



MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 01/01/2012
Version 2012.12a
Updated: 4-9-2012

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



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		PRASCION (sulfacetamide sodium/sulfur) ROSADERM (sulfacetamide sodium/sulfur) ROSANIL (sulfacetamide sodium/sulfur) ROSULA (sulfacetamide and sulfur) SE BPO (benzoyl peroxide) sodium sulfacetamide/sulfur/meratan SULFOXYL (benzoyl peroxide/sulfur) SULFATOL (sulfacetamide sodium/sulfur/urea) VELTIN (clindamycin/tretinoin) ZENCIA WASH (sulfacetamide sodium/sulfur) ZIANA (clindamycin/tretinoin)	
KERATOLYTICS (BENZOYL PEROXIDES)			
	benzoyl peroxide PANOXYL (benzoyl peroxide) ZACLIR (benzoyl peroxide)	BENZAC WASH (benzoyl peroxide) BENZEFOAM (benzoyl peroxide) BENZEFOAM ULTRA (benzoyl peroxide) BREVOXYL (benzoyl peroxide) CLINAC BPO (benzoyl peroxide) DESQUAM (benzoyl peroxide) ETHEXDERM (benzoyl peroxide) INOVA (benzoyl peroxide) LAVOCLEN (benzoyl peroxide) OSCION (benzoyl peroxide) TRIAZ (benzoyl peroxide)	
ALZHEIMER'S AGENTS SmartPA			
CHOLINESTERASE INHIBITORS			
	ARICEPT (donepezil) ARICEPT ODT (donepezil) EXELON (rivastigmine)	ARICEPT 23 MG (donepezil) COGNEX (tacrine) donepezil EXELON SOLUTION (rivastigmine) galantamine galantamine ER RAZADYNE (galantamine) RAZADYNE ER (galantamine) rivastigmine	SmartPA Criteria: <ul style="list-style-type: none"> •History of an approvable diagnosis for donepezil in the past 2 years •History of an approvable diagnosis for galantamine in the past 2 years •History of an approvable diagnosis for memantine in the past 2 years



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			<ul style="list-style-type: none"> •History of an approvable diagnosis for rivastigmine in the past 2 years •History of an approvable diagnosis for tacrine in the past 2 years •History of at least 30 days of therapy with two different preferred Alzheimer's agents in the past 6 months •History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
NMDA RECEPTOR ANTAGONIST			
	NAMENDA TABS (memantine)	NAMENDA SOLUTION(memantine)	
ANALGESICS, NARCOTIC - SHORT ACTING			
	acetaminophen/codeine aspirin/codeine codeine dihydrocodeine/ APAP/caffeine hydrocodone/APAP hydrocodone/ibuprofen hydromorphone IBUDONE (hydrocodone/ibuprofen) 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 style="background-color: yellow;">butorphanol tartrate (nasal) COMBUNOX (oxycodone/ibuprofen) DEMEROL (meperidine) DILAUDID (hydromorphone) fentanyl FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine) style="background-color: yellow;">LAZANDA (fentanyl) ^{NR} levorphanol LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAGNACET (oxycodone/APAP) NUCYNTA (tapentadol)	



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		ONSOLIS (fentanyl) OPANA (oxymorphone) OXYFAST (oxycodone) OXYIR (oxycodone) PANLOR (dihydrocodeine/ APAP/caffeine) pentazocine/naloxone PERCOET (oxycodone/APAP) PERCODAN (oxycodone/ASA) REPREXAIN (hydrocodone/ibuprofen) ROXANOL (morphine) ROXICET (oxycodone/acetaminophen) RYBIX (tramadol) TALACEN (pentazocine/APAP) TALWIN NX (pentazocine/naloxone) TREZIX (dihydrocodeine/ APAP/caffeine) ^{NR} TYLENOL W/CODEINE (APAP/codeine) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) VICOPROFEN (hydrocodone/ibuprofen) VOPAC (codeine/acetaminophen) XODOL (hydrocodone/acetaminophen) XOLOX (oxycodone/APAP) ZAMICET (hydrocodone/APAP) ZOLVIT (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen)	
ANALGESICS, NARCOTIC - LONG ACTING SmartPA			
	fentanyl patches KADIAN (morphine) methadone morphine ER	AVINZA (morphine) BUTRANS (buprenorphine) CONZIP ER (tramadol) ^{NR} DOLOPHINE (methadone) DURAGESIC (fentanyl) EMBEDA (morphine/naltrexone) EXALGO (hydromorphone) morphine ER capsules MS CONTIN (morphine) NUCYNTA ER (tapentadol) ORAMORPH SR (morphine)	SmartPA Criteria: <ul style="list-style-type: none"> • Avinza <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with Kadian or morphine ER in the past 6 months ○ Is the total quantity of the incoming claim plus history of Avinza on the incoming claim <= 31 units in the past 31 days • OxyContin <ul style="list-style-type: none"> ○ Diagnosis of cancer (140.XX-

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		OPANA ER (oxymorphone) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol)	239.XX) in the past 2 years <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with Kadian, morphine ER , Avinza or fentanyl patch in the past 6 months ○ History of an antineoplastic in the past 6 months ○ Is the total quantity of the incoming claim plus history of OxyContin on the incoming claim </= 62 units in the past 31 days <ul style="list-style-type: none"> ● History of at least 30 days of therapy with two different preferred LA narcotic analgesics in the past 6 months ● History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days ● Is the total quantity of the incoming claim plus the past 31-day history of the product on the incoming claim meet the applicable quantity limit
ANALGESICS/ANAESTHETICS (Topical) SmartPA			
	FLECTOR (diclofenac epolamine) LIDODERM (lidocaine) VOLTAREN Gel (diclofenac sodium)	capsaicin EMLA (lidocaine/prilocaine) LIDAMANTLE (lidocaine) LIDAMANTLE HC (lidocaine/hydrocortisone) lidocaine lidocaine/prilocaine LMX 4 (lidocaine) PENNSAID Solution (diclofenac sodium) xylocaine SYNERA (lidocaine/tetracaine) ZOSTRIX (capsaicin)	SmartPA Criteria: <ul style="list-style-type: none"> ● History of at least 1 claim for two different preferred agents in the past 6 months ● History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
ANDROGENIC AGENTS SmartPA			
	ANDRODERM (testosterone patch) ANDROGEL (testosterone gel)	AXIRON (testosterone gel) FORTESTSA (testosterone gel)	SmartPA Criteria: <ul style="list-style-type: none"> ● Male Patient ● History of at least 30 days of therapy



