

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 10/01/2013
Version 2013.26
Updated: 9-27-2013

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ACNE AGENTS (Topical)			
	ANTI-INFECTIVE		Acne agents will be authorized only for patients less than 21 years of age.
	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	
	RETINOIDS		
	TAZORAC (tazarotene) tretinoin	adapalene AVITA (tretinoin) ATRALIN (tretinoin) DIFFERIN (adapalene) RETIN-A (tretinoin) RETIN-A MICRO (tretinoin) tretinoin micro	
	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 CLENIA (sulfacetamide sodium/sulfur) erythromycin/benzoyl peroxide INOVA 4/1 (benzoyl peroxide/salicylic acid) INOVA 8/2 (benzoyl peroxide/salicylic acid) PRASCION (sulfacetamide sodium/sulfur)	

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PREFERRED BRANDS will not count toward the two brand monthly Rx limit.

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		ROSANIL (sulfacetamide sodium/sulfur) SE BPO (benzoyl peroxide) sodium sulfacetamide/sulfur pads sodium sulfacetamide/sulfur/meratan sulfacetamide sodium/sulfur/urea VELTIN (clindamycin/tretinoin) ZENCIA WASH (sulfacetamide sodium/sulfur) ZIANA (clindamycin/tretinoin)	
KERATOLYTICS (BENZOYL PEROXIDES)			
	benzoyl peroxide	BENZEFOAM ULTRA (benzoyl peroxide) BP10 (benzoyl peroxide) BPO (benzoyl peroxide) INOVA (benzoyl peroxide) LAVOCLEN (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: • Documented diagnosis (based on labeled indication) found in the past 2 years medical claims – <u>ALL DRUGS</u> AND Non-Preferred Criteria • 30 days of therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
NMDA RECEPTOR ANTAGONIST			
	NAMENDA TABS (memantine)	NAMENDA SOLUTION(memantine) NAMENDA XR (memantine) ^{NR}	

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ANALGESICS, NARCOTIC - SHORT ACTING ^{SmartPA}	acetaminophen/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) 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) SYNALGOS-DC (dihydrocodeine/ aspirin/caffeine) TYLENOL W/CODEINE (APAP/codeine) TYLOX (oxycodone/APAP)	SmartPA Criteria: <ul style="list-style-type: none"> Suboxone/ Subutex concurrent therapy <ul style="list-style-type: none"> Opioids are limited to a 5 day supply while on Suboxone or Subutex therapy with a maximum cumulative total of 10 days. Other Criteria at the Point of Sale: Applicable <u>quantity limit</u> in 31 rolling days. <ul style="list-style-type: none"> 62 tablets in 31 days – codeine, oxycodone/ibuprofen, meperidine, hydromorphone, fentanyl, butalbital/codeine combinations, morphine, tapentadol, dihydrocodeine combinations, tramadol, pentazocine, 124 tablets in 31 days – butalbital/APAP 750 145 tablets in 31 days – butalbital/APAP 650 186 tablets in 31 days – butalbital/APAP 325, butalbital/ASA 325 5mL (2 x 2.5 bottles) in 31 days – butorphanol nasal Applicable CUMULATIVE <u>quantity limit</u> in 31 rolling days <ul style="list-style-type: none"> 62 tablets in 31 days – hydrocodone combinations, oxycodone combinations 180 ml – hydrocodone liquids, oxycodone liquids

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		ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) VICOPROFEN (hydrocodone/ibuprofen) XODOL (hydrocodone/acetaminophen) ZAMICET (hydrocodone/APAP) ZOLVIT (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen)	<ul style="list-style-type: none"> 480 mL – hydrocodone liquids
ANALGESICS, NARCOTIC - LONG ACTING <small>SmartPA</small>			
	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) MS CONTIN (morphine) NUCYNTA ER (tapentadol) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol)	SmartPA Criteria: <ul style="list-style-type: none"> Suboxone/ Subutex concurrent therapy <ul style="list-style-type: none"> Opioids are limited to a 5 day supply while on Suboxone or Subutex therapy with a maximum cumulative total of 10 days. Avinza <ul style="list-style-type: none"> 30 days of therapy with Opana ER or morphine ER in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days AND Quantity limit of 31 tablets in 31 days OxyContin <ul style="list-style-type: none"> Documented diagnosis of cancer found in the past 2 years medical claims OR Antineoplastic therapy in the past 6 months AND 30 days of therapy with Kadian, Opana ER, morphine ER , Avinza or Duragesic patch in the past 6 months AND Quantity limit of 62 tablets in 31 days.

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			<ul style="list-style-type: none"> • Non-Preferred Criteria <ul style="list-style-type: none"> ○ 30 days of therapy with 2 different preferred agents in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days AND ○ Applicable <u>quantity limit</u> in 31 rolling days. <ul style="list-style-type: none"> • 31 tablets in 31 days – Exalgo ER, Ultram ER, Ryzolt, Conzip ER, • 62 tablets in 31 days – Methadone, Kadian, Morphine ER, Embeda, oxycodone ER, Opana ER, • 10 patches in 31 days – Duragesic • 4 patches in 31 days - Butrans
ANALGESICS/ANAESTHETICS (Topical) <small>SmartPA</small>			
	VOLTAREN Gel (diclofenac sodium) <small>SmartPA</small>	capsaicin FLECTOR (diclofenac epolamine) <small>SmartPA</small> LIDAMANTLE HC (lidocaine/hydrocortisone) lidocaine lidocaine/prilocaine LIDODERM (lidocaine) <small>SmartPA</small> PENNSAID Solution (diclofenac sodium) <small>SmartPA</small> xylocaine SYNERA (lidocaine/tetracaine) ZOSTRIX (capsaicin)	SmartPA Criteria: Non-Preferred Criteria <ul style="list-style-type: none"> • One claim for 1 preferred agent in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days • Lidoderm <ul style="list-style-type: none"> ○ Documented diagnosis found in the past years medical claims for Herpetic Neuralgia OR ○ Documented diagnosis found in the past years medical claims for Diabetic Neuropathy

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ANDROGENIC AGENTS	SmartPA		
	TESTIM (testosterone gel)	ANDRODERM (testosterone patch) ANDROGEL (testosterone gel) AXIRON (testosterone gel) FORTESTSA (testosterone gel)	SmartPA Criteria: <ul style="list-style-type: none"> Limited to male patients AND 30 days of therapy with 1 different preferred agent in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days
ANGIOTENSIN MODULATORS	SmartPA		
	ACE INHIBITORS		
	benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril	ACCUPRIL (quinapril) ALTACE (ramipril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril perindopril PRINIVIL (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	SmartPA Criteria: <ul style="list-style-type: none"> ACE Inhibitor <ul style="list-style-type: none"> 30 days of therapy with 2 different preferred <i>single entity</i> agents in the past 6 months OR 90 days completed therapy with the same agent 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 LOTENSIN HCT (benazepril/HCTZ) moexipril/HCTZ trandolapril/verapamil UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	<ul style="list-style-type: none"> ACE Inhibitor/CCB <ul style="list-style-type: none"> 30 days of therapy with 2 different preferred <i>ACEI/CCB</i> agents in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days ACE Inhibitor/Diuretic <ul style="list-style-type: none"> 30 days of therapy with 2 different preferred <i>ACEI/Diuretic</i> agents in the past 6 months OR 90 days of completed therapy with the same agent in the past 105 days.

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	ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)		
	AVAPRO (irbesartan) BENICAR (olmesartan) DIOVAN (valsartan) losartan MICARDIS (telmisartan)	ATACAND (candesartan) candesartan COZAAR (losartan) EDARBI (azilsartan) eprosartan irbesartan TEVETEN (eprosartan)	<ul style="list-style-type: none"> •ARB <ul style="list-style-type: none"> ○ 30 days of therapy with 2 different preferred <u>single entity</u> agents in the past 6 months OR •90 days completed therapy with the same agent 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)	<ul style="list-style-type: none"> •ARB/CCB (includes ARB/CCB/Diuretic) <ul style="list-style-type: none"> ○ 30 days of therapy with 1 different preferred <u>ARB/CCB</u> agent in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days •ARB/Diuretic <ul style="list-style-type: none"> ○ 30 days of therapy with 2 different preferred <u>ARB/Diuretic</u> products in the past 6 months OR ○ 90 days of completed therapy with the same agent in the past 105 days
	DIRECT RENIN INHIBITORS		
		TEKTURNA (aliskiren)	<ul style="list-style-type: none"> •Direct Renin Inhibitor <ul style="list-style-type: none"> ○ Documented diagnosis found in the past 2 years medical claims for hypertension AND ○ 30 days of therapy with 2 different preferred <u>ACEI or ARB single-entity</u> products in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days

