

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ACNE AGENTS (Topical)			
	ANTI-INFECTIVE		
	AZELEX (azelaic acid) clindamycin erythromycin	ACZONE (dapson) AKNE-MYCIN (erythromycin) CLEOCIN-T (clindamycin) CLINDAGEL (clindamycin) ERY (erythromycin) EVOCLIN (clindamycin) FINACEA (azelaic acid) KLARON (sulfacetamide) sulfacetamide	Acne agents will be authorized only for patients less than 21 years of age.
	RETINOIDS		
	TAZORAC (tazarotene) tretinoin	adapalene AVITA (tretinoin) ATRALIN (tretinoin) DIFFERIN (adapalene) RETIN-A (tretinoin) RETIN-A MICRO (tretinoin) TRETIN-X (tretinoin)	
	COMBINATION DRUGS/OTHERS		
	DUAC (benzoyl peroxide/clindamycin) EPIDUO (adapalene/benzoyl peroxide) sodium sulfacetamide/sulfur cream/cleanser/foam/gel/lotion/suspension	ACANYA (benzoyl peroxide/clindamycin) BENZAACLIN GEL (benzoyl peroxide/clindamycin) BENZAACLIN KIT (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) benzoyl peroxide/clindamycin CLARIFOAM EF (sodium sulfacetamide/sulfur) CLENIA (sulfacetamide sodium/sulfur) erythromycin/benzoyl peroxide INOVA 4/1 (benzoyl peroxide/salicylic acid) INOVA 8/2 (benzoyl peroxide/salicylic acid)	

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**Users of these products as of 3-31-13 will be grandfathered

To search the PDL, press CTRL + F

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 04/01/2013
Version 2013.13c
Updated: 4-29-2013

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		PRACION (sulfacetamide sodium/sulfur) ROSANIL (sulfacetamide sodium/sulfur) SE BPO (benzoyl peroxide) sodium sulfacetamide/sulfur pads sodium sulfacetamide/sulfur/meratan sulfacetamide sodium/sulfur/urea SULFATOL (sulfacetamide sodium/sulfur/urea) VELTIN (clindamycin/tretinoin) ZENCIA WASH (sulfacetamide sodium/sulfur) ZIANA (clindamycin/tretinoin)	
KERATOLYTICS (BENZOYL PEROXIDES)			
	benzoyl peroxide ZACLIR (benzoyl peroxide)	BENZEFOAM (benzoyl peroxide) BENZEFOAM ULTRA (benzoyl peroxide) BP10 (benzoyl peroxide) BPO (benzoyl peroxide) INOVA (benzoyl peroxide) LAVOCLEN (benzoyl peroxide) OSCION (benzoyl peroxide)	
ALZHEIMER'S AGENTS SmartPA			
CHOLINESTERASE INHIBITORS			
	ARICEPT (donepezil) ARICEPT 23 MG (donepezil) ARICEPT ODT (donepezil) EXELON (rivastigmine) EXELON Solution (rivastigmine)	donepezil galantamine galantamine ER RAZADYNE (galantamine) RAZADYNE ER (galantamine) rivastigmine	SmartPA Criteria: <ul style="list-style-type: none"> •History of an approvable diagnosis in the past 2 years •History of at least 30 days of therapy with two different preferred Alzheimer's agents in the past 6 months •History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days

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	NMDA RECEPTOR ANTAGONIST		
	NAMENDA TABS (memantine)	NAMENDA SOLUTION(memantine)	
ANALGESICS, NARCOTIC - SHORT ACTING			
	acetaminophen/codeine aspirin/codeine codeine dihydrocodeine/ APAP/caffeine hydrocodone/APAP hydrocodone/ibuprofen hydromorphone meperidine morphine oxycodone oxycodone/APAP oxycodone/aspirin oxycodone/ibuprofen pentazocine/APAP tramadol tramadol/APAP	ABSTRAL (fentanyl) ACTIQ (fentanyl) butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine butorphanol tartrate (nasal) COMBUNOX (oxycodone/ibuprofen) DEMEROL (meperidine) DILAUDID (hydromorphone) fentanyl FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine) IBUDONE (hydrocodone/ibuprofen) levorphanol LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAGNACET (oxycodone/APAP) NORCO (hydrocodone/APAP) NUCYNTA (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXECTA (oxycodone) pentazocine/naloxone PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) REPREXAIN (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) RYBIX (tramadol) SUBSYS (fentanyl)	

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		SYNALGOS-DC (dihydrocodeine/ aspirin/caffeine) TREZIX (dihydrocodeine/ APAP/caffeine) ^{NR} TYLENOL W/CODEINE (APAP/codeine) TYLOX (oxycodone/APAP) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) VICOPROFEN (hydrocodone/ibuprofen) XODOL (hydrocodone/acetaminophen) XOLOX (oxycodone/APAP) ZAMICET (hydrocodone/APAP) ZOLVIT (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen)	
ANALGESICS, NARCOTIC - LONG ACTING SmartPA			
	DURAGESIC (fentanyl) methadone morphine ER OPANA ER (oxymorphone)	AVINZA (morphine) BUTRANS (buprenorphine) CONZIP ER (tramadol) ^{NR} DOLOPHINE (methadone) EMBEDA (morphine/naltrexone) EXALGO (hydromorphone) fentanyl patches KADIAN (morphine) morphine ER capsules MS CONTIN (morphine) NUCYNTA ER (tapentadol) ORAMORPH SR (morphine) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol)	SmartPA Criteria: <ul style="list-style-type: none"> • Avinza <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with Opana ER or morphine ER in the past 6 months ○ Is the total quantity of the incoming claim plus history of Avinza on the incoming claim <= 31 units in the past 31 days • OxyContin <ul style="list-style-type: none"> ○ Diagnosis of cancer (140.XX-239.XX) in the past 2 years ○ History of at least 30 days of therapy with Opana ER, morphine ER , Avinza or Duragesic patch in the past 6 months ○ History of an antineoplastic in the past 6 months ○ Is the total quantity of the incoming claim plus history of OxyContin on

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			<p>the incoming claim <= 62 units in the past 31 days</p> <ul style="list-style-type: none"> History of at least 30 days of therapy with two different preferred LA narcotic analgesics in the past 6 months History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days Is the total quantity of the incoming claim plus the past 31-day history of the product on the incoming claim meet the applicable quantity limit
ANALGESICS/ANAESTHETICS (Topical) SmartPA			
	VOLTAREN Gel (diclofenac sodium)	capsaicin EMLA (lidocaine/prilocaine) FLECTOR (diclofenac epolamine) LIDAMANTLE (lidocaine) LIDAMANTLE HC (lidocaine/hydrocortisone) lidocaine lidocaine/prilocaine LIDODERM (lidocaine) LMX 4 (lidocaine) PENNSAID Solution (diclofenac sodium) xylocaine SYNERA (lidocaine/tetracaine) ZOSTRIX (capsaicin)	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> History of at least 1 claim for a preferred agent in the past 6 months History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days <p>Lidoderm: Diagnosis of post-herpetic neuralgia or diabetic neuropathy in the past year.</p>
ANDROGENIC AGENTS SmartPA			
	TESTIM (testosterone gel)	ANDRODERM (testosterone patch) ANDROGEL (testosterone gel) AXIRON (testosterone gel) FORTESTSA (testosterone gel)	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> Male Patient History of at least 30 days of therapy with a preferred androgenic agents in the past 6 months

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			<ul style="list-style-type: none"> History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
ANGIOTENSIN MODULATORS SmartPA			
ACE INHIBITORS			
	benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril	ACCUPRIL (quinapril) ACEON (perindopril) ALTACE (ramipril) CAPOTEN (captopril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril MONOPRIL (fosinopril) perindopril PRINIVIL (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	SmartPA Criteria: <ul style="list-style-type: none"> History of at least 30 days of therapy with two different preferred single-entity ACEIs in the past 6 months History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
ACE INHIBITOR COMBINATIONS			
	benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ LOTREL (benazepril/amlodipine) quinapril/HCTZ TARKA (trandolapril/verapamil)	ACCURETIC (quinapril/HCTZ) benazepril/amlodipine CAPOZIDE (captopril/HCTZ) LOTENSIN HCT (benazepril/HCTZ) moexipril/HCTZ PRINZIDE (lisinopril/HCTZ) trandolapril/verapamil UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	SmartPA Criteria: <ul style="list-style-type: none"> ACEI/Diuretic combination product <ul style="list-style-type: none"> History of at least 30 days of therapy with two different preferred ACEI/Diuretic combination products in the past 6 months History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days ACEI/Calcium Channel Blocker combination product <ul style="list-style-type: none"> History of at least 30 days of

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ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)			
	AVAPRO (irbesartan) BENICAR (olmesartan) DIOVAN (valsartan) losartan MICARDIS (telmisartan)	ATACAND (candesartan) COZAAR (losartan) EDARBI (azilsartan) eprosartan irbesartan TEVETEN (eprosartan)	therapy with two different preferred ACEI/Calcium Channel Blocker combination products in the past 6 months o History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days SmartPA Criteria: •History of at least 30 days of therapy with two different preferred single-entity ARBs in the past 6 months •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
ARB COMBINATIONS			
	AVALIDE (irbesartan/HCTZ) BENICAR-HCT (olmesartan/HCTZ) DIOVAN-HCT (valsartan/HCTZ) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ)	ATACAND-HCT (candesartan/HCTZ) AZOR (olmesartan/amlodipine) candesartan/HCTZ EDARBYCLOR (azilsartan/chlorthalidone) irbesartan/HCTZ losartan/HCTZ TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine)	SmartPA Criteria: •ARB/Diuretic combination product o History of at least 30 days of therapy with two different preferred ARB/Diuretic combination products in the past 6 months o History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days •ARB/Calcium Channel Blocker combination product o History of at least 30 days of therapy with a preferred ARB/Calcium Channel Blocker combination products in the past 6 months o History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days