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



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ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)			
	AVAPRO (irbesartan) BENICAR (olmesartan) COZAAR (losartan) DIOVAN (valsartan) losartan MICARDIS (telmisartan)	ATACAND (candesartan) EDARBI (azilsartan) eprosartan TEVETEN (eprosartan)	months o History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days SmartPA Criteria: •History of at least 30 days of therapy with two different preferred single-entity ARBs in the past 6 months •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
ARB COMBINATIONS			
	AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) DIOVAN-HCT (valsartan/HCTZ) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ)	ATACAND-HCT (candesartan/HCTZ) EDARBYCLOR (azilsartan/chlorthalidone)^{NR} losartan/HCTZ TEVETEN-HCT (eprosartan/HCTZ) TWYNSTA (telmisartan/amlodipine)	SmartPA Criteria: •ARB/Diuretic combination product o History of at least 30 days of therapy with two different preferred ARB/Diuretic combination products in the past 6 months o History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days •ARB/Calcium Channel Blocker combination product o History of at least 30 days of therapy with two different preferred ARB/Calcium Channel Blocker combination products in the past 6 months o History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
DIRECT RENIN INHIBITORS			
		TEKTURNA (aliskiren)	SmartPA Criteria: •History of hypertension in the past 2 years •History of at least 90 days of therapy

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



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	metronidazole VANDAZOLE (metronidazole)	METROGEL (metronidazole)	
ANTICOAGULANTS			
	COUMADIN (warfarin) FRAGMIN (dalteparin) <small>SmartPA LMWH</small> LOVENOX (enoxaparin) <small>SmartPA LMWH</small> PRADAXA (dabigatran)* warfarin XARELTO (rivaroxaban)	ARIXTRA (fondaparinux) <small>SmartPA LMWH</small> enoxaparin <small>SmartPA LMWH</small> fondaparinux <small>SmartPA LMWH</small> INNOHEP (tinzaparin) <small>SmartPA LMWH</small>	*Clinical Edit Pradaxa: <ul style="list-style-type: none"> • Age >=18 years • Diagnosis of atrial fibrillation (427.31) in the past 2 years • History absent of cardiac valve disease in the past 2 years • History of one of the following in the past 2 years <ul style="list-style-type: none"> ○ Stroke ○ TIA ○ Systemic embolism ○ Diabetes mellitus (250.XX) ○ Left ventricular dysfunction ○ Heart failure • Age >=75 years • Age >=65 years • Diagnosis of hypertension in the past 2 years • History absent of active pathologic bleeding in the past 6 months • History absent of rheumatic heart disease and severe renal impairment in the past 2 years • History absent of mechanical valve prosthesis and dialysis in the past year • No active claims for rifampin • Requested quantity = 60 tablets <hr style="border-top: 1px dashed black;"/> SmartPA Criteria for LMWH duration: <ul style="list-style-type: none"> • Is there history for a LMWH in the past year • Is the duration of therapy on the claim <= 17 days • History of cancer (140.xx-238.xx) in the past 2 years



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			<ul style="list-style-type: none"> • Female patient <ul style="list-style-type: none"> ○ History of a Pregnancy Code in the past 280 days • History of at least 30 days of therapy with two different preferred LMWHs in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days • Does the prescriber provide clinical justification for therapy including 1) condition being treated and 2) the requested length of therapy • History of cancer (140.xx-238.xx) in the past 2 years <ul style="list-style-type: none"> ○ Female Patient <ul style="list-style-type: none"> ▪ History of a Pregnancy Code in the past 280 days ○ History of a total hip replacement, total knee replacement, or hip fracture surgery in the past 60 days <ul style="list-style-type: none"> ▪ Is the duration of therapy on the claim <= 35 days ▪ History of at least 30 days of therapy with two different preferred LMWHs in the past 6 months ▪ History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days ○ History of at least 30 days of therapy with two different preferred LMWHs in the past 6 months ○ History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days



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			<ul style="list-style-type: none"> Does the prescriber provide clinical justification for therapy including 1) condition being treated and 2) the requested length of therapy
ANTICONVULSANTS	SmartPA		
	ADJUVANTS		
	carbamazepine CARBATROL (carbamazepine) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EPITOL (carbamazepine) EQUETRO (carbamazepine) gabapentin GABITRIL (tiagabine) LAMICTAL ODT (lamotrigine) LAMICTAL XR (lamotrigine) lamotrigine levetiracetam oxcarbazepine TEGRETOL XR (carbamazepine) TOPAMAX Sprinkle (topiramate) topiramate TRILEPTAL Suspension (oxcarbazepine) valproic acid zonisamide	BANZEL (rufinamide) carbamazepine XR DEPAKENE (valproic acid) DEPAKOTE (divalproex) FANATREX SUSPENSION (gabapentin) ^{NR} felbamate FELBATOL (felbamate) GRALISE (gabapentin) ^{NR} HORIZANT (gabapentin) ^{NR} KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) levetiracetam ER NEURONTIN (gabapentin) ONFI (clobazam) ^{NR} SABRIL (vigabatrin) STAVZOR (valproic acid) TEGRETOL (carbamazepine) TRILEPTAL Tablets (oxcarbazepine) VIMPAT (lacosamide) ZONEGRAN (zonisamide)	SmartPA Criteria: <ul style="list-style-type: none"> History of at least 30 days of therapy with two different preferred anticonvulsants in the past 6 months History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days Banzel <ul style="list-style-type: none"> Age >= 4 years Diagnosis of Lennox-Gastaut in the past 2 years Keppra <ul style="list-style-type: none"> Age 15-20 years History of at least 30 days of therapy with levetiracetam IR in the past 6 months History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
	HYDANTOINS		
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
	SUCCINIMIDES		
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	



