ointment hydrocortisone/aloe cream PROCTOSOL-HC (hydrocortisone) | alclometasone  AQUA GLYCOLIC (hydrocortisone/skin cleanser) desonide  fluocinolone oil  hydrocortisone lotion (Rx), solution TEXACORT (hydrocortisone) solution |
| **MEDIUM POTENCY** | |
| fluticasone propionate cream, ointment mometasone cream, ointment, solution | BESER KIT (fluticasone) betamethasone valerate foam clocortolone cream CLODERM (clocortolone) fluocinolone acetonide flurandrenolide  fluticasone propionate lotion hydrocortisone butyrate hydrocortisone valerate  LOCOID (hydrocortisone butyrate) LUXIQ (betamethasone)  PANDEL (hydrocortisone probutate) prednicarbate  SYNALAR (fluocinolone) |
| **HIGH POTENCY** | |
| betamethasone dipropionate lotion  betamethasone dipropionate/propylene glycol cream betamethasone valerate cream, ointment DIPROLENE (betamethasone dipropionate) ointment triamcinolone acetonide cream, lotion, ointment | amcinonide  betamethasone dipropionate cream, gel, ointment betamethasone dipropionate/ propylene glycol lotion, ointment betamethasone valerate lotion  desoximetasone diflorasone fluocinonide halcinonide  HALOG (halcinonide)  HALOG SOLUTION (halcinonide) KENALOG aerosol (triamcinolone) TOPICORT (desoximetasone) triamcinolone acetonide aerosol VANOS (fluocinonide) |

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| **STEROIDS, TOPICAL cont.** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated   conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **VERY HIGH POTENCY** | |
| clobetasol emollient | APEXICON E (diflorasone) |
| clobetasol propionate cream, gel, ointment, solution | BRYHALI (halobetasol propionate) |
| halobetasol cream, ointment | clobetasol lotion, shampoo |
|  | clobetasol propionate foam, spray |
|  | CLOBEX (clobetasol) |
|  | CLODAN (clobetasol) |
|  | halobetasol foam |
|  | IMPEKLO LOTION (clobetasol propionate) |
|  | LEXETTE (halobetasol propionate) |
|  | OLUX (clobetasol) |
|  | TEMOVATE (clobetasol) |
|  | TOVET (clobetasol) |
|  | ULTRAVATE (halobetasol propionate) |

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| **STIMULANTS AND RELATED AGENT****S** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: The following Clinical Prior Authorization applies to   * Treatment failure with preferred drugs within drugs with an “\*” in the class:   any subclass  [Binge Eating Disorder](https://paxpress-txpa.acentra.com/bed.pdf)   * Contraindication to preferred drugs\* Hyperlinks specify Drug Utilization Review board- * Allergic reaction to preferred drugs\* approved drug clinical prior authorization criteria. * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| **STIMULANTS** | |
| [ADDERALL](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (amphetamine salt combination) [ADDERALL XR](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (amphetamine salt combination) [amphetamine salt combination IR](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf)  [CONCERTA](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (methylphenidate) [DAYTRANA](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (methylphenidate) [dexmethylphenidate IR](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) [dextroamphetamine IR](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf)  [DYANAVEL XR](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (amphetamine) suspension [FOCALIN XR](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (dexmethylphenidate) [JORNAY](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) PM (methylphenidate ER) [METHYLIN](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (methylphenidate) solution [methylphenidate IR](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf)  [QUILLIVANT XR](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (methylphenidate) [VYVANSE (lisdexamfetamine)\*](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf)  [VYVANSE (lisdexamfetamine) chewable tablets\*](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) | [ADHANSIA XR](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (methylphenidate) [ADZENYS XR ODT](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (amphetamine) [ADZENYS ER](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (amphetamine) suspension [amphetamine salt combination ER](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) [amphetamine sulfate](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf)  [APTENSIO XR](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (methylphenidate) [armodafinil](https://paxpress-txpa.acentra.com/cnsstimpdg.pdf)  [AZSTARYS(serdexmethylphenidate/dexmethyl)](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) [COTEMPLA XR ODT](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (methylphenidate) [DESOXYN](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (methamphetamine)  [DEXEDRINE](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (dextroamphetamine) [dexmethylphenidate ER](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) [dextroamphetamine ER](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) [dextroamphetamine solution](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) [DYANAVEL XR](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (amphetamine) tablets [EVEKEO](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (amphetamine)  [FOCALIN](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (dexmethylphenidate) [lisdexamfetamine\*](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) [methamphetamine](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) [methylphenidate CD](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) [methylphenidate chewable tablets](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) [methylphenidate ER](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) [methylphenidate LA](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) [methylphenidate patch](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) [methylphenidate solution](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) [modafinil](https://paxpress-txpa.acentra.com/cnsstimpdg.pdf)  [MYDAYIS](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (amphetamine salt combination ER) [NUVIGIL](https://paxpress-txpa.acentra.com/cnsstimpdg.pdf) (armodafinil)  [PROCENTRA](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (dextroamphetamine) [PROVIGIL](https://paxpress-txpa.acentra.com/cnsstimpdg.pdf) (modafinil) [QUILLICHEW ER](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (methylphenidate) [RELEXXII](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (methylphenidate) [RITALIN](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (methylphenidate) [RITALIN LA](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (methylphenidate ER) [SUNOSI](https://paxpress-txpa.acentra.com/cnsstimpdg.pdf) (solriamfetol)  [WAKIX (pitolisant)](https://paxpress-txpa.acentra.com/cnsstimpdg.pdf)  [XELSTRYM (dextroamphetamine) transdermal](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf)  [ZENZEDI](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf) (dextroamphetamine) |

