

Expedited Authorization Codes and Criteria Table

What is new in this version of the expedited authorization list?

Effective for dates of service on and after March 1, 2017, the agency will implement the following changes:

| Product | Code | Criteria |
|---------------------------|--|----------|
| Ambien® | 006 | Removed |
| Ambien CR® | 006 | Removed |
| Enbrel® | 017 024 025 026 | Removed |
| <i>eszopiclone</i> | 006 | Removed |
| Humira® | 022 023 028 056 061 085 | Removed |
| Kineret® Injection | 029 | Removed |
| Lunesta™ | 006 | Removed |
| Orencia® | 044 | Removed |
| Rituxan® | 054 055 | Removed |
| Sonata® | 006 | Removed |

Prescription Drug Program

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| <i>zaleplon</i> | 006 | Removed |
| <i>zolpidem</i> | 006 | Removed |
| <i>zolpidem ER</i> | 006 | Removed |

Prescription Drug Program

| Drug | Code | Criteria |
|---|-------------|--|
| 90-day supply required | 090 | The prescription is written for less than a 90-day supply. |
| <i>acitretin</i> | 064 | Treatment of severe, recalcitrant psoriasis in patients 16 years of age and older. Prescribed by, or in consultation with, a dermatologist, and the patient must have an absence of all of the following: a) Current pregnancy or pregnancy which may occur while undergoing treatment; and b) Hepatitis; and c) Concurrent retinoid therapy. |
| Adderall®/XR (<i>amphetamine salt combo</i>) | 075 | Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD). |
| Alpha-agonists | 076 | Change in prescribed alpha agonist or change in dose of prescribed alpha agonist. Total dose of all currently prescribed alpha agonists does not exceed: <ul style="list-style-type: none">• 0.2mg clonidine equivalent dose for patient age 4 – 5 years of age; or• 0.3mg clonidine equivalent dose for patient age 6 - 8 years of age; or• 0.4mg clonidine equivalent dose for patient age 9 - 17 years of age. Clonidine equivalent dose: 1mg guanfacine = 0.1mg clonidine. |
| <i>amlodipine besylate-benazepril</i> | 038 | Treatment of hypertension as a second-line agent when blood pressure is not controlled by any: a) ACE inhibitor alone; or b) Calcium channel blocker alone; or c) ACE inhibitor and a calcium channel blocker as two separate concomitant prescriptions. |
| <i>amphetamine salt combo/XR</i> | 075 | Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD). |
| Amitiza® (<i>lubiprostone</i>) | 007 | Treatment of chronic constipation. Must have tried and failed a less costly alternative. |
| Anoro Ellipta® (<i>umeclidinium-vilanterol</i>) | 150 | Diagnosis of COPD. |

Prescription Drug Program

| Drug | Code | Criteria |
|--|-------------|---|
| Arava® (<i>leflunomide</i>) | 034 | Treatment of rheumatoid arthritis when prescribed by a rheumatologist with or without a loading dose of 100mg per day for 3 days and then up to a maximum of 20mg daily thereafter. |
| Arcapta™ Neohaler™ (<i>indacaterol</i>) | 150 | Diagnosis of COPD. |
| Atacand® (<i>candesartan cilexetil</i>) | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| Atacand HCT® (<i>candesartan cilexetil-HCTZ</i>) | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| Atypical Antipsychotics (Generics First) Abilify® (<i>aripiprazole</i>) <i>aripiprazole</i> <i>clozapine</i> Clozaril® (<i>clozapine</i>) Fanapt® (<i>iloperidone</i>) Geodon® (<i>ziprasidone HCl</i>) Invega™ (<i>paliperidone</i>) Latuda® (<i>lurasidone HCl</i>) <i>olanzapine</i> <i>quetiapine</i> Risperdal® (<i>risperidone</i>) <i>M-tab</i> <i>risperidone</i> Saphris® (<i>asenapine</i>) Seroquel® (<i>quetiapine</i>) / <i>XR</i> <i>ziprasidone</i> Zyprexa® (<i>olanzapine</i>) <i>/Zydis®</i> | 400 | Continuation of therapy. |
| | 401 | Patient is not a new start. |
| | 402 | History of hyperprolactinemia. |
| | 403 | History of extrapyramidal symptoms (EPS). |
| | 404 | Pharmacy has chart note on file documenting patient's refusal of a generic atypical antipsychotic, or their request for a specific atypical antipsychotic. |
| | 405 | Prescribed for a diagnosis which is not FDA indicated for any preferred generic AAP. |
| | 406 | Patient in Crisis. |