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DIRECT RENIN INHIBITORS			
		TEKTURNA (aliskiren)	SmartPA Criteria: <ul style="list-style-type: none"> •History of hypertension in the past 2 years •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days •Direct Renin Inhibitor single-entity product <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with two different preferred ACEI or ARB single-entity products in the past 6 months
DIRECT RENIN INHIBITOR COMBINATIONS			
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz) VALTURNNA (aliskiren/valsartan)	SmartPA Criteria: <ul style="list-style-type: none"> •History of at least 30 days of therapy with two different preferred ACEI or ARB Diuretic combination products in the past 6 months •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
ANTIBIOTICS (Topical)			
	bacitracin bacitracin/polymixin BACTROBAN cream (mupirocin) gentamicin sulfate mupirocin ointment	ALTABAX (retapamulin) BACTROBAN OINTMENT (mupirocin) CORTISPORIN (bacitracin/neomycin/polymyxin/HC) mupirocin cream	
ANTIBIOTICS (GI)			
	ALINIA (nitazoxanide) metronidazole neomycin TINDAMAX (tinidazole) tinidazole	DIFICID (fidaxomicin) FLAGYL ER (metronidazole) VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)	

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ANTIBIOTICS (VAGINAL)			
	CLEOCIN OVULES (clindamycin) clindamycin METROGEL (metronidazole) VANDAZOLE (metronidazole)	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) CLINDESSE (clindamycin) metronidazole vaginal	
ANTICOAGULANTS			
	COUMADIN (warfarin) FRAGMIN (dalteparin) <small>SmartPA LMWH</small> LOVENOX (enoxaparin) <small>SmartPA LMWH</small> PRADAXA (dabigatran)* XARELTO 10mg (rivaroxaban) <small>Clinical Edit</small>	ARIXTRA (fondaparinux) <small>SmartPA LMWH</small> ELIQUIS (apixaban)^{NR} enoxaparin <small>SmartPA LMWH</small> fondaparinux <small>SmartPA LMWH</small> INNOHEP (tinzaparin) <small>SmartPA LMWH</small> XARELTO 15 & 20mg (rivaroxaban) warfarin	*Clinical Edit Pradaxa: <ul style="list-style-type: none"> • Age >=18 years • Diagnosis of atrial fibrillation (427.31) in the past 2 years • History absent of cardiac valve disease in the past 2 years • History of one of the following in the past 2 years <ul style="list-style-type: none"> ○ Stroke ○ TIA ○ Systemic embolism ○ Diabetes mellitus (250.XX) ○ Left ventricular dysfunction ○ Heart failure ○ Age >=75 years • Age >=65 years, no risk factor present AND diagnosis of hypertension in the past 2 years • History absent of active pathologic bleeding in the past 6 months • History absent of rheumatic heart disease and severe renal impairment in the past 2 years • History absent of mechanical valve prosthesis and dialysis in the past year • No active claims for rifampin • Requested quantity = 60 tablets

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			<p>Clinical Edit for Xarelto:</p> <ul style="list-style-type: none"> • Limited to 70 days use per calendar year • Use for Atrial Fibrillation will require a manual prior authorization • Covered for knee replacement and limited to <= 12 days of therapy • Covered for hip replacement and limited to <=35 days <p>SmartPA Criteria for LMWH duration effective 7-15-12:</p> <ul style="list-style-type: none"> • Is there history for a LMWH in the past year • Is the duration of therapy on the claim <= 17 days • History of cancer (140.xx-238.xx) in the past 2 years • Female patient <ul style="list-style-type: none"> ○ History of a Pregnancy Code in the past 280 days • History of at least 30 days of therapy with two different preferred LMWHs in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days • Does the prescriber provide clinical justification for therapy including 1) condition being treated and 2) the requested length of therapy • History of cancer (140.xx-238.xx) in the past 2 years <ul style="list-style-type: none"> ○ Female Patient <ul style="list-style-type: none"> ▪ History of a Pregnancy Code in the past 280 days

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			<ul style="list-style-type: none"> ○ History of a total hip replacement, total knee replacement, or hip fracture surgery in the past 60 days <ul style="list-style-type: none"> ▪ Is the duration of therapy on the claim <= 35 days ▪ History of at least 30 days of therapy with two different preferred LMWHs in the past 6 months ▪ History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days ○ History of at least 30 days of therapy with two different preferred LMWHs in the past 6 months ○ History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days <ul style="list-style-type: none"> ● Does the prescriber provide clinical justification for therapy including 1) condition being treated and 2) the requested length of therapy
ANTICONVULSANTS	SmartPA	ADJUVANTS	
	carbamazepine CARBATROL (carbamazepine) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER	BANZEL (rufinamide) carbamazepine XR** DEPAKENE (valproic acid) DEPAKOTE (divalproex) EQUETRO (carbamazepine) FANATREX SUSPENSION (gabapentin) ^{NR} felbamate	<ul style="list-style-type: none"> ● Vimpat <ul style="list-style-type: none"> ○ Age >= 17 years ○ Diagnosis of partial-onset seizures in the past 2 years ● Potiga <ul style="list-style-type: none"> ○ Age >= 18 years

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	EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam oxcarbazepine TEGRETOL XR (carbamazepine) TOPAMAX Sprinkle (topiramate) topiramate TRILEPTAL Suspension (oxcarbazepine) valproic acid VIMPAT (lacosamide) zonisamide	FELBATOL (felbamate) GRALISE (gabapentin) HORIZANT (gabapentin) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) LAMICTAL XR (lamotrigine) levetiracetam ER NEURONTIN (gabapentin) oxcarbazepine suspension OXTELLAR XR (oxcarbazepine)^{NR} POTIGA (ezogabine) SABRIL (vigabatrin) STAVZOR (valproic acid) TEGRETOL (carbamazepine) tiagabine topiramate capsule TRILEPTAL Tablets (oxcarbazepine) ZONEGRAN (zonisamide)	<ul style="list-style-type: none"> ○Diagnosis of partial onset seizures in the past 2 years ○History of at least 30 days of therapy with two different preferred anticonvulsants in the past 6 months ○History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • Banzel <ul style="list-style-type: none"> ○Age >= 4 years ○Diagnosis of Lennox-Gastaut in the past 2 years ○History of at least 30 days of therapy with two different preferred anticonvulsants in the past 6 months ○History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • Keppra XR <ul style="list-style-type: none"> ○Age 15-20 years ○History of at least 30 days of therapy with levetiracetam IR in the past 6 months ○History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • Lamictal XR <ul style="list-style-type: none"> ○Diagnosis of seizure in past 2 years AND ○History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA	
SELECTED BENZODIAZEPINES				
	DIASTAT (diazepam rectal)	diazepam rectal gel ONFI (clobazam)	<ul style="list-style-type: none"> • Non Preferred Drugs not listed above <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with two different preferred anticonvulsants in the past 6 months ○ History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • Onfi <ul style="list-style-type: none"> ○ Age >= 2 years ○ Diagnosis of Lennox-Gastaut in the past 2 years 	
HYDANTOINS				
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)		
SUCCINIMIDES				
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)		
ANTIDEPRESSANTS, OTHER SmartPA				
	bupropion EFFEXOR XR (venlafaxine) mirtazapine PRISTIQ (desvenlafaxine) trazodone WELLBUTRIN XL (bupropion HCl)	APLENZIN (bupropion HBr) bupropion SR bupropion XL DESYREL (trazodone) EFFEXOR (venlafaxine) EMSAM (selegiline transdermal) FORFIVO XL (bupropion)^{NR} MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) REMERON (mirtazapine) tranylcypromine	SmartPA Criteria: <ul style="list-style-type: none"> • Does the patient meet the age limit for the requested drug • History of at least 30 days of therapy with two different preferred antidepressants in the past 6 months • History of at least 30 days of therapy with BOTH a preferred antidepressant and a preferred SSRI in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days •Cymbalta	

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To search the PDL, press CTRL + F

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		venlafaxine venlafaxine ER venlafaxine XR VIIBRYD (vilazodone) WELLBUTRIN (bupropion) WELLBUTRIN SR	<ul style="list-style-type: none"> ○ Diagnosis of depression in the past 2 years ○ History of at least 30 days of therapy with two different preferred antidepressants from in the past 6 months ○ History of at least 30 days of therapy with BOTH a preferred antidepressant and a preferred SSRI in the past 6 months ○ Diagnosis of anxiety disorder in the past 2 years ○ History of at least 30 days of therapy with two preferred antidepressants in the past 6 months ○ Diagnosis of DPN in the past 2 years ○ History of at least 30 days of therapy with pregabalin in the past 6 months ○ History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days ○ Diagnosis of fibromyalgia (729.0, 729.1) in the past 2 years ○ History of at least 30 days of therapy with BOTH pregabalin AND milnacipran in the past 6 month
ANTIDEPRESSANTS, SSRIs <small>SmartPA</small>			
	citalopram fluoxetine fluvoxamine LEXAPRO (escitalopram) paroxetine IR	CELEXA (citalopram) escitalopram LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine CR	SmartPA Criteria: <ul style="list-style-type: none"> ● Does the patient meet the age limit for the requested drug ● History of at least 30 days of therapy with two different preferred SSRI