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| **STIMULANTS AND RELATED AGENTS cont.** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated   conditions | The following Clinical Prior Authorization applies **to all drugs** in the class:   * [ADHD Agents](https://paxpress-txpa.acentra.com/add_adhd_agents_pending_pdf.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| **NON-STIMULANTS** | |
| atomoxetine | clonidine ER |
| guanfacine ER | INTUNIV (guanfacine ER) |
| QELBREE (viloxazine) | STRATTERA (atomoxetine) |

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| **TETRACYCL****INES** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| doxycycline hyclate capsules | demeclocycline |
| doxycycline monohydrate 50, 100 mg capsules, suspension | DORYX (doxycycline hyclate) |
| doxycycline monohydrate 50, 100 mg capsules (AG) | doxycycline hyclate IR |
| minocycline capsules | doxycycline hyclate DR |
|  | doxycycline monohydrate 40, 75, 150 mg capsules |
|  | doxycycline monohydrate tablets |
|  | minocycline tablets |
|  | minocycline ER |
|  | MINOLIRA ER (minocycline) |
|  | MORGIDOX KIT (doxycycline/skin cleanser no19) |
|  | NUZYRA tablets (omadacycline) |
|  | ORACEA (doxycycline) |
|  | SOLODYN (minocycline) |
|  | TARGADOX (doxycycline hyclate) |
|  | tetracycline |
|  | VIBRAMYCIN (doxycycline) capsules, syrup |
|  | XIMINO (minocycline) |

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| **THROMBOPOIESIS STIMULATING PROT****EINS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| PROMACTA (eltrombopag) tablets | ALVAIZ (eltrombopag) |
| DOPTELET (avatrombopag) |
| MULPLETA (lusutrombopag) |
| PROMACTA (eltrombopag) suspension |
| TAVALISSE (fostamatinib) |

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| **ULCERATIVE COLIT****IS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria: Hyperlinks specify Drug Utilization Review board-   * Treatment failure with preferred drugs approved drug clinical prior authorization criteria. * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| **ORAL** | |
| APRISO (mesalamine) DELZICOL (mesalamine) DIPENTUM (olsalazine) mesalamine DR tablet (Lialda) PENTASA (mesalamine) sulfasalazine  sulfasalazine DR UCERIS (budesonide) | ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) balsalazide  budesonide DR COLAZAL (balsalazide) LIALDA (mesalamine) mesalamine  mesalamine DR capsule (Delzicol) mesalamine DR tablet (Asacol HD) mesalamine ER capsule (Apriso, Pentasa)  [VELSIPITY](https://paxpress-txpa.acentra.com/s1p.pdf) (etrasimod arginine) |
| **RECTAL** | |
| CANASA (mesalamine) mesalamine (Canasa)  SFROWASA (mesalamine) mesalamine (SFROWASA) mesalamine kit (ROWASA) ROWASA (mesalamine)  UCERIS (budesonide) | |

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| **UREA CYCLE DISORDE****RS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria:   * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated   conditions | The following Clinical Prior Authorization applies **to all drugs** in the class:   * [Urea Cycle Disorders](https://paxpress-txpa.acentra.com/UCD.pdf)   Hyperlinks specify Drug Utilization Review board- approved drug clinical prior authorization criteria. |
| **PREFERRED AGENTS** | **NON-PREFERRED AGENTS** |
| BUPHENYL (sodium phenylbutyrate) | carglumic acid |
| CARBAGLU (carglumic acid) | OLPRUVA (sodium phenylbutyrate) |
| PHEBURANE (sodium phenylbutyrate) | RAVICTI (glycerol phenylbutyrate) |
|  | sodium phenylbutyrate powder/ tablets |

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| **UTERINE DISORDER TREAT****MENTS** | |
| **PA CRITERIA** | |
| Client must meet at least one of the listed PA criteria): Hyperlinks specify Drug Utilization Review board-   * Treatment failure with preferred drugs within approved drug clinical prior authorization criteria. any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced,   metastatic cancer and associated conditions | |
| **PREFERRED AGENTS NON-PREFERRED AGENTS** | |
| [MYFEMBREE (relugolix /estradiol/norethindrn)](https://paxpress-txpa.acentra.com/gnrh.pdf) [ORIAHNN (elagolix/estradiol/norethindrn)](https://paxpress-txpa.acentra.com/gnrh.pdf) [ORILISSA (elagolix)](https://paxpress-txpa.acentra.com/orilissa.pdf) |  |

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| **APPEND****ICES** |
| * Treatment failure with preferred drugs within any subclass * Contraindication to preferred drugs\* * Allergic reaction to preferred drugs\* * Treatment of stage-four advanced, metastatic cancer and associated conditions |