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DIRECT RENIN INHIBITOR COMBINATIONS			
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz) VALTURNA (aliskiren/valsartan)	<ul style="list-style-type: none"> • Direct Renin Inhibitor Combinations <ul style="list-style-type: none"> ○ Documented diagnosis found in the past 2 years medical claims for hypertension AND ○ 30 days of therapy with 2 different preferred <i>ACEI or ARB diuretic</i> agents in the past 6 months OR ○ 90 days completed therapy with the same agent 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)	<p>*Xifaxan –requires a manual PA</p> <ul style="list-style-type: none"> • Documented diagnosis of Hepatic Encephalopathy on manual PA request AND <ul style="list-style-type: none"> ○ One trial of Lactulose OR ○ Documented treatment failure or intolerance to lactulose OR ○ Hospital discharge on Xifaxan OR ○ One claim for Xifaxan in the past 365 days
ANTIBIOTICS (VAGINAL)			
	CLEOCIN OVULES (clindamycin) clindamycin METROGEL (metronidazole) VANDAZOLE (metronidazole)	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) CLINDESSE (clindamycin) metronidazole vaginal	

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ANTICOAGULANTS	COUMADIN (warfarin) ^{SmartPA} FRAGMIN (dalteparin) ^{SmartPA LMWH} LOVENOX (enoxaparin) ^{SmartPA LMWH} PRADAXA (dabigatran) ^{SmartPA} XARELTO 10mg (rivaroxaban) ^{SmartPA}	ARIXTRA (fondaparinux) ^{SmartPA LMWH} ELIQUIS (apixaban) ^{SmartPA LMWH} enoxaparin ^{SmartPA LMWH} fondaparinux ^{SmartPA LMWH} XARELTO 15 & 20mg (rivaroxaban) warfarin	Pradaxa: <ul style="list-style-type: none"> • Minimum Age requirements – 18 years AND • Documented diagnosis of atrial fibrillation found in the past 2 years medical claims AND • NO documented diagnosis of cardiac valve disease found in the past 2 years medical claims AND • Documented diagnosis of 1 of the following in the past 2 years medical claims (Stroke, TIA, Systemic embolism, Diabetes Mellitus, Left Ventricular Dysfunction, Heart Failure) <ul style="list-style-type: none"> ○ OR Age >75 (EXCEPTION) does not have to meet the diagnosis criteria above ○ OR Age 65-75 (EXCEPTION) – documented diagnosis of hypertension found in the past 2 years medical claims AND <ul style="list-style-type: none"> • NO documented diagnosis of pathologic bleeding found in the past 6 months medical claims AND • NO documented diagnosis of rheumatic heart disease or severe renal impairment found in the past 2 years medical claims AND • NO documented diagnosis of mechanical valve prosthesis and dialysis found in the past years medical claims AND • NO active rifampin claims AND • Applicable quantity limit - 60 tablets

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			<p>Xarelto 10mg :</p> <ul style="list-style-type: none"> • Diagnosis of Atrial Fibrillation will require a Manual PA <p>SmartPA Criteria</p> <ul style="list-style-type: none"> • Limited to 70 days of therapy per calendar year • Documented diagnosis of knee replacement in past 30 days of medical claims or submitted on pharmacy claim <ul style="list-style-type: none"> ○ AND therapy limits of ≤ 12 days • OR documented diagnosis of hip replacement in past 30 days of medical claims or submitted on pharmacy claim <ul style="list-style-type: none"> ○ AND therapy limits of ≤ 35 days <p>LMWH:</p> <ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days <ul style="list-style-type: none"> • LMWH therapy is found in prescription history in the past 3months <ul style="list-style-type: none"> ○ AND documented diagnosis of cancer in the past 2 years medical claims ○ OR Female with a documented diagnosis of pregnancy found in the past 280 days medical claims OR • NO LMWH therapy is found in prescription history in the past 3months <ul style="list-style-type: none"> ○ AND duration of therapy is ≤ 17

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			<ul style="list-style-type: none"> days o OR documented diagnosis of cancer in the past 2 years medical claims o OR Female with a documented diagnosis of pregnancy found in the past 280 days medical claims o OR documented diagnosis of total hip/knee replacement or hip fracture surgery in the past 6 months medical claims <ul style="list-style-type: none"> • AND duration of therapy ≤ 35 days <p>Coumadin:</p> <ul style="list-style-type: none"> • Non-Preferred Criteria <ul style="list-style-type: none"> o 90 days completed therapy with the same agent in the past 105 days
ANTICONVULSANTS	SmartPA		
	ADJUVANTS		
	carbamazepine CARBATROL (carbamazepine) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam oxcarbazepine TEGRETOL XR (carbamazepine) TOPAMAX Sprinkle (topiramate) topiramate	BANZEL (rufinamide) carbamazepine XR DEPAKENE (valproic acid) DEPAKOTE (divalproex) EQUETRO (carbamazepine) FANATREX SUSPENSION (gabapentin) ^{NR} felbamate FELBATOL (felbamate) GRALISE (gabapentin) HORIZANT (gabapentin) KEPBRA (levetiracetam) KEPBRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) LAMICTAL XR (lamotrigine)	SmartPA Criteria: Lamictal XR/carbamazepine ER/XR: <ul style="list-style-type: none"> • Documented diagnosis of seizures found in the past 2 years medical claims AND • 90 days completed therapy with the same agent in the past 105 days Banzel/Onfi: <ul style="list-style-type: none"> • 90 days completed therapy with the same agent in the past 105 days OR • Minimum Age Requirements – <ul style="list-style-type: none"> o Rufinamide – 4 years o Clobazam – 2 years AND

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Version 2013.26
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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	TRILEPTAL Suspension (oxcarbazepine) valproic acid VIMPAT (lacosamide) zonisamide	levetiracetam ER NEURONTIN (gabapentin) oxcarbazepine suspension OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine) SABRIL (vigabatrin) STAVZOR (valproic acid) TEGRETOL (carbamazepine) tiagabine topiramate capsule TRILEPTAL Tablets (oxcarbazepine) TROKENDI XR (topiramate) ^{NR} ZONEGRAN (zonisamide)	<ul style="list-style-type: none"> • Documented diagnosis of Lennox-Gastaut found in the past 2 years medical claims AND • 30 days of therapy with 1 different preferred agents for Lennox-Gastaut in the past 6 months Non-Preferred Agents • 30 days of therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
SELECTED BENZODIAZEPINES			
	DIASTAT (diazepam rectal)	diazepam rectal gel ONFI (clobazam)	<ul style="list-style-type: none"> Onfi: • 90 days completed therapy with the same agent in the past 105 days OR • Documented diagnosis of Lennox-Gastaut found in the past 2 years medical claims AND • 30 days of therapy with 1 different preferred agents for Lennox-Gastaut in the past 6 months <p>Diastat</p> <ul style="list-style-type: none"> • Quantity limits of 3 Twin Packs/31 days
HYDANTOINS			
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
SUCCINIMIDES			
	ethosuximide	CELONTIN (methsuximide)	

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MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 10/01/2013
Version 2013.26
Updated: 9-27-2013

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		ZARONTIN (ethosuximide)	
ANTIDEPRESSANTS, OTHER <i>SmartPA</i>			
	bupropion bupropion SR EFFEXOR XR (venlafaxine) mirtazapine PRISTIQ (desvenlafaxine) trazodone WELLBUTRIN XL (bupropion HCl)	APLENZIN (bupropion HBr) bupropion XL desvenlafaxine DESYREL (trazodone) EFFEXOR (venlafaxine) EMSAM (selegiline transdermal) FORFIVO XL (bupropion) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) REMERON (mirtazapine) tranylcypromine venlafaxine venlafaxine ER venlafaxine XR VIIBRYD (vilazodone) WELLBUTRIN (bupropion) WELLBUTRIN SR	SmartPA Criteria: • Minimum age requirement – 18 years (all drugs) • 30 days of therapy with 2 different preferred antidepressants, others class in the past 6 months OR • 30 days of therapy with BOTH preferred SSRI and antidepressants, others class in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days Cymbalta (see Fibromyalgia Agents)
ANTIDEPRESSANTS, SSRIs <i>SmartPA</i>			
	citalopram fluoxetine fluvoxamine LEXAPRO (escitalopram) paroxetine IR PAXIL CR (paroxetine) PAXIL SUSPENSION sertraline	CELEXA (citalopram) escitalopram LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine CR paroxetine suspension PAXIL Tablets (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine)	SmartPA Criteria: • Minimum age requirements apply to all drugs o Citalopram – 9 years o Escitalopram – 12 years o Fluoxetine – 7 years o Fluoxetine 90 mg – 18 years o Fluvoxamine – 8 years o Fluvoxamine SR – 18 years o Paroxetine – 18 years o Sertraline – 6 years

