



# MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

EFFECTIVE 07/01/2022

Version 2022.0

Updated:05-31-2022

(For All Medicaid, MSCAN and CHIP Beneficiaries)

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
<b>ACNE AGENTS</b>			
	<b>ANTI-INFECTIVE</b>		<b>Maximum Age Limit</b> <ul style="list-style-type: none"> <li>• <b>21 years</b> – all agents except isotretinoins</li> </ul>
	clindamycin gel (generic Cleocin-T) clindamycin lotion clindamycin solution	ACZONE (dapsons) AKNE-MYCIN (erythromycin) azelaic acid AMZEEQ FOAM (minocycline) AZELEX (azelaic acid) CLEOCIN-T (clindamycin) CLINDAMYCIN PAC (clindamycin) CLINDAGEL (clindamycin) clindamycin foam clindamycin gel daily (generic Clindagel) dapsons ERY (erythromycin) ERYGEL (erythromycin) erythromycin gel, swabs, solution EVOCLIN (clindamycin) KLARON (sulfacetamide) sulfacetamide WINLEVI (clascoterone)	
	<b>RETINOIDS</b>		
	RETIN-A (tretinoin) tretinoin cream	adapalene AKLIEF (trifarotene) ALTRENO (tretinoin) ARAZLO (tazarotene) ATRALIN (tretinoin) AVITA (tretinoin) DIFFERIN (adapalene)	

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		FABIOR (tazarotene) PLIXDA (adapalene) RETIN-A MICRO (tretinoin) tazarotene TAZORAC (tazarotene) tretinoin gel tretinoin micro TWYNEO (tretinoin/benzoyl peroxide) <sup>NR</sup>	
<b>COMBINATION DRUGS/OTHERS</b>			
	adapalene/benzoyl peroxide (generic EPIDUO) benzoyl peroxide/clindamycin (generic DUAC) sodium sulfacetamide/sulfur foam/gel/suspension SSS 10/5 Cream (sodium sulfacetamide/sulfur)	ACANYA (benzoyl peroxide/clindamycin) adapalene/benzoyl peroxide (generic EPIDUO FORTE) AKTIPAK (erythromycin/benzoyl peroxide) BENZACLIN GEL (benzoyl peroxide/clindamycin) BENZACLIN KIT (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) DUAC (benzoyl peroxide/clindamycin) EPIDUO (adapalene/benzoyl peroxide) EPIDUO FORTE (adapalene/benzoyl peroxide) erythromycin/benzoyl peroxide INOVA 4/1 (benzoyl peroxide/salicylic acid) INOVA 8/2 (benzoyl peroxide/salicylic acid) NEUAC (benzoyl peroxide/clindamycin) ONEXTON (benzoyl peroxide/clindamycin) PRASCION (sulfacetamide sodium/sulfur) ROSANIL (sulfacetamide sodium/sulfur) SE BPO (benzoyl peroxide) sodium sulfacetamide/sulfur cleanser/cream/lotion/pads sodium sulfacetamide/sulfur/meratan	

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		SSS 10/5 Foam (sodium sulfacetamide/sulfur) sulfacetamide sodium/sulfur/urea VELTIN (clindamycin/tretinoin) ZENCIA WASH (sulfacetamide sodium/sulfur) ZIANA (clindamycin/tretinoin)	
<b>KERATOLYTICS (BENZOYL PEROXIDES)</b>			
	benzoyl peroxide bar, cleanser, cream, gel, lotion, wash <sup>Rx &amp; OTC</sup>	benzoyl peroxide foam <sup>Rx &amp; OTC</sup> BP 5.5% (benzoyl peroxide) BPO (benzoyl peroxide) <sup>Rx &amp; OTC</sup> INOVA (benzoyl peroxide) LAVOCLEN (benzoyl peroxide) PANOXYL BAR 10% (benzoyl peroxide) <sup>OTC</sup> PANOXYL CREAM 3% (benzoyl peroxide) <sup>OTC</sup> OC8 GEL (benzoyl peroxide) <sup>OTC</sup>	
<b>ISOTRETINOIN</b>			
	ACCUTANE (isotretinoin) AMNESTEEM (isotretinoin) CLARAVIS (isotretinoin) isotretinoin MYORISAN (isotretinoin) ZENATANE (isotretinoin)	ABSORICA (isotretinoin) ABSORICA LD (isotretinoin)	Available for all ages
<b>ALPHA-1 PROTEINASE INHIBITORS</b>			
	ARALAST (alpha-1 proteinase inhibitor) GLASSIA (alpha-1 proteinase inhibitor) PROLASTIN C (alpha-1 proteinase inhibitor) ZEMAIRA (alpha-1 proteinase inhibitor)		
<b>ALZHEIMER'S AGENTS</b> <sup>SmartPA</sup>			
<b>CHOLINESTERASE INHIBITORS</b>			
	donepezil (tablets and ODT) 5mg, 10mg galantamine	ARICEPT (donepezil) ARICEPT 23 MG (donepezil)	<b>All Agents</b> • Documented diagnosis for both preferred and non-preferred

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	galantamine ER rivastigmine capsules rivastigmine patches	ARICEPT ODT (donepezil) donepezil 23mg EXELON Capsules (rivastigmine) EXELON Patches (rivastigmine) EXELON Solution (rivastigmine) RAZADYNE (galantamine) RAZADYNE ER (galantamine)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>
<b>NMDA RECEPTOR ANTAGONIST</b>			
	memantine	NAMENDA TABS (memantine) NAMENDA SOLUTION (memantine) NAMENDA XR (memantine) memantine XR	<p><b>Namzaric</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis <b>AND</b></li> <li>• 30 days of concurrent therapy with donepezil + memantine in the past 6 months</li> </ul>
<b>COMBINATION AGENTS</b>			
		NAMZARIC (memantine/donepezil)	
<b>ANALGESICS, OPIOID- SHORT ACTING <small>SmartPA</small></b>			
	acetaminophen/codeine benzhydrocodone/APAP codeine dihydrocodeine/APAP/caffeine ENDOCET (oxycodone/APAP) hydrocodone/APAP hydromorphone morphine oxycodone capsules oxycodone liquid oxycodone tablets	ABSTRAL (fentanyl) ACTIQ (fentanyl) APADAZ (benzhydrocodone/APAP) butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine butorphanol tartrate (nasal) DEMEROL (meperidine) DILAUDID (hydromorphone) DVORAH (dihydrocodeine/ APAP/caffeine) fentanyl FENTORA (fentanyl)	<p><b>MS DOM Opioid Initiative</b></p> <ul style="list-style-type: none"> <li>• Short-Acting Opioids</li> <li>• Long-Acting Opioids</li> <li>• Morphine Equivalent Daily Dose</li> <li>• Concomitant use of Opioids and Benzodiazepines</li> </ul> <p><a href="#">Criteria details found here</a></p> <p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>18 years</b> – tramadol and codeine products</li> </ul> <p><b>Quantity Limit</b></p>

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<p>oxycodone/APAP oxycodone/aspirin oxycodone/ibuprofen pentazocine/APAP tramadol tramadol/APAP</p>	<p>FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine) hydrocodone/ibuprofen IBUDONE (hydrocodone/ibuprofen) LAZANDA NASAL SPRAY (fentanyl) levorphanol LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAGNACET (oxycodone/APAP) meperidine solution meperidine tablet NALOCET (oxycodone/APAP) NORCO (hydrocodone/APAP) NUCYNTA (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXAYDO (oxycodone) oxymorphone pentazocine/naloxone PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) PRIMLEV (oxycodone/APAP) PROLATE (oxycodone/APAP) QDOLO (tramadol) REPREXAIN (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) ROXICODONE (oxycodone) ROXYBOND (oxycodone) SEGLENTIS (tramadol/celecoxib)<sup>NR</sup> SUBSYS (fentanyl)</p>	<p>Applicable <u>quantity limit</u> in 31 rolling days</p> <ul style="list-style-type: none"> <li>• <b>62 tablets</b> – butalbital/codeine combinations, codeine, dihydrocodeine combinations, fentanyl, hydromorphone, levorphanol, meperidine, morphine, oxycodone, oxycodone/ibuprofen, oxymorphone, pentazocine, tapentadol, tramadol</li> <li>• <b>62 tablets CUMULATIVE</b> – hydrocodone combinations, oxycodone combinations</li> <li>• <b>124 tablets</b> – butalbital/APAP 750</li> <li>• <b>145 tablets</b> – butalbital/APAP 650</li> <li>• <b>186 tablets</b> – butalbital/APAP 325, butalbital/ASA 325</li> <li>• <b>5mL (2 x 2.5 bottles)</b> – butorphanol nasal</li> <li>• <b>180 mL CUMULATIVE</b> – oxycodone liquids</li> <li>• <b>280 mL CUMULATIVE</b> – Qdolo</li> </ul>
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<b>ANALGESICS, OPIOID - LONG ACTING</b> <small>SmartPA</small>			
	BUTRANS (buprenorphine) fentanyl patches morphine ER tablets	ARYMO ER (morphine) BELBUCA (buprenorphine) buprenorphine patch CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EMBEDA (morphine/naltrexone) EXALGO (hydromorphone) hydromorphone ER HYSINGLA ER (hydrocodone) KADIAN (morphine) methadone MORPHABOND (morphine) morphine ER capsules MS CONTIN (morphine) NUCYNTA ER (tapentadol) OPANA ER (oxymorphone) oxycodone ER OXYCONTIN (oxycodone)	<p><b>MS DOM Opioid Initiative</b></p> <ul style="list-style-type: none"> <li>• Short-Acting Opioids</li> <li>• Long-Acting Opioids</li> <li>• Morphine Equivalent Daily Dose</li> <li>• Concomitant use of Opioids and Benzodiazepines</li> </ul> <p><a href="#">Criteria details found here</a></p> <p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>18 years</b> – Butrans, Xartemis XR, Zohydro ER, tramadol products</li> </ul> <p><b>Quantity Limit</b></p> <p>Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> <li>• <b>31 tablets/31 days</b> - Conzip ER, Exalgo ER, Hysingla ER, Ryzolt, Ultram ER</li> <li>• <b>62 tablets/31 days</b> – Arymo ER, Belbuca, Embeda, Kadian, methadone, Morphabond, morphine</li> </ul>

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		oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol) XARTEMIS XR (oxycodone/APAP) XTAMPZA (oxycodone myristate) ZOHYDRO ER (hydrocodone bitartrate)	ER, Nucynta ER, Opana ER, oxycodone ER, Oxycontin, Xtampza ER, Zohydro ER <ul style="list-style-type: none"> <li>• <b>10 patches/31 days</b> – Duragesic</li> <li>• <b>4 patches/31 days</b> – Butrans</li> <li>• <b>40 tablets/10 days</b> – Xartemis XR</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• Documented diagnosis of cancer <b>OR</b> Antineoplastic therapy <b>AND</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>ANALGESICS/ANESTHETICS (Topical)</b>			
	diclofenac sodium 1% gel diclofenac sodium 1.5% solution VOLTAREN Gel (diclofenac sodium) <sup>SmartPA</sup>	capsaicin diclofenac epolamine patch <sup>SmartPA</sup> diclofenac sodium 3% gel FLECTOR Patch (diclofenac epolamine) <sup>SmartPA</sup> FROTEK (ketoprofen) LICART (diclofenac epolamine) LIDAMANTLE HC (lidocaine/hydrocortisone) LIDO TRANS PAK (lidocaine) lidocaine lidocaine 5% patch lidocaine/prilocaine LIDODERM (lidocaine) <sup>SmartPA</sup> LIDTOPIC MAX (lidocaine) PENNSAID 2% Solution (diclofenac sodium) <sup>SmartPA</sup> SYNERA (lidocaine/tetracaine)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 1 preferred agent in the past 6 months</li> </ul> <p><b>Lidoderm</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Herpetic Neuralgia <b>OR</b></li> <li>• Documented diagnosis of Diabetic Neuropathy</li> </ul> <p><b>ZTlido</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Herpetic Neuralgia</li> </ul>

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<b>ANDROGENIC AGENTS</b> SmartPA			
	ANDRODERM (testosterone patch) testosterone gel packet	ANDROGEL (testosterone gel) ANDROXY (fluoxymesterone) AXIRON (testosterone gel) FORTESTSA (testosterone gel) JATENZO (testosterone undecanoate) NATESTO (testosterone) STRIANT (testosterone) TESTIM (testosterone gel) testosterone pump TLANDO (testosterone) <sup>NR</sup> VOGELXO (testosterone) XYOSTED (testosterone enanthate)	<b>All Agents</b> <ul style="list-style-type: none"> <li>Limited to male gender</li> </ul> <b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul>
<b>ANGIOTENSIN MODULATORS</b> SmartPA			
<b>ACE INHIBITORS</b>			
	benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril	ACCUPRIL (quinapril) ACEON (perindopril) ALTACE (ramipril) EPANED (enalapril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril perindopril PRINIVIL (lisinopril)	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>≤ 6 years – Epaned Smart <i>PA will automatically be issued for this age</i></li> </ul> <b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred <i>single entity</i> agents in the past 6 months <b>OR</b></li> </ul>

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		QBRELIS (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	<ul style="list-style-type: none"> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>ACE INHIBITOR COMBINATIONS</b>			
	benazepril/amlodipine benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ quinapril/HCTZ trandolapril/verapamil	ACCURETIC (quinapril/HCTZ) CAPOZIDE (captopril/HCTZ) LOTENSIN HCT (benazepril/HCTZ) LOTREL (benazepril/amlodipine) moexipril/HCTZ PRESTALIA (perindopril/amlodipine) PRINZIDE (lisinopril/HCTZ) TARKA (trandolapril/verapamil) UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	<p><b>Non-Preferred Criteria ACE Inhibitor/CCB</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred <u>ACEI/CCB</u> agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul> <p><b>ACE Inhibitor/Diuretic</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred <u>ACEI/Diuretic</u> agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)</b>			
	irbesartan losartan olmesartan telmisartan valsartan	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) candesartan COZAAR (losartan) DIOVAN (valsartan) EDARBI (azilsartan) eprosartan MICARDIS (telmisartan)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred <u>single entity</u> agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>

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		TEVETEN (eprosartan)	
<b>ARB COMBINATIONS</b>			
	ENTRESTO (valsartan/sacubitril) <i>Smart PA</i> irbesartan/HCTZ losartan/HCTZ olmesartan/amlodipine olmesartan/HCTZ telmisartan/HCTZ valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/HCTZ	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) BYVALSON (nebivolol/valsartan) candesartan/HCTZ DIOVAN-HCT (valsartan/HCTZ) EDARBYCLOR (azilsartan/chlorthalidone) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ) olmesartan/amlodipine/HCTZ telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine)	<p><b>Entresto</b></p> <ul style="list-style-type: none"> <li>• Age ≥ 18 years <b>AND</b></li> <li>• Documented diagnosis of heart failure <b>OR</b></li> <li>• Age ≥ 1 year <b>AND</b></li> <li>• Documented diagnosis of heart failure with systemic ventricular systolic dysfunction</li> </ul> <p><b>Non-Preferred Criteria ARB/Beta Blocker, ARB/CCB or ARB/CCB/Diuretic</b></p> <ul style="list-style-type: none"> <li>• Have tried 1 preferred <u>ARB/CCB</u> agent in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul> <p><b>ARB/Diuretic</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred <u>ARB/Diuretic</u> products in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>DIRECT RENIN INHIBITORS</b>			
		TEKTURNA (aliskiren)	<b>Non-Preferred Criteria</b>

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			<ul style="list-style-type: none"> <li>Documented diagnosis of hypertension <b>AND</b></li> <li>Have tried 2 different preferred <u>ACEI or ARB single-entity</u> products in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>DIRECT RENIN INHIBITOR COMBINATIONS</b>			
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz) VALTURNA (aliskiren/valsartan)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Documented diagnosis of hypertension <b>AND</b></li> <li>Have tried 2 different preferred <u>ACEI or ARB diuretic agents</u> in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>ANTIBIOTICS (GI)</b>			
	FIRVANQ (vancomycin) metronidazole neomycin tinidazole	AEMCOLO (rifaximin) DIFICID (fidaxomicin) FLAGYL (metronidazole) FLAGYL ER (metronidazole) paromomycin TINDAMAX (tinidazole) VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)	
<b>ANTIBIOTICS (MISCELLANEOUS)</b>			
<b>KETOLIDES</b>			

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		KETEK (telithromycin)	
	<b>LINCOSAMIDE ANTIBIOTICS</b>		
	clindamycin capsules clindamycin solution	CLEOCIN (clindamycin) CLEOCIN SOLUTION (clindamycin)	
	<b>MACROLIDES</b>		
	azithromycin clarithromycin ER clarithromycin IR clarithromycin suspension ERY-TAB (erythromycin) erythromycin erythromycin ethylsuccinate	BIAXIN (clarithromycin) BIAXIN SUSPENSION (clarithromycin) BIAXIN XL (clarithromycin) E.E.S. FILM TAB (erythromycin ethylsuccinate) <b>E.E.S. Suspension (erythromycin ethylsuccinate)</b> E-MYCIN (erythromycin) ERYC (erythromycin) ERYPED Suspension (erythromycin ethylsuccinate) ERYTHROCIN (erythromycin stearate) erythromycin estolate PCE (erythromycin) ZITHROMAX (azithromycin) ZMAX (azithromycin)	
	<b>NITROFURAN DERIVATIVES</b>		
	nitrofurantoin nitrofurantoin monohydrate macrocrystals	FURADANTIN (nitrofurantoin) MACROBID (nitrofurantoin monohydrate macrocrystals) MACRODANTIN (nitrofurantoin)	
	<b>OXAZOLIDINONES</b>		
		SIVEXTRO (tedizolid) ZYVOX (linezolid)	<b>Sivextro – <a href="#">MANUAL PA</a> Zyvox - <a href="#">MANUAL PA</a>  Quantity Limit</b>

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<b>PLEUROMUTLINS</b>		• 6 tablets/month – Sivextro
	XENLETA (lefamulin)	
<b>ANTIBIOTICS (Topical)</b>		
	bacitracin <sup>OTC</sup> bacitracin/polymyxin <sup>OTC</sup> gentamicin sulfate mupirocin ointment neomycin/bacitracin/polymyxin <sup>OTC</sup>	ALTABAX (retapamulin) CORTISPORIN (bacitracin/neomycin/ polymyxin/HC) mupirocin cream NEOSPORIN (neomycin/bacitracin/polymyxin) <sup>OTC</sup> XEPI (ozenoxacin)
<b>ANTIBIOTICS (VAGINAL)</b>		
	CLEOCIN OVULES (clindamycin) CLINDESSE (clindamycin) metronidazole vaginal	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) clindamycin cream METROGEL (metronidazole) NUVESSA (metronidazole) SOLOSEC (secnidazole) VANDAZOLE (metronidazole)
<b>ANTICOAGULANTS <small>SmartPA</small></b>		
<b>ORAL</b>		
	COUMADIN (warfarin) ELIQUIS (apixaban) PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban)	BEVYXXA (betrixaban) SAVAYSA (edoxaban tosylate)
		<b><u>DVT Prophylaxis - following hip replacement</u></b> <b>XARELTO 10MG, ELIQUIS, PRADAXA 110MG</b> <ul style="list-style-type: none"> <li>• 70 total days of therapy per calendar year</li> <li>• Documented diagnosis of hip replacement <b>AND</b></li> </ul>