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| **COUGH AND COLD ORAL** | | | |
| **PREFERRED AGENTS** | **PREFERRED INGREDIENTS** | **NON-PREFERRED AGENTS** | **NON-PREFERRED INGREDIENTS** |
| ALA-HIST IR TABLET OTC (ORAL) | dexbrompheniramine maleate | ALAHIST D TABLET OTC (ORAL) | phenylephrine hcl/pheniramine maleate |
| ALAHIST PE TABLET OTC (ORAL) | dexbrompheniramine maleate/phenylephrine hcl | ALL DAY SINUS-COLD-D TABLET OTC (ORAL) | naproxen sodium/pseudoephedrine hcl |
| ALLERGY MULTI-SYMPTOM CAPLET OTC (ORAL) | phenylephrine hcl/acetaminophen/  chlorpheniramine | COLD-SINUS TABLET OTC (ORAL) | ibuprofen/pseudoephedrine hcl |
| APRODINE TABLET OTC (ORAL) | triprolidine hcl/pseudoephedrine hcl | CONEX SOLUTION OTC (ORAL) | dexbrompheniramine maleate/pseudoephedrine  hcl |
| COLD-SINUS RLF LIQCAP CAPSULE OTC (ORAL) | ibuprofen/pseudoephedrine hcl | CONEX TABLET OTC (ORAL) | dexbrompheniramine maleate/pseudoephedrine  hcl |
| DECONEX IR TABLET OTC (ORAL) | guaifenesin/phenylephrine hcl | DEXBROMPHENIR-PHENYLEPH TABLET OTC  (ORAL) | dexbrompheniramine maleate/phenylephrine hcl |
| ED-A-HIST TABLET OTC (ORAL) | chlorpheniramine maleate/phenylephrine hcl | DOXYLAMINE-PHENYLEPH TABLET OTC (ORAL) | doxylamine succinate/phenylephrine hcl |
| ED-BRON GP LIQUID OTC (ORAL) | guaifenesin/phenylephrine hcl | ED A-HIST LIQUID OTC (ORAL)  NOHIST-LQ LIQUID OTC (ORAL) | chlorpheniramine maleate/phenylephrine hcl |
| GUAIFENESIN ER TABLET OTC (ORAL) | guaifenesin | GUAIFENESIN-PSE TABLET OTC (ORAL)  POLY-VENT IR TABLET OTC (ORAL) | guaifenesin/pseudoephedrine hcl |
| GUAIFENESIN SOLUTION OTC (ORAL) | guaifenesin | HISTEX-PE SYRUP OTC (ORAL) | phenylephrine hcl/triprolidine hcl |
| GUAIFENESIN TABLET OTC (ORAL) | guaifenesin | LOHIST-D LIQUID OTC (ORAL) | chlorpheniramine maleate/pseudoephedrine hcl |
| GUAIFENESIN-PSE ER TABLET OTC (ORAL) | guaifenesin/pseudoephedrine hcl | MUCINEX D (ORAL) TAB ER 12H | guaifenesin/pseudoephedrine hcl |
| MUCINEX INSTASOOTHE SPRAY OTC (ORAL) | benzocaine/menthol | MUCUS RELIEF PE TABLET OTC (ORAL) | guaifenesin/phenylephrine hcl |
| MUCUS-CHEST CONG LIQUID OTC (ORAL) | guaifenesin |  |  |
| NIGHT SEVERE COLD-COUGH POWDER PACKET  OTC (ORAL) | diphenhydramine hcl/phenylephrine  hcl/acetaminophen | NASOPEN PE LIQUID OTC (ORAL) | thonzylamine hcl/phenylephrine hcl |
| PHENYLEPHRINE/BROMPHENIRAMINE SOLN OTC (ORAL)  RYNEX PE LIQUID OTC (ORAL) | brompheniramine maleate/phenylephrine hcl | PROMETHAZINE VC SYRUP (ORAL) | phenylephrine hcl/promethazine hcl |
| POLY HIST FORTE TABLET OTC (ORAL) | doxylamine succinate/phenylephrine hcl | RU-HIST D TABLET OTC (ORAL) | brompheniramine maleate/phenylephrine hcl |
| SINUS CONGESTION-PAIN CAPLET OTC (ORAL) | phenylephrine hcl/acetaminophen | RYMED TABLET OTC (ORAL) | dexchlorpheniramine maleate/phenylephrine hcl |
| SINUS CONGST-PAIN TABLET OTC (ORAL) | guaifenesin/phenylephrine hcl/acetaminophen | RYNEX PSE LIQUID OTC (ORAL) | brompheniramine maleate/phenylephrine hcl |
| SUDOGEST COLD AND ALLERGY TAB OTC  (ORAL) | chlorpheniramine maleate/pseudoephedrine hcl | TUNSEL PEDI DROP OTC (ORAL) | guaifenesin/phenylephrine hcl |

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| **COUGH AND COLD NASAL** | | | |
| **PREFERRED AGENTS** | **PREFERRED INGREDIENTS** | **NON-PREFERRED AGENTS** | **NON-PREFERRED INGREDIENTS** |
| OXYMETAZOLINE NASAL SPRAY OTC (NASAL) | oxymetazoline hcl spray (non-aerosol) | OXYMETAZOLINE MIST OTC (NASAL) | oxymetazoline hcl mist |
| SINUS RELIEF NASAL SPRAY OTC (NASAL) | phenylephrine hcl spray (non-aerosol) |  |  |

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| **COUGH AND COLD, NARCOTIC** | | | |
| **PREFERRED AGENTS** | **PREFERRED INGREDIENTS** | **NON-PREFERRED AGENTS** | **NON-PREFERRED INGREDIENTS** |
| CODEINE-GUAIFEN SOLUTION OTC (ORAL) | codeine phosphate/guaifenesin solution | CAPCOF LIQUID OTC (ORAL)  POLY-TUSSIN AC LIQUID OTC (ORAL) | brompheniramine maleate/phenylephrine  hcl/codeine phosphate |
| HYDROCODONE-HOMATROPINE SOLUTION  (ORAL) | hydrocodone bitartrate/homatropine  methylbromide | HISTEX-AC SYRUP OTC (ORAL) | triprolidine hcl/phenylephrine hcl/codeine  phosphate |
|  |  | HYCODAN SOLUTION (ORAL) | hydrocodone bitartrate/homatropine  methylbromide |
|  |  | HYCODAN TABLET (ORAL)  HYDROCODONE-HOMATROPINE TABLET (ORAL) | hydrocodone bitartrate/homatropine  methylbromide |
|  |  | HYDROCODONE-CHLORPHEN ER SUSPENSION  (ORAL) | hydrocodone polistirex/chlorpheniramine  polistirex |
|  |  | MAR-COF CG LIQUID (ORAL) | codeine phosphate/guaifenesin solution |
|  |  | PROMETHAZINE VC-CODEINE SYRUP (ORAL) | promethazine/phenylephrine hcl/codeine |
|  |  | PROMETHAZINE-CODEINE SOLUTION (ORAL) | promethazine hcl/codeine |
|  |  | TUXARIN ER TABLET (ORAL) | chlorpheniramine maleate/codeine phosphate |