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MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 04/01/2013
Version 2013.13c
Updated: 4-29-2013

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	PAXIL CR (paroxetine) PAXIL SUSPENSION sertraline	paroxetine suspension PAXIL Tablets (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) RAPIFLUX (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	antidepressants in the past 6 months <ul style="list-style-type: none"> History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days Lexapro <ul style="list-style-type: none"> Age 12-17 years Diagnosis of depression in the past 2 years History of at least 30 days of therapy with two different preferred SSRI antidepressants in the past 6 months History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days Diagnosis of anxiety disorder in the past 2 years History of at least 30 days of therapy with two preferred antidepressants in the past 6 months
ANTIEMETICS <small>SmartPA</small>			
5HT3 RECEPTOR BLOCKERS			
	ondansetron ondansetron solution	ANZEMET (dolasetron) granisetron GRANISOL (granisetron) KYTRIL (granisetron) ondansetron ODT SANCUSO (granisetron) ZOFTRAN (ondansetron) ZOFTRAN ODT (ondansetron)	All injectable 5HT3 receptor blockers closed to point of sale. Ondansetron ODT 4mg tablets & Zuplenz 4mg are covered without a PA for ages 4-11. SmartPA Criteria:

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MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

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Version 2013.13c
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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		ZUPLENZ FILM (ondansetron)	<ul style="list-style-type: none"> History of at least 1 claim with a preferred antiemetic in the past 6 months Ondansetron ODT 4mg or Zuplenz 4mg film <ul style="list-style-type: none"> Age 4-11 years
CANNABINOIDS			
		CESAMET (nabilone) MARINOL (dronabinol) dronabinol	
NMDA RECEPTOR ANTAGONIST			
		EMEND (aprepitant)	<ul style="list-style-type: none"> Emend <ul style="list-style-type: none"> Diagnosis of cancer (140.XX-239.XX) in the past 2 years History of an antineoplastic in the past 6 months
ANTIFUNGALS (Oral)	SmartPA		
	clotrimazole fluconazole GRIFULVIN V (griseofulvin) griseofulvin suspension GRIS-PEG (griseofulvin) ketoconazole nystatin terbinafine	ANCOBON (flucytosine) DIFLUCAN (fluconazole) griseofulvin tablet itraconazole ketoconazole foam LAMISIL (terbinafine) MYCELEX (clotrimazole) MYCOSTATIN Tablets (nystatin) NIZORAL (ketoconazole) NOXAFIL (posaconazole) ONMEL (itraconazole)^{NR} ORAVIG (miconazole) SPORANOX (itraconazole) TERBINEX Kit (terbinafine/ciclopirox) VFEND (voriconazole) voriconazole	SmartPA Criteria: <ul style="list-style-type: none"> History of at least 1 claim for two different preferred oral antifungals in the past 6 months Itraconazole <ul style="list-style-type: none"> Diagnosis of HIV in the past 2 years History of a transplant in the past 2 years History of an immunosuppressant in the past 6 months

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ANTIFUNGALS (Topical) SmartPA			
ANTIFUNGALS			
	ciclopirox cream/gel/suspension clotrimazole econazole ketoconazole cream ketoconazole shampoo miconazole OTC nystatin terbinafine OTC cream,gel,spray tolnaftate OTC	BENSAL HP (benzoic acid/salicylic acid) CICLODAN KIT ciclopirox kit/shampoo/solution CNL 8 (ciclopirox) ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) LAMISIL (terbinafine) solution LOPROX (ciclopirox) MENTAX (butenafine) NAFTIN (naftifine) NIZORAL (ketoconazole) OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide) XOLEGEL (ketoconazole)	SmartPA Criteria: •History of at least 1 claim for two different preferred topical antifungals in the past 6 months
ANTIFUNGAL/STEROID COMBINATIONS			
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)	
ANTI-HISTAMINES, MINIMALLY SEDATING AND COMBINATIONS SmartPA			
MINIMALLY SEDATING ANTI-HISTAMINES			
	cetirizine loratadine	ALLEGRA (fexofenadine) CLARINEX (desloratadine) fexofenadine RX levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	SmartPA Criteria: •History of allergy or urticaria in the past 2 years •History of at least 30 days of therapy with two different preferred antihistamines in the past 12 months •History of at least 90 days of therapy

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		ZYRTEC (Rx and OTC) (cetirizine)	with the same agent as on the incoming claim in the past 105 days
MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS			
	cetirizine/pseudoephedrine loratadine/pseudoephedrine SEMPREX-D (acrivastine/pseudoephedrine)	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)	
ANTIMIGRAINE AGENTS, TRIPTANS SmartPA			
ORAL			
	MAXALT (rizatriptan) MAXALT MLT(rizatriptan) RELPAX (eletriptan) TREXIMET (sumatriptan/naproxen) ZOMIG (zolmitriptan)	AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) IMITREX (sumatriptan) naratriptan rizatriptan sumatriptan	SmartPA Criteria: • Oral product o History of at least 1 claim for a preferred oral product in the past 365 days Axert – SmartPA if age 12-17 years
NASAL			
	IMITREX (sumatriptan)	sumatriptan ZOMIG (zolmitriptan)	SmartPA Criteria: • Nasal product o History of at least 1 claim for a preferred nasal product in the past 365 days
INJECTABLE			
	sumatriptan	IMITREX (sumatriptan)	SmartPA Criteria: • History of at least 1 claim for a preferred injectable product in the past 365 days
ANTIPARASITICS (Topical)			
	EURAX (crotamiton) NATROBA (spinosad) permethrin	lindane malathion OVIDE (malathion)	<i>*Note: Non-Preferred drugs will deny at POS, PDL criteria are not listed for this rule as it pertains to Natroba only.*</i>

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA	
		SKLICE (ivermectin) ULESFIA (benzyl alcohol)	<ul style="list-style-type: none"> • Natroba <ul style="list-style-type: none"> ○ History of permethrin in the past 90 days 	
ANTIPARKINSON'S AGENTS (Oral) SmartPA				
ANTICHOLINERGICS				
	benztropine trihexyphenidyl	COGENTIN (benztropine)	SmartPA Criteria: <ul style="list-style-type: none"> • Diagnosis of Parkinson's disease (332.XX) in the past 2 years • History of at least 30 days of therapy with two different preferred antiparkinson's agents in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days 	
COMT INHIBITORS				
		COMTAN (entacapone) TASMAR (tolcapone)		
DOPAMINE AGONISTS				
	ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole REQUIP (ropinirole) REQUIP XL (ropinirole) ropinerole ER		
MAO-B INHIBITORS				
	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) ZELAPAR (selegiline)		

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	OTHERS		
	amantadine bromocriptine levodopa/carbidopa	levodopa/carbidopa ODT LODOSYN (carbidopa) PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine) SINEMET (levodopa/carbidopa) SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)	Lodosyn will only be considered in cases of augmentation of carbidopa/levodopa; patient must be currently taking a carbidopa/levodopa product.
ANTIPSYCHOTICS <small>SmartPA</small>	ORAL		
	ABILIFY (aripiprazole)* amitriptyline/perphenazine chlorpromazine clozapine FANAPT (iloperidone) fluphenazine GEODON (ziprasidone) haloperidol LATUDA (lurasidone) perphenazine risperidone SAPHRIS (asenapine) SEROQUEL (quetiapine) SEROQUEL XR (quetiapine) thioridazine thiothixene trifluoperazine	CLOZARIL (clozapine) FAZACLO (clozapine) HALDOL (haloperidol) INVEGA (paliperidone) NAVANE (thiothixene) olanzapine olanzapine/fluoxetine quetiapine RISPERDAL (risperidone) SYMBYAX (olanzapine/fluoxetine) ziprasidone ZYPREXA (olanzapine)	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Does the patient meet the age limit for the requested drug • Coverage of a non-preferred second generation antipsychotic product requires an unsuccessful trial with a preferred second generation antipsychotic. • *Abilify 10mg, 20mg and 30mg requires splitting of tablet • Invega <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with risperidone in the past 12 months ○ History of at least 30 days of therapy with a preferred atypical antipsychotic in the past 12 months ○ History of at least 30 days of therapy with the same agent as on the incoming claim in the past 105 days

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
INJECTABLE, ATYPICALS			
		ABILIFY (aripiprazole) GEODON (ziprasidone) INVEGA SUSTENNA (paliperidone palmitate) RISPERDAL CONSTA (risperidone) ZYPREXA (olanzapine) ZYPREXA RELPREVV (olanzapine)	Effective 11-1-2012, injectable antipsychotics are closed to POS except for Long Term Care beneficiaries.
ANTIVIRALS (Oral) – ANTIHERPETIC AGENTS			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
ANTIVIRALS (Topical)			
	DENAVIR (penciclovir) ZOVIRAX Ointment (acyclovir)	XERESE (acyclovir/hydrocortisone) ZOVIRAX Cream (acyclovir)	
ATOPIC DERMATITIS SmartPA			
	ELIDEL (pimecrolimus)	PROTOPIC (tacrolimus)	SmartPA Criteria: • Elidel or Protopic 0.03% <ul style="list-style-type: none"> ◦ Age >= 2 years • Age >= 6 years
BETA BLOCKERS SmartPA			
	acebutolol atenolol bisoprolol BYSTOLIC (nebivolol)* metoprolol metoprolol XL nadolol	BETAPACE (sotalol) betaxolol BLOCADREN (timolol) CARTROL (carteolol) CORGARD (nadolol) INDERAL LA (propranolol) INNOPRAN XL (propranolol) KERLONE (betaxolol)	SmartPA Criteria: • History of at least 30 days of therapy with two different preferred Beta-Blockers in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	pindolol propranolol timolol TOPROL XL (metoprolol)	LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) sotalol TENORMIN (atenolol) ZEBETA (bisoprolol)	<ul style="list-style-type: none"> •Sotalol <ul style="list-style-type: none"> ○ History of atrial fibrillation in the past 2 years •Coreg CR <ul style="list-style-type: none"> ○ History of hypertension in the past 2 years ○ History of at least 30 days of therapy with carvedilol and at least 30 days of therapy with a preferred Beta-Blocker in the past 6 months <p>*Bystolic: Requires unsuccessful trial with preferred beta-blocker</p>
BETA- AND ALPHA-BLOCKERS			
	carvedilol labetalol	COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	
BETA BLOCKER/DIURETIC COMBINATIONS			
	atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ timolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) INDERIDE (propranolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	
BILE SALTS			
	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) URSO (ursodiol) URSO FORTE (ursodiol)	