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			<ul style="list-style-type: none"> <li>• Duration of therapy limited to 35 days</li> </ul> <p><b>DVT Prophylaxis - following knee replacement</b> <b>XARELTO 10MG &amp; ELIQUIS</b></p> <ul style="list-style-type: none"> <li>• 70 total days of therapy per calendar year</li> <li>• Documented diagnosis of knee replacement <b>AND</b></li> <li>• Duration of therapy limited to 12 days</li> </ul> <p><b>Eliquis 5mg Starter Pack</b> - ONLY approved for treatment of DVT/PE</p> <p><b>XARELTO 2.5MG</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of coronary artery disease <b>OR</b></li> <li>• Documented diagnosis of peripheral artery disease <b>AND</b></li> <li>• History of therapy with aspirin in the past 30 days <b>AND</b></li> <li>• History of 90 days therapy with anti-platelet agent in the past year <b>OR</b></li> <li>• History of 30 days therapy with warfarin in the past year</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 1 claim with the requested agent in the past 90 days</li> </ul>
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LOW MOLECULAR WEIGHT HEPARIN (LMWH)		
	enoxaparin	ARIXTRA (fondaparinux) fondaparinux FRAGMIN (dalteparin) LOVENOX (enoxaparin) Prefilled Syringe
<p><b>LMWH – All Agents</b></p> <ul style="list-style-type: none"> <li>• LMWH therapy in the past 3 months <b>AND</b> <ul style="list-style-type: none"> <li>○ Documented diagnosis of cancer <b>OR</b></li> <li>○ Female and age 8 to 51 years</li> </ul> </li> <li><b>OR</b></li> <li>• NO LMWH therapy in the past 3 months <b>AND</b> <ul style="list-style-type: none"> <li>○ Duration of therapy is ≤ 17 days <b>OR</b></li> <li>○ Documented diagnosis of cancer <b>OR</b></li> <li>○ Female age 8 to 51 years <b>OR</b></li> <li>○ Total hip/knee replacement or hip fracture surgery in the past 6 months <b>AND</b></li> <li>○ Duration of therapy ≤ 35 days</li> </ul> </li> </ul> <p><b>LMWH Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 1 different preferred agent in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>		
<b>ANTICONVULSANTS</b> SmartPA		
<b>ADJUVANTS</b>		

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<p>carbamazepine carbamazepine suspension carbamazepine ER DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER divalproex sprinkle EPIDIOLEX (cannabidiol) EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) <b>lacosamide</b> lamotrigine levetiracetam levetiracetam ER oxcarbazepine oxcarbazepine suspension topiramate tablet topiramate sprinkle capsule valproic acid zonisamide</p>	<p>APTIOM (eslicarbazepine) BANZEL (rufinamide) BRIVIACT (brivaracetam) carbamazepine XR CARBATROL (carbamazepine) DEPAKENE (valproic acid) DEPAKOTE (divalproex) DIACOMIT (stiripentol) ELEPSIA XR (levetiracetam) EPRONTIA (topiramate solution)<sup>NR</sup> EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) FINTEPLA (fenfluramine) FYCOMPA (perampanel) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) LAMICTAL XR (lamotrigine) lamotrigine ER/XR lamotrigine ODT NEURONTIN (gabapentin) OXTELLAR XR (oxcarbazepine) QUDEXY XR (topiramate) ROWEEPPRA (levetiracetam) SABRIL (vigabatrin) SPRITAM (levetiracetam) STAVZOR (valproic acid) TEGRETOL (carbamazepine)</p>	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• 1 year – Banzel, Epidiolex</li> <li>• 2 years – Diacomit, Onfi, Sympazan</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days <b>AND</b></li> <li>• Documented diagnosis of seizure</li> </ul> <p><b>Banzel, Onfi, Sympazan</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Lennox-Gastaut <b>AND</b></li> <li>• Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days <b>AND</b></li> <li>• Documented diagnosis of seizure</li> </ul> <p><b>Diacomit</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Dravet syndrome <b>AND</b></li> <li>• Active claim for clobazam</li> </ul> <p><b>Epidiolex</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Dravet syndrome or seizures associated with tuberous sclerosis complex <b>OR</b></li> </ul>
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		<p>TEGRETOL SUSPENSION (carbamazepine) TEGRETOL XR (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate) topiramate ER (generic Qudexy XR) <sup>Step Edit</sup> TRILEPTAL Tablets (oxcarbazepine) TRILEPTAL Suspension (oxcarbazepine) TROKENDI XR (topiramate) vigabatrin <b>VIMPAT (lacosamide)</b> XCOPRI (cenobamate)</p>	<ul style="list-style-type: none"> <li>• Documented diagnosis of Lennox-Gastaut <b>OR</b></li> <li>• 1 claim for the requested agent in the past 30 days</li> <li><b>Fintepla</b></li> <li>• Requires clinical review</li> <li><b>Sabriil Powder for Oral Solution</b></li> <li>• Documented diagnosis of infantile spasms <b>OR</b></li> <li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days <b>AND</b></li> <li>• Documented diagnosis of seizure</li> <li><b>Topiramate ER – Step Edit</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days <b>AND</b></li> <li>• Documented diagnosis of seizure <b>OR</b></li> <li>• 30-day trial with topiramate IR in the past 6 months</li> </ul>
<b>SELECTED BENZODIAZEPINES</b>			
	<p>clobazam diazepam rectal gel NAYZILAM (midazolam) VALTOCO (diazepam)</p>	<p>DIASTAT (diazepam rectal) DIASTAT ACCUDIAL (diazepam rectal) ONFI (clobazam) ONFI SUSPENSION (clobazam) SYMPAZAN (clobazam)</p>	<ul style="list-style-type: none"> <li><b>Minimum Age Limit</b></li> <li>• <b>12 years</b> – Nayzilam</li> <li>• <b>6 years</b> – Valtoco</li> <li><b>Quantity Limit</b></li> <li>• <b>2 Twin Packs/31 days</b> – Diastat</li> </ul>

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			<ul style="list-style-type: none"> <li>• <b>2 Packages /31 days</b> – Nayzilam</li> <li>• <b>2 Cartons/31 days</b> - Valtoco</li> </ul>
<b>HYDANTOINS</b>			
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
<b>SUCCINIMIDES</b>			
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
<b>ANTIDEPRESSANTS, OTHER <small>SmartPA</small></b>			
	bupropion bupropion SR bupropion XL TRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules VIIBRYD (vilazodone)	APLENZIN (bupropion HBr) desvenlafaxine ER desvenlafaxine fumarate ER DESYREL (trazodone) DRIZALMA SPRINKLE (duloxetine DR) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion) KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) PARNATE (tranylcypromine)	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>18 years</b> - all drugs</li> <li>• <b>7-17 years</b> – duloxetine (except Drizalma Sprinkle) <i>Smart PA will automatically be issued for this age range with a diagnosis of GAD (generalized anxiety disorder)</i></li> <li>• <b>7-11 years</b> – Drizalma Sprinkle <i>Smart PA will automatically be issued for this age range with a diagnosis of GAD (generalized anxiety disorder)</i></li> </ul> <p><b>Non-Preferred Criteria</b></p>

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		phenelzine PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine venlafaxine XR venlafaxine ER tablets WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion HCl)	<ul style="list-style-type: none"> <li>• Have tried 2 different preferred '<u>Antidepressants, Other</u>' Class in the past 6 months <b>OR</b></li> <li>• Have tried BOTH a preferred '<u>Antidepressant, SSRI</u>' and '<u>Antidepressants, Other</u>' in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul> <p><b>Cymbalta and Irenka (see Fibromyalgia Agents)</b></p>
<b>ANTIDEPRESSANTS, SSRIs</b> <small>SmartPA</small>			
	citalopram escitalopram fluoxetine capsules fluvoxamine paroxetine CR paroxetine IR sertraline	CELEXA (citalopram) fluoxetine DR fluvoxamine ER LEXAPRO (escitalopram) LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine suspension PAXIL CR (paroxetine) PAXIL SUPENSION (paroxetine) PAXIL Tablets (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>6 years</b> - Zoloft</li> <li>• <b>7 years</b> – Prozac</li> <li>• <b>8 years</b> - Luvox</li> <li>• <b>12 years</b> - Lexapro</li> <li>• <b>18 years</b> – Celexa, Luvox CR, Paxil, Pexeva, Prozac 90 mg</li> </ul> <p><b>Citalopram Criteria</b></p> <ul style="list-style-type: none"> <li>• &lt;18 years and 90 consecutive days on citalopram in the past 105 days <b>OR</b></li> <li>• &lt; 60 years <b>AND</b> max daily dose ≤ 40 mg/day <b>OR</b></li> <li>• ≥ 60 years <b>AND</b> max daily dose ≤ 20 mg/day</li> </ul> <p><b>Non-Preferred Criteria</b></p>

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			<ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>ANTIEMETICS</b> <small>SmartPA</small>			
<b>5HT3 RECEPTOR BLOCKERS</b>			
	ondansetron ondansetron ODT ondansetron solution	ANZEMET (dolasetron) granisetron SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) ZUPLLENZ (ondansetron)	<p><b>Quantity Limit</b></p> <ul style="list-style-type: none"> <li>• <b>6 tablets/31 days</b> – Akynzeo</li> <li>• <b>30 tablets/31 days</b> – Zofran tablets/ODT</li> <li>• <b>100 ml/31 days</b> – Zofran solution</li> </ul> <p><b>Non-Preferred Agents</b></p> <ul style="list-style-type: none"> <li>• Have tried 1 preferred agent in the past 6 months</li> </ul> <p>Injectables in this class closed to point of sale. PA required if not administered in clinic/hospital</p>
<b>ANTIEMETIC COMBINATIONS</b>			
		AKYNZEO (netupitant/palonosetron) BONJESTA (doxylamine/pyridoxine) DICLEGIS (doxylamine/pyridoxine) doxylamine/pyridoxine	<p><b>Akynzeo - <a href="#">MANUAL PA</a></b></p>
<b>CANNABINOIDS</b>			
		CESAMET (nabilone) MARINOL (dronabinol) dronabinol SYNDROS (dronabinol)	
<b>NMDA RECEPTOR ANTAGONIST</b>			

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	EMEND (aprepitant)	aprepitant	
<b>ANTIFUNGALS (Oral)</b> SmartPA			
	clotrimazole fluconazole griseofulvin microsize suspension nystatin terbinafine	ANCOBON (flucytosine) ^ BREXAFEMME (ibrexafungerp) CRESEMBA (isavuconazonium) DIFLUCAN (fluconazole) flucytosine GRIFULVIN V (griseofulvin, microsize) griseofulvin microsize tablets griseofulvin ultramicronized tablet GRIS-PEG (griseofulvin) itraconazole ^ ketoconazole LAMISIL (terbinafine) NOXAFIL (posaconazole) ^ ONMEL (itraconazole) ^ posaconazole^ SPORANOX (itraconazole) ^ TERBINEX Kit (terbinafine/ciclopirox) TOLSURA (itraconazole) VFEND (voriconazole) ^ voriconazole ^	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>4-12 years</b> – Lamisil Granules <i>Smart PA will automatically be issued for this age range</i></li> <li>• <b>12-17 years</b> – griseofulvin tablets <i>Smart PA will automatically be issued for this age range</i></li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul> <p><b>HIV opportunistic infection</b></p> <ul style="list-style-type: none"> <li>• Non-Preferred agent indicated for treatment (^) <b>AND</b></li> <li>• Documented diagnosis of HIV</li> </ul> <p><b>Cresemba - MANUAL PA</b></p> <ul style="list-style-type: none"> <li>• Minimum age limit &gt; 18 years <b>AND</b></li> <li>• Documented diagnosis of invasive aspergillosis <b>OR</b> invasive mucormycosis <b>AND</b></li> <li>• Prescriber is an oncologist/hematologist or infectious disease specialist</li> </ul> <p><b>Sporanox</b></p> <ul style="list-style-type: none"> <li>• HIV opportunistic infection criteria <b>OR</b></li> </ul>

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- Documented diagnosis of a transplant **OR**
- History of an immunosuppressant in the past 6 months **OR**
- Have tried 2 different preferred agents in the past 6 months

ANTIFUNGALS (Topical) <small>SmartPA</small>		
ANTIFUNGALS		
ciclopirox cream/gel/solution/suspension clotrimazole cream/solution <sup>Rx &amp; OTC</sup> ketoconazole shampoo LUZU (luliconazole) miconazole cream/powder <sup>OTC</sup> nystatin terbinafine cream/spray <sup>OTC</sup> tolnaftate cream/powder/spray <sup>OTC</sup>	BENSAL HP (benzoic acid/salicylic acid) butenafine CICLODAN KIT (ciclopirox kit) ciclopirox kit/shampoo CNL 8 (ciclopirox) econazole ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) JUBLIA (efinaconazole) KERYDIN (tavaborole) ketoconazole cream ketoconazole foam LAMISIL (terbinafine) solution LOPROX (ciclopirox) luliconazole MENTAX (butenafine) naftifine NAFTIN (naftifine) NIZORAL (ketoconazole) oxiconazole OXISTAT (oxiconazole) PEDIADERM AF (nystatin)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>

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		PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide)	
<b>ANTIFUNGAL/STEROID COMBINATIONS</b>			
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)	
<b>ANTIFUNGALS (VAGINAL)</b>			
	clotrimazole vaginal cream <sup>OTC</sup> miconazole 1, 7cream <sup>OTC</sup> miconazole 3 vaginal cream, suppository <sup>OTC</sup> TERAZOL 3 Cream (terconazole) – currently unavailable from manufacturer terconazole cream tioconazole	GYNAZOLE 1 (butoconazole) TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole suppository	
<b>ANTI-HISTAMINES, MINIMALLY SEDATING AND COMBINATIONS <small>SmartPA</small></b>			
<b>MINIMALLY SEDATING ANTI-HISTAMINES</b>			
	cetirizine tablets <sup>OTC</sup> cetirizine syrup <sup>Rx &amp; OTC</sup> loratadine odt <sup>OTC</sup> loratadine syrup <sup>OTC</sup> loratadine tablet <sup>OTC</sup>	cetirizine chewable <sup>OTC</sup> CLARINEX (desloratadine) desloratadine ODT desloratadine tablet fexofenadine syrup fexofenadine table levocetirizine syrup levocetirizine tablet XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of allergy or urticaria <b>AND</b></li> <li>• Have tried 2 different preferred agents in the past 12 months</li> </ul>
<b>MINIMALLY SEDATING ANTI-HISTAMINE/DECONGESTANT COMBINATIONS</b>			

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cetirizine/pseudoephedrine  
loratadine/pseudoephedrine

ALLEGRA-D (fexofenadine/ pseudoephedrine)  
CLARITIN-D (loratadine/pseudoephedrine)  
CLARINEX-D (desloratadine/ pseudoephedrine)  
fexofenadine/pseudoephedrine  
ZYRTEC-D (cetirizine/pseudoephedrine)

## ANTIMIGRAINE AGENTS, ACUTE TREATMENT

### CGRP ORAL

NURTEC ODT (rimegepant)

UBRELVY (ubrogepant)

#### Minimum Age Limit

- 18 years – Nurtec ODT, Ubrelyvy

#### Quantity Limit

- 8 tablets/31 day – Nurtec ODT
- 16 tablets/31 day – Ubrelyvy

#### Nurtec ODT

- Documented diagnosis of migraine **AND**
- Have tried 2 different triptans in the past 6 months **AND**
- No concurrent therapy with another CGRP agent

#### Ubrelyvy

- Documented diagnosis of migraine **AND**
- Have tried 2 different triptans in the past 6 months **AND**
- Have tried preferred Nurtec ODT in the past 6 months **AND**

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			<ul style="list-style-type: none"> <li>No concurrent therapy with another CGRP agent <b>AND</b></li> <li>No concurrent therapy with a strong CYP3A4 inhibitor</li> </ul>
<b>TRIPTANS &amp; RELATED AGENTS ORAL <span style="color: blue;">SmartPA</span></b>			
	naratriptan rizatriptan rizatriptan ODT sumatriptan tablets zolmitriptan zolmitriptan ODT	almotriptan AMERGE (naratriptan) AXERT (almotriptan) eletriptan FROVA (frovatriptan) frovatriptan IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT (rizatriptan) RELPAX (eletriptan) REYVOW (lasmiditan) TREXIMET (sumatriptan/naproxen) ZOMIG (zolmitriptan)	<p><b>Minimum Age Limit – ALL FORMULATIONS</b></p> <ul style="list-style-type: none"> <li><b>6 years</b> – Maxalt</li> <li><b>12-17 years</b> – Axert, Treximet, Zomig nasal spray <i>Smart PA will automatically be issued for this age range</i></li> <li><b>18 years</b> – Amerge, Frova, Imitrex, Onzetra Xsail, Relpax, Reyvow, Tosymra, Zembrace Syntouch, Zomig tablets</li> </ul> <p><b>Quantity Limit - ORAL</b></p> <ul style="list-style-type: none"> <li><b>4 tablets/31 days</b> – Reyvow 50 mg</li> <li><b>6 tablets/31 days</b> - Axert, Relpax Zomig</li> <li><b>8 tablets/31 days</b> – Reyvow 100 mg</li> <li><b>9 tablets/31 days</b> - Amerge, Frova, Imitrex, Treximet</li> <li><b>12 tablets/31 days</b> – Maxalt</li> </ul> <p><b>Non-Preferred Criteria - ORAL</b></p> <ul style="list-style-type: none"> <li>Have tried 2 preferred oral agents in the past 90 days</li> </ul> <p><b>Reyvow</b></p>