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| **COUGH AND COLD, NON-**  **NARCOTIC** | | | | | | | |
| **PREFERRED AGENTS** | **PREFERRED INGREDIENTS** | **NON-PREFERRED AGENTS** | | | **NON-PREFERRED INGREDIENTS** | | |
| ALAHIST CF TABLET OTC (ORAL) | dextromethorphan hbr/phenylephrine  hcl/dexbrompheniramine | AQUANAZ TABLET OTC (ORAL) | | | guaifenesin/dextromethorphan hbr/ phenylephrine | | |
| ALAHIST DM LQ OTC (ORAL) | pheniramine maleate/phenylephrine hcl/  dextromethorphan hbr | BRANTUSSIN DM LIQUID OTC (ORAL)  WESTUSSIN DM NF LIQUID OTC (ORAL) | | | dextromethorphan hbr/phenylephrine  hcl/dexbrompheniramine | | |
| ALA-HIST DM LQ OTC (ORAL)  POLYTUSSIN DM LIQUID OTC (ORAL) | dextromethorphan hbr/phenylephrine  hcl/dexbrompheniramine | CAPMIST DM TABLET OTC (ORAL) | | | guaifenesin/dextromethorphan hbr/  pseudoephedrine hcl | | |
| BENZONATATE CAPSULE (ORAL) | benzonatate | CAPRON DM LIQUID OTC (ORAL) | | | pyrilamine maleate/dextromethorphan hbr | | |
| BROMPHEN-PSE-DM SYRUP (ORAL) | brompheniramine maleate/pseudoephedrine hcl/  dextromethorphan | CAPRON DM TABLET OTC (ORAL) | | | pyrilamine maleate/dextromethorphan hbr | | |
| CHILD DELSYM COUGH PLUS DY-NT OTC (ORAL)  DELSYM COUGH PLUS DAY-NIGHT LQ OTC (ORAL) | diphenhydramine/phenylephrine/dextromethorph/  acetaminophen/gg | CHLO HIST ORAL SOLUTION OTC (ORAL) | | | dexbrompheniramine maleate/chlophedianol hcl | | |
| CHILD MUCINEX FREEFROM DY COLD LIQUID OTC  (ORAL) | phenylephrine hcl/dextromethorphan  hbr/acetaminophen/guaifen | CHLO TUSS LIQUID OTC (ORAL) | | | dexbrompheniramine maleate/pseudoephedrine  hcl/chlophedianol | | |
| CHILDREN’S MUCINEX FREEFROM LQ OTC (ORAL) MUCINEX FAST-MAX CONGEST-COUGH LIQUID  OTC (ORAL) | guaifenesin/dextromethorphan hbr/phenylephrine | COLD MAX DAY-NIGHT CAPLET OTC (ORAL) | | | dextromethorphan/phenylephrine/acetaminophen/ chlorpheniramin | | |
| CHILD’S MULTI-SYMPTOM COLD LIQ OTC (ORAL) | guaifenesin/dextromethorphan hbr/ phenylephrine | COUGH DM SYRUP OTC (ORAL) | | | guaifenesin/dextromethorphan hbr | | |
| CHILDREN’S COUGH-COLD LIQUID OTC (ORAL)  RYNEX DM LIQUID OTC (ORAL) | brompheniramine maleate/phenylephrine  hcl/dextromethorphan | DAYTIME COLD-FLU LIQUID OTC (ORAL) | | | dextromethorphan hbr/phenylephrine hcl/  acetaminophen | | |
| CHLOPHENDIANOL-DEXCHLORP-PSE LQ OTC  (ORAL) | dexchlorpheniramine maleate/  pseudoephedrine/chlophedianol | DAYTIME SEVERE COLD-FLU CAPLET OTC  (ORAL) | | | phenylephrine hcl/dextromethorphan hbr/  acetaminophen/guaifen | | |
| COLD MAX DAYTIME CAPLET OTC (ORAL)  DM/PHENYLEPHRINE/APAP TABLET OTC (ORAL) | dextromethorphan hbr/phenylephrine  hcl/acetaminophen | DAYTIME SEVERE COLD-FLU LIQUID OTC  (ORAL) | | | phenylephrine hcl/dextromethorphan hbr/  acetaminophen/guaifen | | |
| COUGH-COLD HBP TABLET OTC (ORAL)  DM/CHLORPHENIRAMINE TABLET OTC (ORAL) | chlorpheniramine maleate/dextromethorphan hbr | DAYTIME-NIGHTTIME COLD-FLU  CAPSULE OTC (ORAL) | | | dextromethorphan hbr/phenylephrine/  acetaminophen/doxylamine | | |
| DAY MULTI-SYMP FLU-SEVERE COLD POWDER PACK OTC (ORAL)  FLU-SEV COLD-COUGH DAY PACKET OTC (ORAL) | dextromethorphan hbr/phenylephrine hcl/ acetaminophen | ED A-HIST DM TABLET OTC (ORAL) | | | chlorpheniramine maleate/phenylephrine hcl/dextromethorphan | | |
| DAYTIME COLD-FLU SOFTGEL OTC (ORAL) | dextromethorphan hbr/phenylephrine hcl/  acetaminophen | ENDAL LIQUID OTC (ORAL) | | | dextromethorphan hbr/triprolidine hcl | | |
| DECONEX DMX TAB OTC (ORAL) | guaifenesin/dextromethorphan hbr/ phenylephrine | LOHIST-DM SYRUP OTC (ORAL) | | | brompheniramine maleate/phenylephrine  hcl/dextromethorphan | | |
| DELSYM COUGH CAPLET OTC (ORAL) | dextromethorphan hbr | M-END DMX LIQUID OTC (ORAL) | | | dexbromphen/pseudoephedrine/  dextromethorphan | | |
| DELSYM NIGHTTIME COUGH LIQUID OTC (ORAL)  MUCINEX NIGHTSHIFT COLD-FLU LQ OTC (ORAL) | triprolidine hcl/dextromethorphan  hbr/acetaminophen | MUCINEX DM ER TABLET OTC (ORAL) | | | guaifenesin/dextromethorphan hbr | | |
| DEXTROMETHORPHAN CAPSULE OTC (ORAL) | dextromethorphan hbr | MUCUS RLF DM MAX TABLET OTC (ORAL) | | | guaifenesin/dextromethorphan hbr | | |