Prescription Drug Program

| Drug | Code | Criteria |
|--|-------------|--|
| Avalide® (<i>irbesartan/ HCTZ</i>) | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| Avapro® (<i>irbesartan</i>) | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| Avinza® (<i>morphine sulfate</i>) | 040 | Diagnosis of cancer-related pain. |
| Azor® (<i>amlodipine- olmesartan</i>) | 093 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor, and must have a history of dihydropyridine calcium channel blocker and/or angiotensin receptor blocker (ARB) therapy. |
| barbiturates | 180 | Prescribed for a diagnosis other than cancer, chronic mental health disorders, or epilepsy. |
| Benicar® (<i>olmesartan medoxomil</i>) | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| Benicar HCT® (<i>olmesartan meoxomil-HCTZ</i>) | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| Bevespi Aerosphere™ (<i>glycopyrrolate- formoterol fumarate</i>) | 150 | Diagnosis of COPD. |
| Blood Glucose Test Strips | 263 | Gestational Diabetes (up to two months post delivery) |
| | 264 | Insulin-dependent diabetic (age 21 and older) |
| | 265 | Insulin-dependent diabetic (age 20 and younger) |
| | 266 | Patient had diabetes prior to pregnancy |
| Brovana® (<i>arformoterol</i>) | 150 | Diagnosis of COPD. |
| <i>bupropion SR/XL</i> | 014 | Not for smoking cessation. |
| <i>candesartan</i> | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| <i>candesartan-HCTZ</i> | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| <i>carbidopa- levodopa</i> | 049 | Diagnosis of Parkinson's disease and one of the following: a) Must have tried and failed generic carbidopa/levodopa; or b) Be unable to swallow solid oral dosage forms. |

Prescription Drug Program

| Drug | Code | Criteria |
|--|-------------|--|
| Celebrex® (<i>celecoxib</i>) | 062 | All of the following must apply: a) An absence of a history of ulcer or gastrointestinal bleeding; and b) An absence of a history of cardiovascular disease. |
| <i>celecoxib</i> | 062 | All of the following must apply: a) An absence of a history of ulcer or gastrointestinal bleeding; and b) An absence of a history of cardiovascular disease. |
| Concerta® (<i>methylphenidate HCl</i>) | 075 | Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD). |
| contraceptives (oral, transdermal, and intra-vaginal) | 364 | Prescriber is unwilling to change dispensed quantity to twelve-month supply. |
| | 365 | Patient does not want twelve-month supply. |
| | 366 | Pharmacy is unwilling to dispense twelve-month supply. |
| Cozaar® (<i>losartan potassium</i>) | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| Cymbalta® (<i>duloxetine</i>) | 163 | Treatment of diabetic peripheral neuropathy. |
| | 166 | Treatment of fibromyalgia. |
| | 171 | Treatment of chronic musculoskeletal pain |
| Daliresp® (<i>roflumilast</i>) | 150 | Diagnosis of COPD. |
| Daytrana® (<i>methylphenidate HCl</i>) transdermal patch | 075 | Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD). |
| Dexedrine SA® (<i>d-amphetamine</i>) | 075 | Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD). |
| <i>dexmethylphenidate /SA</i> | 075 | Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD). |
| Dextrostat® (<i>d-amphetamine</i>) | 075 | Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD). |
| Diclegis® (<i>doxylamine-pyridoxine</i>) | 129 | Treatment of nausea and vomiting of pregnancy in women who do not respond to conservative management. |
| Diovan® (<i>valsartan</i>) | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| Diovan HCT® (<i>valsartan-HCTZ</i>) | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| Dolophine® (<i>methadone HCl</i>) | 040 | Diagnosis of cancer-related pain. |