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			<ul style="list-style-type: none"> <li>Documented diagnosis of migraine <b>AND</b></li> <li>Have tried 2 different triptans in the past 90 days <b>AND</b></li> <li>Have tried preferred Nurtec ODT in the past 90 days</li> </ul>
<b>NASAL</b>			
	sumatriptan zolmitriptan	IMITREX (sumatriptan) ONZETRA Xsail (sumatriptan) TOSYMRA (sumatriptan) ZOMIG (zolmitriptan)	<p><b>Quantity Limit - NASAL</b></p> <ul style="list-style-type: none"> <li><b>1 box/31 days</b></li> </ul> <p><b>Non-Preferred Criteria - NASAL</b></p> <ul style="list-style-type: none"> <li>Have tried 2 preferred oral agents in the past 90 days <b>AND</b></li> <li>Have tried either a preferred nasal sumatriptan or injectable sumatriptan in the past 90 days</li> </ul>
<b>INJECTABLES</b>			
	sumatriptan	IMITREX (sumatriptan) ZEMBRACE (sumatriptan)	<p><b>CUMULATIVE Quantity Limit - INJECTION</b></p> <p><b>4 injections/31 days</b></p>
<b>ANTIMIGRAINE AGENTS, PROPHYLAXIS</b>			
<b>INJECTIBLES</b>			
	AIMOVIG AUTOINJECTOR (erenumab-aoee) AJOVY AUTOINJECTOR (fremanezumab-vfrm) AJOVY SYRINGE (fremanezumab-vfrm)	EMGALITY PEN (galcanezumab-gnlm) EMGALITY SYRINGE (galcanezumab-gnlm) VYEPTI (eptinezumab-jjmr)	<p><b>Aimovig - <a href="#">MANUAL PA</a></b></p> <p><b>Ajovy - <a href="#">MANUAL PA</a></b></p> <p><b>Emgality - <a href="#">MANUAL PA</a></b></p> <p><b>Vyepti - <a href="#">MANUAL PA</a></b></p>
<b>ORAL</b>			
		NURTEC ODT (rimegepant) QULIPTA (atogepant)	<ul style="list-style-type: none"> <li>See Antimigraine Agents, Acute</li> </ul>
<b>*ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS</b>			
	AFINITOR (everolimus)	ALECENSA (alectinib)	<b>Farydak - <a href="#">MANUAL PA</a></b>

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BOSULIF (bosutinib)  
CAPRELSA (vandetanib)  
COMETRIQ (cabozantinib)  
COTELLIC (cobimetinib)  
GILOTRIF (afatinib)  
ICLUSIG (ponatinib)  
imatinib mesylate  
IMBRUVICA (ibrutinib)  
INLYTA (axitinib)  
IRESSA (gefitinib)  
JAKAFI (ruxolitinib)  
MEKINIST (trametinib dimethyl sulfoxide)  
NEXAVAR (sorafenib)  
ROZLYTREK (entrectinib)  
SPRYCEL (dasatinib)  
STIVARGA (regorafenib)  
SUTENT (sunitinib)  
TAFINLAR (dabrafenib)  
TARCEVA (erlotinib)  
TASIGNA (nilotinib)  
TURALIO (pexidartinib)  
TYKERB (lapatinib ditosylate)  
vandetanib  
VOTRIENT (pazopanib)  
XALKORI (crizotinib)  
XTANDI (enzalutamide)  
ZELBORAF (vemurafenib)  
ZYDELIG (idelalisib)  
ZYKADIA (ceritinib)

ALUNBRIG (brigatinib)  
AYVAKIT (avapritinib)  
BALVERSA (erdafitinib)  
BRAFTOVI (encorafenib)  
BRUKINSA (zanubrutinib)  
CABOMETYX (cabozantinib s-malate)  
CALQUENCE (acalabrutinib)  
COPIKTRA (duvelisib)  
DAURISMO (glasdegib)  
ERIVEDGE (vismodegib)  
ERLEADA (apalutamide)  
erlotinib  
everolimus  
EXKIVITY (mobocertinib)  
FARYDAK (panobinostat)  
FOTIVDA (tivozanib)  
GAVRETO (pralsetinib)  
GLEEVEC (imatinib mesylate)  
GLEOSTINE (lomustine)  
IBRANCE (palbociclib) <sup>SmartPA</sup>  
IDHIFA (enasidenib)  
INQOVI (cedazuridine/decitabine)  
INREBIC (fedratinib)  
KISQALI (ribociclib)  
KOSELUGO (selumetinib)  
lapatinib ditosylate  
LENVIMA (lenvatinib) <sup>SmartPA</sup>  
LORBRENA (lorlatinib)  
LUMAKRAS (sotorasib)  
LYNPARZA (olaparib) <sup>SmartPA</sup>  
MEKTOVI (binimetnib)  
NERLYNX (neratinib maleate)  
NUBEQA (darolutamide)  
ODOMZO (sonidegib)

- Documented diagnosis of multiple myeloma **AND**
- Used in combination with bortezomib and dexamethasone per PI **AND**
- History of 2 prior regimens including bortezomib and an immunomodulatory agent

### Ibrance

- Documented diagnosis of WD-DDLS for retroperitoneal sarcoma **OR**
- All other indications evaluated through clinical review

### Lenvima

- Documented diagnosis of thyroid cancer **OR**
- Documented diagnosis of hepatocellular carcinoma **OR**
- Documented diagnosis of renal cell carcinoma **AND**
- History of 1 claim for everolimus in the past 30 days **AND**
- History of 1 anti-angiogenic agent in the past 2 years **OR**
- All other indications evaluated through clinical review

### Lynparza Capsules - [MANUAL PA](#)

### Lynparza Tablets

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ONUREG (azacitidine)  
ORGOVYX (relugolix)  
PEMAZYRE (pemigatinib)  
PIQRAY (alpelisib)  
QINLOCK (ripretinib)  
RETEVMO (selpercatinib)  
RUBRACA (rucaparib)  
RYDAPT (midostaurin)  
SCEMBLIX (asciminib)<sup>NR</sup>  
TABRECTA (capmatinib)  
TAGRISSO (osimertinib)  
TALZENNA (talazoparib)  
TAZVERIK (tazemetostat)  
TEPMETKO (tepotinib)  
TIBSOVO (ivosidenib)  
TRUSELTIQ (infigratinib)  
TUKYSA (tucatinib)  
UKONIQ (umbralisib)  
VERZENIO (abemaciclib)  
VITRAKVI (larotrectinib)  
VIZIMPRO (dacomitinib)  
WELIREG (belzutifan)  
XATMEP (methotrexate)  
XOSPATA (gilteritinib)  
XPOVIO (selinexor)  
ZEJULA (niraparib)

- Documented diagnosis of ovarian cancer, fallopian tube or peritoneal cancer **AND**
- History of platinum-based chemotherapy in the past 2 years **OR**
- All other indications evaluated through clinical review

## ANTIPARASITICS (Topical) <sup>SmartPA</sup>

### PEDICULICIDES

permethrin 1%<sup>OTC</sup>  
NATROBA (spinosad)

lindane  
malathion  
OVIDE (malathion)  
SKLICE (ivermectin)  
spinosad

### Minimum Age/Weight Limit for Pediculicides

- **50 kg** - lindane shampoo
- **2 months** – permethrin 1%(OTC)
- **6 months** – Natroba, Sklice

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

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		VANALICE (piperonyl butoxide/pyrethrins)	<ul style="list-style-type: none"> <li>• <b>2 years</b> – piperonyl/pyrethrins (OTC)</li> <li>• <b>6 years</b> – Ovide</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 preferred topical lice agents in the past 90 days</li> </ul>
<b>SCABICIDES</b>			
	permethrin 5% ivermectin	ELIMITE (permethrin) EURAX CREAM (crotamiton) EURAX LOTION (crotamiton) STROMECTOL Tablet (ivermectin)	<p><b>Minimum Age/Weight Limit for Topical Scabicides</b></p> <ul style="list-style-type: none"> <li>• <b>50 kg</b> - lindane lotion</li> <li>• <b>2 months</b> – permethrin 5%</li> <li>• <b>4 years</b> - Natroba</li> <li>• <b>18 years</b> – Eurax</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• History of permethrin 5% in the past 90 days</li> </ul>
<b>ANTIPARKINSON'S AGENTS (Oral) <small>SmartPA</small></b>			
<b>ANTICHOLINERGICS</b>			
	benztropine trihexyphenidyl	COGENTIN (benztropine)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Parkinson's disease <b>AND</b></li> <li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>COMT INHIBITORS</b>			
	entacapone	COMTAN (entacapone) ONGENTYS (opicapone) TASMAR (tolcapone)	

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		tolcapone	
		<b>DOPAMINE AGONISTS</b>	
	ropinirole	KYNMOBI FILM (apomorphine) MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole pramipexole ER REQUIP (ropinirole) REQUIP XL (ropinirole) ropinirole ER	
		<b>MAO-B INHIBITORS</b>	
	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) rasagiline XADAGO (safinamide) ZELAPAR (selegiline)	<b>Xadago</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of Parkinson's disease <b>AND</b></li> <li>• History of a preferred carbidopa/levodopa combination product in the past 30 days <b>AND</b></li> <li>• History of selegiline product in the past 45 days</li> </ul>
		<b>OTHERS</b>	
	amantadine bromocriptine carbidopa levodopa/carbidopa	DUOPA (levodopa/carbidopa) GOCOVRI (amantadine) INBRIJA (levodopa) levodopa/carbidopa ODT levodopa/carbidopa/entacapone LODOSYN (carbidopa) NOURIANZ (istradefylline) OSMOLEX ER (amantadine) PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine)	<b>Lodosyn and Inbrija</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of Parkinson's disease <b>AND</b></li> <li>• History of a carbidopa/levodopa combination product in the past 45 days</li> </ul> <b>Nourianz</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of Parkinson's Disease <b>AND</b></li> </ul>

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	RYTARY ER (levodopa/carbidopa) SINEMET (levodopa/carbidopa) SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)	<ul style="list-style-type: none"> <li>History of a preferred carbidopa/levodopa combination product in the past 30 days <b>AND</b></li> <li>History of 30 days therapy with a preferred adjunctive therapy in the past 45 days</li> </ul>
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**ANTIPSYCHOTICS** SmartPA

ORAL		
amitriptyline/perphenazine aripiprazole clozapine fluphenazine haloperidol olanzapine olanzapine ODT perphenazine quetiapine quetiapine XR risperidone risperidone ODT SAPHRIS (asenapine) thioridazine thiothixene trifluoperazine ziprasidone	ABILIFY (aripiprazole) ABILIFY MYCITE (aripiprazole) ADASUVE (loxapine) aripiprazole solution aripiprazole ODT asenapine CAPLYTA (lumateperone) chlorpromazine clozapine ODT CLOZARIL (clozapine) FANAPT (iloperidone) FAZACLO (clozapine) GEODON (ziprasidone) HALDOL (haloperidol) INVEGA ER (paliperidone) LATUDA (lurasidone) LYBALVI (olanzapine/samidorphan) NUPLAZID (pimavanserin) olanzapine/fluoxetine paliperidone ER REXULTI (brexpiprazole) RISPERDAL (risperidone) SEROQUEL (quetiapine)	<p style="color: red; margin-top: 0;"><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>2 years</b> – Droperidol</li> <li>• <b>3 years</b> – Haldol</li> <li>• <b>5 years</b> – Risperdal, thioridazine</li> <li>• <b>6 years</b> – Abilify, trifluoperazine</li> <li>• <b>10 years</b> – Latuda, Saphris, Seroquel, Symbyax</li> <li>• <b>12 years</b> – Invega, Molidone, perphenazine, pimozole, thiothixene</li> <li>• <b>13 years</b> – Zyprexa</li> <li>• <b>18 years</b> – Abilify Mycite, Amitriptyline/perphenazine, Caplyta, Clozaril, Fanapt, fluphenazine, Geodon, loxapine, Nuplazid, Rexulti, Secuado, Vraylar</li> </ul> <p style="color: red; margin-top: 10px;"><b>Concurrent Therapy Limit – Ages 0-17 years</b></p> <ul style="list-style-type: none"> <li>• 90 days with &gt;2 antipsychotics in the last 120 days will require a Manual PA</li> </ul> <p style="color: red; margin-top: 10px;"><b>Non-Preferred Criteria- Atypical Agents</b></p>

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		<p>SEROQUEL XR (quetiapine)          SYMBYAX (olanzapine/fluoxetine)          VERSACLOZ (clnazpine)          VRAYLAR (cariprazine)          ZYPREXA (olanzapine)</p>	<ul style="list-style-type: none"> <li>• Have tried 2 preferred atypical antipsychotic agents in the past 12 months <b>OR</b></li> <li>• 30 consecutive days on the requested atypical agent in the past 180 days</li> </ul> <p><b>Nuplazid</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Parkinson's disease</li> </ul>
<b>INJECTABLE, ATYPICALS SmartPA</b>			
	<p>ABILIFY MAINTENA (aripirazole)          ARISTADA ER (aripirazole lauroxil)          ARISTADA INITIO (aripirazole lauroxil)          INVEGA HAFYERA (paliperidone)          INVEGA SUSTENNA (paliperidone palmitate)          INVEGA TRINZA (paliperidone)          PERSERIS (risperidone)          RISPERDAL CONSTA (risperidone)</p>	<p>ABILIFY (aripirazole)          GEODON (ziprasidone)          olanzapine          ZYPREXA (olanzapine)          ZYPREXA RELPREVV (olanzapine)</p>	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>18 years</b> – all injectable agents</li> </ul> <p><b>Quantity Limit</b></p> <ul style="list-style-type: none"> <li>• <b>3 syringes/year</b> – Aristada Initio</li> </ul> <p><b>Long-Acting Injectable Agents All Agents</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of schizophrenia or schizoaffective disorder</li> </ul> <p><b>Abilify Maintena or Risperdal Consta</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of schizophrenia or schizoaffective disorder <b>OR</b></li> <li>• Documented diagnosis of bipolar disorder</li> </ul>
<b>TRANSDERMAL, ATYPICALS</b>			
		<p>SECUADO (asenapine)</p>	

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ANTIRETROVIRALS <small>SmartPA</small>			
<b>SINGLE PRODUCT REGIMENS</b>			
BIKTARVY (bictegravir/emtricitabine/tenofovir) CABENUVA (cabotegravir/rilpivirine) DELSTRIGO (doravirine/lamivudine/tenofovir) DOVATO (dolutegravir/lamivudine) efavirenz/emtricitabine/tenofovir labeler GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir) JULUCA (dolutegravir/rilpivirine) ODEFSEY (emtricitabine/rilpivirine/tenofovir AF) SYMFI (efavirenz/lamivudine/tenofovir) SYMFI-LO (efavirenz/lamivudine/tenofovir) TRIUMEQ (abacavir/lamivudine/ dolutegravir)	ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir) efavirenz/lamivudine/tenofovir efavirenz/lamivudine/tenofovir lo STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) SYMTUZA (darunavir/cobicistat/ emtricitabine/tenofovir)	<p><b>Stribild – MANUAL PA</b></p> <ul style="list-style-type: none"> <li>• Genotype testing supporting resistance to other regimens <b>OR</b></li> <li>• Intolerance or contraindication to preferred combination of drugs <b>AND</b></li> <li>• Medical reasoning beyond convenience or enhanced compliance over preferred agents <b>AND</b></li> <li>• CrCl &gt; 70mL/min to initiate therapy <b>OR</b> CrCl &gt;50mL/min to continue therapy</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• 1 claim with the requested agent in the past 105 days</li> </ul>	
<b>INTEGRASE STRAND TRANSFER INHIBITORS</b>			
ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium) TIVICAY PD (dolutegravir sodium)	APRETUDE ER (cabotegravir) <sup>NR</sup> ISENTRESS HD (raltegravir potassium) VITEKTA (elvitegravir)		
<b>NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>			
abacavir sulfate EMTRIVA (emtricitabine) EMTRIVA SOLUTION (emtricitabine) lamivudine tenofovir disoproxil fumarate ZIAGEN Solution (abacavir sulfate) zidovudine	didanosine DR capsule emtricitabine EPIVIR (lamivudine) RETROVIR (zidovudine) stavudine VIDEX EC (didanosine) VIDEX SOLUTION (didanosine) VIREAD (tenofovir disoproxil fumarate) ZIAGEN Tablet (abacavir sulfate)		

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NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)	
EDURANT (rilpivirine) efavirenz	INTELENCE (etravirine) nevirapine nevirapine ER PIFELTRO (doravirine) RESCRIPTOR (delavirdine mesylate) SUSTIVA (efavirenz) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)
PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR	
	TYBOST (cobicistat)
PROTEASE INHIBITORS (PEPTIDIC)	
atazanavir EVOTAZ (atazanavir/cobicistat) NORVIR SOLUTION (ritonavir) ritonavir	CRIXIVAN (indinavir) fosamprenavir INVIRASE (saquinavir mesylate) LEXIVA (fosamprenavir) NORVIR POWDER (ritonavir) NORVIR TABLET (ritonavir) REYATAZ (atazanavir) VIRACEPT (nelfinavir mesylate)
PROTEASE INHIBITORS (NON-PEPTIDIC)	
PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir) PREZCOBIX (darunavir/cobicistat)
ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS	
	SELZENTRY (maraviroc)
ENTRY INHIBITORS – FUSION INHIBITORS	

Tybost - [MANUAL PA](#)

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		FUZEON (enfuvirtide)	
<b>COMBINATION PRODUCTS - NRTIs</b>			
	abacavir/lamivudine CABENUVA (cabotegravir/rilpivirine) DOVATO (dolutegravir/lamivudine) JULUCA (dolutegravir/rilpivirine) lamivudine/zidovudine	abacavir/lamivudine/zidovudine COMBIVIR (lamivudine/zidovudine) EPZICOM (abacavir/lamivudine) TRIZIVIR (abacavir/lamivudine/zidovudine)	
<b>COMBINATION PRODUCTS – NUCLEOSIDE &amp; NUCLEOTIDE ANALOG RTIs</b>			
	DESCOVY (emtricitabine/tenofovir alafenam) emtricitabine/tenofovir	TRUVADA (emtricitabine/tenofovir)	
<b>COMBINATION PRODUCTS – NUCLEOSIDE &amp; NUCLEOTIDE ANALOGS &amp; NON-NUCLEOSIDE RTIs</b>			
	CIMDUO (lamivudine/tenofovir) DELSTRIGO (doravirine/lamivudine/tenofovir) efavirenz/emtricitabine/tenofovir ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)	ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir) TEMIXYS (lamivudine/tenofovir)	
<b>COMBINATION PRODUCTS – PROTEASE INHIBITORS</b>			
	KALETRA (lopinavir/ritonavir)	lopinavir/ritonavi	
<b>CD4 DIRECTED ATTACHMENT INHIBITOR</b>			
		RUKOBIA (fostemsavir tromethamine ER)	
<b>CD4 DIRECTED HIV-1 INHIBITOR</b>			
		TROGARZO (ibalizumab)	