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Version 2013.26
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		ZOLOFT (sertraline)	<ul style="list-style-type: none"> •30 days of therapy with 2 different preferred SSRI's in the past 6 months OR •90 days of completed therapy with the same agent in the past 105 days <p>Lexapro</p> <ul style="list-style-type: none"> •Age requirement 12 – 17 years OR •Documented diagnosis of <u>depression</u> found in past 2 years medical claims AND <ul style="list-style-type: none"> ○ 30 days of therapy with 2 different preferred SSRI antidepressants in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days •Documented diagnosis of <u>anxiety disorder</u> in the past 2 years AND <ul style="list-style-type: none"> ○ 30 days of therapy with BOTH sertraline and paroxetine IR in the past 6 months OR ○ 90 days completed therapy with the same agent the past 105 days
ANTIEMETICS <small>SmartPA</small>	5HT3 RECEPTOR BLOCKERS		
	ondansetron ondansetron solution	ANZEMET (dolasetron) granisetron GRANISOL (granisetron) ondansetron ODT SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) ZUPLLENZ (ondansetron)	<p>All injectable 5HT3 receptor blockers closed to point of sale.</p> <p>SmartPA Criteria:</p> <ul style="list-style-type: none"> •Age requirements – ondansetron ODT and Zuplenz 4mg strengths only <ul style="list-style-type: none"> ○ 4-11 years ○ One claim with a preferred antiemetic in the past 6 months

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EFFECTIVE 10/01/2013
Version 2013.26
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ANTIEMETIC COMBINATIONS			
		DICLEGIS (doxylamine/pyridoxine)	
CANNABINOIDS			
		CESAMET (nabilone) MARINOL (dronabinol) dronabinol	
NMDA RECEPTOR ANTAGONIST			
		EMEND (aprepitant)	Emend • Documented diagnosis of cancer found in past 2 years medical claims OR • Antineoplastic history in the past 6 months AND <ul style="list-style-type: none"> ○ One claim with a preferred antiemetic in the past 6 months
ANTIFUNGALS (Oral)	SmartPA		
	clotrimazole fluconazole GRIFULVIN V (griseofulvin, microsize) griseofulvin microsize tablets/capsules/susp GRIS-PEG (griseofulvin) nystatin terbinafine	ANCOBON (flucytosine) DIFLUCAN (fluconazole) griseofulvin ultramicrosize tablet itraconazole ketoconazole LAMISIL (terbinafine) MYCOSTATIN Tablets (nystatin) NIZORAL (ketoconazole) NOXAFIL (posaconazole) ONMEL (itraconazole) SPORANOX (itraconazole) TERBINEX Kit (terbinafine/ciclopirox) VFEND (voriconazole) voriconazole	SmartPA Criteria: • Documented diagnosis of HIV found in the past 2 years medical claims AND oral antifungal with a labeled indication for HIV opportunistic infection OR • One claim for 2 different preferred agents in the past 6 months OR • Itraconazole <ul style="list-style-type: none"> ○ Documented diagnosis of transplant found in the past 2 years of medical claims OR ○ History of an immunosuppressant in the past 6 months OR ○ One claim for 2 different preferred agents in the past 6 months

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EFFECTIVE 10/01/2013
Version 2013.26
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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) ketoconazole foam 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: • One claim for 2 preferred agents 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)	SmartPA Criteria: • Documented diagnosis of allergy or urticaria in the past 2 years medical claims AND • 30 days of therapy with 2 different preferred agents in the past 12 months

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EFFECTIVE 10/01/2013
Version 2013.26
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		XYZAL Tablets (levocetirizine)	OR •90 days completed therapy with the same agent in the past 105 days
	MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS		
	cetirizine/pseudoephedrine loratadine/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 zolmitriptan	SmartPA Criteria: •Minimum age requirements apply to all drug formulations below <ul style="list-style-type: none"> ○ Almotriptan – 12 years ○ Eletriptan – 18 years ○ Frovatriptan – 18 years ○ Naratriptan – 18 years ○ Rizatriptan – 6 years ○ Sumatriptan – 18 years ○ Sumatriptan/Naproxen – 18 years ○ Zolmitriptan – 18 years Oral products •One claim for a preferred oral agent in the past year Other Criteria at the Point of Sale: Applicable <u>quantity limit</u> in 31 rolling days. <ul style="list-style-type: none"> • 12 tablets in 31 days - rizatriptan • 9 tablets in 31 days – naratriptan, frovatriptan,

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			sumatriptan, sumatriptan/naproxen <ul style="list-style-type: none"> • 6 tablets in 31 days – almotriptan, zolmitriptan, eletriptan
NASAL			
	IMITREX (sumatriptan)	sumatriptan ZOMIG (zolmitriptan)	Nasal Products <ul style="list-style-type: none"> • One claim for a preferred nasal agent in the past year Applicable <u>quantity limit</u> in 31 rolling days. <ul style="list-style-type: none"> • 1 box in 31 days
INJECTABLE			
	sumatriptan	IMITREX (sumatriptan)	Injectable Products <ul style="list-style-type: none"> • One claim for a preferred injectable agent in the past year Applicable CUMULATIVE <u>quantity limit</u> in 31 rolling days <ul style="list-style-type: none"> • 4 injections in 31 days
ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS			
	AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) GLEEVEC (imatinib mesylate) ICLUSIG (ponatinib) INLYTA (axitinib) IRESSA (gefitinib) JAKAFI (ruxolitinib) NEXAVAR (sorafenib) SPRYCEL (dasatinib) STIVARGA (regorafenib) SUTENT (sunitinib)		

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	TARCEVA (erlotinib) TASIGNA (nilotinib) TYKERB (lapatinib ditosylate) vandetanib VOTRIENT (pazopanib) XALKORI (crizotinib) ZELBORAF (vemurafenib)		
ANTIPARASITICS (Topical) ^{SmartPA}			
	EURAX (crotamiton) NATROBA (spinosad) permethrin	lindane malathion OVIDE (malathion) SKLICE (ivermectin) ULESFIA (benzyl alcohol)	SmartPA Criteria: <ul style="list-style-type: none"> • Minimum age/weight requirements apply to all drug formulations for the treatment of <i>head lice</i>: <ul style="list-style-type: none"> ○ Benzyl Alcohol Solution – 6 months ○ Ivermectin – 6 months ○ Lindane Shampoo – 50 kg ○ Malathion – 6 years ○ Permethrin 1% – 2 months ○ Piperonyl/Pyrethrins – 2 years ○ Spinosad – 4 years • Natroba <ul style="list-style-type: none"> ○ History of permethrin 1% topical OR piperonyl/pyrethrin in the past 90 days • Non Preferred Agents <ul style="list-style-type: none"> ○ History of permethrin 1% topical OR piperonyl/pyrethrin in the past 90 days AND ○ History of Natroba in the past 90 days

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ANTIPARKINSON'S AGENTS (Oral) ^{SmartPA}			
	ANTICHOLINERGICS		SmartPA Criteria: <ul style="list-style-type: none"> • Documented diagnosis of Parkinson's disease in the past 2 years medical claims AND • 30 days of therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
	benztropine trihexyphenidyl	COGENTIN (benztropine)	
	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)	
	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 <ul style="list-style-type: none"> • Approved for augmentation of carbidopa/levodopa only. • Pharmacy claims history of a combination carbidopa/levodopa product in the past 45 days must be present.

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ANTIPSYCHOTICS <small>SmartPA</small>	ORAL		
	ABILIFY (aripiprazole) <small>SmartPA</small> amitriptyline/perphenazine chlorpromazine clozapine <small>SmartPA</small> FANAPT (iloperidone) <small>SmartPA</small> fluphenazine GEODON (ziprasidone) <small>SmartPA</small> haloperidol <small>SmartPA</small> LATUDA (lurasidone) <small>SmartPA</small> perphenazine risperidone <small>SmartPA</small> SAPHRIS (asenapine) <small>SmartPA</small> SEROQUEL (quetiapine) <small>SmartPA</small> SEROQUEL XR (quetiapine) <small>SmartPA</small> thioridazine thiothixene trifluoperazine	CLOZARIL (clozapine) <small>SmartPA</small> FAZACLO (clozapine) <small>SmartPA</small> HALDOL (haloperidol) <small>SmartPA</small> INVEGA (paliperidone) <small>SmartPA</small> NAVANE (thiothixene) <small>SmartPA</small> olanzapine <small>SmartPA</small> olanzapine/fluoxetine <small>SmartPA</small> quetiapine <small>SmartPA</small> RISPERDAL (risperidone) <small>SmartPA</small> SYMBYAX (olanzapine/fluoxetine) <small>SmartPA</small> ziprasidone <small>SmartPA</small> ZYPREXA (olanzapine) <small>SmartPA</small>	SmartPA Criteria: Atypical Antipsychotics <ul style="list-style-type: none"> • Minimum age requirements apply to all oral drug formulations below <ul style="list-style-type: none"> ○ Aripiprazole – 6 years ○ Asenapine – 18 years ○ Clozapine – 18 years ○ Haloperidol – 3 years ○ Iloperidone – 18 years ○ Lurasidone – 18 years ○ Olanzapine – 13 years ○ Olanzapine/Fluoxetine – 10 years ○ Paliperidone – 18 years ○ Quetiapine IR – 10 years ○ Quetiapine SR – 10 years ○ Risperidone – 5 years ○ Ziprasidone – 18 years Abilify Tablets (all strengths, ODT formulation excluded) New Starts: <ul style="list-style-type: none"> • 2.5mg, 5mg, 7.5mg, 10mg, and 15 mg dosages will require tablet splitting. Use ½ tablet of the higher strength. • 1 tablet splitter per year • Detailed Abilify Tablet Splitting; click here Invega Tablets <ul style="list-style-type: none"> • 30 days of therapy with risperidone in the past 12 months OR • 30 days of therapy with the same agent in the past 105 days