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ANTIDEPRESSANTS, OTHER	SmartPA		
	bupropion bupropion XL mirtazapine nefazodone PRISTIQ (desvenlafaxine) trazodone WELLBUTRIN XL (bupropion HCl)	APLENZIN (bupropion HBr) bupropion SR DESYREL (trazodone) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) MARPLAN (isocarboxazid) NARDIL (phenelzine) OLEPTRO ER (trazodone) REMERON (mirtazapine) tranylcypromine venlafaxine venlafaxine ER venlafaxine XR VIIBRYD (vilazodone) WELLBUTRIN (bupropion) WELLBUTRIN SR	SmartPA Criteria: <ul style="list-style-type: none"> • Does the patient meet the age limit for the requested drug • History of at least 30 days of therapy with two different preferred antidepressants in the past 6 months • History of at least 30 days of therapy with BOTH a preferred antidepressant and a preferred SSRI in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days <ul style="list-style-type: none"> • Cymbalta <ul style="list-style-type: none"> ○ Diagnosis of depression in the past 2 years ○ History of at least 30 days of therapy with two different preferred antidepressants from in the past 6 months ○ History of at least 30 days of therapy with BOTH a preferred antidepressant and a preferred SSRI in the past 6 months ○ Diagnosis of anxiety disorder in the past 2 years ○ History of at least 30 days of therapy with two preferred antidepressants in the past 6 months ○ Diagnosis of DPN in the past 2 years ○ History of at least 30 days of therapy with pregabalin in the past 6 months ○ History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days



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ANTIDEPRESSANTS, SSRIs SmartPA			
	citalopram fluoxetine fluvoxamine LUVOX CR (fluvoxamine) paroxetine IR PAXIL SUSPENSION sertraline	CELEXA (citalopram) LEXAPRO (escitalopram) LUVOX (fluvoxamine) paroxetine CR paroxetine suspension PAXIL Tablets (paroxetine) PAXIL CR (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) RAPIFLUX (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	<ul style="list-style-type: none"> ○ Diagnosis of fibromyalgia (729.0, 729.1) in the past 2 years ○ History of at least 30 days of therapy with BOTH pregabalin AND milnacipran in the past 6 month SmartPA Criteria: <ul style="list-style-type: none"> ● Does the patient meet the age limit for the requested drug ● History of at least 30 days of therapy with two different preferred SSRI antidepressants in the past 6 months ● History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days ● Lexapro <ul style="list-style-type: none"> ○ Age 12-17 years ○ Diagnosis of depression in the past 2 years ○ History of at least 30 days of therapy with two different preferred SSRI antidepressants in the past 6 months ○ History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days ○ Diagnosis of anxiety disorder in the past 2 years ○ History of at least 30 days of therapy with two preferred antidepressants in the past 6 months



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ANTIEMETICS <small>SmartPA</small>			
	5HT3 RECEPTOR BLOCKERS		
	ondansetron ondansetron solution	ANZEMET (dolasetron) granisetron GRANISOL (granisetron) KYTRIL (granisetron) ondansetron ODT SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) ZUPLENZ FILM (ondansetron)	<p>All injectable 5HT3 receptor blockers closed to point of sale.</p> <p>Ondansetron ODT 4mg tablets & Zuplenz 4mg are covered without a PA for ages 4-11.</p> <p>SmartPA Criteria:</p> <ul style="list-style-type: none"> •History of at least 1 claim with a preferred antiemetic in the past 6 months •Ondansetron ODT 4mg or Zuplenz 4mg film <ul style="list-style-type: none"> ○ Age 4-11 years
	CANNABINOIDS		
		CESAMET (nabilone) MARINOL (dronabinol) dronabinol	
	NMDA RECEPTOR ANTAGONIST		
	EMEND (aprepitant)		<ul style="list-style-type: none"> •Emend <ul style="list-style-type: none"> ○ Diagnosis of cancer (140.XX-239.XX) in the past 2 years ○ History of an antineoplastic in the past 6 months
ANTIFUNGALS (Oral) <small>SmartPA</small>			
	clotrimazole fluconazole GRIFULVIN V (griseofulvin) griseofulvin suspension GRIS-PEG (griseofulvin) ketoconazole nystatin terbinafine	ANCOBON (flucytosine) DIFLUCAN (fluconazole) griseofulvin tablet itraconazole ketoconazole foam LAMISIL (terbinafine) MYCELEX (clotrimazole) MYCOSTATIN Tablets (nystatin) NIZORAL (ketoconazole)	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> •History of at least 1 claim for two different preferred oral antifungals in the past 6 months •Itraconazole <ul style="list-style-type: none"> ○ Diagnosis of HIV in the past 2 years ○ History of a transplant in the past 2 years ○ History of an immunosuppressant in

This is not an all-inclusive list of available covered drugs and includes only managed categories. Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. NR indicates a new drug that has not yet been reviewed by the P&T Committee.