Prescription Drug Program

| Drug | Code | Criteria |
|--|-------------|--|
| <i>duloxetine</i> | 163 | Treatment of diabetic peripheral neuropathy. |
| | 166 | Treatment of fibromyalgia. |
| | 171 | Treatment of chronic musculoskeletal pain |
| Dulera® <i>(mometasone furoate-formoterol fumarate)</i> | 151 | Diagnosis of moderate to severe asthma. |
| Duragesic® <i>(fentanyl)</i> | 040 | Diagnosis of cancer-related pain. |
| Edarbi® (<i>azilsartan medoxomil</i>) | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| Edarbyclor <i>(azilsartan medoxomil-clorthalidone)</i> | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| <i>eprosartan mesylate</i> | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| Exalgo® <i>(hydromorphone ER)</i> | 040 | Diagnosis of cancer-related pain. |
| Exelon® capsules/patch /solution <i>(rivastigmine)</i> | 015 | Treatment of mild to moderate dementia associated with Parkinson's disease |
| Exforge® <i>(amlodipine besylate-valsartan)</i> | 093 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor, and must have a history of dihydropyridine calcium channel blocker and/or angiotensin receptor blocker (ARB) therapy. |
| Exforge HCT® <i>(amlodipine besylate-valsartan/HCTZ)</i> | 093 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor, and must have a history of dihydropyridine calcium channel blocker and/or angiotensin receptor blocker (ARB) therapy. |
| <i>fentanyl</i> | 040 | Diagnosis of cancer-related pain. |
| Focalin®/XR <i>(dexamethylphenidate)</i> | 075 | Diagnosis of attention deficit hyperactivity disorder (ADHD) or Attention deficit disorder (ADD) |
| Foradil® Aerolizer® <i>(formoterol)</i> | 150 | Diagnosis of COPD. |

Prescription Drug Program

| Drug | Code | Criteria | |
|--|--|--|--|
| <i>gabapentin</i> | 035 | Treatment of post-herpetic neuralgia. | |
| | 036 | Treatment of seizures. | |
| | 063 | Treatment of diabetic peripheral neuropathy. | |
| Gabitril® (<i>tiagabine HCl</i>) | 036 | Treatment of seizures. | |
| <i>hydromorphone ER</i> | 040 | Diagnosis of cancer-related pain. | |
| Hyzaar® (<i>losartan potassium-HCTZ</i>) | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. | |
| Incruse Ellipta® (<i>umeclidinium bromide</i>) | 150 | Diagnosis of COPD. | |
| Infergen® (<i>interferon alphascon-1</i>) | 134 | Treatment of chronic hepatitis C in patients 18 years of age and older with compensated liver disease who have anti-HCV serum antibodies and/or presence of HCV RNA. | |
| Intron A® (<i>interferon alpha-2b recombinant</i>) | 030 | Diagnosis of hairy cell leukemia in patients 18 years of age and older. | |
| | 031 | Diagnosis of recurring or refractory condyloma acuminata (external genital/perianal area) for intralesional treatment in patients 18 years of age and older. | |
| | 032 | Diagnosis of AIDS-related Kaposi's sarcoma in patients 18 years of age and older. | |
| | 033 | Diagnosis of chronic hepatitis B in patients 1 year of age and older. | |
| | Intron A® (cont.) (<i>interferon alpha-2b recombinant</i>) | 107 | Diagnosis of malignant melanoma in patients 18 years of age and older. |
| | 109 | Treatment of chronic hepatitis C in patients 18 years of age and older. | |
| | 135 | Diagnosis of follicular non-Hodgkin's lymphoma in patients 18 years of age and older. | |
| <i>irbesartan</i> | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. | |
| <i>irbesartan-HCTZ</i> | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. | |

Prescription Drug Program

| Drug | Code | Criteria |
|--|-------------|--|
| <i>isotretinoin</i> | | Must not be used by patients who are pregnant or who may become pregnant while undergoing treatment. The following conditions must be absent : a) Paraben sensitivity; b) Concomitant etretinate therapy; and c) Hepatitis or liver disease. |
| | 001 | Diagnosis of severe (disfiguring), recalcitrant cystic acne, unresponsive to conventional therapy. |
| | 002 | Diagnosis of severe, recalcitrant acne rosacea in adults unresponsive to conventional therapy. |
| | 003 | Diagnosis of severe keratinization disorders when prescribed by, or in consultation with, a dermatologist. |
| | 004 | Prevention of skin cancers in patients with xeroderma pigmentosum. |
| | 005 | Diagnosis of mycosis fungoides (T-cell lymphoma) unresponsive to other therapies. |
| <i>itraconazole</i> | | Must not be used for a patient with cardiac dysfunction such as congestive heart failure. |
| | 047 | Treatment of systemic fungal infections and dermatomycoses. |
| | | Treatment of onychomycosis for up to 12 weeks is covered if patient has one of the following conditions: |
| | 042 | Diabetic foot; |
| | 043 | History of cellulitis secondary to onychomycosis and has required systemic antibiotic therapy; |
| | 051 | Peripheral vascular disease; or |
| | 052 | Patient is immunocompromised. |
| Kadian® <i>(morphine sulfate)</i> | 040 | Diagnosis of cancer-related pain. |
| Keppra® /XR <i>(levetiracetam)</i> | 036 | Treatment of seizures. |
| Lamisil® <i>(terbinafine HCl)</i> | | Treatment of onychomycosis for up to 12 weeks is covered if patient has one of the following conditions: |
| | 042 | Diabetic foot; |
| | 043 | History of cellulitis secondary to onychomycosis and has required systemic antibiotic therapy; |
| | 051 | Peripheral vascular disease; or |
| | 052 | Patient is immunocompromised. |
| Lancets | 263 | Gestational Diabetes (up to two months post delivery) |
| | 264 | Insulin-dependent diabetic (age 21 and older) |
| | 265 | Insulin-dependent diabetic (age 20 and younger) |
| | 266 | Patient had diabetes prior to pregnancy |