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ANTIVIRALS (Oral)		
<b>ANTI-CYTOMEGALOVIRUS AGENTS</b>		
	valganciclovir tablets	LIVTENCITY (maribavir) <sup>NR</sup> PREVYMIS (letermovir) VALCYTE (valganciclovir) valganciclovir solution
		<p><b>valganciclovir solution</b> – automatic approval for age &lt;12 years</p> <p><b>Prevymis</b> Prevention (prophylaxis) of cytomegalovirus (CMV) infection and disease</p> <ul style="list-style-type: none"> <li>• ≥ 18 years <b>AND</b></li> <li>• Post hematopoietic stem cell transplant (HSCT) within the past 28 days <b>AND</b></li> <li>• CMV sero-positive recipient [R+] <b>AND</b></li> <li>• NO severe (Child-Pugh Class C) hepatic impairment</li> </ul>
<b>ANTI-HERPETIC AGENTS</b>		
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) SITAVIG (acyclovir) VALTrex (valacyclovir) ZOVIRAX (acyclovir)
<b>ANTI-INFLUENZA AGENTS</b>		
	oseltamivir	FLUMADINE (rimantadine) RAPIVAB (peramivir) RELENZA (zanamivir) rimantadine

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		TAMIFLU (oseltamivir) XOFLUZA (baloxavir marboxil)	
<b>ANTIVIRALS (Topical)</b>			
	ZOVIRAX Cream (acyclovir)	acyclovir cream, ointment DENA VIR (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir)	
<b>AROMATASE INHIBITORS</b>			
	anastrozole exemestane letrozole	ARIMIDEX (anastrozole) AROMASIN (exemestane) FEMARA (letrozole)	
<b>ATOPIC DERMATITIS</b> <small>SmartPA</small>			
	DUPIXENT (dupilumab) ELIDEL (pimecrolimus) PROTOPIC (tacrolimus) tacrolimus	ADBRY (tralokinumab) <sup>NR</sup> CIBINQO (abrocitinib) <sup>NR</sup> EUCRISA (crisaborole) OPZELURA (ruxolitinib) pimecrolimus	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>2 years</b> – Elidel, Protopic 0.03%</li> <li>• <b>6 years</b> – Protopic 0.1%</li> </ul> <p><b>Eucrisa</b></p> <ul style="list-style-type: none"> <li>• History of 28 days of therapy with a calcineurin inhibitor <b>AND</b></li> <li>• History of 28 days of therapy with a topical steroid in the past year <b>OR</b></li> <li>• <b><u>MANUAL PA</u></b></li> </ul> <p><b>Dupixent</b> – Evaluated through Manual PA according to diagnosis  <b>Asthma</b> – <b><u>MANUAL PA</u></b>  <b>Atopic Dermatitis</b> – <b><u>MANUAL PA</u></b>  <b>Nasal Polyposis</b> – <b><u>MANUAL PA</u></b></p>

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# MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

**EFFECTIVE 07/01/2022**  
**Version 2022.0**  
**Updated:05-31-2022**

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BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS <small>SmartPA</small>		
acebutolol atenolol bisoprolol metoprolol metoprolol ER nadolol <b>nebivolol</b> <small>Step Edit</small> pindolol propranolol propranolol ER sotalol	BETAPACE (sotalol) betaxolol <b>BYSTOLIC (nebivolol)</b> CORGARD (nadolol) HEMANGEOL (propranolol) INDERAL LA (propranolol) INDERAL XL (propranolol) INNOPRAN XL (propranolol) KAPSPARGO SPRINKLES (metoprolol) KERLONE (bextaxolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) SOTYLIZE (sotalol) TENORMIN (atenolol) TOPROL XL (metoprolol) ZEBETA (bisoprolol)	<p><b>Nebivolol</b></p> <ul style="list-style-type: none"> <li>• 90 consecutive days on the requested agent in the past 105 days <b>OR</b></li> <li>• Have tried 1 preferred agent in the past 6 months</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
BETA- AND ALPHA-BLOCKERS		
carvedilol labetalol	carvedilol CR COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	<p><b>Coreg CR</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis for hypertension <b>AND</b></li> <li>• Have tried generic carvedilol <b>AND</b> 1 preferred agent in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
BETA BLOCKER/DIURETIC COMBINATIONS		

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	atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ timolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	
<b>ANTIANGINALS</b>			
		RANEXA (ranolazine) ranolazine	<b>Ranexa</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of angina <b>AND</b></li> <li>• 1 claim for a calcium channel blocker, beta-blocker, nitrate, or combination agent in the past 30 days <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>SINUS NODE AGENTS</b>			
		CORLANOR (ivabradine)	<b>Corlanor - <a href="#">MANUAL PA</a></b>
<b>BILE SALTS</b>			
	ursodiol	ACTIGALL (ursodiol) BYLVAY (odevixibat) CHENODAL (chenodiol) CHOLBAM (cholic acid) LIVMARLI (maralixibat) OCALIVA (obeticholic acid) URSO (ursodiol) URSO FORTE (ursodiol)	

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## BLADDER RELAXANT PREPARATIONS SmartPA

	oxybutynin ER oxybutynin IR solifenacin	darifenacin DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN XL (oxybutynin) GELNIQUE (oxybutynin) GEMTESA (vibegron) MYRBETRIQ ER (mirabegron) MYRBETRIQ granules (mirabegron) OXYTROL (oxybutynin) tolterodine tolterodine ER TOVIAZ (fesoterodine fumarate) trospium trospium ER VESICARE (solifenacin) VESICARE LS Suspension (solifenacin)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>
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## BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA

BISPHOSPHONATES			
	alendronate ibandronate risedronate	ACTONEL (risedronate) ACTONEL WITH CALCIUM (risedronate/calcium) alendronate solution ATELVIA (risedronate) BINOSTO (alendronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) FOSAMAX PLUS D (alendronate/vitamin D) risedronate DR Tablet	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis for osteoporosis or osteopenia <b>AND</b></li> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>

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OTHERS	
	calcitonin salmon EVENITY (romosozumab-aqqg) EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) PROLIA (denosumab) raloxifene TYMLOS (abaloparatide) XGEVA (denosumab)
BPH AGENTS <small>SmartPA</small>	
ALPHA BLOCKERS	
alfuzosin doxazosin tamsulosin terazosin	CARDURA (doxazosin) CARDURA XL (doxazosin) dutasteride/tamsulosin FLOMAX (tamsulosin) HYTRIN (terazosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) silodosin UROXATRAL (alfuzosin)
5-ALPHA-REDUCTASE (5AR) INHIBITORS	
finasteride	AVODART (dutasteride) dutasteride PROSCAR (finasteride)
PDE5 INHIBITORS	
	CIALIS (tadalafil)

- Female**
- Cardura, Flomax, Proscar, terazosin, or Uroxatral **AND**
  - Documented diagnosis based on a State accepted diagnosis
- Non-Preferred Criteria - MALE**
- Have tried 2 different preferred agents in the past 6 months **OR**
  - 90 consecutive days on the requested agent in the past 105 days

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BRONCHODILATORS & COPD AGENTS		
ANTICHOLINERGICS & COPD AGENTS		
	ATROVENT HFA (ipratropium) INCRUSE ELLIPTA (umeclidinium) ipratropium SPIRIVA HANDIHALER (tiotropium)	DALIRESP (roflumilast) LONHALA MAGNAIR (glycopyrrolate) SEEBRI (glycopyrrolate) SPIRIVA RESPIMAT (tiotropium) <sup>SmartPA</sup> TUDORZA PRESSAIR (aclidinium) YUPELRI (revefenacin)
<b>Minimum Age Limit</b> <b>6 years – Spiriva Respimat</b>  <b>Spiriva Respimat</b> <ul style="list-style-type: none"> <li>Automatic approval for ≥ 6 years with a diagnosis of asthma</li> </ul>		
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS		
	albuterol/ipratropium ANORO ELLIPTA (umeclidinium/vilanterol) COMBIVENT RESPIMAT (albuterol/ipratropium) <sup>SmartPA</sup> STIOLTO RESPIMAT (tiotropium/olodaterol) UTIBRON (indacaterol/glycopyrrolate)	BEVESPI (glycopyrrolate/formoterol) DUAKLIR PRESSAIR (aclidinium/formoterol)
ANTICHOLINERGIC-BETA AGONIST-GLUCOCORTICOID COMBINATIONS		
		BREZTRI AEROSPHERE (budesonide/glycopyrrolate/formoterol) TRELEGY ELLIPTA (fluticasone furoate/umeclidinium/vilanterol)
BRONCHODILATORS, BETA AGONIST		
INHALERS, SHORT-ACTING		
	PROAIR HFA (albuterol) VENTOLIN HFA (albuterol)	albuterol HFA levalbuterol HFA PROAIR DIGIHALER (albuterol) PROAIR RESPICLICK (albuterol) PROVENTIL HFA (albuterol) XOPENEX HFA (levalbuterol) <sup>SmartPA</sup>
<b>Minimum Age Limit</b> <b>• 4 years - Xopenex HFA</b>  <b>Xopenex HFA</b> <ul style="list-style-type: none"> <li>1 claim for a preferred albuterol inhaler in the past 30 days</li> </ul>		

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INHALERS, LONG ACTING <span style="float: right;">SmartPA</span>		
SEREVENT (salmeterol) STRIVERDI RESPIMAT (olodaterol)	ARCAPTA (indacaterol)	<p><b>ProAir Digihaler</b></p> <ul style="list-style-type: none"> <li>Requires clinical review</li> </ul> <p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li><b>4 years</b> – Serevent</li> <li><b>18 years</b> – Arcapta, Striverdi Respimat</li> </ul> <p><b>Arcapta &amp; Striverdi Respimat</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of COPD <b>AND</b></li> <li>Have tried 1 preferred agent in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
INHALATION SOLUTION <span style="float: right;">SmartPA</span>		
albuterol	arformoterol BROVANA (arformoterol) formoterol levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li><b>6 years</b> – Xopenex</li> <li><b>18 years</b> – Brovana, Perforomist</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>1 claim for a different preferred agent in the past 6 months <b>OR</b></li> <li>3 claims with the requested agent in the past 105 days</li> </ul> <p><b>Xopenex</b></p> <ul style="list-style-type: none"> <li>1 claim for a preferred albuterol in the past 30 days</li> </ul>

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ORAL		
	albuterol ER albuterol IR metaproterenol terbutaline	VOSPIRE ER (albuterol)
CALCIUM CHANNEL BLOCKERS <small>SmartPA</small>		
SHORT-ACTING		
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine NYMALIZE SOLUTION (nimodipine) PROCARDIA (nifedipine)
		<p><b>Quantity Limit - nimodipine</b></p> <ul style="list-style-type: none"> <li>• 252 tablets/ 21 days</li> <li>• 2520 mL/21 days</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred <i>Short Acting</i> CCB agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul> <p><b>nimodipine</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of subarachnoid hemorrhage in the past 45 days <b>AND</b></li> <li>• Duration of therapy limited to 21 days</li> </ul>
LONG-ACTING		
	amlodipine DILT XR 24 HR Caps (diltiazem) diltiazem ER Cap 24 HR (generic Cardizem CD) diltiazem ER Cap 24 HR	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem)
		<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred <i>Long Acting</i> CCB agents in the past 6 months <b>OR</b></li> </ul>

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	felodipine ER nifedipine ER verapamil ER	DILACOR XR (diltiazem) diltiazem ER Cap 12 HR diltiazem ER Tab 24 HR KATERZIA (amlodipine) nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	<ul style="list-style-type: none"> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
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## CALORIC AGENTS

	BOOST (includes all Boost) BREAKFAST ESSENTIALS BRIGHT BEGINNINGS DUOCAL ENSURE GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE PROMOD RESOURCE SCANDISHAKE TWOCAL HN	All other products (caloric /nutritional agents) not listed as preferred will require a manual prior authorization.	<b>Non-Preferred Agents - <a href="#">MANUAL PA</a></b>
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## CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)

### BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS

	amoxicillin/clavulanate amoxicillin/clavulanate XR	AUGMENTIN 125 and 250 Suspension (amoxicillin/clavulanate) AUGMENTIN (amoxicillin/clavulanate) Tablets	
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		AUGMENTIN XR (amoxicillin/clavulanate) MOXATAG (amoxicillin)	
<b>CEPHALOSPORINS – First Generation SmartPA</b>			
	cefadroxil cephalexin capsules cephalexin suspensio	cephalexin tablets DAXBIA (cephalexin) KEFLEX (cephalexin)	<p><b>Non-Preferred Criteria – all generations</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>
<b>CEPHALOSPORINS – Second Generation SmartPA</b>			
	cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)	
<b>CEPHALOSPORINS – Third Generation SmartPA</b>			
	cefdinir suspension cefdinir capsules cefepodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	<p><b>Maximum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>18 years</b> – cefdinir suspension</li> </ul>
<b>COLONY STIMULATING FACTORS</b>			
	NEUPOGEN Syringe (filgrastim) NEUPOGEN Vial (filgrastim) ZIEXTENZO (pegfilgrastim-bmez)	FULPHILA (pegfilgrastim) GRANIX (tbo-filgrastim) LEUKINE (sargramostim) NEULASTA (pegfilgrastim) NIVESTYM (filgrastim-aafi) NYVEPRIA (pegfilgrastim-apgf) RELEUKO (filgrastim) <sup>NR</sup> UDENYCA (pegfilgrastim-cbqv) ZARXIO (filgrastim)	

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CYSTIC FIBROSIS AGENTS <small>SmartPA</small>			
	tobramycin (generic TOBI)	BETHKIS (tobramycin) BRONCHITOL (mannitol) CAYSTON (aztreonam) colistmethate COLY-MYCIN M (colistimethate sodium) KALYDECO (ivacaftor) KITABIS (tobramycin) ORKAMBI (lumacaftor/ivacaftor) PULMOZYME (dornase alfa) SYMDEKO (tezacaftor/ivacaftor) TOBI (tobramycin) TOBI PODHALER (tobramycin) tobramycin (generic Bethkis) tobramycin (generic Kitabis) TRIKAFTA (elexacaftor/ tezacaftor/ivacaftor)	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>3 months</b> – Pulmozyme</li> <li>• <b>4 months</b> – Kalydeco Granules</li> <li>• <b>2 years</b> – Coly-Mycin M, Orkambi Granules</li> <li>• <b>6 years</b> – Bethkis, Kalydeco tablet, Kitabis, Orkambi 100/125mg tablet, Symdeko, TOBI, TOBI Podhaler, Trikafta</li> <li>• <b>7 years</b> – Cayston</li> <li>• <b>12 years</b> – Orkambi 200/125mg tablet</li> <li>• <b>18 years</b> - Bronchitol</li> </ul> <p><b>Maximum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>5 years</b> – Kalydeco and Orkambi Granules</li> </ul> <p><b>All Agents</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis Cystic Fibrosis</li> </ul> <p><b>Colistimethate</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Cystic Fibrosis <b>OR</b></li> <li>• Requires clinical review</li> </ul> <p><b>Kalydeco</b> – <a href="#">MANUAL PA</a>  <b>Orkambi</b> – <a href="#">MANUAL PA</a></p>

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			<p><b>Symdeko – <a href="#">MANUAL PA</a></b> <b>Trikafta – <a href="#">MANUAL PA</a></b></p> <p><b>TOBI Podhaler</b> • Requires clinical review</p>
<b>CYTOKINE &amp; CAM ANTAGONISTS<sup>Smart PA</sup></b>			
	<p>ACTEMRA SYRINGE (tocilizumab) ACTEMRA VIAL(tocilizumab) AVSOLA (infliximab) ENBREL (etanercept) HUMIRA (adalimumab) KINERET (anakinra) methotrexate ORENCIA CLICKJET(abatacept) ORENCIA VIAL(abatacept) OTEZLA (apremilast) SIMPONI (golimumab) TALTZ (ixekizumab) XELJANZ IR (tofacitinib)</p>	<p>ACTEMRA ACTPEN (tocilizumab) ARCALYST (rilonacept) CIMZIA (certolizumab) COSENTYX (secukinumab) ENTYVIO (vedolizumab) ILARIS (canakinumab) ILUMYA (tildrakizumab) INFLECTRA (infliximab) KEVZARA (sarilumab) OLUMIANT (baricitinib) ORENCIA SYRINGE (abatacept) OTREXUP (methotrexate) RASUVO (methotrexate) REMICADE (infliximab) RENFLEXIS (infliximab-abda) RHEUMATREX (methotrexate) RINVOQ (upadacitinib) RINVOQ ER (upadacitinib)<sup>NR</sup> SILIQ (brodalumab) SKYRIZI (risankizumab) STELARA (ustekinumab) TREMIFYA (guselkumab) TREXALL (methotrexate) XELJANZ Oral Solution (tofacitinib) XELJANZ XR (tofacitinib)</p>	<p><b>All preferred agents are subject to approved age and documented diagnosis for appropriate indication.</b></p> <p><b>Cosentyx</b></p> <ul style="list-style-type: none"> <li>• Age ≥ 6 years <b>AND</b></li> <li>• Documented diagnosis of plaque psoriasis <b>AND</b></li> <li>• Have tried 90 days therapy with both Enbrel and Taltz <b>OR</b></li> <li>• Age ≥ 18 years <b>AND</b></li> <li>• Documented diagnosis of ankylosing spondylitis, plaque psoriasis, or psoriatic arthritis <b>AND</b></li> <li>• Have tried 90 days therapy with both Humira and Taltz <b>OR</b></li> <li>• All other indications evaluated through clinical review</li> </ul> <p><b>All other Non-Preferred Agents</b></p> <ul style="list-style-type: none"> <li>• Require clinical review</li> </ul> <p><b>IV Administered Agents</b></p> <ul style="list-style-type: none"> <li>• Require clinical review</li> </ul>

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ERYTHROPOIESIS STIMULATING PROTEINS <small>SmartPA</small>			
	EPOGEN (rHuEPO) MIRCERA (methoxy polyethylene glycol-epoetin-beta) RETACRIT (rHuEPO)	ARANESP (darbepoetin) PROCRT (rHuEPO)	<p><b>Mircera</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis chronic renal failure in the past 2 years</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of cancer or chronic renal failure <b>OR</b> Antineoplastic therapy in the past 6 months <b>AND</b></li> <li>Trial of a preferred Retacrit or Epogen in the past 6 months <b>OR</b></li> <li>1 claim for the requested agent in the past 105 days</li> </ul>
FACTOR DEFICIENCY PRODUCTS			
	FACTOR VIII		
	ADVATE AFSTYLA ALPHANATE FEIBA NF HEMOFIL M HUMATE-P KOATE KOGENATE FS KOVALTRY NOVOEIGHT NUWIQ RECOMBINATE	ADYNOVATE ELOCTATE ESPEROCT HEXILATE FS JIVI KCENTRA OBIZUR VONVENDI	