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		NOXAFIL (posaconazole) ORAVIG (miconazole) SPORANOX (itraconazole) TERBINEX Kit (terbinafine/ciclopirox) VFEND (voriconazole) voriconazole	the past 6 months
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) KETOCON KIT (ketoconazole) KETOCON PLUS (ketoconazole) LAMISIL (terbinafine) solution LOPROX (ciclopirox) MENTAX (butenafine) MYCOSTATIN (nystatin) NAFTIN (naftifine) NIZORAL (ketoconazole) NUZOLE (miconazole) OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) SPECTAZOLE (econazole) VUSION (miconazole/petrolatum/zinc oxide) XOLEGEL (ketoconazole)	SmartPA Criteria: •History of at least 1 claim for two different preferred topical antifungals in the past 6 months
	ANTIFUNGAL/STEROID COMBINATIONS		
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion KETOCON PLUS (ketoconazole/hydrocortisone) LOTRISONE (clotrimazole/betamethasone) MYCOLOG (nystatin/triamcinolone)	



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ANTIHISTAMINES, MINIMALLY SEDATING AND COMBINATIONS SmartPA			
MINIMALLY SEDATING ANTIHISTAMINES			
	cetirizine loratadine XYZAL (levocetirizine)	ALLEGRA (fexofenadine) CLARINEX (desloratadine) fexofenadine RX levocetirizine ZYRTEC (Rx and OTC) (cetirizine)	SmartPA Criteria: <ul style="list-style-type: none"> •History of allergy or urticaria in the past 2 years •History of at least 30 days of therapy with two different preferred antihistamines in the past 12 months •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days •Xyzal <ul style="list-style-type: none"> ○ History of at least 7 days of therapy with generic cetirizine, loratadine or fexofenadine product in the past 12 months
MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS			
	cetirizine/pseudoephedrine loratadine/pseudoephedrine SEMPREX-D (acrivastine/pseudoephedrine)	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)	
ANTIMIGRAINE AGENTS, TRIPTANS SmartPA			
ORAL			
	RELPAK (eletriptan) sumatriptan TREMIMET (sumatriptan/naproxen)	AMERGE (naratriptan) ALSUMA (sumatriptan) AXERT (almotriptan)* CAMBIA (diclofenac potassium) FROVA (frovatriptan) IMITREX (sumatriptan) MAXALT (rizatriptan) naratriptan ZOMIG (zolmitriptan)	SmartPA Criteria: <ul style="list-style-type: none"> •Oral product <ul style="list-style-type: none"> ○ History of at least 1 claim for a preferred oral product in the past 365 days ○ Axert - Smart PA if age 12-17 years



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NASAL				
	sumatriptan	IMITREX (sumatriptan) ZOMIG (zolmitriptan)	SmartPA Criteria: • Nasal product <ul style="list-style-type: none"> ○ History of at least 1 claim for a preferred nasal product in the past 365 days 	
INJECTABLE				
	sumatriptan	IMITREX (sumatriptan)	SmartPA Criteria: • History of at least 1 claim for a preferred injectable product in the past 365 days	
ANTIPARASITICS (Topical)				
	EURAX (crotamiton) malathion permethrin	lindane NATROBA (spinosad) OVIDE (malathion) ULESFIA (benzyl alcohol)		
ANTIPARKINSON'S AGENTS (Oral) SmartPA				
ANTICHOLINERGICS				
	benztropine trihexyphenidyl	COGENTIN (benztropine)	SmartPA Criteria: • Diagnosis of Parkinson's disease (332.XX) in the past 2 years • History of at least 30 days of therapy with two different preferred antiparkinson's agents in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days	
COMT INHIBITORS				
		COMTAN (entacapone) TASMAR (tolcapone)		
DOPAMINE AGONISTS				
	ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole)		



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		pramipexole REQUIP (ropinirole) REQUIP XL (ropinirole)	
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)	
ANTIPSYCHOTICS SmartPA			
ORAL			
	ABILIFY (aripiprazole) amitriptyline/perphenazine chlorpromazine clozapine FANAPT (iloperidone) fluphenazine GEODON (ziprasidone) haloperidol LATUDA (lurasidone) MOBAN (molindone) perphenazine risperidone SAPHRIS (asenapine) SEROQUEL (quetiapine) SEROQUEL XR (quetiapine) thioridazine thiothixene trifluoperazine	CLOZARIL (clozapine) FAZACLO (clozapine) HALDOL (haloperidol) INVEGA (paliperidone) MELLARIL (thioridazine) NAVANE (thiothixene) olanzapine PROLIXIN (fluphenazine) RISPERDAL (risperidone) STELAZINE (trifluoperazine) SYMBYAX (olanzapine/fluoxetine) TRILAFON (perphenazine) ZYPREXA (olanzapine)	SmartPA Criteria: <ul style="list-style-type: none"> • Does the patient meet the age limit for the requested drug • Invega <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with risperidone in the past 12 months ○ History of at least 30 days of therapy with a preferred atypical antipsychotic in the past 12 months ○ History of at least 30 days of therapy with the same agent as on the incoming claim in the past 105 days



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INJECTABLE, ATYPICALS			
		ABILIFY (aripiprazole) GEODON (ziprasidone) INVEGA SUSTENNA (paliperidone palmitate) RISPERDAL CONSTA (risperidone) ZYPREXA (olanzapine) ZYPREXA RELPREVV (olanzapine)	Smart PA Criteria: <ul style="list-style-type: none"> • Does the prescriber stock the medication in his office • The medication will be delivered by clinic or pharmacy personnel to the prescriber's office to be administered by clinical staff only <ul style="list-style-type: none"> ○ Risperdal Consta <ul style="list-style-type: none"> ▪ Diagnosis of schizophrenia/schizoaffective disorder or bipolar disorder in the past 2 years ▪ Is the patient non-compliant with oral risperidone ▪ History of at least 6 injections for Risperdal Consta in the past 90 days ○ Invega Sustenna <ul style="list-style-type: none"> ▪ Diagnosis of schizophrenia/schizoaffective disorder in the past 2 years ▪ Is the patient non-compliant with oral paliperidone ▪ History of at least 3 claims for Invega Sustenna in the past 90 days ○ Zyprexa Relprevv <ul style="list-style-type: none"> ▪ Diagnosis of schizophrenia/schizoaffective disorder in the past 2 years ▪ Is the patient non-compliant with oral olanzapine ▪ History of at least 3 claims for Zyprexa Relprevv in the past 90 days
ANTIVIRALS (Oral) – ANTIHERPETIC AGENTS			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir)	