| DEXTROMETHORPHAN SUSPENSION ER 12H OTC  (ORAL) | dextromethorphan polistirex | NINJACOF LIQUID OTC (ORAL) | | | pyrilamine maleate/chlophedianol hcl | | |
| DM-GUAIF-PE LIQUID OTC (ORAL) | guaifenesin/dextromethorphan hbr/ phenylephrine | NINJACOF-D LIQUID OTC (ORAL) | | | pyrilamine maleate/pseudoephedrine hcl/  chlophedianol hcl | | |
| DM-GUAIF-PE TABLET OTC (ORAL) | guaifenesin/dextromethorphan hbr/ phenylephrine |  | PYRILAMINE DM LIQUID OTC (ORAL) |  |  | pyrilamine maleate/dextromethorphan hbr |  |
| DURAFLU TAB OTC (ORAL) | pseudoephedrine/dextromethorphan/guaifenesin/  acetaminophen | SEVERE COLD-FLU NIGHTTIME LQ OTC  (ORAL) | | | dextromethorphan hbr/phenylephrine/  acetaminophen/doxylamine | | |
| ED-A-HIST DM LIQUID OTC (ORAL)  NOHIST-DM LIQUID OTC (ORAL) | chlorpheniramine maleate/phenylephrine  hcl/dextromethorphan | TUSNEL CAPLET OTC (ORAL) | | | guaifenesin/dextromethorphan hbr/  pseudoephedrine hcl | | |
| FLU HBP CAPLET OTC (ORAL) | dextromethorphan hbr/acetaminophen/  chlorpheniramine maleate | TUSNEL DM LIQUID OTC (ORAL) | | | guaifenesin/dextromethorphan hbr/ phenylephrine | | |
| GUAIFENESIN DM LIQUID OTC (ORAL) | guaifenesin/dextromethorphan hbr | TUSNEL DM PEDIATRIC LIQUID OTC (ORAL) | | | guaifenesin/dextromethorphan hbr/ phenylephrine | | |
| GUAIFENESIN DM TAB OTC (ORAL) | guaifenesin/dextromethorphan hbr | TUSNEL LIQUID OTC (ORAL) | | | guaifenesin/dextromethorphan hbr/  pseudoephedrine hcl | | |
| GUAIFENESIN-DM SYRUP OTC (ORAL) | guaifenesin/dextromethorphan hbr | TUSNEL PED LIQ OTC (ORAL) | | | guaifenesin/dextromethorphan hbr/  pseudoephedrine hcl | | |
| HISTEX-DM SYRUP OTC (ORAL) | triprolidine hcl/phenylephrine hcl/  dextromethorphan hbr | VANACOF DMX LIQUID OTC (ORAL) | | | guaifenesin/dextromethorphan hbr/ phenylephrine | | |
| MUCINEX INSTASOOTH COUGH LOZENGE OTC  (ORAL) | dextromethorphan hbr/hexylresorcinol | WESTUSSIN DM SYR OTC (ORAL) | | | dexchlorpheniramine maleate/  phenylephrine/dextromethorphan | | |
| MUCINEX NIGHTSHIFT COLD-FLU LQ OTC (ORAL) | triprolidine hcl/dextromethorphan hbr/  acetaminophen |  | | |  | | |
| MUCINEX NIGHTSHIFT CLD-FLU CPT OTC (ORAL) | triprolidine hcl/dextromethorphan hbr/  acetaminophen |  | | |  | | |
| MUCINEX NIGHTSHIFT SEVR CLD-FLU LIQUID OTC (ORAL)  MUCINEX NIGHTSHIFT SINUS LIQ OTC (ORAL) | triprolidine hcl/phenylephrine/dextromethorphan/ acetaminophen |  | | |  | | |
| MUCINEX NIGHTSHIFT SEVR CLD-FLU TABLET OTC (ORAL)  MUCINEX NIGHTSHIFT SINUS CAPLT OTC (ORAL) | triprolidine hcl/phenylephrine/dextromethorphan/ acetaminophen |  | | |  | | |
| MUCINEX SINUSMAX DAY-NT CAPLET OTC (ORAL) | triprolidine/phenylephrine/dextromethorph/  acetamin/guaifenes |  | | |  | | |
| MUCINEX SINUS-MAX PRESSURE-CGH CAPSULE  OTC (ORAL) | phenylephrine hcl/dextromethorphan  hbr/acetaminophen/guaifen |  | | |  | | |
| MUCUS RELIEF DM MAX LIQUID OTC (ORAL) | guaifenesin/dextromethorphan hbr |  | | |  | | |
| MUCUS RLF DM ER TAB OTC (ORAL) | guaifenesin/dextromethorphan hbr |  | | |  | | |
| NIGHTTIME COLD-FLU LIQUID OTC (ORAL) | dextromethorphan hbr/acetaminophen/  doxylamine |  | | |  | | |
| NIGHTTIME COLD-FLU RLF SOFTGEL OTC (ORAL) | dextromethorphan hbr/acetaminophen/  doxylamine |  | | |  | | |
| NIGHTTIME COUGH LIQUID OTC (ORAL) | dextromethorphan hbr/doxylamine succinate |  | | |  | | |
| POLY-HIST DM LIQUID OTC (ORAL) | thonzylamine hcl/phenylephrine hcl/  dextromethorphan hbr |  | | |  | | |
| POLYTUSSIN DM LIQUID OTC (ORAL) | pyrilamine maleate/phenylephrine  hcl/dextromethorphan hbr |  | | |  | | |
| POLYTUSSIN DM SYR OTC (ORAL) | dexchlorpheniramine maleate/  phenylephrine/dextromethorphan |  | | |  | | |
| POLY-VENT DM TABLET OTC (ORAL) | guaifenesin/dextromethorphan hbr/  pseudoephedrine hcl |  | | |  | | |
| PROMETHAZINE-DM SYRUP (ORAL) | promethazine hcl/dextromethorphan hbr |  | | |  | | |
| SEVERE COLD-FLU CAPLET OTC (ORAL) | phenylephrine hcl/dextromethorphan  hbr/acetaminophen/guaifen tablet |  | | |  | | |
| TUSSIN CF LIQUID OTC (ORAL) | guaifenesin/dextromethorphan hbr/ phenylephrine |  | | |  | | |