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
BLADDER RELAXANT PREPARATIONS SmartPA			
	oxybutynin IR TOVIAZ (fesoterodine fumarate)	DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN XL (oxybutynin) ENABLEX (darifenacin) GELNIQUE (oxybutynin) MYRBETRIQ (mirabegron) oxybutynin ER OXYTROL (oxybutynin) SANCTURA (trospium) SANCTURA XR (trospium) tolterodine trospium VESICARE (solifenacin)	Smart PA Criteria: <ul style="list-style-type: none"> History of at least 30 days of therapy with two different preferred Bladder Relaxant Preparations in the past 6 months
BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA			
BISPHOSPHONATES			
	ACTONEL (risedronate) ACTONEL WITH CALCIUM (risedronate/calcium) alendronate BINOSTO (alendronate) FOSAMAX PLUS D (alendronate/vitamin D)	ATELVIA (risedronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) ibandronate PROLIA (denosumab)	SmartPA Criteria: <ul style="list-style-type: none"> Diagnosis of osteoporosis/osteopenia in the past 2 years History of at least 1 claim for two different preferred osteoporosis agents in the past 6 months History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
OTHERS			
	FORTICAL (calcitonin) MIACALCIN (calcitonin)	calcitonin salmon EVISTA (raloxifene) FORTEO (teriparatide)	

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MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 04/01/2013
Version 2013.13c
Updated: 4-29-2013

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
BPH AGENTS <small>SmartPA</small>			
	ALPHA BLOCKERS		
	doxazosin FLOMAX (tamsulosin) terazosin UROXATRAL (alfuzosin)	alfuzosin CARDURA (doxazosin) CARDURA XL (doxazosin) HYTRIN (terazosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) tamsulosin	SmartPA Criteria <ul style="list-style-type: none"> • Male Patient <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with two different preferred BPH agents in the past 6 months ○ History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days. • Female Patient <ul style="list-style-type: none"> ○ Doxazosin IR <ul style="list-style-type: none"> ▪ History of an approvable diagnosis for doxazosin IR in the past 2 years ○ Tamsulosin <ul style="list-style-type: none"> ▪ History of an approvable diagnosis for tamsulosin in the past 2 years ○ Terazosin <ul style="list-style-type: none"> ▪ History of an approvable diagnosis for terazosin in the past 2 years
	5-ALPHA-REDUCTASE (5AR) INHIBITORS		
	AVODART (dutasteride) finasteride	PROSCAR (finasteride)	
	PDE5 INHIBITORS		
		CIALIS (tadalafil)	<ul style="list-style-type: none"> • Male Patient: <ul style="list-style-type: none"> ○ Diagnosis of Benign Prostatic Hypertrophy (BPH) in the past 2 years ○ History absent of Erectile Dysfunction in the past 2 years

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA	
BRONCHODILATORS & COPD AGENTS				
ANTICHOLINERGICS & COPD AGENTS				
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA (tiotropium)	DALIRESP (roflumilast) TUDORZA PRESSAIR (aclidinium)	<ul style="list-style-type: none"> ○ Has the prescriber signed a waiver indicating they are not treating the patient for erectile dysfunction ○ Has the patient had at least 30 days of therapy with two different preferred BPH agents in the past 6 months 	
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS				
	albuterol/ipratropium COMBIVENT (albuterol/ipratropium) DUONEB (albuterol/ipratropium)	COMBIVENT RESPIMAT (albuterol/ipratropium)		
BRONCHODILATORS, BETA AGONIST				
INHALERS, SHORT-ACTING				
	PROVENTIL HFA (albuterol)	MAXAIR (pirbuterol) ^{SmartPA} PROAIR HFA (albuterol) VENTOLIN HFA (albuterol) XOPENEX HFA (levalbuterol) ^{SmartPA}	<p>SmartPA:</p> <ul style="list-style-type: none"> • Xopenex HFA inhaler <ul style="list-style-type: none"> ○ Age >= 4 years ○ History of at least 1 claim for an albuterol inhaler in the past 30 days • Maxair <ul style="list-style-type: none"> ○ History of at least 1 claim for an albuterol inhaler in the past 6 months 	
INHALERS, LONG ACTING ^{SmartPA}				
	FORADIL (formoterol)	ARCAPTA (indacaterol) SEREVENT (salmeterol)	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • History of at least 30 days of therapy 	

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To search the PDL, press CTRL + F

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
INHALATION SOLUTION SmartPA			
	albuterol	ACCUNEB (albuterol) BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	<p>with a preferred LABA Inhaler in the past 6 months</p> <ul style="list-style-type: none"> • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • Foradil <ul style="list-style-type: none"> ○ Age >= 5 years • Serevent <ul style="list-style-type: none"> ○ Age >= 4 years • Arcapta <ul style="list-style-type: none"> ○ Diagnosis of COPD in the past 2 years ○ Age >= 18 years <p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • History of at least 1 claim for 2 different preferred Beta Agonist Inhalation Solutions in the past 6 months • History of at least 3 claims with the same agent as on the incoming claim in the past 105 days • Xopenex inhalation solution <ul style="list-style-type: none"> ○ Age >= 6 years ○ History of at least 1 claim for albuterol inhalation solution in the past 30 days • Brovana or Perforomist <ul style="list-style-type: none"> ○ Age >= 18 years

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	ORAL		
	albuterol metaproterenol terbutaline	VOSPIRE ER (albuterol)	
CALCIUM CHANNEL BLOCKERS <small>SmartPA</small>	SHORT-ACTING		
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine NIMOTOP (nimodipine) PROCARDIA (nifedipine)	SmartPA Criteria: <ul style="list-style-type: none"> •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days •Short-acting CCB <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with two different preferred Short-acting CCBs in the past 6 months
	LONG-ACTING		
	amlodipine COVERA-HS (verapamil) diltiazem ER DYNACIRC CR (isradipine) felodipine ER nifedipine ER verapamil ER	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem) DILACOR XR (diltiazem) ISOPTIN SR (verapamil) nisoldipine NORVASC (amlodipine) PLENDIL (felodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	SmartPA Criteria: <ul style="list-style-type: none"> •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days •Long-acting CCB <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with two different preferred long-acting CCBs in the past 6 months

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
CALORIC AGENTS			
	BOOST (includes all boost) BRIGHT BEGINNINGS CARNATION INSTANT BREAKFAST DUOCAL ENSURE JUVEN GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE POLYCOSE PROMOD RESOURCE SCANDISHAKE TWOCAL HN	COMPLEAT EO28 SPLASH FIBERSOURCE ISOSOURCE JEVITY KINDERCAL PEPTAMEN PROMOTE SIMPLY THICK TOLEREX VITAL VIVONEX	
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)			
BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS			
	amoxicillin/clavulanate AUGMENTIN 125 and 250 (amoxicillin/clavulanate) Suspension AUGMENTIN XR (amoxicillin/clavulanate)	amoxicillin/clavulanate XR AUGMINTIN (amoxicillin/clavulanate) Tablets MOXATAG (amoxicillin)	
CEPHALOSPORINS – First Generation SmartPA			
	cefadroxil cephalixin	DURICEF (cefadroxil) KEFLEX (cephalexin)	Smart PA Criteria: • History of at least 1 claim for two different preferred cephalosporins in the past 6 months
CEPHALOSPORINS – Second Generation SmartPA			
	cefaclor cefprozil cefuroxime tablets	CECLOR (cefaclor) cefuroxime suspension CEFTIN (cefuroxime)	SmartPA Criteria: • History of at least 1 claim for two different preferred cephalosporins in the past 6 months

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		CEFZIL (cefprozil)	
SmartPA			
CEPHALOSPORINS – Third Generation			
	cefdinir suspension (for patients <18 yr only) cefdinir capsules	CEDAX (ceftibuten) cefditoren cefpodoxime OMNICEF (cefдинир) SPECTRACEF (cefditoren) SUPRAX (cefixime)	SmartPA Criteria: <ul style="list-style-type: none"> • History of at least 1 claim for two different preferred cephalosporins in the past 6 months • Cefдинир suspension <ul style="list-style-type: none"> ○ Age < 18 years
CYTOKINE & CAM ANTAGONISTS			
	ENBREL (etanercept) HUMIRA (adalimumab)	AMEVIVE (alefacept) CIMZIA (certolizumab) KINERET (anakinra) ORENCIA (abatacept) REMICADE (infliximab) SIMPONI (golimumab) STELARA (ustekinumab) XELJANZ (tofacitinib)	Amevive, Orencia, Remicade and Stelara are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification.
SmartPA			
ERYTHROPOIESIS STIMULATING PROTEINS			
	ARANESP (darbepoetin) PROCRI (rHuEPO)	EPOGEN (rHuEPO) OMONTYS (peginesatide)	SmartPA Criteria: <ul style="list-style-type: none"> • Diagnosis of cancer (140.XX-239.XX) or chronic renal failure in the past 2 years • History of an antineoplastic in the past 6 months • History of Procrit in the past 6 months
FIBROMYALGIA AGENTS			
	LYRICA (pregabalin) SAVELLA (milnacipran)	CYMBALTA (duloxetine)	Cymbalta will be approved for patients with diabetic neuropathy