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ANTIVIRALS (Topical)			
	DENAVIR (penciclovir) ZOVIRAX Ointment (acyclovir)	VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
ATOPIC DERMATITIS SmartPA			
	ELIDEL (pimecrolimus) PROTOPIC (tacrolimus)	XERESE (acyclovir/hydrocortisone) ZOVIRAX Cream (acyclovir)	SmartPA Criteria: <ul style="list-style-type: none"> • Elidel or Protopic 0.03% <ul style="list-style-type: none"> ○ Age >= 2 years • Age >= 6 years
BETA BLOCKERS SmartPA			
	acebutolol atenolol bisoprolol BYSTOLIC (nebivolol) metoprolol metoprolol XL nadolol pindolol propranolol timolol	BETAPACE (sotalol) betaxolol BLOCADREN (timolol) CARTROL (carteolol) CORGARD (nadolol) INDERAL LA (propranolol) INNOPRAN XL (propranolol) KERLONE (betaxolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) sotalol TENORMIN (atenolol) TOPROL XL (metoprolol) ZEBETA (bisoprolol)	SmartPA Criteria: <ul style="list-style-type: none"> • History of at least 30 days of therapy with two different preferred Beta-Blockers in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • Sotalol <ul style="list-style-type: none"> ○ History of atrial fibrillation in the past 2 years • Coreg CR <ul style="list-style-type: none"> ○ History of hypertension in the past 2 years ○ History of at least 30 days of therapy with carvedilol and at least 30 days of therapy with a preferred Beta-Blocker in the past 6 months
BETA- AND ALPHA-BLOCKERS			
	carvedilol labetalol	COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	



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BETA BLOCKER/DIURETIC COMBINATIONS			
	atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ timolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ)^{NR} INDERIDE (propranolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	
BILE SALTS			
	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) URSO (ursodiol) URSO FORTE (ursodiol)	
BLADDER RELAXANT PREPARATIONS SmartPA			
	DETROL LA (tolterodine) GELNIQUE (oxybutynin) oxybutynin IR TOVIAZ (fesoterodine fumarate)	DETROL (tolterodine) DITROPAN (oxybutynin) DITROPAN XL (oxybutynin) ENABLEX (darifenacin) oxybutynin ER OXYTROL (oxybutynin) SANCTURA (trospium) SANCTURA XR (trospium) trospium VESICARE (solifenacin)	Smart PA Criteria: <ul style="list-style-type: none"> •History of at least 30 days of therapy with two different preferred Bladder Relaxant Preparations in the past 6 months •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA			
BISPHOSPHONATES			
	ACTONEL (risedronate) ACTONEL WITH CALCIUM (risedronate/calcium) alendronate FOSAMAX PLUS D (alendronate/vitamin D)	ATELVIA (risedronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) PROLIA (denosumab)	SmartPA Criteria: <ul style="list-style-type: none"> •Diagnosis of osteoporosis/osteopenia in the past 2 years •History of at least 1 claim for two different preferred osteoporosis agents in the past 6 months •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days



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



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			<ul style="list-style-type: none"> years o History of absent of Erectile Dysfunction in the past 2 years o Has the prescriber signed a waiver indicating they are not treating the patient for erectile dysfunction o Has the patient had at least 30 days of therapy with two different preferred BPH agents in the past 6 months
BRONCHODILATORS & COPD AGENTS			
ANTICHOLINERGICS & COPD AGENTS			
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA (tiotropium)	DALIRESP (roflumilast)	
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS			
	COMBIVENT (albuterol/ipratropium)	albuterol/ipratropium DUONEB (albuterol/ipratropium)	
BRONCHODILATORS, BETA AGONIST			
INHALERS, SHORT-ACTING			
	PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol)	MAXAIR (pirbuterol) ^{SmartPA} PROAIR HFA (albuterol) XOPENEX HFA (levalbuterol) ^{SmartPA}	SmartPA: <ul style="list-style-type: none"> • Xopenex HFA inhaler <ul style="list-style-type: none"> o Age >= 4 years o History of at least 1 claim for an albuterol inhaler in the past 30 days • Maxair <ul style="list-style-type: none"> o History of at least 1 claim for Ventolin HFA in the past 6 months
INHALERS, LONG ACTING ^{SmartPA}			
	FORADIL (formoterol)	ARCAPTA (indacaterol) SEREVENT (salmeterol)	SmartPA Criteria: <ul style="list-style-type: none"> • History of at least 30 days of therapy with a preferred LABA Inhaler in the past 6 months