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| **COUGH AND COLD, NON-**  **NARCOTIC cont.** | | | |
| **PREFERRED AGENTS** | **PREFERRED INGREDIENTS** | **NON-PREFERRED AGENTS** | **NON-PREFERRED INGREDIENTS** |
| VANACOF 2 LIQUID (ORAL) | dexchlorpheniramine maleate/chlophedianol hcl |  |  |
| VANACOF CP LIQUID (ORAL) | pyrilamine maleate/chlophedianol hcl |  |  |
| VANACOF DM OTC (ORAL) | guaifenesin/dextromethorphan hbr/ phenylephrine |  |  |
| VANACOF LIQUID OTC (ORAL) | dexchlorpheniramine maleate/  pseudoephedrine/chlophedianol |  |  |
| VANACOF XP LIQUID OTC (ORAL) | guaifenesin/dextromethorphan hbr |  |  |
| VANATAB DM CAPLET OTC (ORAL) | guaifenesin/dextromethorphan hbr/ phenylephrine |  |  |

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| **IRON, ORAL** | | | |
| **PREFERRED AGENTS** | **PREFERRED INGREDIENTS** | **NON-PREFERRED AGENTS** | **NON-PREFERRED INGREDIENTS** |
| CENTRATEX CAPSULE (ORAL) | multivitamin-minerals no. 73/ferrous  fumarate/folic acid | ACCRUFER CAPSULE (ORAL) | ferric maltol |
| FERREX CAPSULE OTC (ORAL) | iron polysaccharide complex | ACTIVE FE TABLET(ORAL) | iron, carbonyl/folic acid/multivit with minerals |
| FERROUS FUMARATE TABLET OTC (ORAL) | ferrous fumarate | BENTIVITE BX TABLET (ORAL) | ferrous sulfate/folic acid |
| FERROUS GLUCONATE TABLET OTC (ORAL) | ferrous gluconate | CORVITE 150 TABLET (ORAL) | iron,carbonyl/methyltetrahydrofolate,folic acid/mv,min  no.41 |
| FERROUS SULFATE DROP OTC (ORAL) | ferrous sulfate (drops) | CORVITE FE TABLET (ORAL) | iron/methyltetrahydrofolate gluc, folate/multivit, mins  no.40 |
| FERROUS SULFATE EC TABLET OTC (ORAL) | ferrous sulfate (enteric coated) | FEROSOL BIFERA CAPLET OTC (ORAL) | iron polysaccharide complex/iron heme polypeptide |
| FERROUS SULFATE ELIXIR OTC (ORAL) | ferrous sulfate (elixir) | FERGON TABLET OTC (ORAL) | ferrous gluconate |
| FERROUS SULFATE SOLUTION OTC (ORAL) | ferrous sulfate (solution) | FERIVA 21-7 TABLET (ORAL) | iron asp gly/ascorbic acid/folate no.1/vit B12/ zinc/succinic |
| FERROUS SULFATE TABLET OTC (ORAL) | ferrous sulfate (tablet) | FERIVA FA CAPSULE (ORAL) | iron bisgly, aspart, fumarate/vit C/folate/vit B12/  biotin/cupric |
| FERROUS SULFATE, DRIED TABLET ER OTC  (ORAL) | ferrous sulfate, dried tablet ER | FERRIMIN TAB OTC (ORAL) | ferrous fumarate |
| PUREVIT DUALFE PLUS CAPSULE (ORAL)  SE-TAN PLUS CAPSULE (ORAL) | iron fumarate-iron polysacch cplex/folic  acid/multivit no.18 | FOLITAB CAPLET OTC (ORAL) | ferrous sulfate/ascorbic acid/folic acid |
|  |  | FOLIVANE-F CAPSULE (ORAL) | iron fumarate,polysac comp/folic acid/vitamin  C/niacinamide |
|  |  | IRONSPAN TABLET (ORAL) | iron bisgl,ps cmplx/folic acid/vit B, C no.12/succinic acid |
|  |  | NEPHRON FA TABLET (ORAL) | vit B complex and vit C no.24/ferrous fumarate/folic acid |
|  |  | TARON FORTE CAPSULE (ORAL) | iron bisgly,pscmplx/ascorbate calc/B12/folic acid/calc-  threo |