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Version 2013.26
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			Non Preferred Criteria •30 days of therapy with 1 preferred atypical antipsychotic agent in the past 12 months OR •30 days of therapy with the same agent in the past 105 days
INJECTABLE, ATYPICALS <small>SmartPA</small>			
		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. SmartPA Criteria for Long Term Care Long Acting Injectable Agents: •Minimum Age requirement AND •Documented diagnosis (based on labeled indications) found in the past 2 years medical claims AND •Non-Compliant with the oral form of the injection OR •History of claims for the same injectable agent in the past 90 days. <ul style="list-style-type: none"> ○ History defined as: ○ 3 claims - Abilify Maintena, Invega Sustenna, Zyprexa Relprevv ○ 6 claims - Risperdal Consta
ANTIVIRALS (Oral) – ANTIHERPETIC AGENTS			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) VALTREX (valacyclovir) ZOVIRAX (acyclovir)	

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ANTIVIRALS (Topical)			
	DENAVIR (penciclovir) ZOVIRAX Ointment (acyclovir)	XERESE (acyclovir/hydrocortisone) ZOVIRAX Cream (acyclovir)	
ATOPIC DERMATITIS SmartPA			
	ELIDEL (pimecrolimus)	PROTOPIC (tacrolimus)	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Minimum age requirements <ul style="list-style-type: none"> ○ Elidel – 2 years ○ Protopic 0.03% - 2 years ○ Protopic 0.1% - 6 years <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • One claim for a different preferred agent in the past 6 months OR • 90 days of completed therapy with the same agent in the past 105 days
BETA BLOCKERS SmartPA			
	acebutolol atenolol bisoprolol BYSTOLIC (nebivolol)* metoprolol metoprolol XL nadolol pindolol propranolol timolol TOPROL XL (metoprolol)	BETAPACE (sotalol) betaxolol CORGARD (nadolol) INDERAL LA (propranolol) INNOPRAN XL (propranolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) sotalol TENORMIN (atenolol) ZEBETA (bisoprolol)	<p>SmartPA Criteria:</p> <p>Bystolic</p> <ul style="list-style-type: none"> • 90 days completed therapy with the same agent in the past 105 days OR • 30 days of therapy with 1 different preferred agent in the past 6 months <p>Sotalol</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for atrial fibrillation OR • 30 days of therapy with 2 different preferred <i>Beta Blocker, Beta and Alpha Blocker or Beta Blocker Combo</i> agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days

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MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 10/01/2013
Version 2013.26
Updated: 9-27-2013

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			Non Preferred Agents <ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred <u>Beta Blocker, Beta and Alpha Blocker or Beta Blocker Combo</u> agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
BETA- AND ALPHA-BLOCKERS			
	carvedilol labetalol	COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	Coreg CR <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for hypertension AND • 30 days of therapy with carvedilol AND a different preferred <u>Beta Blocker, Beta and Alpha Blocker or Beta Blocker Combo</u> agent in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
BETA BLOCKER/DIURETIC COMBINATIONS			
	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)	Non Preferred Agents <ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred <u>Beta Blocker, Beta and Alpha Blocker or Beta Blocker Combo</u> agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
BILE SALTS			
	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) URSO (ursodiol) URSO FORTE (ursodiol)	

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EFFECTIVE 10/01/2013
Version 2013.26
Updated: 9-27-2013

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BLADDER RELAXANT PREPARATIONS <small>SmartPA</small>			
	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"> • 30 days of therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
BONE RESORPTION SUPPRESSION AND RELATED AGENTS <small>SmartPA</small>			
BISPHOSPHONATES			
	ACTONEL (risedronate) alendronate BINOSTO (alendronate) FOSAMAX PLUS D (alendronate/vitamin D)	alendronate solution ATELVIA (risedronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) ibandronate PROLIA (denosumab)	SmartPA Criteria: <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for osteoporosis or osteopenia AND • One claim for 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
OTHERS			
	FORTICAL (calcitonin) MIACALCIN (calcitonin)	calcitonin salmon EVISTA (raloxifene) FORTEO (teriparatide)	

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EFFECTIVE 10/01/2013
Version 2013.26
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BPH AGENTS <small>SmartPA</small>			
	ALPHA BLOCKERS		
	doxazosin FLOMAX (tamsulosin) terazosin UROXATRAL (alfuzosin)	alfuzosin CARDURA (doxazosin) CARDURA XL (doxazosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) tamsulosin	SmartPA Criteria: <ul style="list-style-type: none"> • Male patient AND • 30 days of therapy with 2 different preferred agent in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days • Female Patient AND <ul style="list-style-type: none"> ○ Alfuzosin, doxazosin IR, finasteride, tamsulosin, and terazosin AND ▪ Documented diagnosis found in the past 2 years medical claims based on a state accepted diagnosis
	5-ALPHA-REDUCTASE (5AR) INHIBITORS		
	AVODART (dutasteride) finasteride	PROSCAR (finasteride)	
	PDE5 INHIBITORS		
		CIALIS (tadalafil)	Cialis: (Requires a Manual PA) <ul style="list-style-type: none"> • Limited to Male Patients AND • Documented diagnosis found in the past 2 years medical claims for Benign Prostatic Hypertrophy AND • NO documented diagnosis of Erectile Dysfunction found in the past 2 years medical claims AND • Prescriber signed waiver stating treatment is NOT for Erectile Dysfunction AND • 30 days therapy with 2 different preferred agents in the past 6 months

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EFFECTIVE 10/01/2013
Version 2013.26
Updated: 9-27-2013

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BRONCHODILATORS & COPD AGENTS			
ANTICHOLINERGICS & COPD AGENTS			
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA (tiotropium)	DALIRESP (roflumilast) TUDORZA PRESSAIR (aclidinium)	
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS			
	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}	SmartPA Criteria: Xopenex HFA •Age requirements – 4 years AND •One claim for a short acting albuterol inhaler in the past 30 days Non Preferred Criteria ○ One claim for a short acting albuterol inhaler in the past 6 months
INHALERS, LONG ACTING ^{SmartPA}			
	FORADIL (formoterol)	ARCAPTA (indacaterol) SEREVENT (salmeterol)	SmartPA Criteria: Foradil •Age requirements – 5 years Serevent •Age requirements – 4 years AND •30 days of therapy with a preferred long acting agent in the past 6 months OR •90 days completed therapy with the same agent in the past 105 days

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EFFECTIVE 10/01/2013
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Updated: 9-27-2013

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INHALATION SOLUTION SmartPA			
	albuterol	ACCUNEB (albuterol) BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	<p>Arcapta</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for COPD AND • Age requirements – 18 years AND • 30 days of therapy with a preferred long acting agent in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days <p>SmartPA Criteria: Xopenex Inhalation Solution</p> <ul style="list-style-type: none"> • Age requirements – 6 years AND • One claim for an albuterol solution in the past 30 days <p>Brovana or Perforomist</p> <ul style="list-style-type: none"> • Age requirements – 18 years AND • One claim for 1 different preferred Inhalation Solution in the past 6 months OR • 3 claims for the same agent in the past 105 days <p>Non Preferred Agents</p> <ul style="list-style-type: none"> • One claim for 1 different preferred Inhalation Solution in the past 6 months OR • 3 claims for the same agent in the past 105 days
ORAL			
	albuterol metaproterenol terbutaline	VOSPIRE ER (albuterol)	

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EFFECTIVE 10/01/2013
Version 2013.26
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CALCIUM CHANNEL BLOCKERS	SmartPA		
	SHORT-ACTING		
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine PROCARDIA (nifedipine)	SmartPA Criteria: •nimodipine o documented diagnosis found in the past 45 days for subarachnoid hemorrhage AND o quantity ≤ to 21 days maximum therapy (252 capsules/2520mL) •Short Acting CCB o 30 days of therapy with 2 different preferred <u>Short Acting CCB</u> agents in the past 6 months OR o 90 days completed therapy with the same agent in the past 105 days
	LONG-ACTING		
	amlodipine 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) nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	•Long Acting CCB o 30 days of therapy with 2 different preferred <u>Long Acting CCB</u> agents in the past 6 months OR o 90 days completed therapy with the same agent in the past 105 days
CALORIC AGENTS			
	BOOST (includes all Boost) BRIGHT BEGINNINGS CARNATION INSTANT BREAKFAST	COMPLEAT EO28 SPLASH FIBERSOURCE	