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	INHALATION SOLUTION <small>SmartPA</small>		
	albuterol	ACCUNEB (albuterol) BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	<ul style="list-style-type: none"> • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • Foradil <ul style="list-style-type: none"> ○ Age >= 5 years • Serevent <ul style="list-style-type: none"> ○ Age >= 4 years • Arcapta <ul style="list-style-type: none"> ○ Diagnosis of COPD in the past 2 years ○ Age >= 18 years <p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • History of at least 1 claim for 2 different preferred Beta Agonist Inhalation Solutions in the past 6 months • History of at least 3 claims with the same agent as on the incoming claim in the past 105 days • Xopenex inhalation solution <ul style="list-style-type: none"> ○ Age >= 6 years ○ History of at least 1 claim for albuterol inhalation solution in the past 30 days • Brovana or Perforomist <ul style="list-style-type: none"> ○ Age >= 18 years
	ORAL		
	albuterol metaproterenol terbutaline	VOSPIRE ER (albuterol)	
CALCIUM CHANNEL BLOCKERS <small>SmartPA</small>			
	SHORT-ACTING		
	diltiazem nicardipine	CALAN (verapamil) CARDIZEM (diltiazem)	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • History of at least 90 days of therapy



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	nifedipine verapamil	isradipine nimodipine NIMOTOP (nimodipine) PROCARDIA (nifedipine)	with the same agent as on the incoming claim in the past 105 days •Short-acting CCB o History of at least 30 days of therapy with two different preferred Short-acting CCBs in the past 6 months
LONG-ACTING			
	amlodipine COVERA-HS (verapamil) diltiazem ER DYNACIRC CR (isradipine) felodipine ER nifedipine ER verapamil ER	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem) DILACOR XR (diltiazem) ISOPTIN SR (verapamil) nisoldipine NORVASC (amlodipine) PLENDIL (felodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	SmartPA Criteria: •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days •Long-acting CCB o History of at least 30 days of therapy with two different preferred long-acting CCBs in the past 6 months
CALORIC AGENTS			
	BOOST (includes all boost) BRIGHT BEGINNINGS CARNATION INSTANT BREAKFAST DUOCAL ENSURE JUVEN GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE POLYCOSE PROMOD	COMPLEAT EO28 SPLASH FIBERSOURCE ISOSOURCE JEVITY KINDERCAL PEPTAMEN PROMOTE SIMPLY THICK TOLEREX VITAL VIVONEX	



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	RESOURCE SCANDISHAKE TWOAL HN		
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)			
BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS			
	amoxicillin/clavulanate AUGMENTIN 125 and 250 (amoxicillin/clavulanate) Suspension AUGMENTIN 250 mg (amoxicillin/ clavulanate) Chewable Tablets AUGMENTIN XR (amoxicillin/clavulanate)	amoxicillin/clavulanate XR MOXATAG (amoxicillin)	
CEPHALOSPORINS – First Generation SmartPA			
	cefadroxil cephalexin	DURICEF (cefadroxil) KEFLEX (cephalexin)	Smart PA Criteria: • History of at least 1 claim for two different preferred cephalosporins in the past 6 months
CEPHALOSPORINS – Second Generation SmartPA			
	cefaclor cefprozil cefuroxime tablets	CECLOR (cefaclor) cefuroxime suspension CEFTIN (cefuroxime) CEFZIL (cefprozil)	SmartPA Criteria: • History of at least 1 claim for two different preferred cephalosporins in the past 6 months
CEPHALOSPORINS – Third Generation SmartPA			
	cefdinir suspension (for patients <18 yr only) cefdinir capsules SUPRAX (cefixime)	CEDAX (ceftibuten) cefditoren cefpodoxime OMNICEF (cefdinir) SPECTRACEF (cefditoren)	SmartPA Criteria: • History of at least 1 claim for two different preferred cephalosporins in the past 6 months • Cefdinir suspension o Age < 18 years
CYTOKINE & CAM ANTAGONISTS			
	ENBREL (etanercept) HUMIRA (adalimumab) KINERET (anakinra)	AMEVIVE (alefacept) CIMZIA (certolizumab) ORENCIA (abatacept)	Amevive, Orenzia, Remicade and Stelara are for administration in hospital or clinic setting. PA will not be issued at



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ERYTHROPOIESIS STIMULATING PROTEINS SmartPA			
	PROCRIT (rHuEPO)	REMICADE (infliximab) SIMPONI (golimumab) STELARA (ustekinumab)	Point of Sale without justification.
		ARANESP (darbepoetin) EPOGEN (rHuEPO)	SmartPA Criteria: <ul style="list-style-type: none"> • Diagnosis of cancer (140.XX-239.XX) or chronic renal failure in the past 2 years • History of an antineoplastic in the past 6 months • History of Procrit in the past 6 months
FIBROMYALGIA AGENTS			
	LYRICA (pregabalin) SAVELLA (milnacipran)	CYMBALTA (duloxetine)	Cymbalta will be approved for patients with diabetic neuropathy
FLUOROQUINOLONES (Oral) SmartPA			
	AVELOX (moxifloxacin) ciprofloxacin tablets	ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) FLOXIN (ofloxacin) LEVAQUIN (levofloxacin) levofloxacin NOROXIN (norfloxacin) ofloxacin PROQUIN XR (ciprofloxacin)	SmartPA Criteria: <ul style="list-style-type: none"> • Ciprofloxacin suspension or levofloxacin solution <ul style="list-style-type: none"> ○ Age <12 years <ul style="list-style-type: none"> ▪ Diagnosis of anthrax infection or exposure (022.X, V01.81) in the past 3 months ▪ Ciprofloxacin suspension <ul style="list-style-type: none"> • Diagnosis of cystic fibrosis (277.0X) in the past 2 years • Diagnosis of pneumonic plague (020.3, 020.4, 020.5) or tularemia (021.X) in the past 3 months • History of doxycycline in the past 3 months ▪ History of at least 7 days of therapy of a preferred agent from two of the categories below in the past 3 months. Penicillin's, 2nd or 3rd Generation Cephalosporins,