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	WILATE XYNTHA XYNTHA SOLOFUSE		
<b>FACTOR IX</b>			
	ALPHANINE SD ALPROLIX BENEFIX IDELVION IXINITY MONONINE PROFILNINE RIXUBIS	REBINYN	
<b>OTHER FACTOR PRODUCTS</b>			
	COAGADEX FIBRYGA HEMLIBRA <sup>SmartPA</sup> RIASTAP	CORIFACT NOVOSEVEN RT SEVENFACT TRETEN	<b>Hemlibra</b> • 1 claim with the requested agent in the past 105 days • <a href="#">MANUAL PA</a> – new patients
<b>FIBROMYALGIA/NEUROPATHIC PAIN AGENTS</b>			
	duloxetine gabapentin pregabalin SAVELLA (milnacipran)	CYMBALTA (duloxetine) <sup>SmartPA</sup> DRIZALMA SPRINKLES (duloxetine DR) duloxetine DR GRALISE (gabapentin) HORIZANT (gabapentin) IRENKA (duloxetine) <sup>SmartPA</sup> LYRICA (pregabalin) LYRICA CR (pregabalin) NEURONTIN (gabapentin) pregabalin ER	<b>Cymbalta and Irenka (see Antidepressant, Other)</b>  <b>Minimum Age Limit</b> – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder) for preferred duloxetine
<b>FLUOROQUINOLONES (Oral) <sup>SmartPA</sup></b>			

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	ciprofloxacin tablets levofloxacin tablets	AVELOX (moxifloxacin) BAXDELA (delaflozacin) CIPRO (ciprofloxacin) CIPRO SUSPENSION (ciprofloxacin) CIPRO XR (ciprofloxacin) ciprofloxacin ER ciprofloxacin suspension FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin solution moxifloxacin NOROXIN (norfloxacin) ofloxacin	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• 1 claim for a preferred agent in past 30 days</li> </ul> <p><b>Cipro Suspension for age &lt; 12 years</b></p> <ul style="list-style-type: none"> <li>• Anthrax infection or exposure <b>OR</b></li> <li>• Cystic Fibrosis <b>OR</b></li> <li>• Pneumonic plague <b>OR</b> tularemia <b>AND</b> history of doxycycline in the past 3 months <b>OR</b></li> <li>• 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months             <ul style="list-style-type: none"> <li>◦ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide</li> </ul> </li> </ul> <p><b>Levaquin solution for age &lt; 12 years</b></p> <ul style="list-style-type: none"> <li>• Anthrax infection or exposure <b>OR</b></li> <li>• 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months             <ul style="list-style-type: none"> <li>◦ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide <b>AND</b></li> </ul> </li> <li>• Cipro suspension in the past 3 months</li> </ul>
<b>GAUCHER'S DISEASE</b>			
	ELELYSO (taliglucerase alfa) ZAVESCA (miglustat)	CERDELGA (eliglustat) CEREZYME (imiglucerase) miglustat VPRIV (velaglucerase alfa)	

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## GENITAL WARTS & ACTINIC KERATOSIS AGENTS

	CONDYLOX (podofilox) <sup>Age Edit</sup> imiquimod <sup>Age Edit</sup> podofilox <sup>Age Edit</sup>	ALDARA (imiquimod) <sup>Age Edit</sup> CARAC (fluorouracil) diclofenac 3% gel EFUDEX (fluorouracil) fluorouracil 0.5% cream fluorouracil 5% cream PICATO (ingenol) <sup>Age Edit</sup> SOLARAZE (diclofenac) TOLAK (fluorouracil) VEREGEN (sinecatechins) <sup>Age Edit</sup> ZYCLARA (imiquimod) <sup>Age Edit</sup>	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>• <b>12 years</b> – Aldara, Zyclara</li> <li>• <b>18 years</b> – Condylox, Picato, Veregen</li> </ul>
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## GLUCOCORTICOIDS (Inhaled) <sup>SmartPA</sup>

GLUCOCORTICOIDS			
	ASMANEX TWISTHALER (mometasone) budesonide 0.25mg and 0.5mg FLOVENT DISKUS (fluticasone) FLOVENT HFA (fluticasone) PULMICORT FLEXHALER (budesonide) QVAR REDHALER (beclomethasone dipropionate)	ALVESCO (ciclesonide) ARMONAIR Digihaler (fluticasone) ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) budesonide 1mg PULMICORT (budesonide) Respules	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• 90 consecutive days on the requested agent in the past 105 days <b>OR</b></li> <li>• Have tried 1 preferred agent in the past 6 months</li> </ul> <b>ArmonAir Digihaler</b> <ul style="list-style-type: none"> <li>• Requires clinical review</li> </ul> <i>NOTE:</i> Institutional sized products are Non-Preferred
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS			
	ADVAIR DISKUS (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) fluticasone/salmeterol (generic AIRDUO)	AIRDUO Digihaler (fluticasone/salmeterol) AIRDUO Respiclick (fluticasone/salmeterol) BREO ELLIPTA (fluticasone/vilanterol) budesonide/formoterol	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• 90 consecutive days on the requested agent in the past 105 days <b>OR</b></li> </ul>

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	SYMBICORT (budesonide/formoterol)	fluticasone/salmeterol (generic ADVAIR) WIXELA INHUB (fluticasone/salmeterol)	<ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul> <p><b>AirDuo Digihaler</b></p> <ul style="list-style-type: none"> <li>Requires clinical review</li> </ul>
<b>GI ULCER THERAPIES</b>			
<b>H2 RECEPTOR ANTAGONISTS</b>			
	cimetidine solution famotidine solution famotidine tablets nizatidine solution	AXID (nizatidine) cimetidine tablets nizatidine tablets PEPCID (famotidine)	
<b>PROTON PUMP INHIBITORS</b>			
	esomeprazole magnesium DR Capsule NEXIUM PACKET (esomeprazole) omeprazole Rx pantoprazole	ACIPHEX SPRINKLE (rabeprazole) ACIPHEX Tablet (rabeprazole) DEXILANT (dexlansoprazole) esomeprazole strontium DR Capsule lansoprazole Rx NEXIUM Rx DR Capsule (esomeprazole) omeprazole sod. bicarb. PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole) PRILOSEC SUSPENSION (omeprazole) PROTONIX DR (pantoprazole) PROTONIX PACKET (pantoprazole) rabeprazole	<p><b>PriLOSEC suspension</b></p> <ul style="list-style-type: none"> <li>Automatic approval for 0 - 2 years</li> </ul>
<b>OTHER</b>			
	misoprostol <b>sucralfate suspension</b>	<b>CARAFATE SUSPENSION (sucralfate)</b> CARAFATE TABLET (sucralfate)	

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	sucralfate tablet	CYTOTEC (misoprostol) DARTISLA ODT (glycopyrrolate) <sup>NR</sup>	
<b>GROWTH HORMONE</b> <small>SmartPA</small>			
	NORDITROPIN (somatropin) NUTROPIN AQ (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) SKYTROFA (lonapegsomatropin) <sup>NR</sup> ZOMACTON (somatropin) ZORBTIVE (somatropin)	<p><b>All Agents for Age ≥ 18 years</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome or an approvable adult diagnosis <b>OR</b></li> <li>Documented procedure of cranial irradiation</li> </ul> <p><b>All Agents for Age &lt; 18 years</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of idiopathic short stature <b>AND</b></li> <li>Documented approvable pediatric diagnosis <b>OR</b></li> <li>Documented approvable pediatric diagnosis</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 1 preferred agent in the past 6 months <b>OR</b></li> <li>84 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>H. PYLORI COMBINATION TREATMENTS</b>			
	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)	lansoprazole, amoxicillin, clarithromycin OMECLAMOX (omeprazole, clarithromycin, amoxicillin)	<p><b>Quantity Limit</b></p> <ul style="list-style-type: none"> <li>1 treatment course/year</li> </ul>

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		PREVPAC (lansoprazole, amoxicillin, clarithromycin) TALICIA (omeprazole, amoxicillin, rifabutin)	
<b>HEPATITIS B TREATMENTS</b>			
	entecavir EPIVIR HBV SOLUTION (lamivudine) lamivudine HBV tenofovir disoproxil fumarate	adefovir dipivoxil BARACLUDE (entecavir) EPIVIR HBV TABLET (lamivudine) HEPSERA (adefovir dipivoxil) TYZEKA (telbivudine) VEMLIDY (tenofovir alafenamide fumarate) VIREAD (tenofovir disoproxil fumarate)	
<b>HEPATITIS C TREATMENTS</b>			
	MAVYRET (glecaprevir/pibrentasvir) ∞ MAVYRET PELLETS (glecaprevir/pibrentasvir) ∞ PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets sofosbuvir/velpatasvir ∞	COPEGUS (ribavirin) DAKLINZA (daclatasvir) ∞ EPCLUSA (sofosbuvir/velpatasvir) ∞ HARVONI (ledipasvir/sofosbuvir) ∞ ledipasvir/sofosbuvir ∞ MODERIBA (ribavirin) OLYSIO (simeprevir) REBETOL (ribavirin) RIBASPHERE (ribavirin) RIBASPHERE RIBAPAK DOSEPACK (ribavirin) ribavirin capsules SOVALDI (sofosbuvir) ∞ TECHNIVIE (ombitasvir/paritaprevir/ritonavir) VIEKIRA (ombitasvir/paritaprevir/ritonavir) VIEKIRA XR (ombitasvir/paritaprevir/ritonavir) VOSEVI (sofosbuvir/velpatasvir/voxilaprevir) ∞ ZEPATIER (elbasvir/grazoprevir) ∞	<b>Daklinza, Epclusa, Harvoni, Mavyret, Sovaldi, Vosevi, Zepatier</b> • Require clinical review  <u>Note:</u> Epclusa, Harvoni, Mavyret and Sovaldi have FDA pediatric indications
<b>HEREDITARY ANGIOEDEMA</b>			

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		BERINERT (C1 esterase inhibitor) CINRYZE VIAL (C1 esterase inhibitor) FIRAZYR SYRINGE (icatibant acetate) HAEGARDA (C1 esterase inhibitor) icatibant KALBITOR VIAL (ecallantide) ORLADEYO (berotralstat hydrochloride) RUCONEST VIAL (C1 esterase inhibitor, recombinant) TAKHZYRO (lanadelumab-flyo)	
<b>HYPERURICEMIA &amp; GOUT</b> <small>SmartPA</small>			
	allopurinol colchicine tablet probenecid probenecid/colchicine	colchicine capsule COLCRYS (colchicine) febuxostat LOPERBA (colchicine) MITIGARE (colchicine) ULORIC (febuxostat) ZYLOPRIM (allopurinol)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>
<b>HYPOGLYCEMIA TREATMENT, GLUCAGON</b>			
	BAQSIMI (glucagon) <small>Step Edit</small> glucagon vial glucagon labeler 00002 ZEGALOGUE (dasiglucagon) <small>Step Edit</small>	glucagon kit (labelers 63323, 00548) GVOKE (glucagon)	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>• 2 years – Gvoke</li> <li>• 4 years – Baqsimi</li> <li>• 6 years – Zegalogue</li> </ul> <b>Quantity Limit</b> <ul style="list-style-type: none"> <li>• 2 packs/31 days – Baqsimi</li> <li>• 2 syringes/31 days – Gvoke, Zegalogue</li> <li>• 2 kits/31 days – Glucagon</li> </ul>

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# MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

**EFFECTIVE 07/01/2022**  
**Version 2022.0**  
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			<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 preferred branded glucagon in the past 30 days</li> </ul> <p><b>Baqsimi</b></p> <ul style="list-style-type: none"> <li>• Have tried 1 different preferred glucagon in the past 365 days <b>OR</b></li> <li>• 1 claim with Baqsimi in the past 365 days</li> </ul> <p><b>Zegalogue</b></p> <ul style="list-style-type: none"> <li>• Have tried 1 different preferred glucagon in the past 365 days <b>OR</b></li> <li>• 1 claim with Zegalogue in the past 30 days</li> </ul>
<b>HYPOGLYCEMICS, BIGUANIDES</b> <small>SmartPA</small>			
	metformin HCL tablet metformin HCL ER 24HR tablet (generic GlucophageXR)	FORTAMET ER GLUCOPHAGE (metformin) GLUCOPHAGE XR (metformin ER) GLUMETZA (metformin ER) metformin 24HR (generic Fortamet) metformin 24HR (generic Glumetza) RIOMET SOLUTION* (metformin)	<ul style="list-style-type: none"> <li>• Clinical review required for addition of a fourth concurrent oral agent in a different drug class               <ul style="list-style-type: none"> <li>○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days</li> <li>○ 2-drug combination agents count as 2 classes and 3-durg combination agents count as 3 classes</li> </ul> </li> </ul> <p><b>Riomet Solution</b></p> <ul style="list-style-type: none"> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>HYPOGLYCEMICS, DPP4s and COMBINATON</b> <small>SmartPA</small>			

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	<p>JANUMET (sitagliptin/metformin)          JANUMET XR (sitagliptin/metformin)          JANUVIA (sitagliptin)          JENTADUETO (linagliptin/metformin)          TRADJENTA (linagliptin)</p>	<p>alogliptin          alogliptin/metformin          alogliptin/pioglitazone          JENTADUETO XR (linagliptin/metformin)          KAZANO (alogliptin/metformin)          KOMBIGLYZE XR (saxagliptin/metformin)*          NESINA (alogliptin)          ONGLYZA (saxagliptin) *          OSENI (alogliptin/pioglitazone)</p>	<ul style="list-style-type: none"> <li>• Clinical review required with concomitant use of GLP-1 products in the past 30 days <b>OR</b></li> <li>• Addition of a fourth concurrent oral agent in a different drug class             <ul style="list-style-type: none"> <li>○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days</li> <li>○ 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes</li> </ul> </li> </ul> <p><b>Kombiglyze XR and Onglyza</b></p> <ul style="list-style-type: none"> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
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**HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS** SmartPA

	<p>BYETTA (exenatide)          VICTOZA (liraglutide)</p>	<p>ADLYXIN (lixisenatide)          BYDUREON (exenatide)          BYDUREON BCISE (exenatide)          OZEMPIC (semaglutide)          RYBELSUS (semaglutide)          SOLIQUA (insulin glargine/lixisenatide)          SYMLIN (pramlintide)          TRULICITY (dulaglutide)          XULTOPHY (insulin degludec/ liraglutide)</p>	<ul style="list-style-type: none"> <li>• Clinical review required with concomitant use of DPP-4 product in the past 30 days <b>OR</b></li> <li>• Addition of a fourth concurrent oral agent in a different drug class             <ul style="list-style-type: none"> <li>○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days</li> <li>○ 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes</li> </ul> </li> </ul> <p><b>Symlin is excluded from all criteria</b></p>
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## HYPOGLYCEMICS, INSULINS AND RELATED AGENTS SmartPA

HUMULIN N, R, 70/30 VIAL<sup>OTC</sup> (insulin)  
 HUMULIN R U500 KWIKPEN  
 HUMULIN R U500 VIAL (insulin)  
 HUMALOG MIX 50/50 VIAL  
 HUMALOG MIX 75/25 VIAL  
 insulin aspart  
 insulin aspart flexpen  
 insulin aspart mix  
 insulin aspart mix flexpen  
 Insulin lispro  
 insulin lispro jr kwikpen  
 insulin lispro kwikpen  
 LANTUS SOLOSTAR & VIAL (insulin glargine)  
 LEVEMIR FLEXPEN & VIAL (insulin detemir)

AFREZZA (insulin)  
 ADMELOG (insulin lispro)  
 APIDRA (insulin glulisine)  
 APIDRA SOLOSTAR (insulin glulisine)  
 BASAGLAR (insulin glargine)  
 FIASP (insulin aspart)  
 HUMALOG JR (insulin lispro)  
 HUMALOG KWIKPEN U100 (insulin lispro)  
 HUMALOG KWIKPEN U200 (insulin lispro)  
 HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine)  
 HUMALOG MIX VIAL (insulin lispro/ lispro protamine)  
 HUMALOG VIAL (insulin lispro)  
 HUMULIN N, 70/30 KWIKPEN (insulin)<sup>OTC</sup>  
 insulin glargine  
 LYUMJEV KWIKPEN (insulin lispro)  
 LYUMJEV VIAL (insulin lispro)  
 NOVOLIN N, R, 70/30 FLEXPEN (insulin)<sup>OTC</sup>  
 NOVOLIN N, R, 70/30 VIAL (insulin)<sup>OTC</sup>  
 NOVOLOG FLEXPEN & VIAL (insulin aspart)  
 NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine)  
 SEMGLEE (insulin glargine)  
 TRESIBA (insulin degludec)  
 TOUJEO (insulin glargine)  
 TOUJEO MAX (insulin glargine)

Insulin pen formulations are not covered for Long Term Care (LTC) beneficiaries.