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| **PEDIATRIC VITAMIN**  **PREPARATIONS** | | | |
| **PREFERRED AGENTS** | **PREFERRED INGREDIENTS** | **NON-PREFERRED AGENTS** | **NON-PREFERRED INGREDIENTS** |
| MULTIVIT-FLUOR DROP (ORAL) | pediatric multivitamin no. 2/ sodium fluoride | DAVIMET-FLUORIDE CHW TB (ORAL) | pediatric multivitamin no.247/sodium fluoride |
| MULTIVIT-FLUOR TAB CHW (ORAL) | pediatric multivitamins no. 17 with sodium  fluoride | FLORAFOL PEDI CHEW TAB (ORAL) | pediatric multivitamin no.251 with sodium fluoride |
| MULTIVIT-FLUOR-IRON DROP (ORAL) | pediatric multivitamin no. 45/sodium fluoride/  ferrous sulfate | FLORIVA CHEWABLE TABLET (ORAL) | pediatric multivitamin no. 85 with sodium fluoride |
|  |  | FLORIVA PLUS DROP OTC (ORAL) | pediatric multivitamin no. 161/sodium fluoride |
|  |  | MULTI-VIT-FLOR TAB CHEW OTC  (ORAL) | pediatric multivitamin no. 228 with sodium fluoride |
|  |  | MULTIVIT-FLUOR TAB CHW OTC (ORAL)  POLY-VI-FLOR TAB CHEW (ORAL) | pediatric multivitamin no. 219 with sodium fluoride |
|  |  | MULTIVIT-FLUOR TAB CHW OTC  (ORAL) | pediatric multivitamin no. 242 with sodium fluoride |
|  |  | POLY-VI-FLOR DROP (ORAL) | pediatric multivitamin no. 213 with sodium fluoride |
|  |  | POLY-VI-FLOR DROP (ORAL) | pediatric multivitamin no. 220 with fluoride |
|  |  | POLY-VI-FLOR TAB CHEW (ORAL) | pediatric multivitamin no. 175 with fluoride |
|  |  | POLY-VI-FLOR-IRON CHW (ORAL) | pediatric multivitamin no. 175 with fluoride and iron |
|  |  | POLY-VI-FLOR-IRON CHWTB (ORAL) | pediatric multivitamin no. 205/sodium fluoride/iron,  carbonyl |
|  |  | POLY-VI-FLOR-IRON DROP (ORAL) | pediatric multivitamin no. 214/sodium fluoride/ferric citrate |
|  |  | POLY-VI-FLOR-IRON DROP (ORAL) | pediatric multivitamin no. 220/sodium fluoride/iron sulfate |
|  |  | QUFLORA FE CHEW TABLET (ORAL) | pediatric multivitamin no. 142 / iron carbonyl/ sodium  fluoride |
|  |  | QUFLORA FE PED DROP (ORAL) | pediatric multivitamin no. 151 / ferrous sulfate / sod  fluoride |
|  |  | QUFLORA GUMMIES (ORAL) | pediatric multivitamin no. 157 with sodium fluoride |
|  |  | QUFLORA PED CHEW TAB (ORAL) | pediatric multivitamin no. 63 with sodium fluoride |
|  |  | QUFLORA PED DROP (ORAL) | pediatric multivitamin no. 83 with sodium fluoride |
|  |  | QUFLORA PED DROP (ORAL) | pediatric multivitamin no. 84 with sodium fluoride |
|  |  | TRI-VI-FLOR DROPS (ORAL) | pediatric multivit A, C, and D3 no.38 with sodium fluoride |
|  |  | TRI-VITE-FLUORIDE DROPS (ORAL)  VIT A, C, D-FLUORIDE (ORAL) | pediatric multivit with A, C, D3 no.21/sodium fluoride |