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EFFECTIVE 10/01/2013
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	DUOCAL ENSURE JUVEN GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE POLYCOSE PROMOD RESOURCE SCANDISHAKE TWOOCAL HN	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 cephalexin	KEFLEX (cephalexin)	SmartPA Criteria: Cephalosporins (all generations) <ul style="list-style-type: none"> • One claim for 2 different preferred agents in the past 6 months 	
CEPHALOSPORINS – Second Generation SmartPA				
	cefaclor cefprozil cefuroxime tablets	cefuroxime suspension CEFTIN (cefuroxime)		
CEPHALOSPORINS – Third Generation SmartPA				
	cefdinir suspension (for patients <18 yr only) cefdinir capsules	CEDAX (ceftibuten) cefditoren cefpodoxime	Cefdinir suspension <ul style="list-style-type: none"> • Maximum age requirement – 18 years OR <ul style="list-style-type: none"> o One claim for 2 different preferred 	

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Version 2013.26
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		SPECTRACEF (cefditoren) SUPRAX (cefixime)	agents in the past 6 months
CYSTIC FIBROSIS AGENTS			
		CAYSTON (aztreonam)** COLY-MYCIN M (colistimethate sodium)** KALYDECO (ivacaftor) PULMOZYME (dornase alfa)** TOBI (tobramycin)** TOBI PODHALER (tobramycin)	SmartPA Criteria <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims Cystic Fibrosis Kalydeco: <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims Cystic Fibrosis AND • One claim for Kalydeco in the past 105 days Manual PA: <ul style="list-style-type: none"> • Kalydeco – new starts after 7.1.2013 • TOBI Podhaler
CYTOKINE & CAM ANTAGONISTS			
	ENBREL (etanercept) HUMIRA (adalimumab)	AMEVIVE (alefacept) CIMZIA (certolizumab) KINERET (anakinra) ORENCIA (abatacept) REMICADE (infliximab) SIMPONI (golimumab) STELARA (ustekinumab) XELJANZ (tofacitinib)	Amevive, Orenzia, Remicade and Stelara are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification.
ERYTHROPOIESIS STIMULATING PROTEINS <small>SmartPA</small>			
	ARANESP (darbepoetin) PROCRIT (rHuEPO)	EPOGEN (rHuEPO) OMONTYS (peginesatide)	SmartPA Criteria: Omontys

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EFFECTIVE 10/01/2013
Version 2013.26
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			<ul style="list-style-type: none"> • Minimum age requirement – 18 years AND • Documented diagnosis found in the past 2 years medical claims for chronic renal failure AND • Documented procedure code found in the past 180 days medical claims for dialysis <p>Non Preferred Agents</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for cancer or chronic renal failure <u>OR</u> Antineoplastic therapy in the past 6 months AND Procrit history in the past 6 months claims
FIBROMYALGIA AGENTS			
	LYRICA (pregabalin) SAVELLA (milnacipran)	CYMBALTA (duloxetine) ^{SmartPA}	SmartPA Criteria Cymbalta <ul style="list-style-type: none"> • Documented diagnosis of <i>fibromyalgia</i> found in past 2 years medical claims AND <ul style="list-style-type: none"> ○ 30 days of therapy with BOTH Lyrica and Savella in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days • Documented diagnosis of <i>depression</i> found in past 2 years medical claims AND <ul style="list-style-type: none"> ○ 30 days of therapy with 2 different preferred <i>antidepressants, other</i> products in the past 6 months OR

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			<ul style="list-style-type: none"> o 30 days of therapy with BOTH preferred SSRI and antidepressant other in the past 6 months OR o 90 days completed therapy with the same agent in the past 105 days • Documented diagnosis of <i>anxiety</i> found in past 2 years medical claims AND <ul style="list-style-type: none"> o 30 days of therapy with 2 of the following: sertraline , paroxetine IR, or Effexor XR in the past 6 months OR o 90 days completed therapy with the same agent in the past 105 days • Documented diagnosis of <i>Diabetic Peripheral Neuropathy</i> found in past 2 years medical claims AND <ul style="list-style-type: none"> o 30 days of therapy with Lyrica in the past 6 months OR o 90 days completed therapy with the same agent in the past 105 days
FLUOROQUINOLONES (Oral) <i>SmartPA</i>			
	AVELOX (moxifloxacin) ciprofloxacin tablets	ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin NOROXIN (norfloxacin) ofloxacin	SmartPA Criteria: Non Preferred Oral Tablets <ul style="list-style-type: none"> • One claim for 1 preferred agent in the past 30 days Levaquin Tablets <ul style="list-style-type: none"> • One claim for ciprofloxacin, moxifloxacin, or SMX/TMP in the past 14 days OR • One claim for 1 preferred agent in the past 30 days

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			<ul style="list-style-type: none"> • Levofloxacin solution <ul style="list-style-type: none"> ○ Age < 12 years AND <ul style="list-style-type: none"> ▪ Documented diagnosis found in the past 3 months medical claims for anthrax infection or exposure OR ▪ 7 days of therapy with a preferred agent from 2 of the preferred classes below in the past 3 months <ul style="list-style-type: none"> • Penicillin, 2nd or 3rd generation cephalosporin, or macrolide AND • Ciprofloxacin suspension in the past 3 months claims OR ○ Age >12 years AND ○ One claim for ciprofloxacin, moxifloxacin, or SMX/TMP in the past 14 days OR ○ One claim for 1 preferred agent in the past 30 days <ul style="list-style-type: none"> • Ciprofloxacin suspension <ul style="list-style-type: none"> ○ Age < 12 years AND <ul style="list-style-type: none"> ▪ Documented diagnosis found in the past 3 months medical claims for anthrax infection or exposure OR ▪ Documented diagnosis found in the past 2 years for cystic fibrosis OR ▪ Documented diagnosis found in the past 3 months claims for pneumonic plague or tularemia AND history of doxycycline found

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			in claims in the past 3 months OR <ul style="list-style-type: none"> ▪ 7 days of therapy with a preferred agent from 2 of the preferred classes below in the past 3 months <ul style="list-style-type: none"> • Penicillin, 2nd or 3rd generation cephalosporin, or macrolide OR <ul style="list-style-type: none"> ○ Age >12 years AND ○ One claim for 1 preferred agent in the past 30 days
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) <small>SmartPA</small>			
GLUCOCORTICOIDS <small>SmartPA</small>			
	ASMANEX (mometasone) FLOVENT Diskus (fluticasone) FLOVENT HFA (fluticasone) QVAR (beclomethasone) PULMICORT (budesonide) Flexhaler PULMICORT (budesonide) Respules	ALVESCO (ciclesonide) budesonide	SmartPA Criteria: <ul style="list-style-type: none"> • Pulmicort Flexhaler <ul style="list-style-type: none"> ○ Minimum age requirement - 6 years Non Preferred Agents <ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred agents in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS			
	ADVAIR Diskus (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	BREO ELLIPTA (fluticasone/vilanterol) ^{NR}	

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EFFECTIVE 10/01/2013

Version 2013.26

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
GROWTH HORMONE	SmartPA		
	GENOTROPIN (somatropin) NORDITROPIN (somatropin) NUTROPIN AQ (somatropin)	HUMATROPE (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin)	<p>SmartPA Criteria: Age >18</p> <ul style="list-style-type: none"> Documented diagnosis found in the past 2 years medical claims for craniopharyngioma, Prader-Willi Syndrome, or Turner Syndrome OR Documented procedure found in the past 2 years medical claims for cranial irradiation <p>Non Preferred Agents</p> <ul style="list-style-type: none"> 28 days of therapy with 1 preferred agent in the past 6 months OR 84 days of completed therapy with the same agent in the past 105 days
H. PYLORI COMBINATION TREATMENTS			
	HELIDAC (bismuth subsalicylate, metronidazole, tetracycline) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline) OMECLAMOX (omeprazole, clarithromycin, amoxicillin)	Limited to 1 treatment course per year
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)	<p>*Incivek & Victrelis require manual PA</p> <p>SmartPA Criteria: Non Preferred Interferon Agents</p> <ul style="list-style-type: none"> One claim for a preferred peginterferon agent in the past 6 months OR One claim with the same agent in the past 12 months

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MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 10/01/2013

Version 2013.26

Updated: 9-27-2013

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HYPERURICEMIA & GOUT SmartPA			
	allopurinol COLCRYS (colchicine) probenecid probenecid/colchicine	ULORIC (febuxostat) ZYLOPRIM (allopurinol)	SmartPA Criteria: • 30 days of therapy with 2 different preferred agents in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days
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) NESINA (alogliptin) OSENI (alogliptin/pioglitazone) SYMLIN (pramlintide) VICTOZA (liraglutide)	
HYPOGLYCEMICS, INSULINS AND RELATED AGENTS SmartPA			
	HUMALOG VIAL (insulin lispro) HUMALOG MIX VIAL (insulin lispro/ lispro protamine) HUMULIN VIAL (insulin) LANTUS SOLOSTAR & VIAL (insulin glargine) LEVEMIR FLEXPEN & VIAL (insulin detemir) NOVOLIN VIAL (insulin) NOVOLOG FLEXPEN & VIAL (insulin aspart) NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine)	APIDRA (insulin glulisine) HUMALOG KWIKPEN (insulin lispro) HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine) HUMULIN KWIKPEN (insulin) NOVOLIN FLEXPEN (insulin)*	SmartPA Criteria: • Documented diagnosis found in the past 2 years medical claims for Diabetes Mellitus AND • 30 days of therapy with 1 preferred product in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days
HYPOGLYCEMICS, MEGLITINIDES			
	PRANDIN (repaglinide)	nateglinide PRANDIMET (repaglinide/metformin) repaglinide	