### Non-Preferred Criteria

- Documented diagnosis of Diabetes Mellitus **AND**
- Have tried 1 preferred product in the past 6 months **OR**
- 1 claim with the requested agent in the past 105 days

## HYPOGLYCEMICS, MEGLITINIDES SmartPA

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	nateglinide repaglinide	PRANDIMET (repaglinide/metformin) PRANDIN (repaglinide) repaglinide/metformin STARLIX (nateglinide)	<ul style="list-style-type: none"> <li>• Clinical review required for addition of a fourth concurrent oral agent in a different drug class             <ul style="list-style-type: none"> <li>○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days</li> <li>○ 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes</li> </ul> </li> </ul>
<b>HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS <span style="float: right;">SmartPA</span></b>			
<b>HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS</b>			
	FARXIGA (dapagliflozin) INVOKANA (canagliflozin) JARDIANCE (empagliflozin)	STEGLATRO (ertugliflozin)	<ul style="list-style-type: none"> <li>• Clinical review required for addition of a fourth concurrent oral agent in a different drug class             <ul style="list-style-type: none"> <li>○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days</li> <li>○ 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes</li> </ul> </li> </ul>
<b>HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS</b>			
	INVOKAMET (canagliflozin/metformin) SYNJARDY (empagliflozin/metformin)	GLYXAMBI (empagliflozin/linagliptin) INVOKAMET XR (canagliflozin/metformin) QTERN (dapagliflozin/saxagliptin) SEGLUROMET (ertugliflozin/metformin) STEGLUJAN (ertugliflozin/sitagliptin) SYNJARDY XR (empagliflozin/metformin)	

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		TRIJARDY XR (empagliflozin/linagliptin/metformin) XIGDUO XR (dapagliflozin/metformin)	
<b>HYPOGLYCEMICS, TZDS</b>			
<b>THIAZOLIDINEDIONES</b>			
	pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	<ul style="list-style-type: none"> <li>• Clinical review required for addition of a fourth concurrent oral agent in a different drug class               <ul style="list-style-type: none"> <li>○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days</li> <li>○ 2-drug combination agents count as 2 classes and 3-drug combination agents count as 3 classes</li> </ul> </li> </ul>
<b>TZD COMBINATIONS</b>			
	pioglitazone/metformin	ACTOPLUS MET (pioglitazone/metformin) ACTOPLUSMET XR (pioglitazone/metformin) AVANDAMET (rosiglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) DUETACT (pioglitazone/glimepiride) pioglitazone/glimepiride	
<b>IDIOPATHIC PULMONARY FIBROSIS <small>SmartPA</small></b>			
	OFEV (nintedanib)	ESBRIET (pirfenidone) pirfenidone	<b>All Agents</b> <ul style="list-style-type: none"> <li>• Documented diagnosis Idiopathic Pulmonary Fibrosis</li> </ul>
<b>IMMUNOSUPPRESSIVE (ORAL) <small>SmartPA</small></b>			
	AZASAN (azathioprine) azathioprine	ASTAGRAF XL (tacrolimus) ENVARSUS XR (tacrolimus)	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>• <b>13 years</b> - Rapamune</li> </ul>

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<p>CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine) IMURAN (azathioprine) mycophenolic acid mycophenolate mofetil NEORAL (cyclosporine) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) sirolimus tacrolimus ZORTRESS (everolimus)</p>	<p>HECORIA (tacrolimus) MYFORTIC (mycophenolic acid) PROGRAF (tacrolimus) REZUROCK (belumosudil)</p>	<ul style="list-style-type: none"> <li>• <b>18 years - Zortress</b></li> <li><b>Astagraf, Cellcept, Envarsus XR, Hecoria, Prograf</b></li> <li>• Documented diagnosis for heart transplant, kidney transplant, liver transplant, or a State accepted diagnosis</li> <li><b>Azasan</b></li> <li>• Documented diagnosis of kidney transplant, RA, or a State accepted diagnosis</li> <li><b>Gengraf, Neoral, Sandimmune</b></li> <li>• Documented diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA, or a State accepted diagnosis <b>OR</b></li> <li>• Clinical review required for a diagnosis of Kimura's disease or multifocal motor neuropathy</li> <li><b>Myfortic</b></li> <li>• Documented diagnosis of kidney transplant or psoriasis</li> <li><b>Rapamune</b></li> <li>• Documented diagnosis of kidney transplant</li> <li><b>Zortress</b></li> <li>• Documented diagnosis of kidney transplant or liver transplant</li> </ul>
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## IMMUNE GLOBULINS

BIVIGAM CARIMUNE NF FLEBOGAMMA DIF GAMASTAN SD GAMMAGARD GAMMAGARD SD GAMMAKED GAMUNEX-C HIZENTRA HYQVIA PANZYGA PRIVIGEN XEMBIFY	ASCENIV CABLVI CUTAQUIG CUVITRU GAMMAPLEX OCTAGAM
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## IMMUNOLOGIC THERAPIES FOR ASTHMA

DUPIXENT (dupilumab)*	FASENRA PEN AUTOINJECTOR (benralizumab)* NUCALA AUTOINJECTOR (mepolizumab)* NUCALA SYRINGE (mepolizumab)* TEZSPIRE (tezepelumab) <sup>NR</sup> XOLAIR SYRINGE (omalizumab)	<p><b>Minimum Age Limit</b> <b>12 years</b> – Fasenra pen, Nucala autoinjector, Nucala syringe</p> <p><b>Nonpreferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of severe persistent asthma <b>AND</b></li> <li>• 90 days therapy with an ICS/LABA combination product in the past 120 days <b>OR</b></li> <li>• 90 days therapy with both an ICS and a LABA or a leukotriene modifier in the past 120 days <b>AND</b></li> <li>• 2 claims for at least 3 days each with an oral corticosteroid in the past 365 days <b>AND</b></li> </ul>
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			<ul style="list-style-type: none"> <li>• 1 claim with an ICS/LABA combination product in the past 30 days <b>OR</b></li> <li>• 1 claim with both an ICS and a LABA or a leukotriene modifier in the past 30 days <b>AND</b></li> <li>• No concurrent therapy with a different asthma immunologic therapy</li> </ul> <p><b>Dupixent – <a href="#">MANUAL PA</a></b></p>
<b>INTRANASAL RHINITIS AGENTS</b>			
<b>ANTICHOLINERGICS</b>			
	ipratropium	ATROVENT (ipratropium)	
<b>ANTI-HISTAMINES</b>			
	azelastine	ASTEPRO (azelastine) olopatadine PATANASE (olopatadine)	
<b>ANTI-HISTAMINE/CORTICOSTEROID COMBINATION <small>SmartPA</small></b>			
		DYMISTA (azelastine/fluticasone) TICALAST (azelastine/fluticasone)	
<b>CORTICOSTEROIDS <small>SmartPA</small></b>			
	fluticasone <small>Rx Only</small>	BECONASE AQ (beclomethasone) budesonide flunisolide mometasone NASONEX (mometasone) OMNARIS (ciclesonide)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis for allergic rhinitis <b>AND</b></li> <li>• Have tried 1 different preferred agent in the past 6 months</li> </ul>

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<b>IRON CHELATING AGENTS</b>			
	deferasirox all strengths (all labelers except those listed as non-preferred) FERRIPROX (deferiprone)	deferasirox (labeler 00093, 16714, 45963, 62332) EXJADE (deferasirox) JADENU (deferasirox) JADENU SPRINKLES (deferasirox)	<b>Jadenu – <a href="#">MANUAL PA</a></b>
<b>IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS <small>SmartPA</small></b>			
<b>IRRITABLE BOWEL SYNDROME CONSTIPATION</b>			
	AMITIZA (lubiprostone) LINZESS 145mcg, 290mcg (linaclotide) MOVANTIK (naloxegol)	IBSRELA (tenapanor) <sup>NR</sup> LINZESS 72mcg (linaclotide) linaclotide lubiprostone MOTTEGRITY (prucalopride) RELISTOR (methylnaltrexone) SYMPROIC (naldemedine) TRULANCE (plecanatide) ZELNORM (tegaserod)	<p><b>Minimum Age Limit All Subclasses</b></p> <ul style="list-style-type: none"> <li>• <b>18 years – except Bentyl, Gattex, Levsin</b></li> </ul> <p><b>Gender Limit</b></p> <ul style="list-style-type: none"> <li>• <b>Female – Amitiza 8mcg</b></li> </ul> <p><b><u>Chronic Idiopathic Constipation (CIC)</u></b></p> <p>AMITIZA 24MCG, LINZESS 72MCG, LINZESS 145 MCG, MOTTEGRITY, TRULANCE</p> <p><b>All CIC Agents</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of CIC in the past year <b>AND</b></li> <li>• No history of GI or bowel obstruction</li> </ul>

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			<p><b>Non-Preferred CIC Agents</b></p> <ul style="list-style-type: none"> <li>• Above CIC criteria <b>AND</b></li> <li>• 30 days of therapy with 2 preferred agents in the past 6 months <b>OR</b></li> <li>• 1 claim with the requested agent in the past 105 days</li> </ul> <p><b>Irritable Bowel Syndrome – Constipation Dominant (IBS-C)</b> AMITIZA 8MCG, LINZESS 290 MCG, TRULANCE</p> <p><b>All IBS-C Agents</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of IBS-C in the past year <b>AND</b></li> <li>• No history of GI or bowel obstruction</li> </ul> <p><b>Non-Preferred IBS-C Agents</b></p> <ul style="list-style-type: none"> <li>• Above IBS-C criteria <b>AND</b></li> <li>• 30 days of therapy with 2 preferred agents in the past 6 months <b>OR</b></li> <li>• 1 claim with the requested agent in the past 105 days</li> </ul> <p><b>Opioid Induced Constipation (OIC)</b> AMITIZA 24MCG, MOVANTIK, RELISTOR, SYMPROIC</p> <p><b>All OIC Agents</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of OIC in the past year <b>AND</b></li> <li>• 1 claim for an opioid in the past 30 days <b>AND</b></li> </ul>
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	dicyclomine hyoscyamine	alosetron BENTYL (dicyclomine) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LOTRONEX (alosetron) VIBERZI (eluxadoline)*	<ul style="list-style-type: none"> <li>• No history of GI or bowel obstruction <b>AND</b></li> <li>• Documented diagnosis of chronic pain in the past year</li> </ul> <p><b>Non- Preferred OIC Agents</b></p> <ul style="list-style-type: none"> <li>• Above OIC criteria <b>AND</b></li> <li>• 30 days of therapy with 2 preferred agents in the past 6 months <b>OR</b></li> <li>• 1 claim with the requested agent in the past 105 days</li> </ul> <p><b>Relistor Injection</b></p> <ul style="list-style-type: none"> <li>• Above OIC criteria <b>AND</b></li> <li>• Documented diagnosis of active cancer in the past year <b>AND</b></li> <li>• Documented diagnosis of palliative care in the past 6 months</li> </ul> <p><b>Viberzi</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Irritable Bowel Syndrome – Diarrhea Dominant (IBS-D) in the past year <b>AND</b></li> <li>• 30 days of therapy with 2 preferred agents in the past 6 months <b>OR</b></li> <li>• 1 claim with the requested agent in the past 105 days</li> </ul> <p><b>Lotronex</b></p> <ul style="list-style-type: none"> <li>• 1 claim for the requested agent in the past 105 days <b>OR</b></li> </ul>

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<b>SHORT BOWEL SYNDROME AND SELECTED GI AGENTS</b>		
	<p>FULYZAQ (crofelemer) GATTEX (teduglutide) MYTESI (crofelemer) NUTRESTORE POWDER PACK (glutamine) XERMELO (telotristat ethyl) ZORBATIVE (somatropin)</p>	<ul style="list-style-type: none"> <li>• <b>MANUAL PA</b> - All new patients require manual review</li> </ul> <p><b>Xifaxan - (see Antibiotics, GI)</b></p> <p><b>Carcinoid Syndrome Agent</b> <b>XERMELO</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of carcinoid syndrome in the past year <b>AND</b></li> <li>• 1 claim for a somatostatin analog in the past 30 days</li> </ul> <p><b>HIV/AIDS Non-infectious Diarrhea</b> <b>FULYZAQ, MYTESI</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of HIV/AIDS in the past year <b>AND</b></li> <li>• Documented diagnosis of non-infectious diarrhea in the past year <b>AND</b></li> <li>• 1 claim for an antiretroviral in the past 30 days</li> </ul> <p><b>Short Bowel Syndrome (SBS)</b> <b>GATTEX, NUTRESTORE, ZORBATIVE</b> <b>Gattex or Zorbative</b></p> <ul style="list-style-type: none"> <li>• 1 claim for the requested agent in the past 105 days <b>OR</b></li> <li>• All new patients require clinical review</li> </ul> <p><b>Nutrestore</b></p>

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			<ul style="list-style-type: none"> <li>Requires clinical review</li> </ul>
<b>LEUKOTRIENE MODIFIERS</b> SmartPA			
	montelukast granules montelukast tablets zafirlukast	ACCOLATE (zafirlukast) SINGULAIR Tablets (montelukast) SINGULAR GRANULES (montelukast granules) zileuton ZYFLO CR (zileuton)	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>12 years – Zyflo &amp; Zyflo CR</li> </ul> <b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul>
<b>LIPOTROPICS, OTHER (NON-STATINS)</b> SmartPA			
<b>ACL INHIBITORS AND COMBINATIONS</b>			
		NEXLETOL (bempedoic acid) NEXLIZET (bempedoic acid/ezetimibe)	<b>Nexletol and Nexlizet</b> <ul style="list-style-type: none"> <li>Requires clinical review</li> </ul>
<b>ANGIOPHOTENSIN LIKE 3 INHIBITORS</b>			
		EVKEEZA (evinacumab-dgnb)	
<b>BILE ACID SEQUESTRANTS</b>			
	cholestyramine colestipol	colesevelam COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)	<b>All Agents, All Sub-Classes both Preferred (exception is Zetia) and Non-Preferred</b> <ul style="list-style-type: none"> <li>90 consecutive days on the requested agent in the past 105 days <b>OR</b></li> <li>Have tried 1 statin or statin combination agent in the past year <b>OR</b></li> <li>One of the following exceptions</li> </ul>

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			<ul style="list-style-type: none"> <li>○ Welchol <b>AND</b> Type 2 diabetes <b>AND</b> 1 preferred oral antidiabetic agent in the past 180 days <b>OR</b></li> <li>○ Pregnant female <b>OR</b></li> <li>○ Documented diagnosis of liver disease <b>OR</b></li> <li>○ Documented diagnosis for hypertriglyceridemia <b>OR</b></li> <li>○ Clinical justification a statin or statin combination product cannot be used</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months</li> </ul>
<b>OMEGA-3 FATTY ACIDS</b>			
	omega 3 acid ethyl esters	LOVAZA (omega-3-acid ethyl esters) VASCEPA (icosapent ethyl)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months</li> </ul>
<b>CHOLESTEROL ABSORPTION INHIBITORS</b>			
	ezetimibe	ZETIA (ezetimibe)	Zetia does not have to meet the trial of 1 statin or statin combination agent in the past year
<b>FIBRIC ACID DERIVATIVES</b>			
	fenofibrate nanocrystallized gemfibrozil	ANTARA (fenofibrate, micronized) fenofibrate 40mg tablet fenofibrate, micronized fenofibric acid FENOGLIDE (fenofibrate)	<p><b>Fibric Acid Derivative Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different fibric acid derivatives in the past 6 months</li> </ul>

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		FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRICOR (fenofibrate nanocrystallized) TRIGLIDE (fenofibrate) TRILIPIX (fenofibric acid)	
<b>MTP INHIBITOR</b>			
		JUXTAPID (lomitapide)	<b>Juxtapid – <a href="#">MANUAL PA</a></b>
<b>APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR</b>			
		KYNAMRO (mipomersen)	<b>Kynamro – <a href="#">MANUAL PA</a></b>
<b>NIACIN</b>			
	niacin ER NIACOR (niacin)	NIASPAN (niacin)	<b>Non-Preferred Criteria</b> • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
<b>PCSK-9 INHIBITOR</b>			
	PRALUENT (alirocumab) REPATHA (evolocumab)	LEQVIO (inclisiran) <sup>NR</sup>	<b>Praluent - <a href="#">MANUAL PA</a></b> <b>Repatha - <a href="#">MANUAL PA</a></b>
<b>LIPOTROPICS, STATINS</b> <small>SmartPA</small>			
<b>STATINS</b>			
	atorvastatin lovastatin pravastatin rosuvastatin simvastatin	ALTOPREV (lovastatin) CRESTOR (rosuvastatin) EZALLOR SPRINKLE (rosuvastatin) FLOLIPID (simvastatin) fluvastatin ER fluvastatin	<b>Simvastatin 80mg</b> • 12 months of therapy with simvastatin 80mg <b>AND</b> • NO myopathy contraindication  <b>Non-Preferred Criteria</b>

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		LESCOL (fluvastatin) LESCOL XL (fluvastatin) LIPITOR (atorvastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin) ZYPITAMAG (pitavastatin)	<ul style="list-style-type: none"> <li>• Have tried 2 different preferred statin or statin combination agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>STATIN COMBINATIONS</b>			
	ezetimibe/simvastatin SIMCOR (simvastatin/niacin)	ADVICOR (lovastatin/niacin) atorvastatin/amlodipine CADUET (atorvastatin/amlodipine) LIPTRUZET (atorvastatin/ezetimibe) VYTORIN (simvastatin/ezetimibe)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred statin or statin combination agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>MISCELLANEOUS BRAND/GENERIC</b>			
<b>EPINEPHRINE</b>			
	epinephrine autoinject pens (labeler 49502) SYMJEPi (epinephrine)	ADRENACLICK (epinephrine) AUVI-Q (epinephrine) EPINEPHRINE SNAP EMS KIT (epinephrine) EPIPEN (epinephrine) EPIPEN JR (epinephrine)	<b>Quantity Limit</b> <ul style="list-style-type: none"> <li>• 2 kits/31 days</li> </ul>
<b>MISCELLANEOUS</b>			
	alprazolam CARBAGLU (carglumic acid) hydroxyzine hcl syrup hydroxyzine hcl tablets hydroxyzine pamoate MAKENA (hydroxyprogesterone caproate)	alprazolam ER CAMZYOS (mavacamten) <sup>NR</sup> carglumic acid EVRYSDI (risdiplam) hydroxyprogesterone caproate KORLYM (mifepristone) lenalidomide	<b>Alprazolam ER CUMULATIVE quantity limit</b> <ul style="list-style-type: none"> <li>• 31 tablets/31 days</li> </ul> <b>EvrySDI - <a href="#">MANUAL PA</a></b>

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	megestrol suspension 625mg/5mL <b>REVLIMID (lenalidomide)</b>	MEGACE ES (megestrol) VERQUVO (vericiguat) VISTARIL (hydroxyzine pamoate)	
<b>ALLERGEN EXTRACT IMMUNOTHERAPY</b>			
		GRASTEK ORALAIR PALFORZIA RAGWITEK	
<b>SUBLINGUAL NITROGLYCERIN</b>			
	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)	
<b>MOVEMENT DISORDER AGENTS <small>SmartPA</small></b>			
	AUSTEDO (deutetrabenazine) INGREZZA (valbenazine) tetrabenazine (all labelers except those listed as non-preferred)	tetrabenazine (labeler 47335, 51224, 60505, 68180, 686820) XENAZINE (tetrabenazine)	<p><b>Austedo</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Huntington's chorea <b>OR</b></li> <li>• Documented diagnosis of tardive dyskinesia <b>AND</b></li> <li>• 90 days therapy with Austedo in the past 105 days <b>OR</b></li> <li>• <a href="#">MANUAL PA</a></li> </ul> <p><b>Ingrezza</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of tardive dyskinesia <b>AND</b></li> <li>• 90 days therapy with Ingrezza in the past 105 days <b>OR</b></li> <li>• <a href="#">MANUAL PA</a></li> </ul>

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<b>MULTIPLE SCLEROSIS AGENTS</b> <small>SmartPA</small>		
<p>AUBAGIO (teriflunomide) AVONEX (interferon beta-1a) AVONEX PEN (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE 20mg (glatiramer) dalfampridine dimethyl fumarate GILENYA (fingolimod) REBIF (interferon beta-1a) REBIF REBIDOSE (interferon beta-1a)</p>	<p>AMPYRA (dalfampridine) BAFIERTAM (monomethyl fumarate) COPAXONE 40mg (glatiramer) EXTAVIA (interferon beta-1b) glatiramer GLATOPA (glatiramer) KESIMPTA (ofatumumab) MAVENCLAD (cladribine) MAYZENT (siponimod) OCREVUS (ocrelizumab) PLEGRIDY (interferon beta-1a) PONVORY (ponesimod) TECFIDERA (dimethyl fumarate) VUMERITY (diroximel fumarate) ZEPOSIA (ozanimod)</p>	<p><b>All Agents</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of multiple sclerosis</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>3 claims with the requested agent in the last 105 days</li> </ul> <p><b>Kesimpta, Ponvory and Zeposia</b></p> <ul style="list-style-type: none"> <li>Requires clinical review</li> </ul> <p><b>Mavenclad – <a href="#">MANUAL PA</a></b></p> <p><b>Mayzent – <a href="#">MANUAL PA</a></b></p> <p><b>Ocrevus – <a href="#">MANUAL PA</a></b></p>
<b>MUSCULAR DYSTROPHY AGENTS</b>		
	<p>AMONDYS 45 (casimersen) EMFLAZA (deflazacort) EXONDYS 51 (eteplirsen) VILTEPSO (viltolarsen) VYONDYS 53 (golodirsen)</p>	<p><b>Emflaza – <a href="#">MANUAL PA</a></b> <b>Exondys – <a href="#">MANUAL PA</a></b> <b>Viltepso – <a href="#">MANUAL PA</a></b> <b>Vyondys – <a href="#">MANUAL PA</a></b></p>
<b>NSAIDS</b> <small>SmartPA</small>		
<b>NON-SELECTIVE</b>		
<p>diclofenac EC diclofenac IR diclofenac SR etodolac IR tab</p>	<p>ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac potassium) CATAFLAM (diclofenac) DAYPRO (oxaprozin)</p>	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months</li> </ul>