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| **PRENATAL VITAMINS** | | | |
| **PREFERRED AGENTS** | **PREFERRED INGREDIENTS** | **NON-PREFERRED AGENTS** | **NON-PREFERRED INGREDIENTS** |
| COMPLETE NATAL DHA (ORAL)  WESNATAL DHA COMPLETE (ORAL) | prenatal vitamin no.52/iron/folic acid/omega-3/dha | CITRANATAL B-CALM COMBO PACK  (ORAL) | prenatal vitamin no.48/iron carbonyl, gluconate/folic  acid/b6 |
| FOLIVANE-OB CAPSULE OTC (ORAL) | mv-mins no. 74/ ferrous fumarate/ iron ps cplx/folic  acid | C-NATE DHA SOFTGEL (ORAL)  WESNATE DHA SOFTGEL (ORAL) | prenatal vitamins no.11/ ferrous fumarate/ folic  acid/omega-3 |
| M-NATAL PLUS TABLET (ORAL)  PRENATAL VITAMIN PLUS LOW IRON (ORAL) WESTAB PLUS TABLET (ORAL) | prenatal vits with calcium no.72/ferrous fumarate/folic acid | COMPLETENATE TABLET CHEW (ORAL) | prenatal vitamins no.14/ferrous fumarate/folic acid |
| SELECT-OB + DHA PACK (ORAL) | prenatal vitamins no. 33/iron poly sach complex/folic  acid/dha | DERMACINRCX CAPLET OTC (ORAL) | prenatal vitamins no. 170/ferrous fumarate/folic acid |
| THRIVITE RX TABLET (ORAL) | prenatal vitamin with calcium no.76/iron,  carbonyl/folic acid | ELITE-OB CAPLET (ORAL)  OB COMPLETE CAPLET (ORAL) | multivitamin with minerals no. 69/iron, carbonyl/folic  acid |
| TRICARE PRENATAL TABLET (ORAL) | prenatal vits with calcium 103/ferrous fumarate/folic  acid | ENBRACE HR SOFTGEL (ORAL) | multivit no.41/iron cysteine glycinate/ folate no. 8/  phosph-dha |
| TRINATAL RX 1 TABLET (ORAL) | prenatal vitamin 27 with calcium/ferrous  fumarate/folic acid | NESTABS DHA COMBO PACK (ORAL) | prenatal vits with calcium no.87/iron bisgly/folic  acid/dha |
| VITAFOL GUMMIES (ORAL) | prenatal vit no. 112/iron phosph/folic acid/omega-  3s/dha/epa | NESTABS ONE SOFTGEL (ORAL) | multivit 42/iron carbonyl, b-g che/  methyltetrahydrofolate/dha |
| VITAFOL NANO TABLET (ORAL) | prenatal vitamins no.75/ferrous fumarate/folate  comb. no. 1 | NESTABS TABLET (ORAL) | prenatal vitamin no.86/iron bis-glycinate/folic acid |
| VITAFOL ULTRA SOFTGEL (ORAL) | prenatal vit no.67/iron polysaccharides/folate comb.  no. 1/dha | NIVA-PLUS TABLET OTC (ORAL) | multivitamin with minerals no. 60/ferrous  fumarate/folic acid |
| VITAFOL-OB CAPLET (ORAL) | prenatal vits with calcium no.10/ferrous fum/folic  acid | OB COMPLETE ONE SOFTGEL (ORAL) | prenatal vit no. 85/iron carb, asp. gly/folic acid/dha/fish  oil |
| VITAFOL-OB+DHA COMBO PACK (ORAL) | prenatal vits with calcium no.10/ferrous fum/folic  acid/dha | OB COMPLETE PETITE SOFTGEL (ORAL) | prenatal no56/iron carbonyl, asparto glycinate/folic  acid/dha |
| VITAFOL-ONE CAPSULE (ORAL) | prenatal vits no.26/iron polysaccharide cplex/folic  acid/dha | OB COMPLETE PREMIER TABLET (ORAL) | prenatal vits no.83/iron, carbonyl,iron aspart.gly/ folic  acid |
|  |  | OB COMPLETE WITH DHA SOFTGEL  (ORAL) | prenatal vit no.30/iron carbonyl, asp glyc/folic  acid/omega-3 |
|  |  | PNV-DHA SOFTGEL (ORAL) WESCAP-PN DHA CAPSULE (ORAL)  ZATEAN-PN DHA CAPSULE (ORAL) | multivitamin combination no. 47/ferrous fum/folate no. 1/dha |
|  |  | PNV-OMEGA SOFTGEL (ORAL)  ZATEAN-PN PLUS SOFTGEL (ORAL) | multivitamin-minerals no. 71/iron fumarate/folic acid  no. 1/dha |
|  |  | PNV-SELECT TABLET (ORAL) | prenatal vit with calcium no.40/iron fumarate/folate no.  1 |
|  |  | PRENATE AM TABLET (ORAL) | multivit no. 38/methyltetrahyrofolate glucose, folic  acid/ginger |
|  |  | PRENATE CHEWABLE TABLET (ORAL) | multivitamin no. 36/methyltetrahyrofolate gluc, folic  acid |
|  |  | PRENATE DHA SOFTGEL (ORAL) | prenatal vitamins no. 78/iron/ asparto glycin/folate  no.1/dha |
|  |  | PRENATE ELITE TABLET (ORAL) | prenatal vits no. 114/ferrous aspart glycinate/folate no.  1 |
|  |  | PRENATE ENHANCE SOFTGEL (ORAL) | prenatal vitamins no.68/iron fumarate/folate no.6/dha |
|  |  | PRENATE ESSENTIAL SOFTGEL (ORAL) | multivitamin no. 40/iron asparto glycinate/folate no.  1/dha |
|  |  | PRENATE MINI SOFTGEL (ORAL) | prenatal vits no.87/iron carb-asp.glycinate/folate  no.1/dha |
|  |  | PRENATE PIXIE SOFTGEL (ORAL) | prenatal vitamins no. 85/iron asparto glycin/folate no.  1/dha |
|  |  | PRENATE RESTORE SOFTGEL (ORAL) | prenatal vitamins no.69/iron fumarate/folate comb  no.6/dha |
|  |  | PRENATE STAR TABLET (ORAL) | prenatal vitamins no. 77/ferrous asparto glycinate/folic  acid |
|  |  | PRIMACARE SOFTGEL (ORAL) | prenatal vits no.118/iron asparto glycinate/folate  no.6/dha |
|  |  | SELECT-OB CHEWABLE CAPLET (ORAL) | prenatal vit no. 128/iron polysaccharide complex/folic  acid |
|  |  | SELECT-OB CHEWABLE CAPLET (ORAL) | prenatal vitamin no.13/iron polysaccharides/folate  comb no.1 |
|  |  | SE-NATAL 19 CHEWABLE TABLET (ORAL) | prenatal vits with calcium 118/ferrous fumarate/folic  acid |
|  |  | SE-NATAL-19 TABLET (ORAL) | prenatal vitamins no. 119/iron fumarate/folic acid |
|  |  | TARON-C DHA CAPSULE (ORAL)  WESCAP-C DHA SOFTGEL (ORAL) | mv-min 75/ ferrous fum/iron ps cplx/folic ac/ omega-  3/dha/epa |
|  |  | TRISTART DHA SOFTGEL (ORAL)  WESTGEL DHA SOFTGEL (ORAL) | prenatal vitamins no. 93/iron carbonyl/folate comb  no.9/dha |
|  |  | VITAFOL FE PLUS SOFTGEL (ORAL) | prenatal vits no. 102/iron polysacch/folate no.1/dha |