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		STARLIX (nateglinide)	
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS			
		INVOKANA (canagliflozin)	
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) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) tacrolimus	HECORIA (tacrolimus) ^{NR}	SmartPA Criteria: <ul style="list-style-type: none"> • Cyclosporine & Cyclosporine, modified <ul style="list-style-type: none"> ○ Documented diagnosis found in the past 2 years medical claims for heart transplant, kidney transplant, liver transplant, psoriasis, RA or a state accepted diagnosis OR ○ A manual PA review for a diagnosis of Kimura's disease or multifocal motor neuropathy • Tacrolimus & CellCept <ul style="list-style-type: none"> ○ Documented diagnosis found in the past 2 years medical claims for heart transplant, kidney transplant, liver

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EFFECTIVE 10/01/2013
Version 2013.26
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	ZORTRESS (everolimus)		<p>transplant or a state accepted diagnosis</p> <ul style="list-style-type: none"> • Myfortic (mycophenolate sodium) <ul style="list-style-type: none"> ○ Documented diagnosis found in the past 2 years medical claims for kidney transplant or psoriasis • Sirolimus <ul style="list-style-type: none"> ○ Minimum age requirement – 13 years AND ○ Documented diagnosis found in the past 2 years medical claims for kidney transplant • Everolimus <ul style="list-style-type: none"> ○ Minimum age requirement – 18 years AND ○ Documented diagnosis found in the past 2 years medical claims for kidney transplant
INTRANASAL RHINITIS AGENTS			
ANTICHOLINERGICS			
	ipratropium	ATROVENT (ipratropium)	
ANTIHISTAMINES			
	ASTELIN (azelastine) PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine	
ANTIHISTAMINE/CORTICOSTEROID COMBINATION ^{SmartPA}			
		DYMISTA (azelastine/fluticasone)	

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CORTICOSTEROIDS <small>SmartPA</small>			
	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"> • Documented diagnosis found in the past 2 years medical claims for allergic rhinitis AND • One claim for 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days
IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS			
	dicyclomine hyoscyamine	AMITIZA (lubiprostone) BENTYL (dicyclomine) FULYZAQ (crofelemer) GATTEX (teduglutide) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LINZESS (linaclotide) LOTRONEX (alosetron) NUTRESTORE POWDER PACK (glutamine) ZORBTIVE (somatropin)	SmartPA Criteria: <ul style="list-style-type: none"> • Amitiza, Linzess, Lotronex, or Zorbtive users will be grandfathered <ul style="list-style-type: none"> o 1 claim with the same agent in the past 105 days Other Non Preferred Agents – require Manual PA
LEUKOTRIENE MODIFIERS <small>SmartPA</small>			
	ACCOLATE (zafirlukast) SINGULAIR (montelukast)	montelukast ZYFLO CR (zileuton) zafirlukast	SmartPA Criteria: <ul style="list-style-type: none"> • Zyflo or Zyflo CR <ul style="list-style-type: none"> o Minimum age requirement - 12 years Non Preferred Agents <ul style="list-style-type: none"> • 30 days of therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days

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LIPOTROPICS, OTHER (Non-statins) ^{SmartPA}			
	BILE ACID SEQUESTRANTS		
	cholestyramine colestipol	COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)	SmartPA Criteria Criteria for all drugs: •90 days completed therapy with the same agent in the past 105 days OR •30 days completed therapy with a statin or statin combination agent in the past 1 year OR •One of the following exceptions: o A female patient with a documented diagnosis of pregnancy found in medical claims in the past 280 days OR o Documented diagnosis found in the past 2 years medical claims for liver disease OR o Documented diagnosis found in the past 2 years medical claims for hypertriglyceridemia OR o Clinical justification provided for the reason the patient is unable to take a statin or statin combination product AND Welchol •Documented diagnosis found in the past 2 years medical claims for diabetes AND •30 days of therapy with a preferred oral antidiabetic agent in the past 180 days OR •30 days therapy with 2 different preferred bile acid sequestrants OR

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			<ul style="list-style-type: none"> A female patient with a documented diagnosis of pregnancy in the past 280 days
OMEGA-3 FATTY ACIDS			
	LOVAZA (omega-3-acid ethyl esters)	VASCEPA (icosapent ethyl)	Non Preferred Agents 30 days of therapy with 2 different preferred non-statin lipotropics in the past 6 months
CHOLESTEROL ABSORPTION INHIBITORS			
		ZETIA (ezetimibe)	
FIBRIC ACID DERIVATIVES			
	ANTARA (fenofibrate, micronized) gemfibrozil TRICOR (fenofibrate nanocrystallized) TRILIPIX (fenofibric acid)	fenofibrate, micronized fenofibrate nanocrystallized 145mg fenofibric acid FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate)	Fibric Acid Derivative 30 days of therapy with 2 different fibric acid derivatives in the past 6 months
MTP INHIBITOR			
		JUXTAPID (lomitapide)	
APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR			
		KYNAMRO (mipomersen)	
NIACIN			
	NIACOR (niacin) NIASPAN (niacin)		

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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: • 30 days of therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days Simvastatin 80mg: • 12 months of therapy with simvastatin 80mg in the past 18 months AND • NO documented myopathies found in medical claims in the past 12 months
STATIN COMBINATIONS			
	atorvastatin/amlodipine	ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine) SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)	<i>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.</i>
MACROLIDES/KETOLIDES (Oral)			
KETOLIDES			
		KETEK (telithromycin)	
MACROLIDES			
	Azithromycin clarithromycin ER clarithromycin IR E.E.S. Suspension (erythromycin ethylsuccinate) ERYPED Suspension (erythromycin)	BIAXIN (clarithromycin) BIAXIN XL (clarithromycin) E.E.S. (erythromycin ethylsuccinate) E-MYCIN (erythromycin) ERYC (erythromycin) ERY-TAB (erythromycin)	

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	ethylsuccinate) 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			
	alprazolam CARAFATE SUSPENSION (sucralfate) MEGACE ES (megestrol) SUBOXONE (buprenorphine/naloxone)	alprazolam ER KORLYM (mifepristone) megestrol suspension 625mg/5mL sucralfate suspension ZUBSOLV (buprenorphine/naloxone) ^{NR}	Suboxone References can be found at: http://www.medicaid.ms.gov/Document/Pharmacy/Suboxone%20Resources.pdf . SmartPA Criteria • Alprazolam ER: Applicable CUMULATIVE quantity limit in 31 rolling days <ul style="list-style-type: none"> ▪ 31 tablets ▪ Exception: <i>previous beneficiaries with a paid claim for 2 tablets per day in the past 90 days are allowed to remain on cumulative of 62 tablets.</i>
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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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) TECFIDERA (dimethyl fumarate)	SmartPA Criteria: <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for multiple sclerosis AND • One claim for 2 different preferred agents in the past 6 months OR • 3 claims with the same agent 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 with moderate to severe renal impairment. 5. Max dose of 20 mg daily; and #60 units in 30 days; approved for ages 18 and above
NSAIDS	NON-SELECTIVE		
	diclofenac EC etodolac tab	ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac)	SmartPA Criteria: <ul style="list-style-type: none"> • Non-Selective agents: 30 days therapy with 2 different

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Version 2013.26
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	flurbiprofen ibuprofen indomethacin ketorolac naproxen sulindac	CATAFLAM (diclofenac) DAYPRO (oxaprozin) diclofenac SR etodolac cap etodolac tab SR FELDENE (piroxicam) fenoprofen INDOCIN (indomethacin) indomethacin cap ER ketoprofen ketoprofen ER meclofenamate mefenamic acid nabumetone NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) NUPRIN (ibuprofen) oxaprozin piroxicam PONSTEL (mefenamic acid) SPRIX NASAL SPRAY (ketorolac) tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac)	preferred agents in the past 6 months
NSAID/GI PROTECTANT COMBINATIONS			
		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	
COX II SELECTIVE SmartPA			
	meloxicam	CELEBREX (celecoxib)	SmartPA Criteria •COX II Selective Agents:

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		MOBIC (meloxicam)	<ul style="list-style-type: none"> o Documented diagnosis found in the past 2 years medical claims for Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or Ankylosing Spondylitis AND <ul style="list-style-type: none"> ▪ 30 days of therapy with 1 preferred COX-II Selective agent OR ▪ 90 days completed therapy with the same agent in the past 105 days OR ▪ 30 days of therapy with 1 preferred COX-II Selective agent AND ▪ 30 days of therapy with 1 preferred Non-Selective Agent OR ▪ 30 days of therapy with 1 preferred COX-II Selective agent AND ▪ Documented diagnosis found in the past 2 years medical claims for GI Bleed, GERD, PUD, GI Perforation, or Coagulation Disorder
OPHTHALMIC ANTIBIOTICS			
	bacitracin bacitracin/neomycin/gramicidin bacitracin/polymyxin erythromycin gentamicin MOXEZA (moxifloxacin) neomycin/bacitracin/polymyxin b	AZASITE (azithromycin) BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) CILOXAN (ciprofloxacin) ciprofloxacin GARAMYCIN (gentamicin) levofloxacin	