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FLUOROQUINOLONES (Oral) SmartPA			
	<p>AVELOX (moxifloxacin) ciprofloxacin tablets</p>	<p>ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) FLOXIN (ofloxacin) LEVAQUIN (levofloxacin) levofloxacin NOROXIN (norfloxacin) ofloxacin PROQUIN XR (ciprofloxacin)</p>	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Ciprofloxacin suspension or levofloxacin solution <ul style="list-style-type: none"> ○ Age <12 years <ul style="list-style-type: none"> ▪ Diagnosis of anthrax infection or exposure (022.X, V01.81) in the past 3 months ▪ Ciprofloxacin suspension <ul style="list-style-type: none"> • Diagnosis of cystic fibrosis (277.0X) in the past 2 years • Diagnosis of pneumonic plague (020.3, 020.4, 020.5) or tularemia (021.X) in the past 3 months • History of doxycycline in the past 3 months ▪ History of at least 7 days of therapy of a preferred agent from two of the categories below in the past 3 months. Penicillin's, 2nd or 3rd Generation Cephalosporins, Macrolides ▪ History of ciprofloxacin suspension in the past 3 months • Levofloxacin <ul style="list-style-type: none"> ○ History of at least 1 claim for ciprofloxacin, moxifloxacin or SMX/TMP in the past 14 days <ul style="list-style-type: none"> • History of at least 1 claim for a preferred oral fluoroquinolone in the past 30 days

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
GENITAL WARTS & RELATED AGENTS			
	ALDARA (imiquimod)* CONDYLOX (podofilox)	imiquimod PICATO (ingenol) podofilox VEREGEN (sinecatechins) ZYCLARA (imiquimod)	*Aldara Age Edit: Payable for members who are 12 years of age and older.
GLUCOCORTICOIDS (Inhaled) SmartPA			
GLUCOCORTICOIDS			
	ASMANEX (mometasone) FLOVENT Diskus (fluticasone) FLOVENT HFA (fluticasone) QVAR (beclomethasone) PULMICORT (budesonide) Flexhaler PULMICORT (budesonide) Respules	AEROBID (flunisolide) AEROBID-M (flunisolide) ALVESCO (ciclesonide) budesonide	SmartPA Criteria: <ul style="list-style-type: none"> • Pulmicort Flexhaler <ul style="list-style-type: none"> ○ Age >= 6 years • History of at least 30 days of therapy with two different preferred inhaled glucocorticoids in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS			
	ADVAIR Diskus (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)		
GROWTH HORMONE SmartPA			
	GENOTROPIN (somatropin) NORDITROPIN (somatropin) NUTROPIN AQ (somatropin)	HUMATROPE (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin) ZORBTIVE (somatropin)	Prior authorization required for patients >18 yrs of age. SmartPA Criteria: <ul style="list-style-type: none"> • Patient < 18 years of age <ul style="list-style-type: none"> ○ History of at least 28 days of therapy with a preferred Growth Hormone in

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			<ul style="list-style-type: none"> the past 6 months <ul style="list-style-type: none"> ○ History of at least 84 days of therapy with the same agent as on the incoming claim in the past 105 days • Zorbtive <ul style="list-style-type: none"> ○ History of short bowel syndrome in the past 2 years ○ History of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome or Turner Syndrome in the past 2 years ○ History of cranial irradiation in the past 2 years
H. PYLORI COMBINATION TREATMENTS			
	HELIDAC (bismuth subsalicylate, metronidazole, tetracycline) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline) OMECLAMOX (omeprazole, clarithromycin, amoxicillin)	
HEPATITIS C TREATMENTS SmartPA			
	INCIVEK (telaprevir)* PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) RIBAPAK DOSEPACK (ribavirin) VICTRELIS (boceprevir)*	INFERGEN (interferon alfacon-1) ribavirin REBETOL (ribavirin) RIBASPHERE (ribavirin)	*Incivek & Victrelis require manual PA • Other Hep C Treatments <ul style="list-style-type: none"> ○ Age >= 18 years ○ Diagnosis of chronic hepatitis C in the past 2 years ○ History absent of decompensated liver disease in the past year ○ Currently active claims for peginterferon alfa and ribavirin ○ Victrelis: has the patient been previously untreated with interferon and ribavirin combination therapy ○ Did the patient fail previous

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			interferon and ribavirin combination therapy
HYPERURICEMIA & GOUT <small>SmartPA</small>			
	allopurinol COLCRYS (colchicine) probenecid probenecid/colchicine	ULORIC (febuxostat) ZYLOPRIM (allopurinol)	SmartPA Criteria: <ul style="list-style-type: none"> •History of at least 30 days of therapy with two different preferred antihyperuricemics in the past 6 months •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days •Colcrys <ul style="list-style-type: none"> o History of at least 1 claim for a preferred colchicine product in the past 6 months
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS			
	BYETTA (exenatide) JANUMET (sitagliptin/metformin) JANUVIA (sitagliptin) KOMBIGLYZE XR (saxagliptin/metformin) ONGLYZA (saxagliptin) TRADJENTA (linagliptin)	BYDUREON (exenatide) JANUMET XR (sitagliptin/metformin) JENTADUETO (linagliptin/metformin) JUVISYNC (sitagliptin/simvastatin) KAZANO (alogliptin/metformin) ^{NR} NESINA (alogliptin) ^{NR} OSENI (alogliptin/pioglitazone) ^{NR} SYMLIN (pramlintide) VICTOZA (liraglutide)	
HYPOGLYCEMICS, INSULINS AND RELATED AGENTS <small>SmartPA</small>			
	HUMALOG VIAL (insulin lispro) HUMALOG MIX VIAL (insulin lispro/ lispro protamine) HUMULIN VIAL (insulin) LANTUS SOLOSTAR & VIAL (insulin glargine) LEVEMIR FLEXPEN & VIAL (insulin detemir)	APIDRA (insulin glulisine) HUMALOG KWIKPEN (insulin lispro) HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine) HUMULIN KWIKPEN (insulin) NOVOLIN FLEXPEN (insulin)	SmartPA Criteria: <ul style="list-style-type: none"> •History of Diabetes Mellitus in the past 2 years •History of at least 30 days of therapy with a preferred product in the past 6 months •History of at least 90 days of therapy

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	NOVOLIN VIAL (insulin) NOVOLOG FLEXPEN & VIAL (insulin aspart) NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine)		with the same agent as on the incoming claim in the past 105 days
HYPOGLYCEMICS, MEGLITINIDES			
	PRANDIN (repaglinide)	nateglinide PRANDIMET (repaglinide/metformin) STARLIX (nateglinide)	
HYPOGLYCEMICS, TZDS			
THIAZOLIDINEDIONES			
	pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	
TZD COMBINATIONS			
	ACTOPLUS MET (pioglitazone/metformin) DUETACT (pioglitazone/glimepiride)	ACTOPLUSMET XR (pioglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) AVANDAMET (rosiglitazone/metformin) pioglitazone/metformin	
IMMUNOSUPPRESSIVE (ORAL) SmartPA			
	AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine) mycophenolate mofetil MYFORTIC (mycophenolic acid) NEORAL (cyclosporine) PROGRAF (tacrolimus)		SmartPA Criteria: <ul style="list-style-type: none"> • Cyclosporine <ul style="list-style-type: none"> ○ Diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA or an approvable indication for cyclosporine in the past 2 years ○ Diagnosis of Kimura's disease or multifocal motor neuropathy in the past 2 years • Cyclosporine, modified

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) tacrolimus ZORTRESS (everolimus)		<ul style="list-style-type: none"> ○ Diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA or an approvable indication for cyclosporine, modified in the past 2 years ○ Diagnosis of Kimura's disease or multifocal motor neuropathy in the past 2 years ● Tacrolimus <ul style="list-style-type: none"> ○ Diagnosis of heart transplant, kidney transplant, liver transplant or an approvable diagnosis for tacrolimus in the past 2 years ● Cellcept (mycophenolate mofetil) <ul style="list-style-type: none"> ○ Diagnosis of heart transplant, kidney transplant, liver transplant or an approvable diagnosis for Cellcept in the past 2 years ● Myfortic (mycophenolate sodium) <ul style="list-style-type: none"> ○ Diagnosis of kidney transplant or psoriasis in the past 2 years ● Age >= 18 years <ul style="list-style-type: none"> ○ Diagnosis of kidney transplant in the past 2 years ● Sirolimus <ul style="list-style-type: none"> ○ Age >= 13 years