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			<ul style="list-style-type: none"> Macrolides <ul style="list-style-type: none"> ▪ History of ciprofloxacin suspension in the past 3 months • Levofloxacin <ul style="list-style-type: none"> ○ History of at least 1 claim for ciprofloxacin, moxifloxacin or SMX/TMP in the past 14 days <ul style="list-style-type: none"> • History of at least 1 claim for a preferred oral fluoroquinolone in the past 30 days
GLUCOCORTICOIDS (Inhaled) SmartPA			
GLUCOCORTICOIDS			
	AEROBID (flunisolide) AEROBID-M (flunisolide) ASMANEX (mometasone) budesonide FLOVENT Diskus (fluticasone) FLOVENT HFA (fluticasone) PULMICORT (budesonide) Respules PULMICORT (budesonide) Flexhaler QVAR (beclomethasone)	ALVESCO (ciclesonide)	SmartPA Criteria: <ul style="list-style-type: none"> • History of at least 30 days of therapy with two different preferred inhaled glucocorticoids in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • Pulmicort Flexhaler <ul style="list-style-type: none"> ○ Age >= 6 years
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS			
	ADVAIR Diskus (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)		
GROWTH HORMONE SmartPA			
	GENOTROPIN (somatropin) NUTROPIN (somatropin) NUTROPIN AQ (somatropin)	HUMATROPE (somatropin) NORDITROPIN (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin)	Prior authorization required for patients >18 yrs of age. SmartPA Criteria: <ul style="list-style-type: none"> • Patient < 18 years of age <ul style="list-style-type: none"> ○ History of at least 28 days of therapy



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		ZORBTIVE (somatropin)	<ul style="list-style-type: none"> with a preferred Growth Hormone in the past 6 months <ul style="list-style-type: none"> ○ History of at least 84 days of therapy with the same agent as on the incoming claim in the past 105 days • Zorbtive <ul style="list-style-type: none"> ○ History of short bowel syndrome in the past 2 years ○ History of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome or Turner Syndrome in the past 2 years ○ History of cranial irradiation in the past 2 years
H. PYLORI COMBINATION TREATMENTS			
	HELIDAC (bismuth subsalicylate, metronidazole, tetracycline) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)	
HEPATITIS C TREATMENTS SmartPA			
	PEGASYS (peginterferon alfa-2a)	INCIVEK (telaprevir)* INFERGEN (interferon alfacon-1) PEG-INTRON (peginterferon alfa-2b) VICTRELIS (boceprevir)*	Peg-Intron will be approved for patients with history of treatment failure and/or age 3-17 *Incivek & Victrelis require manual PA <ul style="list-style-type: none"> • Other Hep C Treatments <ul style="list-style-type: none"> ○ Age >= 18 years ○ Diagnosis of chronic hepatitis C in the past 2 years ○ History absent of decompensated liver disease in the past year ○ Currently active claims for peginterferon alfa and ribavirin ○ Victrelis: has the patient been previously untreated with interferon and ribavirin combination therapy



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HYPERURICEMIA & GOUT SmartPA			
	allopurinol COLCRYS (colchicine) probenecid probenecid/colchicine	ULORIC (febuxostat) ZYLOPRIM (allopurinol)	<ul style="list-style-type: none"> ○ Did the patient fail previous interferon and ribavirin combination therapy SmartPA Criteria: <ul style="list-style-type: none"> ● History of at least 30 days of therapy with two different preferred antihyperuricemics in the past 6 months ● History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days ● Colcrys <ul style="list-style-type: none"> ○ History of at least 1 claim for a preferred colchicine product in the past 6 months
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS			
	BYETTA (exenatide) JANUMET (sitagliptin/metformin) JANUVIA (sitagliptin) KOMBIGLYZE XR (saxagliptin/metformin) ONGLYZA (saxagliptin)	JANUMET XR (sitagliptin/metformin) ^{NR} JENTADUETO (linagliptin/metformin) ^{NR} JUVISYNC (sitagliptin/simvastatin) ^{NR} SYMLIN (pramlintide) TRADJENTA (linagliptin) ^{NR} VICTOZA (liraglutide)	
HYPOGLYCEMICS, INSULINS AND RELATED AGENTS SmartPA			
	LANTUS (insulin glargine) LEVEMIR (insulin detemir) NOVOLIN (insulin) NOVOLOG (insulin aspart) NOVOLOG MIX (insulin aspart/ aspartprotamine)	APIDRA (insulin glulisine) HUMALOG (insulin lispro) HUMALOG MIX (insulin lispro/ lisproprotamine) HUMULIN (insulin) NOVOLIN Pens (insulin)*	Humalog-clinical edit limited to beneficiaries up to age 5. SmartPA Criteria: <ul style="list-style-type: none"> ● Humalog products <ul style="list-style-type: none"> ○ Age <=/= 5 years ● History of Diabetes Mellitus in the past 2 years ● History of at least 30 days of therapy with a preferred product in the past 6 months ● History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days



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HYPOGLYCEMICS, MEGLITINIDES			
	PRANDIN (repaglinide)	nateglinide PRANDIMET (repaglinide/metformin) STARLIX (nateglinide)	
HYPOGLYCEMICS, TZDS			
THIAZOLIDINEDIONES			
	ACTOS (pioglitazone)	AVANDIA (rosiglitazone)	
TZD COMBINATIONS			
	ACTOPLUS MET (pioglitazone/metformin) DUETACT (pioglitazone/glimepiride)	ACTOPLUSMET XR (pioglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) AVANDAMET (rosiglitazone/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 ZORTRESS (everolimus)		SmartPA Criteria: <ul style="list-style-type: none"> • Cyclosporine <ul style="list-style-type: none"> ○ Diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA or an approvable indication for cyclosporine in the past 2 years ○ Diagnosis of Kimura's disease or multifocal motor neuropathy in the past 2 years • Cyclosporine, modified <ul style="list-style-type: none"> ○ Diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA or an approvable indication for cyclosporine, modified in the past 2 years ○ Diagnosis of Kimura's disease or multifocal motor neuropathy in the past 2 years • Tacrolimus <ul style="list-style-type: none"> ○ Diagnosis of heart transplant, kidney transplant, liver transplant or an