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	polymyxin/trimethoprim sulfacetamide tobramycin VIGAMOX (moxifloxacin)	NATACYN (natamycin) NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin) (oxy-tcn/polymyx sul) TOBREX (tobramycin) oint OCUFLOX (ofloxacin) ofloxacin POLYTRIM (polymyxin/trimethoprim) 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)	
OPHTHALMIC ANTI-INFLAMMATORIES <small>SmartPA</small>			
	dexamethasone diclofenac FLAREX (fluorometholone) flurbiprofen FML FORTE (fluorometholone) FML SOP (fluorometholone) ILEVRO (nepafenac) MAXIDEX (dexamethasone) NEVANAC (nepafenac) prednisolone acetate prednisolone NA phosphate VEXOL (rimexolone)	ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac DUREZOL (difluprednate) OCUFEN (flurbiprofen) PROLENSA (bromfenac) PRED MILD (prednisolone) PRED FORTE (prednisolone) VOLTAREN (diclofenac)	SmartPA Criteria: <ul style="list-style-type: none"> One claim for 2 different preferred agents in the past 6 months

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MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 10/01/2013
Version 2013.26
Updated: 9-27-2013

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS <small>SmartPA</small>			
	cromolyn ketotifen OTC LOTEMAX (loteprednol) OPTIVAR (azelastine) PATADAY (olopatadine) PATANOL (olopatadine)	ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (lodoxamide) ALREX (loteprednol) azelastine BEPREVE (bepotastine) ELESTAT (epinastine) EMADINE (emedastine) epinastine LASTACRAFT (alcaftadine)	SmartPA Criteria: • 30 days of therapy with 2 different preferred agents in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days
OPHTHALMICS, GLAUCOMA AGENTS <small>SmartPA</small>			
BETA BLOCKERS			
	betaxolol BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol solution	BETAGAN (levobunolol) BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel TIMOPTIC (timolol)	SmartPA Criteria: • Documented diagnosis found in the past 2 years medical claims for glaucoma AND • 30 days of therapy with 2 different preferred agents in the past 6 months OR 90 days completed therapy with the same agent 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) SIMBRINZA (brinzolamide/brimonidine)	

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EFFECTIVE 10/01/2013
Version 2013.26
Updated: 9-27-2013

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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} travoprost XALATAN (latanoprost) ZIOPTAN (tafluprost)	
SYMPATHOMIMETICS			
	ALPHAGAN P 0.15% (brimonidine) brimonidine	ALPHAGAN P 0.1% (brimonidine) dipivefrin PROPINE (dipivefrin)	
OTIC ANTIBIOTICS			
	CIPRO HC (ciprofloxacin/hydrocortisone) CIPRODEX (ciprofloxacin/dexamethasone) COLY-MYCIN S (colistin/neomycin/ hydrocortisone) CORTISPORIN-TC (colistin/neomycin/ hydrocortisone) neomycin/polymyxin/hydrocortisone	ciprofloxacin DERMOTIC (fluocinolone) ofloxacin	
PANCREATIC ENZYMES ^{SmartPA}			
	CREON (pancreatin) PANCREAZE (pancrelipase) ZENPEP (pancrelipase)	PANCRELIPASE PERTZYE ULTRESA VIOKASE	SmartPA Criteria: • 30 days of therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent in the past 105 days

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EFFECTIVE 10/01/2013
Version 2013.26
Updated: 9-27-2013

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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)	
PLATELET AGGREGATION INHIBITORS <small>SmartPA</small>			
	AGGRENOX (dipyridamole/aspirin) dipyridamole PLAVIX (clopidogrel)	BRILINTA (ticagrelor) cilostazol clopidogrel EFFIENT (prasugrel) PERSANTINE (dipyridamole) PLETAL (cilostazol) ticlopidine	SmartPA Criteria: Brilinta <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for Acute Coronary Syndrome or Percutaneous Coronary Intervention OR • 30 days of therapy with Brilinta in the past 60 days Pletal <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for an approvable indication OR • 90 days completed therapy with the same agent in the past 105 days Effient <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for Acute Coronary Syndrome or Percutaneous

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EFFECTIVE 10/01/2013
Version 2013.26
Updated: 9-27-2013

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			Coronary Intervention Non Preferred Agents <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for an approvable indication AND • 30 days of therapy with 2 different preferred agents in the past 6 months OR • 90 days completed therapy with the same agent 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 SE-NATAL CHEWABLE Tablet TARON-C DHA Capsule TRICARE PRENATAL Tablet VOL-PLUS Tablet	B-NEXA Tablet CAVAN-EC SOD DHA VITAMINS CITRANATAL 90 DHA PACK CITRANATAL ASSURE COMBO PACK CITRANATAL B-CALM PACK 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	Products not listed here are assumed to be non-preferred.

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EFFECTIVE 10/01/2013
Version 2013.26
Updated: 9-27-2013

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		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 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	

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MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 10/01/2013
Version 2013.26
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		TARON-BC Tablet TARON-PREX PRENATAL DHA CAP	
PROTON PUMP INHIBITORS <small>SmartPA</small>			
	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"> • Documented diagnosis found in the past 2 years medical claims AND • 30 days of therapy with 2 different preferred agents in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days
PULMONARY ANTIHYPERTENSIVES – ENDOTHELIN RECEPTOR ANTAGONISTS			
	LETAIRIS (ambrisentan) TRACLEER (bosentan)		SmartPA Criteria: <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for pulmonary hypertension
PULMONARY ANTIHYPERTENSIVES – PDE5s <small>SmartPA</small>			
	ADCIRCA (tadalafil)	REVATIO (sildenafil) sildenafil	SmartPA Criteria: <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for pulmonary hypertension Revatio <ul style="list-style-type: none"> • Age <1 year AND <ul style="list-style-type: none"> ◦ Documented diagnosis found in the past 1 year medical claims for Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation OR <ul style="list-style-type: none"> • Age > 18 years AND <ul style="list-style-type: none"> ◦ 30 days of therapy with 1 preferred

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MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 10/01/2013
Version 2013.26
Updated: 9-27-2013

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
PULMONARY ANTIHYPERTENSIVES – PROSTACYCLINS			
		TYVASO (treprostinil) VENTAVIS (iloprost)	PAH agent in the past 6 months OR <ul style="list-style-type: none"> ○ 90 days completed therapy with the same agent in the past 105 days Sildenafil <ul style="list-style-type: none"> ● Minimum age requirement of 12 years AND ● Documented diagnosis found in the past 2 years medical claims for Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation OR ● Documented diagnosis found in the past 2 years medical claims for Heart Transplant
SEDATIVE HYPNOTICS			
BENZODIAZEPINES			
	estazolam flurazepam temazepam (15mg and 30mg) triazolam	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) RESTORIL (temazepam) temazepam (7.5mg and 22.5mg)	SmartPA Criteria: <ul style="list-style-type: none"> ● Documented diagnosis found in the past 2 years medical claims for pulmonary hypertension Non Preferred Agents <ul style="list-style-type: none"> ● 30 days of therapy with 1 preferred PAH agent in the past 6 months OR ● 90 days completed therapy with the same agent in the past 105 days
			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

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MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 10/01/2013
Version 2013.26
Updated: 9-27-2013

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	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)	<p>month. Any quantity required above these limits requires a PA.</p> <p>SmartPA Criteria: Applicable CUMULATIVE quantity limit in 31 rolling days</p> <ul style="list-style-type: none"> • 31 tablets in 31 days • 1 Canister in 31 days – Zolpimist • 1 Canister (Zolpimist) Female - 62 days Male – 31 days <p>Applicable dosage and gender limitations for zolpidem products:</p> <ul style="list-style-type: none"> • Female – zolpidem 5mg, 6.25mg, and 1.75 mg • Male – all zolpidem strengths <ul style="list-style-type: none"> • One claim for 2 different preferred agents in the past 6 months
SELECT CONTRACEPTIVE PRODUCTS			
	ALL CONTRACEPTIVES ARE PREFERRED EXCEPT FOR THOSE SPECIFICALLY INDICATED AS NON-PREFERRED	AMETHIA (levonorgestrel/ethinyl estradiol) ** AMETHYST (levonorgestrel/ethinyl estradiol) ** BEYAZ (ethinyl estradiol/drospirenone/levomefolate) BRIELLYN (norethindrone/ethinyl estradiol) ** CAMRESE (levonorgestrel/ethinyl estradiol) ** CAMRESE LO (levonorgestrel/ethinyl estradiol) ** DEPO-PROVERA IM (medroxyprogesterone acetate)** DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)** ethinyl estradiol/drospirenone**	<p>SmartPA Criteria Oral Contraceptive Products</p> <ul style="list-style-type: none"> • One claim in the past 105 days <p>Depo Provera Injection 90 days completed therapy with the same agent in the past 105 days</p>