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EFFECTIVE 07/01/2022

Version 2022.0

Updated:05-31-2022

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	flurbiprofen ibuprofen ibuprofen suspension <sup>OTC</sup> indomethacin ketoprofen ketorolac nabumetone naproxen 250mg and 500mg naproxen suspension piroxicam sulindac	diclofenac potassium ELYXYB (celecoxib) <sup>NR</sup> etodolac cap etodolac tab SR FELDENE (piroxicam) FENORTHO (fenoprofen) fenoprofen INDOCIN capsules, suspension & suppositories (indomethacin) indomethacin cap ER ketoprofen ER LOFENA(diclofenac potassium) <sup>NR</sup> meclofenamate mefenamic acid NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) naproxen 275mg and 550mg NUPRIN (ibuprofen) oxaprozin PONSTEL (mefenamic acid) PROFENO (fenoprofen) RELAFEN DS (nabumetone) SPRIX NASAL SPRAY (ketorolac) TIVORBEX (indomethacin) tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac) ZORVOLEX (diclofenac)	
<b>NSAID/GI PROTECTANT COMBINATIONS</b>			

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		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	<b>Non-Preferred Criteria</b> • Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months
<b>COX II SELECTIVE</b>			
	meloxicam	CELEBREX (celecoxib) celecoxib ELYVB (celecoxib) <sup>NR</sup> MOBIC (meloxicam) NULOX (meloxicam) QMIIZ ODT (meloxicam) SEGLENTIS (tramadol/celecoxib) <sup>NR</sup> VIVLODEX (meloxicam)	<b>Non-Preferred Criteria – COX II</b> • Documented diagnosis of Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or Ankylosing Spondylitis <b>AND</b> • 90 consecutive days on the requested agent in the past 105 days <b>OR</b> • Have tried 1 preferred COX-II Selective and 1 preferred Non-Selective Agent <b>OR</b> • Have tried 1 preferred COX-II Selective agent and a documented diagnosis of GI Bleed, GERD, PUD, GI Perforation, or Coagulation Disorder
<b>OPHTHALMIC ANTIBIOTICS</b>			
	bacitracin/neomycin/gramicidin bacitracin/polymyxin ciprofloxacin erythromycin GENTAK Ointment (gentamicin) gentamicin ILOTYCIN (erythromycin) moxifloxacin ofloxacin	AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) CILOXAN Ointment (ciprofloxacin) CILOXAN Solution (ciprofloxacin) GARAMYCIN (gentamicin) gatifloxacin levofloxacin	

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	<p>polymyxin/trimethoprim tobramycin</p>	<p>MOXEZA (moxifloxacin) NATACYN (natamycin) neomycin/bacitracin/polymyxin b NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin) (oxy-tcn/polymyx sul) OCUFLOX (ofloxacin) POLYTRIM (polymyxin/trimethoprim) sulfacetamide TOBREX drops (tobramycin) TOBREX ointment (tobramycin) VIGAMOX (moxifloxacin) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)</p>	
<b>ANTIBIOTIC STEROID COMBINATIONS</b>			
	<p>BLEPHAMIDE (sulfacetamide/prednisolone) drops, oint neomycin/bacitracin/polymyxin/hc ointment neomycin/polymyxin/dexamethasone PRED-G (gentamicin/prednisolone) drops, oint sulfacetamide/prednisolone TOBRADEX SUSPENSION/OINTMENT (tobramycin/dexamethasone) ZYLET (loteprednol/tobramycin)</p>	<p>gatifloxacin/prednisolone MAXITROL (neomycin/polymyxin/dexamethasone) neomycin/polymyxin/gramicidin neomycin/polymyxin/hydrocortisone TOBRADEX ST SUSPENSION (tobramycin/dexamethasone) tobramycin/dexamethasone</p>	
<b>OPHTHALMIC ANTI-INFLAMMATORIES</b> <small>SmartPA</small>			
	<p>dexamethasone diclofenac <b>difluprednate</b> FLAREX (fluorometholone) fluorometholone</p>	<p>ACULAR (ketorolac) ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac</p>	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>

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	flurbiprofen FML FORTE (fluorometholone) FML SOP (fluorometholone) ketorolac MAXIDEX (dexamethasone) prednisolone acetate prednisolone NA phosphate PRED MILD (prednisolone) VEXOL (rimexolone)	BROMSITE (bromfenac) <b>DUREZOL (difluprednate)</b> FML (fluorometholone) ILEVRO (nepafenac) INVELTYS (loteprednol etabonate) LOTEMAX (loteprednol) LOTEMAX SM (loteprednol) loteprednol etabonate OCUFEN (flurbiprofen) OMNIPRED (prednisolone) NEVANAC (nepafenac) PRED FORTE (prednisolone) PROLENSA (bromfenac) VOLTAREN (diclofenac)	
<b>OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS</b> <small>SmartPA</small>			
	ALREX (loteprednol) azelastine cromolyn olopatadine 0.1% olopatadine 0.2%	ALOCRI (nedocromil) ALOMIDE (lodoxamide) BEPREVE (bepotastine) epinastine LASTACAFT (alcaftadine) PATADAY (olopatadine) PATANOL (olopatadine) PAZEO (olopatadine) ZERVIA (cetirizine)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>
<b>OPHTHALMIC, DRY EYE AGENTS</b>			
	RESTASIS droperette (cyclosporine)	CEQUA (cyclosporine 0.09%) EYSUVIS (loteprednol etabonate) RESTASIS Multidose (cyclosporine) TYRVAYA (varaenicline) Nasal XIIDRA (lifitegrast) <small>Smart PA</small>	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>• 16 years – Restasis</li> <li>• 17 years – Xiidra</li> <li>• 18 years – Cequa</li> </ul>

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			<p><b>Quantity Limit</b></p> <ul style="list-style-type: none"> <li>• 5.5 mL/31 days – Restasis Multidose</li> <li>• 60 units/31 days – Cequa, Restasis droperette, Xiidra</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• History of 4 claims for Restasis in the past 6 months</li> </ul>	
<b>OPHTHALMIC, GLAUCOMA AGENTS</b> <small>SmartPA</small>				
<b>BETA BLOCKERS</b>				
	BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol drops 0.25%, 0.5%	BETAGAN (levobunolol) betaxolol BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel timolol daily drop 0.5% (generic Istalol) TIMOPTIC (timolol) TIMOPTIC XE (timolol)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>	
<b>CARBONIC ANHYDRASE INHIBITORS</b>				
	dorzolamide	AZOPT (brinzolamide) TRUSOPT (dorzolamide)		
<b>COMBINATION AGENTS</b>				
	COMBIGAN (brimonidine/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine)	COSOPT (dorzolamide/timolol) COSOPT PF (dorzolamide/timolol)		
<b>PARASYMPATHOMIMETICS</b>				

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	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)	
<b>PROSTAGLANDIN ANALOGS</b>			
	latanoprost	bimatoprost LUMIGAN (bimatoprost) TRAVATAN Z (travoprost) travoprost XALATAN (latanoprost) XELPROS (latanoprost) VYZULTA (latanoprostene bunod) ZIOPTAN (tafluprost)	
<b>RHO KINASE INHIBITORS/COMBINATIONS</b>			
	RHOPRESSA (netarsudil) ROCKLATAN (netarsudil/latanoprost)		
<b>SYMPATHOMIMETICS</b>			
	ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine 0.2%	brimonidine 0.15% dipivefrin PROPINE (dipivefrin)	
<b>OPIATE DEPENDENCE TREATMENTS</b>			
<b>DEPENDENCE</b>			
	buprenorphine/naloxone tablets naltrexone tablets SUBOXONE FILM (buprenorphine/naloxone) <sup>SmartPA</sup>	buprenorphine tablets BUNAVAIL (buprenorphine/naloxone) buprenorphine/naloxone films LUCEMYRA (lofexidine) PROBUPHINE (buprenorphine) SUBLOCADE (buprenorphine) VIVITROL (naltrexone) ZUBSOLV (buprenorphine/naloxone)	<b><u>Buprenorphine/Naloxone and buprenorphine</u></b>  <b>Non-Preferred Criteria</b> • Bunavail is preferred over Zubsolv and other generic forms of buprenorphine/naloxone

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			<p><b>Bunavail</b> NOTE: Bunavail is not indicated for induction therapy</p> <ul style="list-style-type: none"> <li>• History of Suboxone therapy within the past 6 months OR</li> <li>• History of Bunavail therapy within the past 3 months AND</li> <li>• All other buprenorphine/naloxone provider summary found <a href="#">here</a></li> </ul> <p><b>Probuphine – <a href="#">MANUAL PA</a></b> <b>Sublocade – <a href="#">MANUAL PA</a></b> <b>Vivitrol - <a href="#">MANUAL PA</a></b></p>
<b>TREATMENT</b>			
	naloxone injection NARCAN NASAL SPRAY (naloxone) KLOXXADO (naloxone)	EVZIO (naloxone) ZIMHI (naloxone) <sup>NR</sup>	
<b>OTIC ANTIBIOTICS</b>			
	CIPRODEX (ciprofloxacin/dexamethasone) CIPRO HC (ciprofloxacin/hydrocortisone) <sup>Age Edit</sup> CORTISPORIN-TC (colistin/neomycin/hydrocortisone) neomycin/polymyxin/hydrocortisone ofloxacin	ciprofloxacin ciprofloxacin/dexamethasone ciprofloxacin/fluocinolone DERMOTIC (fluocinolone) FLAC OIL DROP (fluocinolone oil) hydrocortisone/acetic acid drop fluocinolone oil OTIPRIO (ciprofloxacin) OTOVEL (ciprofloxacin/fluocinolone)	<p><b>Maximum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>9 years</b> - Cipro HC</li> </ul>
<b>PANCREATIC ENZYMES <sup>SmartPA</sup></b>			
	CREON (pancreatin) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) PERTZYE (pancrelipase)	<b>Non-Preferred Criteria</b>

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		VIOKACE (pancrelipase)	<ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul>
<b>PARATHYROID AGENTS</b>			
	calcitriol ergocalciferol paricalcitol ROCALTROL (calcitriol) ZEMPLAR (paricalcitol)	cinacalcet doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone) RAYALDEE (calcifediol) SENSIPAR (cinacalcet)	
<b>PHOSPHATE BINDERS</b>			
	calcium acetate ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) sevelamer carbonate tablets	AURYXIA (ferric citrate) FOSRENOL (lanthanum) lanthanum PHOSLO (calcium acetate) RENAGEL (sevelamer HCl) RENVELA (sevelamer carbonate) sevelamer carbonate powder packets sevelamer HCl VELPHORO (sucroferric oxyhydroxide)	
<b>PLATELET AGGREGATION INHIBITORS</b> <small>SmartPA</small>			
	BRILINTA (ticagrelor) cilostazol clopidogrel dipyridamole dipyridamole/aspirin pentoxifylline prasugrel	DURLAZA ER (aspirin) EFFIENT (prasugrel) omeprazole/aspirin PERSANTINE (dipyridamole) PLAVIX (clopidogrel) PLETAL (cilostazol) ticlopidine	<b>Zontivity – <a href="#">MANUAL PA</a></b>  <b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Documented diagnosis <b>AND</b></li> <li>Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> </ul>

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		YOSPRALA (aspirin/omeprazole) ZONTIVITY (vorapaxar)	<ul style="list-style-type: none"> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>PLATELET STIMULATING AGENTS</b>			
	NPLATE (romiplostim) PROMACTA (eltrombopag olamine)	DOPTELET (avatrombopag maleate) MULPLETA (lusutrombopag) PROMACTA powder pack (eltrombopag olamine)  TAVALISSE (fostamatinib disodium)	
<b>PRENATAL VITAMINS</b>			
	COMPLETE NATAL DHA COMPLETENATE CHEW Tablet M-NATAL PLUS Tablet NESTABS DHA COMBO PKG PNV 29-1 Tablet PNV 95/Fe/FA Tablet (labeler 00536) PNV 137/Fe/FA Tablet (labeler 009040) PNV-DHA Softgel Capsule PRENATAL VITAMIN PLUS LOW IRON Tablet PREPLUS Ca/Fe27/FA 1 Tablet PRETAB Tablet SE-NATAL19 CHEW Tablet SE-NATAL19 Tablet THRIVITE RX Tablet TRINATAL Rx 1 Tablet VIRT-NATE DHA Softgel Capsule VP-PNV-DHA Softgel Capsule WESTAB PLUS Tablet	Products not listed are assumed to be Non-Preferred.	
<b>PSEUDOBULBAR AFFECT AGENTS</b>			
		NUEDEXTA (dextromethorphan/quinidine)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>90 consecutive days on the requested agent in the past 105 days <b>OR</b></li> </ul>

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			<ul style="list-style-type: none"> <li>Documented diagnosis of Pseudobulbar Affect</li> </ul>
<b>PULMONARY ANTIHYPERTENSIVES<sup>SmartPA</sup></b>			
<b>ENDOTHELIN RECEPTOR ANTAGONIST</b>			
	ambrisentan (all labelers except those listed as non-preferred) bosentan tablets	ambrisentan (labeler 42794, 47335, 498840) LETAIRIS (ambrisentan)* OPSUMIT (macitentan) TRACLEER (bosentan)	<p><b>All PAH Agents</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of pulmonary hypertension</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>PDE5's</b>			
	sildenafil (generic Revatio) tablet tadalafil	ADCIRCA (tadalafil) REVATIO (sildenafil) tablet REVATIO (sildenafil) suspension sildenafil (generic Revatio) suspension	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul> <p><b>Revatio suspension</b></p> <ul style="list-style-type: none"> <li>&lt; 12 years of age <b>AND</b></li> <li>Documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation or history of heart transplant <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>

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			<p><b>Revatio tablets</b></p> <ul style="list-style-type: none"> <li>• &lt; 1 year of age <b>AND</b></li> <li>• Documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days <b>OR</b></li> <li>• &gt; 1 years of age <b>AND</b></li> <li>• Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>PROSTACYCLINS</b>			
		<p>ORENITRAM ER (treprostinil) TYVASO (treprostinil) VENTAVIS (iloprost)</p>	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>SELECTIVE PROSTACYCLIN RECEPTOR AGONISTS</b>			
		<p>UPTRAVI (selexipag)</p>	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>SOLUBLE GUANYLATE CYCLASE STIMULATORS</b>			
		<p>ADEMPAS (riociguat)</p>	<p><b>Adempas</b></p>

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			<ul style="list-style-type: none"> <li>• Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days <b>OR</b></li> <li>• Clinical review required for PAH WHO Group 4</li> </ul>
<b>ROSACEA TREATMENTS</b>			
	metronidazole (cream, gel, lotion)	AVAR (sulfacetamide sodium/sulfur) FINACEA (azelaic acid) METROCREAM (metronidazole cream) METROGEL (metronidazole gel) METROLOTION (metronidazole lotion) MIRVASO (brimonidine) NORITATE (metronidazole) OVACE (sulfacetamide sodium) RHOFADE (oxymetazoline HCl) ROSULA (sodium sulfacetamide/sulfur) sodium sulfacetamide/sulfur (cleanser, pads, suspension) SOOLANTRA (ivermectin) SUMADAN (sodium sulfacetamide/sulfur wash) SUMAXIN (sodium sulfacetamide/sulfur pads) SUMAXIN TS (sodium sulfacetamide/sulfur suspension) ZILXI AEROSOL (minocycline)	Topical Sulfonamides used for Rosacea will require a manual PA for $\geq 21$ years. Other labeled indications are limited to $< 21$ years.
<b>SEDATIVE HYPNOTICS</b>			
<b>BENZODIAZEPINES <span style="color: blue;">SmartPA</span></b>			
	estazolam flurazepam	DALMANE (flurazepam) DAYVIGO (lemborexant) DORAL (quazepam)	Single source benzodiazepines and barbiturates are NOT covered – NO PA's will be issued for these drugs.