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INTRANASAL RHINITIS AGENTS			
	ANTICHOLINERGICS		
	ipratropium	ATROVENT (ipratropium)	
	ANTI-HISTAMINES		
	ASTELIN (azelastine) PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine	
	ANTI-HISTAMINE/CORTICOSTEROID COMBINATION		
		DYMISTA (azelastine/fluticasone) <i>SmartPA</i>	
	CORTICOSTEROIDS		
	BECONASE AQ (beclomethasone) FLONASE (fluticasone) NASAREL (flunisolide) NASONEX (mometasone) ZETONNA (ciclesonide)	flunisolide fluticasone NASACORT AQ (triamcinolone) OMNARIS (ciclesonide) QNASL (beclomethasone) RHINOCORT AQUA (budesonide) triamcinolone VERAMYST (fluticasone)	SmartPA Criteria: <ul style="list-style-type: none"> • History of allergic rhinitis in the past 2 years • History of at least 1 claim for two different preferred intranasal corticosteroid in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
LEUKOTRIENE MODIFIERS <i>SmartPA</i>			
	ACCOLATE (zafirlukast) SINGULAIR (montelukast)	montelukast ZYFLO CR (zileuton) zafirlukast	SmartPA Criteria: <ul style="list-style-type: none"> • History of at least 30 days of therapy with two different preferred leukotriene modifiers in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • Zyflo or Zyflo CR <ul style="list-style-type: none"> o Age >= 12 years

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LIPOTROPICS, OTHER (Non-statin) ^{SmartPA}			
	BILE ACID SEQUESTRANTS		
	cholestyramine colestipol	COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • All Lipotropics-Non Statin agents regardless of PDL status will check for stable therapy. Stable therapy is defined as a 90 days of consecutive therapy shown in claims history in the past 105 days with the same agent as on the incoming claim. If stable therapy is found, a PA will be issued. • All Lipotropics-Non Statin Agents regardless of PDL status will check for a trial of 30 days of therapy with a statin or statin combination product in the past year. <p>*Exemptions to prior statin therapy*:</p> <ul style="list-style-type: none"> • A female patient with a history of pregnancy in the past 280 days • A history of liver disease in the past 2 years • A history of hypertriglyceridemia in the past 2 years <p>A Bile Acid Sequestrant</p> <ul style="list-style-type: none"> ▪ Clinical justification as to the reason the patient is unable to take a statin or why statin therapy is inappropriate. <p>All NON-PREFERRED agents must meet the following criteria.</p>

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
OMEGA-3 FATTY ACIDS			<ul style="list-style-type: none"> • If the claim is for Welchol: <ul style="list-style-type: none"> • A female patient with a history of pregnancy in the past 280 days OR • A history of 30 days of therapy with 2 different preferred Bile Acid Sequestrants in the past 6 months. • If the claim is for a Fibric Acid Derivative: <ul style="list-style-type: none"> • A history of 30 days of therapy with 2 different preferred Fibric Acid Derivatives in the past 6 months. • Any other Non-Preferred agent must have a history of 30 days of therapy with 2 different preferred non-statin lipotropic agents in the past 6 months.
	LOVAZA (omega-3-acid ethyl esters)		
CHOLESTEROL ABSORPTION INHIBITORS			
		ZETIA (ezetimibe)	
FIBRIC ACID DERIVATIVES			
	ANTARA (fenofibrate) gemfibrozil TRICOR (fenofibrate nanocrystallized) TRILIPIX (fenofibric acid)	fenofibrate fenofibrate nanocrystallized 145mg FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate)	<ul style="list-style-type: none"> • Fibric Acid Derivative <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with two different preferred fibric acid derivatives in the past 6 months

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To search the PDL, press CTRL + F

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		LOPID (gemfibrozil) TRIGLIDE (fenofibrate)	
NIACIN			
	NIACOR (niacin) NIASPAN (niacin)		
LIPOTROPICS, STATINS SmartPA			
STATINS			
	atorvastatin CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin) LIPITOR (atorvastatin) lovastatin pravastatin simvastatin	ALTOPREV (lovastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin)	SmartPA Criteria: <ul style="list-style-type: none"> History of at least 30 days of therapy with two different preferred statins/statin combinations in the past 6 months History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
STATIN COMBINATIONS			
	atorvastatin/amlodipine	ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine) SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)	Prior to consideration of a non-preferred statin combination, the patient must first have an unsuccessful trial with the preferred statin combination plus an unsuccessful trial with a preferred statin and calcium channel blocker (single agents) used together.
MACROLIDES/KETOLIDES (Oral)			
KETOLIDES			
		KETEK (telithromycin)	
MACROLIDES			
	Azithromycin clarithromycin ER clarithromycin IR	BIAXIN (clarithromycin) BIAXIN XL (clarithromycin) E.E.S. (erythromycin ethylsuccinate)	

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	E.E.S. Suspension (erythromycin ethylsuccinate) ERYPED Suspension (erythromycin ethylsuccinate) erythromycin	E-MYCIN (erythromycin) ERYC (erythromycin) ERY-TAB (erythromycin) ERYTHROCIN (erythromycin stearate) erythromycin estolate PCE (erythromycin) ZITHROMAX (azithromycin) ZMAX (azithromycin)	
MISCELLANEOUS BRAND/GENERIC			
CLONIDINE			
	CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)	
MISCELLANEOUS			
	MEGACE ES (megestrol) SUBOXONE (buprenorphine/naloxone)	KALYDECO (ivacaftor) KORLYM (mifepristone) megestrol suspension 625mg/5mL	Suboxone References can be found at: http://www.medicaid.ms.gov/Documents/Pharmacy/Suboxone%20Resources.pdf f.
SELECT ORAL CONTRACEPTIVES			
	ALL ORAL CONTRACEPTIVES ARE PREFERRED EXCEPT FOR THOSE SPECIFICALLY INDICATED AS NON-PREFERRED	BEYAZ (ethinyl estradiol/drospirenone/levomefolate) Gianvi (ethinyl estradiol/drospirenone) norethindrone/ethinyl estradiol/fe chew tab Ocella (ethinyl estradiol/drospirenone)	
SUBLINGUAL NITROGLYCERIN			
	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)	

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
MULTIPLE SCLEROSIS AGENTS <small>SmartPA</small>			
	AVONEX (interferon beta-1a) COPAXONE (glatiramer) REBIF (interferon beta-1a)	AMPYRA (dalfampridine) AUBAGIO (teriflunomide) BETASERON (interferon beta-1b) EXTAVIA (interferon beta-1b) GILENYA (fingolimod)	SmartPA Criteria: <ul style="list-style-type: none"> • Diagnosis of multiple sclerosis (340.XX) in the past 2 years • History of at least 1 claim for two different preferred multiple sclerosis agents in the past 6 months • History of at least 3 claims for the same agent as on the incoming claim in the past 105 days *Ampyra – Requires Manual PA: <ol style="list-style-type: none"> 1. For patients that have a gait disorder associated with MS; <i>and</i> 2. Initial authorizations will be approved for 12 weeks with a baseline Timed 25-foot Walk (T25FW) assessment; <i>and</i> 3. Additional prior authorizations will be considered at 6 month intervals after assessing the benefit to the patient as measured by a 20% improvement in the T25FW from baseline. Renewal will not be approved if the 20% improvement is not maintained; <i>and</i> 4. Prior authorizations will not be considered for patients with a seizure diagnosis or in patients will moderate to severe renal impairment. 5. Max dose of 20 mg daily; and #60 units in 30 days; approved for ages 18 and above

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
NSAIDS			
	NON-SELECTIVE		
	diclofenac EC etodolac tab flurbiprofen ibuprofen indomethacin ketorolac naproxen sulindac	ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac) CATAFLAM (diclofenac) CLINORIL (sulindac) DAYPRO (oxaprozin) diclofenac SR etodolac cap etodolac tab SR FELDENE (piroxicam) fenoprofen INDOCIN (indomethacin) indomethacin cap ER ketoprofen ketoprofen ER meclofenamate mefenamic acid MOTRIN (ibuprofen) nabumetone NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) NUPRIN (ibuprofen) Oxaprozin piroxicam PONSTEL (mefenamic acid) SPRIX NASAL SPRAY (ketorolac) tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac)	<ul style="list-style-type: none"> • Non-Selective agents <ul style="list-style-type: none"> ◦ History of at least 30 days of therapy with two different preferred NSAIDs in the past 6 months

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MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 04/01/2013
Version 2013.13c
Updated: 4-29-2013

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
NSAID/GI PROTECTANT COMBINATIONS			
		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	
COX II SELECTIVE SmartPA			
	meloxicam	CELEBREX (celecoxib) MOBIC (meloxicam)	SmartPA Criteria: <ul style="list-style-type: none"> • Is the incoming claim for a COX-II selective agent • History of one of the following in the past 2 years: osteoarthritis (OA), rheumatoid arthritis (RA), familial adenomatous polyposis (FAP) or ankylosing spondylitis • History of at least 30 days of therapy with a preferred COX-II selective NSAID in the past 6 months • History of at least 30 days of therapy with a preferred non-selective NSAID in the past 6 months • History of one of the following in the past 2 years <ul style="list-style-type: none"> ○ GI Bleed ○ GERD ○ PUD ○ GI Perforation ○ Coagulation Disorder • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • History of at least 30 days of therapy with two different preferred NSAIDs in the past 6 months

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OPHTHALMIC ANTIBIOTICS			
	bacitracin bacitracin/neomycin/gramicidin bacitracin/polymyxin erythromycin gentamicin MOXEZA (moxifloxacin) neomycin/bacitracin/polymyxin b polymyxin/trimethoprim sulfacetamide tobramycin VIGAMOX (moxifloxacin)	AZASITE (azithromycin) BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) CILOXAN (ciprofloxacin) ciprofloxacin GARAMYCIN (gentamicin) levofloxacin IQUIX (levofloxacin) NATACYN (natamycin) NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin) (oxy-tcn/polymyx sul) TOBEX (tobramycin) oint OCUFLOX (ofloxacin) ofloxacin POLYTRIM (polymyxin/trimethoprim) QUIXIN (levofloxacin) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	
ANTIBIOTIC STEROID COMBINATIONS			
	neomycin/bacitracin/polymyxin/hc neomycin//polymyxin/dexamethasone PRED-G (gentamicin/prednisolone) sulfacetamide/prednisolone TOBRADEX OINTMENT (tobramycin/dexamethasone) tobramycin/dexamethasone ZYLET (loteprednol/tobramycin)	BLEPHAMIDE (sulfacetamide/prednisolone) MAXITROL(neomycin/polymyxin/dexamethasone)	