Prescription Drug Program

| Drug | Code | Criteria |
|--|-------------|---|
| Lantus®/ Solostar® (<i>insulin glargine</i>) | 267 | Diagnosis of type 1 diabetes. |
| <i>leflunomide</i> | 034 | Treatment of rheumatoid arthritis when prescribed by a rheumatologist with or without a loading dose of 100mg per day for 3 days and then up to a maximum of 20mg daily thereafter. |
| Levemir®/ Flextouch® (<i>insulin detemir</i>) | 267 | Diagnosis of type 1 diabetes. |
| <i>levetiracetam</i> | 036 | Treatment of seizures. |
| Levorphanol | 040 | Diagnosis of cancer-related pain. |
| <i>linezolid</i> injectable | 013 | Treatment of vancomycin resistant infection. |
| <i>linezolid</i> oral | 013 | Treatment of vancomycin resistant infection |
| | 016 | Outpatient treatment of methacillin resistant staph aureus (MRSA) infections when IV vancomycin is contraindicated, such as: a) Allergy; or b) Inability to maintain IV access. |
| <i>losartan potassium</i> | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| <i>losartan potassium/HCTZ</i> | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| Lotrel® (<i>amlodipine besylate-benazepril</i>) | 038 | Treatment of hypertension as a second-line agent when blood pressure is not controlled by any: a) ACE inhibitor alone; or b) Calcium channel blocker alone; or c) ACE inhibitor and a calcium channel blocker as two separate concomitant prescriptions. |
| Metadate CD®/ER (<i>methylphenidate HCl</i>) | 075 | Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD). |
| <i>methadone</i> | 040 | Diagnosis of cancer-related pain. |
| Methadone HCl Intensol® (<i>methadone</i>) | 040 | Diagnosis of cancer-related pain. |

Prescription Drug Program

| Drug | Code | Criteria |
|---|-------------|--|
| <i>methadose</i> | 040 | Diagnosis of cancer-related pain. |
| <i>methylphenidate /LA/SR/OSM</i> | 075 | Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD). |
| Methylin® <i>/XR/chewable/solution</i> | 075 | Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD). |
| Micardis® <i>(telmisartan)</i> | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| Micardis HCT® <i>(telmisartan-HCTZ)</i> | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| MS Contin® <i>(morphine sulfate ER)</i> | 040 | Diagnosis of cancer-related pain. |
| Nephrocaps®, Nephro-Fer®, Nephro-vite®, Nephro-Vite® Rx, Nephro-vite® +Fe, and Nephron® FA | 096 | Treatment of patients with renal disease. |
| Neurontin® <i>(gabapentin)</i> | 035 | Treatment of post-herpetic neuralgia. |
| | 036 | Treatment of seizures. |
| | 063 | Treatment of diabetic peripheral neuropathy. |

Prescription Drug Program

| Drug | Code | Criteria |
|--|---------------------------|---|
| <p>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</p> <p>Arthrotec® (diclofenac-misoprostol)</p> <p>Cambia® (diclofenac potassium) diclofenac potassium diclofenac sodium SR/ER/EC diflunisal etodolac /ER fenoprofen</p> <p>Flector® (diclofenac epolamine) flurbiprofen ibuprofen ibuprofen-hydrocodone indomethacin /SR ketoprofen /SR ketorolac meclofenamate mefenamic acid meloxicam nabumetone naproxen /EC naproxen sodium /ER oxaprozin piroxicam</p> <p>Ponstel® (mefenamic acid) salsalate sulindac tolmetin</p> <p>Vicoprofen® (ibuprofen-hydrocodone)</p> <p>Voltaren® (diclofenac sodium)</p> | <p align="center">141</p> | <p>An absence of a history of ulcer or gastrointestinal bleeding.</p> |