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	temazepam (15mg and 30mg)	HALCION (triazolam) quazepam RESTORIL (temazepam) temazepam (7.5mg and 22.5mg) triazolam	<p><b>MS DOM Opioid Initiative</b></p> <ul style="list-style-type: none"> <li>• Concomitant use of Opioids and Benzodiazepines</li> </ul> <p><a href="#">Criteria details found here</a></p> <p><b>Quantity Limit – CUMULATIVE</b> Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i></p> <ul style="list-style-type: none"> <li>• <b>31 units/31 days</b> - all strengths</li> </ul> <p><b>Triazolam – CUMULATIVE</b> Quantity limit per rolling days for all strengths</p> <ul style="list-style-type: none"> <li>• <b>10 units/31 days</b></li> <li>• <b>60 units/365 days</b></li> </ul>
<b>OTHERS SmartPA</b>			
	zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (sovorexant) doxepin EDLUAR (zolpidem) eszopiclone HETLIOZ (tasimelteon) INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ramelteon ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER	<p><b>Quantity Limit – CUMULATIVE</b> Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i></p> <ul style="list-style-type: none"> <li>• <b>31 units/31 days</b></li> <li>• <b>1 canister/31 days</b> – Zolpimist &amp; male</li> <li>• <b>1 canister/62 days</b> – Zolpimist &amp; female</li> <li>• <b>1 bottle/31 days (48 ml or 158 ml)</b> – Hetlioz liquid</li> </ul> <p><b>Gender and Dose Limit for zolpidem</b></p>

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		zolpidem SL ZOLPIMIST (zolpidem)	<ul style="list-style-type: none"> <li>• <b>Female</b> – Ambien 5mg, Ambien CR 6.25mg, Intermezzo 1.75 mg</li> <li>• <b>Male</b> – all zolpidem strengths</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul> <p><b>Hetlioz capsules</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of circadian rhythm sleep disorder <b>AND</b></li> <li>• Documented diagnosis indicating total blindness of the patient <b>OR</b></li> <li>• Documented diagnosis of Magenis-Smith syndrome</li> </ul> <p><b>Hetlioz liquid</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Smith-Magenis syndrome <b>AND</b></li> <li>• 3 - 15 years of age</li> </ul>
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**SELECT CONTRACEPTIVE PRODUCTS**

INJECTABLE CONTRACEPTIVES		
	medroxyprogesterone acetate IM	DEPO-PROVERA IM (medroxyprogesterone acetate) DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)
INTRAVAGINAL CONTRACEPTIVES		
	ANNOVERA (segesterone/ethinyl estradiol) etonogestrel/ethinyl estradiol NUVARING (etonogestrel/ethinyl estradiol)	PHEXXI (lactic acid, citric acid, potassium bitartrate)

**Non-Preferred Criteria**

- 1 claim with the requested agent in the past 105 days

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ORAL CONTRACEPTIVES <small>SmartPA</small>	
ALL CONTRACEPTIVES ARE PREFERRED EXCEPT FOR THOSE SPECIFICALLY INDICATED AS NON-PREFERRED	AMETHIA (levonorgestrel/ethinyl estradiol) AMETHYST (levonorgestrel/ethinyl estradiol) BALCOLTRA (levonorgestrel/ethinyl estradiol/iron) BEYAZ (ethinyl estradiol / drospirenone/levomefolate) CAMRESE (levonorgestrel/ethinyl estradiol) CAMRESE LO (levonorgestrel/ethinyl estradiol) GENERESS FE (norethindrone/ethinyl estradiol/fe) GIANVI (ethinyl estradiol/drospirenone) JOLESSA (levonorgestrel/ethinyl estradiol levonorgestrel/ethinyl estradiol) LO LOESTRIN FE (norethindrone/ethinyl estradiol) LOESTRIN (norethindrone acetate/ethinyl estradiol) LOESTRIN FE (norethindrone/ethinyl estradiol/iron) MINASTRIN 24 FE (norethindrone/ethinyl estradiol/iron) NATAZIA (estradiol valerate/dienogest) NEXTSTELLIS (drospirenone/estetrol) OCELLA (ethinyl estradiol/drospirenone) SAFYRAL (ethinyl estradiol/ drospirenone/levomefolate) SIMPESSSE (levonorgestrel/ethinyl estradiol) TAYTULLA (norethindrone/ethinyl estradiol/iron) TYDEMY (ethinyl estradiol/drospirenone/ levomefolate calcium) YASMIN (ethinyl estradiol/drospirenone) YAZ (ethinyl estradiol/drospirenone)

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TRANSDERMAL CONTRACEPTIVES			
	XULANE (norelgestromin and ethinyl estradiol)	ZAFEMY (norelgestromin and ethinyl estradiol) TWIRLA (levonorgestrel and ethinyl estradiol)	
SICKLE CELL AGENTS			
	DROXIA (hydroxyurea) hydroxyurea	ADAKVEO (crizanlizumab) ENDARI (glutamine) HYDREA (hydroxyurea) OXBRYTA (voxelotor) SIKLOS (hydroxyurea)	Endari – <a href="#">MANUAL PA</a> Oxbryta – <a href="#">MANUAL PA</a>
SKELETAL MUSCLE RELAXANTS <small>SmartPA</small>			
	baclofen chlorzoxazone cyclobenzaprine 5mg, 10mg methocarbamol tizanidine tablets	AMRIX (cyclobenzaprine ER) carisoprodol carisoprodol compound cyclobenzaprine 7.5mg, 15mg cyclobenzaprine ER DANTRIUM (dantrolene) dantrolene FLEQSUVY (baclofen) <sup>NR</sup> FEXMID (cyclobenzaprine) FLEXERIL (cyclobenzaprine) LORZONE (chlorzoxazone) metaxalone NORGESIC FORTE (orphenadrine) orphenadrine orphenadrine compound orphenadrine ER PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol)	<b>Non-Preferred Agents</b> <ul style="list-style-type: none"> <li>Documented diagnosis for an approvable indication <b>AND</b></li> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul> <b>Carisoprodol</b> <ul style="list-style-type: none"> <li>Documented diagnosis of acute musculoskeletal condition <b>AND</b></li> <li>NO history with meprobamate in the past 90 days <b>AND</b></li> <li>1 claim for cyclobenzaprine in the past 21 days <b>OR</b> a documented intolerance to cyclobenzaprine <b>AND</b></li> </ul> <b>Quantity Limit</b> <ul style="list-style-type: none"> <li>18 tablets - to allow tapering off</li> <li>84 tablets/6 months</li> </ul> <b>Carisoprodol with codeine</b>

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		SKELAXIN (metaxalone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)	<ul style="list-style-type: none"> <li>Requires clinical review</li> </ul>
<b>SMOKING DETERRENT</b>			
<b>NICOTINE TYPE</b>			
	nicotine gum <sup>OTC</sup> nicotine lozenge <sup>OTC</sup> nicotine mini lozenge <sup>OTC</sup> nicotine patch <sup>OTC</sup>	NICODERM CQ PATCH <sup>OTC</sup> NICORETTE GUM <sup>OTC</sup> NICORETTE LOZENGE <sup>OTC</sup> NICORETTE MINI LOZENGE <sup>OTC</sup> NICOTROL INHALER CARTRIDGE NICOTROL NASAL SPRAY	
<b>NON-NICOTINE TYPE</b>			
	bupropion ER CHANTIX (varenicline) varenicline	ZYBAN (bupropion)	<b>Minimum Age Limit - Chantix</b> <ul style="list-style-type: none"> <li>18 years</li> </ul> <b>Quantity Limit</b> <ul style="list-style-type: none"> <li>336 tablets/year – Chantix 0.5mg, 1mg tablets and continuing pack</li> <li>2 treatment courses/year – Chantix Starter Pack</li> </ul>
<b>STEROIDS (Topical) <small>SmartPA</small></b>			
<b>LOW POTENCY</b>			
	CAPEX (fluocinolone) desonide hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTHIE-FS (fluocinolone) DESONATE (desonide) DESOWEN (desonide) fluocinolone oil hydrocortisone lotion	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred low potency agents in the past 6 months</li> </ul>

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		PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	
<b>MEDIUM POTENCY</b>			
	fluocinolone hydrocortisone mometasone cr, oint. prednicarbate cr PANDEL (hydrocortisone probutate)	betamethasone valerate foam CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate) ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint SYNALAR (fluocinolone)	<b>Non-Preferred Criteria</b> • Have tried 2 different preferred medium potency agents in the past 6 months
<b>HIGH POTENCY</b>			
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. fluocinolone triamcinolone	amcinonide oint betameth diprop/prop gly cr, lot, oint betamethasone dipropionate oint. BETA-VAL (betamethasone valerate) desoximetasone diflorasone DIPROLENE AF (betamethasone diprop/prop gly) ELOCON (mometasone) fluocinonide HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) SERNIVO (betamethasone dipropionate) TOPICORT (desoximetasone)	<b>Non-Preferred Criteria</b> • Have tried 2 different preferred high potency agents in the past 6 months

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		TRIANEX (triamcinolone) VANOS (fluocinonide)	
<b>VERY HIGH POTENCY</b>			
	clobetasol lotion clobetasol shampoo, spray clobetasol propionate cream clobetasol propionate ointment halobetasol cream halobetasol ointment	BRYHALI (halobetasol) clobetasol emollient clobetasol propionate foam, ge CLOBEX (clobetasol) DIPROLENE (betamethasone diprop/prop gly) DUOBRII LOTION (halobetasol prop/tazarotene) halobetasol foam IMPEKLO (clobetasol) LEXETTE (halobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) TEMOVATE Cream (clobetasol propionate) TEMOVATE Ointment (clobetasol propionate) TOVET Foam (clobetasol) ULTRAVATE Lotion (halobetasol)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred very high potency agents in the past 6 months</li> </ul>
<b>STIMULANTS AND RELATED AGENTS <small>SmartPA</small></b>			
<b>SHORT-ACTING</b>			
	amphetamine salt combination dexmethylphenidate IR dextroamphetamine IR methylphenidate IR methylphenidate solution PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) amphetamine sulfate (generic EVEKO) DESOXYN (methamphetamine) dextroamphetamine solution EVEKEO (amphetamine) EVEKEO ODT (amphetamine) FOCALIN (dexmethylphenidate) methamphetamine METHYLIN solution (methylphenidate)	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>• <b>3 years</b> - Adderall, Evekeo, Procentra, Zenzedi</li> <li>• <b>6 years</b> – Desoxyn, Evekeo ODT, Focalin, Methylin</li> </ul> <b>Maximum Age Limit</b> <ul style="list-style-type: none"> <li>• <b>18 years</b> – Evekeo ODT</li> </ul> <b>Quantity Limit</b>

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		methylphenidate chewable RITALIN (methylphenidate) ZENZEDI (dextroamphetamine)	Applicable quantity limit per rolling days <ul style="list-style-type: none"> <li>• <b>62 tablets/31 days</b> – Adderall, Desoxyn, Evekeo, Focalin, Methylin, Zenedi</li> <li>• <b>310 mL/31 days</b> – Methylin solution, Procentra</li> </ul> <p><b><u>Documented diagnosis of ADHD – ALL Short Acting AGENTS</u></b></p> <p><b><u>Non-Preferred Criteria ADD/ADHD</u></b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of ADD/ADHD <b>AND</b></li> <li>• Have tried 2 different preferred Short Acting agents in the past 6 months <b>OR</b></li> <li>• 1 claim for a 30-day supply with the requested agent in the past 105 days</li> </ul> <p><b><u>Documented diagnosis of narcolepsy – ADDERALL, EVEKEO, METHYLIN, PROCENTRA, RITALIN, ZENZEDI</u></b></p>
<b>LONG-ACTING</b>			
	amphetamine salt combination ER dexmethylphenidate ER dextroamphetamine ER DYANAVEL XR (amphetamine) methylphenidate CD (generic Metadate CD) methylphenidate ER (generic Concerta) methylphenidate ER Tabs (generic Ritalin SR)	ADDERALL XR (amphetamine salt combination) ADHANSIA XR (methylphenidate) ADZENYS XR ODT (amphetamine) ADZENYS ER SUSPENSION (amphetamine) amphetamine susp 24 hr (generic ADZENYS ER) APTENSIO XR (methylphenidate) AZSTARYS (serdexmethylphen/dexmethylphen)	<p><b><u>Minimum Age Limit</u></b></p> <ul style="list-style-type: none"> <li>• <b>6 years</b> – Adderall XR, Adhansia XR, Adzenys ER Suspension, Adzenys XR ODT, Aptensio XR, Azstarys, Concerta, Cotempla XR ODT, Daytrana, Dexedrine, Dyanavel XR Focalin XR, Jornay PM, Metadate, CD,</li> </ul>

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

**EFFECTIVE 07/01/2022**  
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Updated:05-31-2022

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<p>methylphenidate ER/LA Caps (generic Ritalin LA) QUILLICHEW (methylphenidate) QUILLIVANT XR (methylphenidate)</p>	<p>CONCERTA (methylphenidate) COTEMPLA XR-ODT (methylphenidate) DAYTRANA (methylphenidate) DEXEDRINE (dextroamphetamine) FOCALIN XR (dexmethylphenidate) JORNAY PM (methylphenidate) methylphenidate ER caps (generic Aptensio XR) methylphenidate ER (generic Relexxi) MYDAYIS (amphetamine salt combination) RELEXXI (methylphenidate) RITALIN LA (methylphenidate) RITALIN SR (methylphenidate) VYVANSE (lisdexamfetamine)* VYVANSE CHEWABLE (lisdexamfetamine)*</p>	<p>methylphenidate ER 72mg, Quillichew, Quillivant XR, Ritalin LA, Vyvanse</p> <ul style="list-style-type: none"> <li>• <b>13 years</b> – Mydayis</li> <li>• <b>16 years</b> – Provigil</li> <li>• <b>18 years</b> – Nuvigil, Sunosi</li> </ul> <p><b>Maximum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>18 years</b> – Cotempla XR ODT, Daytrana</li> </ul> <p><b>Quantity Limit</b> <b>Applicable quantity limit per rolling days</b></p> <ul style="list-style-type: none"> <li>• <b>31 tablets/31 days</b> – Adderall XR, Adhansia XR, Adzenys XR ODT, Aptensio XR, Azstarys, Concerta 18, 27, &amp; 54 mg, Cotempla XR-ODT 8.6 mg, Daytrana, Dexedrine Spansule, Focalin XR, Jornay PM, Metadate CD, Methylin ER, methylphenidate ER 72mg, Nuvigil 150, 200 &amp; 250 mg, Provigil 200mg, Quillichew, Ritalin LA &amp; SR, Vyvanse, Sunosi</li> <li>• <b>46.5 tablets/31 days</b> – Provigil 100 mg</li> <li>• <b>62 tablets/31 days</b> – Concerta 36mg, Cotempla XR-ODT 17.3 &amp; 25.9 mg, Nuvigil 50mg</li> <li>• <b>248 mL/31 days</b> – Dynavel XR</li> <li>• <b>372 mL/31 days</b> – Quillivant XR</li> </ul>
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<b>NARCOLEPSY</b>			
	armodafinil modafinil SUNOSI (solriamfetol)	NUVIGIL (armodafinil) PROVIGIL (modafinil) WAKIX (pitolisant) XYREM (sodium oxybate) XYWAV (calcium, magnesium, potassium and sodium oxybates)	<p><b>Documented diagnosis of ADHD – ALL Long-Acting AGENTS</b></p> <p><b>Non-Preferred Criteria ADD/ADHD</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of ADD/ADHD <b>AND</b></li> <li>• Have tried 2 different preferred Long-Acting agents in the past 6 months <b>OR</b></li> <li>• 1 claim for a 30-day supply with the requested agent in the past 105 days</li> </ul> <p><b>Documented diagnosis of narcolepsy – ADDERALL XR, APTENSIO XR, CONCERTA ER, DEXEDRINE, METADATE CD, METHYLIN ER, MYDAYIS, NUVIGIL, PROVIGIL, QUILLICHEW, QUILLIVANT XR, RITALIN LA, SUNOSI</b></p> <p><b>Non-Preferred Criteria narcolepsy</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of narcolepsy <b>AND</b></li> <li>• 30 days of therapy with preferred modafinil or armodafinil in the past 6 months <b>AND</b></li> <li>• 1 different preferred Long-Acting agent indicated for narcolepsy in the past 6 months <b>OR</b></li> <li>• 1 claim for a 30-day supply with the requested agent in the past 105 days</li> </ul>

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### Nuvigil

- Documented diagnosis of narcolepsy, obstructive sleep apnea, shift work sleep disorder or bipolar depression

### Provigil

- Documented diagnosis of narcolepsy, obstructive sleep apnea, shift work sleep disorder, depression, sleep deprivation or Steinert Myotonic Dystrophy Syndrome

### Sunosi

- Documented diagnosis of narcolepsy or obstructive sleep apnea **AND**
- 30 days of therapy with preferred modafinil or armodafinil in the past 6 months

### Wakix

- Documented diagnosis of narcolepsy with or without cataplexy **AND**
- 30 days of therapy with preferred modafinil or armodafinil in the past 6 months **OR**
- Documented diagnosis of narcolepsy without cataplexy or substance abuse disorder

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NON-STIMULANTS	
atomoxetine clonidine ER guanfacine ER <small>Step Edit</small>	INTUNIV (guanfacine ER) QELBREE (viloxazine) STRATTERA (atomoxetine)

**Xyrem and Xywav**

- Requires clinical review

**Minimum Age Limit**

**6 years** – Intuniv, Kapvay, Qelbree, Strattera

**18 years** – Wakix

**Maximum Age Limit**

- **18 years** – Intuniv, Kapvay, Qelbree
- **21 years** – diagnosis of ADD/ADHD is required for Strattera

**Quantity Limit**

Applicable quantity limit per rolling days

- **31 tablets/31 days** – Intuniv, Qelbree 100 mg, Strattera
- **62 tablets/31 days** – Qelbree 150 mg and 200 mg, Wakix
- **124 tablets/31 days** – Kapvay

**Intuniv**

- Have tried the short acting guanfacine in the past 6 months
- OR**
- 1 claim for a 30-day supply with guanfacine ER in the past 105 days

**Kapvay**

- Documented diagnosis of ADD or ADHD **AND**

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		<ul style="list-style-type: none"> <li>Have tried 1 Short or Long-Acting stimulant in the past 6 months <b>OR</b></li> <li>Have tried 1 preferred Non-Stimulant in the past 6 months <b>OR</b></li> <li>Have tried the short acting product in the past 6 months</li> </ul> <p><b>Qelbree</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of ADD or ADHD <b>AND</b></li> <li>1 claim for a 30-day supply with atomoxetine in the past 105 days</li> </ul>
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<b>TETRACYCLINES</b> <small>SmartPA</small>		
doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR tetracycline	ACTICLATE (doxycycline) ADOXA (doxycycline monohydrate) demeclocycline doxycycline hyclate (generic Doryx) doxycycline monohydrate caps (75mg & 150mg) doxycycline monohydrate tabs DORYX (doxycycline hyclate) DYNACIN (minocycline) MINOCIN (minocycline) MINOLIRA (minocycline) minocycline ER minocycline tabs MONODOX (doxycycline monohydrate) NUZYRA (omadacycline tosylate) OKEBO (doxycycline) ORACEA (doxycycline) SEYSARA (sarecycline) SOLODYN (minocycline)	<p><b>Non-Preferred Agents</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul> <p><b>Demeclocycline</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of Diabetes Insipidus or SIADH will allow automatic approval</li> </ul>

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		TARGADOX (doxycycline) VIBRAMYCIN cap/susp/syrup XIMINO (minocycline)	
<b>ULCERATIVE COLITIS and CROHN'S AGENTS</b> <small>SmartPA</small> *See Cytokine & CAM Antagonists Class for additional agents			
<b>ORAL</b>			
	balsalazide budesonide EC mesalamine tablet (generic Apriso) sulfasalazine	APRISO (mesalamine) ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) COLAZAL (balsalazide) DELZICOL (mesalamine) DIPENTUM (olsalazine) ENTOCORT EC (budesonide) GIAZO (balsalazide) LIALDA (mesalamine) mesalamine tablet (generic Asacol HD) mesalamine tablet (generic Delzicol) ORTIKOS (budesonide) PENTASA 250mg (mesalamine) PENTASA 500mg (mesalamine) UCERIS (budesonide)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis for Ulcerative Colitis <b>AND</b></li> <li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul> <p><b>Ortikos ER</b></p> <ul style="list-style-type: none"> <li>• Requires clinical review</li> </ul>
<b>RECTAL</b>			
	mesalamine suppository	CANASA (mesalamine) ROWASA (mesalamine) SF-ROWASA (mesalamine) UCERIS Foam (budesonide)	

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