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
OPHTHALMIC ANTI-INFLAMMATORIES <small>SmartPA</small>			
	dexamethasone diclofenac FLAREX (fluorometholone) flurbiprofen FML FORTE (fluorometholone) FML SOP (fluorometholone) MAXIDEX (dexamethasone) NEVANAC (nepafenac) prednisolone acetate prednisolone NA phosphate VEXOL (rimexolone)	ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac DUREZOL (difluprednate) ILEVRO (nepafenac)^{NR} OCUFEN (flurbiprofen) PRED MILD (prednisolone) PRED FORTE (prednisolone) VOLTAREN (diclofenac)	SmartPA Criteria: <ul style="list-style-type: none"> History of at least 1 claim for two different preferred ophthalmic antiinflammatory agents in the past 6 months
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS <small>SmartPA</small>			
	cromolyn ketotifen OTC LOTEMAX (loteprednol) OPTIVAR (azelastine) PATADAY (olopatadine) PATANOL (olopatadine)	ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (iodoxamide) ALREX (loteprednol) azelastine BEPREVE (bepotastine) CROLOM (cromolyn) ELESTAT (epinastine) EMADINE (emedastine) epinastine LASTACFT (alcaftadine)	SmartPA Criteria: <ul style="list-style-type: none"> History of at least 30 days of therapy with two different preferred Ophthalmic Allergy Agents in the past 6 months History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
OPHTHALMICS, GLAUCOMA AGENTS <small>SmartPA</small>			
	BETA BLOCKERS		
	betaxolol BETIMOL (timolol) carteolol ISTALOL (timolol)	BETAGAN (levobunolol) BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel	SmartPA Criteria: <ul style="list-style-type: none"> History of glaucoma in the past 2 years History of at least 30 days of therapy with two different preferred glaucoma

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	levobunolol metipranolol timolol solution	TIMOPTIC (timolol)	agents in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
CARBONIC ANHYDRASE INHIBITORS			
	AZOPT (brinzolamide) dorzolamide TRUSOPT (dorzolamide)		
COMBINATION AGENTS			
	COMBIGAN (brimonidine/timolol) COSOPT (dorzolamide/timolol) dorzolamide/timolol	COSOPT PF(dorzolamide/timolol)	
PARASYMPATHOMIMETICS			
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)	
PROSTAGLANDIN ANALOGS			
	latanoprost TRAVATAN Z (travoprost)	LUMIGAN (bimatoprost) RESCULA (unoprostone)^{NR} XALATAN (latanoprost) ZIOPTAN (tafluprost)	
SYMPATHOMIMETICS			
	ALPHAGAN P 0.15% (brimonidine) brimonidine	ALPHAGAN P 0.1% (brimonidine) dipivefrin PROPINE (dipivefrin)	

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OTIC ANTIBIOTICS			
	CIPRO HC (ciprofloxacin/hydrocortisone) CIPRODEX (ciprofloxacin/dexamethasone) COLY-MYCIN S (colistin/neomycin/hydrocortisone) CORTISPORIN-TC (colistin/neomycin/hydrocortisone) neomycin/polymyxin/hydrocortisone	CETRAXAL (ciprofloxacin) ciprofloxacin DERMOTIC (fluocinolone) ofloxacin	
PANCREATIC ENZYMES <i>SmartPA</i>			
	CREON (pancreatin) PANCREAZE (pancrelipase) ZENPEP (pancrelipase)	PANCRELIPASE PERTZYE ULTRESA VIOKASE	SmartPA Criteria: <ul style="list-style-type: none"> • History of at least 30 days of therapy with two different preferred pancreatic enzymes products in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
PARATHYROID AGENTS			
	calcitriol ergocalciferol ZEMPLAR (paricalcitol)	DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) ROCALTROL (calcitriol) SENSIPAR (cinacalcet)**	
PHOSPHATE BINDERS			
	ELIPHOS (calcium acetate) RENAGEL (sevelamer HCl)	calcium acetate FOSRENOL (lanthanum) PHOSLYRA (calcium acetate) PHOSLO (calcium acetate) RENVELA (sevelamer carbonate)	

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
PLATELET AGGREGATION INHIBITORS SmartPA			
	AGGRENOX (dipyridamole/aspirin) dipyridamole PLAVIX (clopidogrel)	BRILINTA (ticagrelor) cilostazol clopidogrel EFFIENT (prasugrel) PERSANTINE (dipyridamole) PLETAL (cilostazol) ticlopidine	<ul style="list-style-type: none"> • Brilinta <ul style="list-style-type: none"> ○ History of Acute Coronary Syndrome or Percutaneous Coronary Intervention in the past 2 years ○ History of at least 30 days of therapy with Brilinta in the past 6 months • Pletal <ul style="list-style-type: none"> ○ History of an approvable indication in the past 2 years ○ History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days. • Effient <ul style="list-style-type: none"> ○ History of Acute Coronary Syndrome or Percutaneous Coronary Intervention in the past 2 years • Non Preferred Drugs not listed above: <ul style="list-style-type: none"> ○ History of an approvable indication in the past 2 years ○ History of at least 30 days of therapy with two different preferred products in the past 6 months ○ History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
PRENATAL VITAMINS			
	CONCEPT DHA Capsule FE C PLUS Tablet PAIRE OB PLUS DHA COMBO PACK PRENATAL PLUS Tablet PREQUE 10 TABLET	B-NEXA Tablet CAVAN-EC SOD DHA VITAMINS CITRANATAL 90 DHA PACK CITRANATAL ASSURE COMBO PACK CITRANATAL B-CALM PACK	Products not listed here are assumed to be non-preferred.

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MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 04/01/2013
Version 2013.13c
Updated: 4-29-2013

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	SE-NATAL CHEWABLE Tablet TARON-C DHA Capsule TRICARE PRENATAL Tablet VOL-PLUS Tablet	CITRANATAL DHA PACK CITRANATAL HARMONY Capsule CITRANATAL HARMONY Capsule CITRANATAL RX Tablet COMPLETE NATAL DHA COMPLETENATE Tablet CHEW CONCEPT OB Capsule CORENATE-DHA COMBO PACK DUET DHA BALANCED COMBO PACK DUET DHA BALANCED COMBO PACK ED CYTE F Tablet FOLCAL DHA Capsule FOLCAPS OMEGA-3 Capsule FOLIVANE-EC CALCIUM DHA COMBO FOLIVANE-OB Capsule FOLIVANE-PRX DHA NF Capsule GESTICARE DHA COMBO PACK ICAR-C PLUS SR Capsule ICAR-C PLUS Tablet NATAFORT Tablet NATELLE ONE Capsule NESTABS DHA COMBO PACK NESTABS PRENATAL Tablet NEXA SELECT Capsule PNV-DHA SOFTGEL PNV-SELECT Tablet PR NATAL 400 COMBO PACK PR NATAL 430 COMBO PACK PR NATAL 430 EC COMBO PACK PREFERA OB Tablet PREFERA-OB ONE SOFTGEL PREFERA-OB PLUS DHA COMBO PACK PREFERA-OB PLUS DHA COMBO PACK PREFERA-OB Tablet PRENATABS FA Tablet PRENATAL 19 Tablet PRENATAL PLUS IRON Tablet	

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		PRENATAL VITAMINS Tablet PRENATE DHA SOFTGEL PRENATE ELITE Tablet PRENATE ESSENTIAL SOFTGEL PRENATE PLUS Tablet PRENAVITE Tablet PRENEXA Capsule PREQUE 10 Tablet PREQUE 10 Tablet RELNATE DHA PRENATAL SOFTGEL ROVIN-NV DHA Capsule ROVIN-NV Tablet SE-CARE CHEWABLE Tablet SELECT-OB + DHA PACK SELECT-OB CAPLET SE-NATAL 19 CHEWABLE Tablet SE-NATAL 19 Tablet SE-TAN DHA Capsule TARON-BC Tablet TARON-PREX PRENATAL DHA CAP	
PROTON PUMP INHIBITORS SmartPA			
	ACIPHEX (rabeprazole) NEXIUM (esomeprazole) PROTONIX PACKET (pantoprazole)	DEXILANT (dexlansoprazole) lansoprazole RX omeprazole RX omeprazole sod. bicarb. pantoprazole PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole) PROTONIX (pantoprazole)	SmartPA Criteria: <ul style="list-style-type: none"> • History of an approvable indication in the past 2 years • History of at least 30 days of therapy with two different preferred Proton Pump Inhibitors in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days