Prescription Drug Program

| Drug | Code | Criteria |
|---|-------------|---|
| Nucynta ER® <i>(tapentadol HCL)</i> | 040 | Diagnosis of cancer-related pain. |
| Opana ER® <i>(oxymorphone HCl ER)</i> | 040 | Diagnosis of cancer-related pain. |
| <i>ondansetron oral solution</i> | 071 | Inability to swallow oral tablets or capsules for patients age 18 and older. Max dose 24mg/day. |
| Oxandrin® <i>(oxandrolone)</i> | | Before any code is allowed, there must be an absence of all of the following: a) Hypercalcemia; b) Nephrosis; c) Carcinoma of the breast; d) Carcinoma of the prostate; and e) Pregnancy. |
| | 110 | Treatment of unintentional weight loss in patients who have had extensive surgery, severe trauma, chronic infections (such as AIDS wasting), or who fail to maintain or gain weight for no conclusive pathophysiological cause. |
| | 111 | To compensate for the protein catabolism due to long-term corticosteroid use. |
| | 112 | Treatment of bone pain due to osteoporosis. |
| <i>oxandrolone</i> | | Before any code is allowed, there must be an absence of all of the following: a) Hypercalcemia; b) Nephrosis; c) Carcinoma of the breast; d) Carcinoma of the prostate; and e) Pregnancy. |
| | 110 | Treatment of unintentional weight loss in patients who have had extensive surgery, severe trauma, chronic infections (such as AIDS wasting), or who fail to maintain or gain weight for no conclusive pathophysiological cause. |
| | 111 | To compensate for the protein catabolism due to long-term corticosteroid use. |
| | 112 | Treatment of bone pain due to osteoporosis. |
| OxyContin® <i>(oxycodone HCl)</i> | 040 | Diagnosis of cancer-related pain. |
| Parcopa® <i>(carbidopa-levodopa)</i> | 049 | Diagnosis of Parkinson's disease and one of the following: a) Must have tried and failed generic carbidopa/levodopa; or b) Be unable to swallow solid oral dosage forms. |

Prescription Drug Program

| Drug | Code | Criteria |
|---|-------------|--|
| <i>pentazocine HCl-acetaminophen</i> | 091 | Patient must be 12 years of age or older and has tried and failed two NSAIDs or failed one other narcotic analgesic and is allergic or sensitive to codeine. |
| <i>pentazocine-naloxone</i> | 091 | Patient must be 12 years of age or older and has tried and failed two NSAIDs or failed one other narcotic analgesic and is allergic or sensitive to codeine. |
| Perforomist® <i>(formoterol fumarate)</i> | 150 | Diagnosis of COPD. |
| Prevacid® SoluTab™ <i>(lansoprazole)</i> | 050 | Inability to swallow oral tablets or capsules. |
| Protonix® Pak <i>(pantoprazole)</i> | 050 | Inability to swallow oral tablets or capsules. |
| Pulmozyme® <i>(dornase alpha)</i> | 053 | Diagnosis of cystic fibrosis and the patient is 5 years of age or older. |
| Rectiv® (nitroglycerin) | 081 | Treatment of anal fissures. |
| Rena-Vite® Rena-Vite RX® <i>(folic acid-vit B comp W-C)</i> | 096 | Treatment of patients with renal disease. |
| Ritalin®/LA/SR <i>(methylphenidate HCl)</i> | 075 | Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD). |
| <i>rivastigmine</i> | 015 | Treatment of mild to moderate dementia associated with Parkinson's disease. |
| Savella® <i>(milnacipran HCl)</i> | 066 | Treatment of fibromyalgia. |
| Seebri Neohaler® <i>(glycopyrronium)</i> | 150 | Diagnosis of COPD. |
| Serevent® Diskus® <i>(salmeterol)</i> | 150 | Diagnosis of COPD. |
| Soriatane® <i>(acitretin)</i> | 064 | Treatment of severe, recalcitrant psoriasis in patients 16 years of age and older. Prescribed by, or in consultation with, a dermatologist, and the patient must have an absence of all of the following: <ul style="list-style-type: none"> a) Current pregnancy or pregnancy which may occur while undergoing treatment; and b) Hepatitis; and c) Concurrent retinoid therapy. |