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EFFECTIVE 10/01/2013
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		GENERESS FE (norethindrone/ethinyl estradiol/fe) ** Gianvi (ethinyl estradiol/drospirenone) GILDAGIA (norethindrone/ethinyl estradiol) ** INTROVALE (levonorgestrel/ethinyl estradiol) ** JOLESSA (levonorgestrel/ethinyl estradiol) ** LOESTRIN 24 FE (norethindrone/ethinyl estradiol) ** LO LOESTRIN FE (norethindrone/ethinyl estradiol) ** LORYNA (ethinyl estradiol/drospirenone) ** NATAZIA (estradiol valerate/dienogest) ** norethindrone/ethinyl estradiol/fe chew tab OCELLA (ethinyl estradiol/drospirenone) OVCON-35 (norethindrone/ethinyl estradiol) ** PHILITH (norethindrone/ethinyl estradiol) ** QUASENSE (levonorgestrel/ethinyl estradiol) ** SAFYRAL (ethinyl estradiol/drospirenone/levomefolate) ** SYEDA (ethinyl estradiol/drospirenone) ** TILIA FE (norethindrone/ethinyl estradiol/fe) ** TRI-LEGEST FE (norethindrone/ethinyl estradiol/fe) ** VESTURA (ethinyl estradiol/drospirenone) ** WYMZYA FE (norethindrone/ethinyl estradiol/fe) ZARAH (ethinyl estradiol/drospirenone) ** ZENCHENT FE (norethindrone/ethinyl estradiol/fe) ZEOSA (norethindrone/ethinyl estradiol/fe)	
SKELETAL MUSCLE RELAXANTS	SmartPA		
	baclofen chlorzoxazone cyclobenzaprine	AMRIX (cyclobenzaprine ER) carisoprodol carisoprodol compound	SmartPA Criteria: Carisoprodol • Documented diagnosis found in medical

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EFFECTIVE 10/01/2013
Version 2013.26
Updated: 9-27-2013

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	methocarbamol tizanidine tablets	cyclobenzaprine ER dantrolene FEXMID (cyclobenzaprine) LORZONE (chlorzoxazone) metaxalone orphenadrine orphenadrine compound PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)	claims in the past 3 months for an acute musculoskeletal condition AND <ul style="list-style-type: none"> • NO history of meprobamate therapy in the past 90 days AND • One claim for cyclobenzaprine in the past 21 days OR a documented intolerance to cyclobenzaprine AND • Quantity limits of 84 tablets total in the past 6 months OR • One claim for 18 tablets of carisoprodol to taper off <p>Non Preferred Agents</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for an approvable indication AND • One claim for 2 different preferred agents in the past 6 months OR • Documented diagnosis found in the past 2 years medical claims for a chronic musculoskeletal disorder AND • 90 days completed therapy with the same agent 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 hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	SmartPA Criteria: <ul style="list-style-type: none"> • Low Potency Agents <ul style="list-style-type: none"> ○ One claim for 2 different preferred low potency agents in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days

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EFFECTIVE 10/01/2013
Version 2013.26
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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 SYNALAR (fluocinolone)	SmartPA Criteria: • Medium Potency Agents <ul style="list-style-type: none"> ○ One claim for 2 different preferred medium potency agents in the past 6 months OR ○ 90 days completed therapy with the same agent 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 betameth diprop/prop gly cr, lot, oint betamethasone dipropionate oint. BETA-VAL (betamethasone valerate) 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 • High Potency Agents <ul style="list-style-type: none"> ○ One claim for 2 different preferred high potency agents in the past 6 months OR ○ 90 days completed therapy with the same agent in the past 105 days
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)	SmartPA Criteria • Very High Potency Agents <ul style="list-style-type: none"> ○ One claim for 2 different preferred very high potency agents in the past 6 months OR

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EFFECTIVE 10/01/2013
Version 2013.26
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		HALAC (halobetasol/ammoium lac) TEMOVATE (clobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) ULTRAVATE (halobetasol)	<ul style="list-style-type: none"> o 90 days completed therapy with the same agent in the past 105 days
STIMULANTS AND RELATED AGENTS <small>SmartPA</small>			
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	Applicable <u>quantity limit</u> in 31 rolling days <ul style="list-style-type: none"> • 62 tablets in 31 days – Adderall IR, Concerta 36mg, Desoxyn, dextroamphetamine IR, Focalin IR, Focalin XR 15 & 20mg, methylphenidate IR, Nuvigil 50mg, methylphenidate IR • 31 tablets in 31 days – Adderall XR, Concerta 18, 27, & 54 mg, Daytrana, Dexedrine Spansule, Focalin XR 5 & 10mg, Intuniv ER, Metadate CD, Methylin ER, Nuvigil 150 & 200 mg, Provigil 200mg, Ritalin LA & SR, Strattera, and Vyvanse • 46.5 tablets in 31 days – Provigil 100 mg • 155 mL in 31 days – methylphenidate solution, dextroamphetamine solution • 124 tablets in 31 days – Kapvay 0.1mg • 372 mL in 31 days – methylphenidate ER solution

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PREFERRED BRANDS will not count toward the two brand monthly Rx limit.

*All other new, non-preferred products will not be approved unless two preferred agents have been tried; stable therapy check will not apply until 4-1-2014.

**Users of these products as of 9-30-13 will be grandfathered

To search the PDL, press CTRL + F

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 10/01/2013
Version 2013.26
Updated: 9-27-2013

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) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine)	amphetamine salt combination ER CONCERTA (methylphenidate) DEXEDRINE (dextroamphetamine) dextroamphetamine ER methylphenidate CD (generic Metadate CD) NUVIGIL (armodafinil) PROVIGIL (modafinil) RITALIN LA (methylphenidate)	SmartPA Criteria: Short Acting Agents •Minimum age requirements apply to all drug formulations below <ul style="list-style-type: none"> ○ Amphetamine salts – 3 years ○ Dexmethylphenidate IR – 6 years ○ Dextroamphetamine IR – 3 years ○ Methylphenidate – 6 years ○ Methamphetamine – 6 years •30 days therapy with 2 different preferred Short Acting agents OR •1 claim for a 30 day supply in the past 180 days Long Acting Agents •Minimum age requirements apply to all drug formulations below <ul style="list-style-type: none"> ○ Armodafinil – 17 years ○ Modafinil – 16 years ○ All other long acting agents – 6 years Adderall XR: •1 claim for a 30 day supply in the past 180 days OR •30 days of therapy with Vyvanse in the past 6 months Non Preferred Agents •30 days therapy with 2 different preferred Long Acting agents in the past 6 months OR •1 claim for a 30 day supply in the past 180 days

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
NON-STIMULANTS			
	STRATTERA (atomoxetine)	INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release)	<p>Nuvigil or Provigil</p> <ul style="list-style-type: none"> • Documented diagnosis found in the past 2 years medical claims for Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder AND • 30 days therapy with 2 different preferred Short Acting or Long Acting agents in the past 6 months OR • 1 claim for a 30 day supply with the same agent in the past 180 days <p>Kapvay/Intuniv</p> <ul style="list-style-type: none"> • 1 claim for a 30 day supply in the past 180 days OR • Age requirement – 6 to 17 years AND • Documented diagnosis found in the past 2 years medical claims for ADD or ADHD AND • 30 days of therapy with a Short Acting or Long Acting agent in the past 6 months OR • 30 days therapy with Strattera in the past 6 months OR • 30 days therapy with short acting product (Intuniv - guanfacine or Kapvay - clonidine)
TETRACYCLINES SmartPA			
	doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR tetracycline	ADOXA (doxycycline monohydrate) demeclocycline doxycycline monohydrate caps (75mg & 150mg) doxycycline monohydrate tabs DYNACIN (minocycline)	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Demeclocycline - a documented diagnosis found in the past 2 years medical claims for Diabetes Insipidus or SIADH

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		minocycline ER minocycline tabs ORACEA (doxycycline) SOLODYN (minocycline) VIBRAMYCIN cap/susp/syrup	Non Preferred Agents One claims for 2 different preferred agents in the past 6 months
ULCERATIVE COLITIS AGENTS			
ORAL			
	APRISO (mesalamine) ASACOL (mesalamine) balsalazide DELZICOL (mesalamine) DIPENTUM (olsalazine) PENTASA 250mg (mesalamine) sulfasalazine	ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) COLAZAL (balsalazide) GIAZO (balsalazide) LIALDA (mesalamine) PENTASA 500mg (mesalamine) UCERIS (budesonide) ^{NR}	SmartPA Criteria Giazo <ul style="list-style-type: none"> Limited to Male Patients AND Non Preferred Criteria <ul style="list-style-type: none"> Documented diagnosis found in the past 2 years medical claims for Ulcerative Colitis AND 30 days therapy with 2 different preferred agents in the past 6 months OR 90 days completed therapy with the same agent in the past 105 days
RECTAL			
	CANASA (mesalamine) mesalamine	SFROWASA (mesalamine)	

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