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PULMONARY ANTIHYPERTENSIVES – ENDOTHELIN RECEPTOR ANTAGONISTS			
	LETAIRIS (ambrisentan) TRACLEER (bosentan)		SmartPA Criteria: <ul style="list-style-type: none"> • Diagnosis of pulmonary hypertension (416.0) in the past 2 years • History of at least 30 days of therapy with two different preferred PAH agents in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
PULMONARY ANTIHYPERTENSIVES – PDE5s SmartPA			
	ADCIRCA (tadalafil)	REVATIO (sildenafil) sildenafil	SmartPA Criteria: <ul style="list-style-type: none"> • Sildenafil <ul style="list-style-type: none"> ○ Age <12 years ○ Diagnosis of pulmonary hypertension (416.0) or patent ductus arteriosus (747.0) in the past 2 years ○ History of a heart transplant in the past 2 years • Diagnosis of pulmonary hypertension (416.0) in the past 2 years • History of at least 30 days of therapy with two different preferred PAH agents in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
PULMONARY ANTIHYPERTENSIVES – PROSTACYCLINS			
		TYVASO (treprostinil) VENTAVIS (iloprost)	SmartPA Criteria: <ul style="list-style-type: none"> • Diagnosis of pulmonary hypertension (416.0) in the past 2 years • History of at least 30 days of therapy with two different preferred PAH agents

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			<ul style="list-style-type: none"> in the past 6 months History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
SEDATIVE HYPNOTICS			
	BENZODIAZEPINES		
	estazolam flurazepam temazepam (15mg and 30mg) triazolam	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) RESTORIL (temazepam) temazepam (7.5mg and 22.5mg)	Single source benzodiazepines and barbiturates are NOT covered; PAs will not be issued for these drugs. Sedative/Hypnotics are limited to 31 cumulative units of all/any strengths per month. Any quantity required above these limits requires a PA.
	OTHERS SmartPA		
	LUNESTA (eszopiclone) zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) EDLUAR (zolpidem) INTERMEZZO (zolpidem) ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER ZOLPIMIST (zolpidem)	SmartPA Criteria: <ul style="list-style-type: none"> ZolpiMist <ul style="list-style-type: none"> Is the total quantity of the incoming claim plus history of all Zolpimist claims \leq 1 canister in the past 25 days Is the total quantity of the incoming claim plus history of all Sedative Hypnotics \leq 31 units in the past 25 days History of at least 1 claim for two different preferred Sedative Hypnotics in the past 6 months
SKELETAL MUSCLE RELAXANTS SmartPA			
	baclofen chlorzoxazone	AMRIX (cyclobenzaprine ER) carisoprodol	SmartPA Criteria: <ul style="list-style-type: none"> Carisoprodol

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	cyclobenzaprine methocarbamol tizanidine tablets	carisoprodol compound cyclobenzaprine ER dantrolene FEXMID (cyclobenzaprine) FLEXERIL (cyclobenzaprine) LORZONE (chlorzoxazone) metaxalone orphenadrine orphenadrine compound PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)	<ul style="list-style-type: none"> ○ Diagnosis of an acute musculoskeletal condition in the past 3 months ○ History absent of therapy with meprobamate in the past 90 days ○ History of at least 1 claim for cyclobenzaprine in the past 21 days ○ Does the patient have a documented intolerance to cyclobenzaprine ○ Is the total quantity of the current claim plus history of carisoprodol in the past 6 months <= 84 tablets ○ Is the request for 1 claim of 18 tablets to allow for the tapering schedule ● History of an approvable diagnosis in the past 2 years ● History of at least 1 claim for two different preferred skeletal muscle relaxants in the past 6 months ● Diagnosis of a chronic musculoskeletal disorder in the past 2 years ● History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
STERIODS (Topical)	SmartPA		
		LOW POTENCY	
	CAPEX (fluocinolone) DESOWEN (desonide) lotion desonide cr, oint. hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTHIE-FS (fluocinolone) DESONATE (desonide) desonide lotion DESOWEN (desonide) fluocinolone oil	SmartPA Criteria: <ul style="list-style-type: none"> ● Low potency product <ul style="list-style-type: none"> ○ History of at least 1 claim for two different preferred low potency products in the past 6 months ○ History of at least 90 days of therapy with the same agent at the same

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	brand/generic status as on the incoming claim in the past 105 days
MEDIUM POTENCY			
	fluocinolone hydrocortisone mometasone cr, oint. prednicarbate cr PANDEL (hydrocortisone probutate)	CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate) ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint WESTCORT (hydrocortisone valerate)	SmartPA Criteria: <ul style="list-style-type: none"> • Medium potency product <ul style="list-style-type: none"> ○ History of at least 1 claim for two different preferred medium potency products in the past 6 months ○ History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
HIGH POTENCY			
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. CAPEX (fluocinolone) fluocinolone fluocinonide triamcinolone	amcinonide oint APEXICON (diflorasone diacetate) betameth diprop/prop gly cr, lot, oint betamethasone dipropionate oint. desoximetasone diflorasone DIPROLENE AF (betamethasone diprop/prop gly) ELOCON (mometasone) HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide)	SmartPA Criteria: <ul style="list-style-type: none"> • High potency product <ul style="list-style-type: none"> ○ History of at least 1 claim for two different preferred high potency products in the past 6 months ○ History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days • History of at least 1 claim for two different preferred very high potency products in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days

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VERY HIGH POTENCY			
	clobetasol emollient clobetasol propionate cr, gel, oint, sol halobetasol	clobetasol propionate foam CLOBEX (clobetasol) DIPROLENE (betamethasone diprop/prop gly) HALONATE (halobetasol/ammonium lactate) HALAC (halobetasol/ammonium lac) TEMOVATE (clobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) ULTRAVATE (halobetasol)	
STIMULANTS AND RELATED AGENTS SmartPA			
SHORT-ACTING			
	amphetamine salt combination dexamethylphenidate IR dextroamphetamine IR FOCALIN (dexamethylphenidate) METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) methamphetamine methylphenidate solution	Prior authorization required for patients >21 years of age. SmartPA Criteria : <ul style="list-style-type: none"> • Age >= 6 years <ul style="list-style-type: none"> ○ Is the incoming claim for dextroamphetamine IR or mixed amphetamine salts IR <ul style="list-style-type: none"> ▪ Age >= 3 years • Age <21 years <ul style="list-style-type: none"> ○ Diagnosis of ADD/ADHD in the past 2 years • Short-acting stimulant <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with two different preferred SA stimulants in the past 6 months ○ History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days • History of at least 30 days of therapy

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MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 04/01/2013
Version 2013.13c
Updated: 4-29-2013

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
LONG-ACTING			
	ADDERALL XR (amphetamine salt combination) *(Requires trial of Vyvanse before approval)* DAYTRANA (methylphenidate) FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate ER (generic Concerta) (lisdexamfetamine)	amphetamine salt combination ER CONCERTA (methylphenidate) DEXEDRINE (dextroamphetamine) dextroamphetamine ER methylphenidate CD (generic Metadate CD) NUVIGIL (armodafinil) PROVIGIL (modafinil) QUILLIVANT XR (methylphenidate)^{NR} RITALIN LA (methylphenidate)	with a preferred non-stimulant in the past 6 months <ul style="list-style-type: none"> • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days SmartPA Criteria: <ul style="list-style-type: none"> • Age >= 6 years • Age <21 years <ul style="list-style-type: none"> ○ Diagnosis of ADD/ADHD in the past 2 years • Long-acting stimulant <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with two different preferred LA stimulants in the past 6 months • History of at least 30 days of therapy with a preferred non-stimulant in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days ** Adderall XR <ul style="list-style-type: none"> ○ Age >= 3 years ○ Diagnosis of ADD/ADHD in the past 2 years ○ Recent trial with Vyvanse <ul style="list-style-type: none"> • Nuvigil or Provigil <ul style="list-style-type: none"> ○ One of the following diagnoses in the past 2 years (Narcolepsy, Obstructive Sleep Apnea, Shift Work Sleep Disorder)

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NON-STIMULANTS			
	STRATTERA (atomoxetine)	INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release)	<ul style="list-style-type: none"> ○ History of at least 30 days of therapy with a stimulant in the past 6 months ○ History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days ○ Age >= 17 years ○ Provigil ○ Age >= 16 years <p>SmartPA Criteria :</p> <ul style="list-style-type: none"> ● Kapvay/Intuniv <ul style="list-style-type: none"> ○ Age 6-17 years ○ Diagnosis of ADD/ADHD in the past 2 years and: <ul style="list-style-type: none"> ○ History of trial with preferred amphetamine or methylphenidate OR, ○ History of trial with Strattera OR, ○ History of trial with generic, immediate release formulation (clonidine or guanfacine).
TETRACYCLINES SmartPA			
	doxycycline hyclate caps/tabs minocycline caps IR tetracycline	ADOXA (doxycycline monohydrate) demeclocycline doxycycline monohydrate caps (75mg, 100mg, 150mg) doxycycline monohydrate tabs DYNACIN (minocycline) minocycline ER minocycline tabs ORACEA (doxycycline) SOLODYN (minocycline) VIBRAMYCIN cap/susp/syrup	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> ● History of at least 1 claim for two different preferred agents in the past 6 months ● Demeclocycline <ul style="list-style-type: none"> ○ History of Diabetes Insipidus or SIADH in the past 2 years

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ULCERATIVE COLITIS AGENTS			
ORAL			
	APRISO (mesalamine) ASACOL (mesalamine) balsalazide DIPENTUM (olsalazine) PENTASA 250mg (mesalamine) sulfasalazine	ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) COLAZAL (balsalazide) GIAZO (balsalazide)^{NR} LIALDA (mesalamine) PENTASA 500mg (mesalamine) UCERIS (budesonide)^{NR}	<ul style="list-style-type: none"> • History of at least 30 days of therapy with a preferred non-stimulant in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
RECTAL			
	CANASA (mesalamine) mesalamine	SFROWASA (mesalamine)	<ul style="list-style-type: none"> • History of at least 30 days of therapy with a preferred non-stimulant in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days

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