Prescription Drug Program

| Drug | Code | Criteria |
|--|-------------|--|
| Spiriva® Handihaler® (<i>tiotropium</i>) | 150 | Diagnosis of COPD |
| Sporanox® (<i>itraconazole</i>) | | Must not be used for a patient with cardiac dysfunction such as congestive heart failure. |
| | 047 | Treatment of systemic fungal infections and dermatomycoses. |
| | | Treatment of onychomycosis for up to 12 weeks is covered if patient has one of the following conditions: |
| | 042 | Diabetic foot; |
| | 043 | History of cellulitis secondary to onychomycosis and has required systemic antibiotic therapy; |
| | 051 | Peripheral vascular disease; or |
| | 052 | Patient is immunocompromised. |
| Stioloto® (<i>tiotropium bromide-olodaterol</i>) | 150 | Diagnosis of COPD. |
| Striverdi® (<i>olodaterol</i>) | 150 | Diagnosis of COPD. |
| <i>telmisartan</i> | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| <i>telmisartan-HCTZ</i> | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| <i>terbinafine HCl</i> | | Treatment of onychomycosis for up to 12 weeks is covered if patient has one of the following conditions: |
| | 042 | Diabetic foot; |
| | 043 | History of cellulitis secondary to onychomycosis and has required systemic antibiotic therapy; |
| | 051 | Peripheral vascular disease; or |
| | 052 | Patient is immunocompromised. |
| Teveten® (<i>eprosartan mesylate</i>) | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| Teveten HCT® (<i>eprosartan mesylate-HCTZ</i>) | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| Toujeo Solostar® (<i>insulin glargine</i>) | 267 | Diagnosis of type 1 diabetes. |
| <i>tiagabine HCl</i> | 036 | Treatment of seizures. |

Prescription Drug Program

| Drug | Code | Criteria |
|---|-------------|---|
| Tresiba® Flextouch® <i>(insulin degludec)</i> | 267 | Diagnosis of type 1 diabetes. |
| Tribenzor® <i>(olmesartan-amlodipine-hydrochlorothiazide)</i> | 093 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor, and must have a history of dihydropyridine calcium channel blocker and/or angiotensin receptor blocker (ARB) therapy. |
| Tudorza® Pressair® <i>(aclidinium bromide)</i> | 150 | Diagnosis of COPD. |
| Utibron Neohaler® <i>(indacaterol-glycopyrrolate)</i> | 150 | Diagnosis of COPD. |
| <i>valsartan</i> | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| <i>valsartan-HCTZ</i> | 092 | Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. |
| Vancomycin oral | 069 | Diagnosis of clostridium difficile toxin and one of the following: a) The patient has failed to respond after 2 days of metronidazole treatment; or b) The patient is intolerant to metronidazole; or c) Metronidazole is contraindicated due to drug-drug interaction(s). |
| Vyvanse® <i>(lisdexamfetamine dimesylate)</i> | 075 | Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder ADD |
| Wellbutrin SR® and XL® <i>(bupropion HCl)</i> | 014 | Not for smoking cessation. |
| Zofran® oral solution <i>(ondansetron HCl)</i> | 071 | Inability to swallow oral tablets or capsules for patients age 18 and older. Max dose 24mg/day. |
| <i>zoledronic acid</i> | 011 | Diagnosis of Hypercalcemia associated with malignant neoplasms with or without metastases; or multiple myeloma; or bone metastases of solid tumors. |
| Zometa® <i>(zoledronic acid)</i> | 011 | Diagnosis of Hypercalcemia associated with malignant neoplasms with or without metastases; or multiple myeloma; or bone metastases of solid tumors. |

Prescription Drug Program

| Drug | Code | Criteria |
|---|------|---|
| Zyprexa Relprevv® (<i>olanzapine pamoate</i>) | 070 | All of the following must apply: a) There is an appropriate DSM IV diagnosis with a psychotic disorder; b) Patient is 18 to 65 years of age; c) Patient has established tolerance to oral olanzapine prior to initiating Zyprexa Relprevv®; d) Zyprexa Relprevv ® will be administered only in a registered healthcare facility with ready access to emergency response services, and the patient will be monitored for at least 3 hours after injection for delirium/sedation syndrome prior to release; and e) Dose is not more than 300mg every 2 weeks or 405mg every 4 weeks. |
| Zyvox® Injectable (<i>linezolid</i>) | 013 | Treatment of vancomycin resistant infection. |
| Zyvox® Oral (<i>linezolid</i>) | 013 | Treatment of vancomycin resistant infection |
| Zometa® (<i>zoledronic acid</i>) | 016 | Outpatient treatment of methacillin resistant staph aureus (MRSA) infections when IV vancomycin is contraindicated, such as: Allergy; or Inability to maintain IV access. |