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			approvable diagnosis for tacrolimus in the past 2 years <ul style="list-style-type: none"> • Cellcept (mycophenolate mofetil) <ul style="list-style-type: none"> ○ Diagnosis of heart transplant, kidney transplant, liver transplant or an approvable diagnosis for Cellcept in the past 2 years • Myfortic (mycophenolate sodium) <ul style="list-style-type: none"> ○ Diagnosis of kidney transplant or psoriasis in the past 2 years • Age >= 18 years <ul style="list-style-type: none"> ○ Diagnosis of kidney transplant in the past 2 years • Sirolimus <ul style="list-style-type: none"> ○ Age >= 13 years
INTRANASAL RHINITIS AGENTS			
ANTICHOLINERGICS			
	ipratropium	ATROVENT (ipratropium)	
ANTIHISTAMINES			
	PATANASE (olopatadine)	ASTELIN (azelastine) ASTEPRO (azelastine) azelastine	
CORTICOSTEROIDS SmartPA			
	BECONASE AQ (beclomethasone) flunisolide NASACORT AQ (triamcinolone) NASAREL (flunisolide) NASONEX (mometasone) VERAMYST (fluticasone)	FLONASE (fluticasone) fluticasone OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide) triamcinolone	SmartPA Criteria: <ul style="list-style-type: none"> • History of allergic rhinitis in the past 2 years • History of at least 1 claim for two different preferred intranasal corticosteroid in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days



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LEUKOTRIENE MODIFIERS SmartPA			
	ACCOLATE (zafirlukast) SINGULAIR (montelukast)	ZYFLO CR (zafirlukast) zafirlukast	SmartPA Criteria: <ul style="list-style-type: none"> • History of at least 30 days of therapy with two different preferred leukotriene modifiers in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • Zyflo or Zyflo CR <ul style="list-style-type: none"> ○ Age >= 12 years
LIPOTROPICS, OTHER (Non-statins) SmartPA			
BILE ACID SEQUESTRANTS			
	cholestyramine colestipol	COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)	SmartPA Criteria: <ul style="list-style-type: none"> • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • History of at least 30 days of therapy with a statin or statin combination product in the past year • Female Patient <ul style="list-style-type: none"> ○ History of a pregnancy code in the past 280 days • History of liver disease in the past 2 years • History of hypertriglyceridemia in the past 2 years • Current claim for a bile acid sequestrant • Does the physician provide a clinical reason the patient is unable to take a statin or that statin therapy is inappropriate • Welchol <ul style="list-style-type: none"> ○ Female Patient ○ History of a pregnancy code in the past 280 days ○ History of at least 30 days of therapy with two different preferred bile acid sequestrants in the past 6 months • History of at least 30 days of therapy



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			with two different preferred non-statin lipotropics in the past 6 months
OMEGA-3 FATTY ACIDS			
	LOVAZA (omega-3-acid ethyl esters)		
CHOLESTEROL ABSORPTION INHIBITORS			
		ZETIA (ezetimibe)	
FIBRIC ACID DERIVATIVES			
	ANTARA (fenofibrate) fenofibrate gemfibrozil TRICOR (fenofibrate nanocrystallized) TRILIPIX (fenofibric acid)	fenofibrate nanocrystallized 145mg FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate)	<ul style="list-style-type: none"> • Fibric Acid Derivative <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with two different preferred fibric acid derivatives in the past 6 months
NIACIN			
	NIACOR (niacin) NIASPAN (niacin)		
LIPOTROPICS, STATINS SmartPA			
STATINS			
	CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin) LIPITOR (atorvastatin) lovastatin pravastatin simvastatin	atorvastatin ALTOPREV (lovastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin)	SmartPA Criteria: <ul style="list-style-type: none"> • History of at least 30 days of therapy with two different preferred statins/statin combinations in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
STATIN COMBINATIONS			
	CADUET (atorvastatin/amlodipine)	ADVICOR (lovastatin/niacin) atorvastatin/amlodipine SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)	



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MACROLIDES/KETOLIDES (Oral)			
	KETOLIDES		
		KETEK (telithromycin)	
	MACROLIDES		
	azithromycin clarithromycin IR erythromycin	BIAXIN (clarithromycin) BIAXIN XL (clarithromycin) clarithromycin ER E.E.S. (erythromycin ethylsuccinate) E-MYCIN (erythromycin) ERYC (erythromycin) ERYPED (erythromycin ethylsuccinate) ERY-TAB (erythromycin) ERYTHROCIN (erythromycin stearate) erythromycin estolate PCE (erythromycin) ZITHROMAX (azithromycin) ZMAX (azithromycin)	
MULTIPLE SCLEROSIS AGENTS SmartPA			
	AVONEX (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE (glatiramer) REBIF (interferon beta-1a)	AMPYRA (dalfampridine) EXTAVIA (interferon beta-1b) GILENYA (fingolimod)	SmartPA Criteria: <ul style="list-style-type: none"> • Diagnosis of multiple sclerosis (340.XX) in the past 2 years • History of at least 1 claim for two different preferred multiple sclerosis agents in the past 6 months • History of at least 3 claims for the same agent as on the incoming claim in the past 105 days <p style="background-color: yellow; margin-top: 5px;">*Ampyra – Requires manual PA</p>
NSAIDS			
	NON-SELECTIVE		
	etodolac tab flurbiprofen ibuprofen indomethacin	ADVIL (ibuprofen) ANAPROX (naproxen) ANSAID (flurbiprofen) CAMBIA (diclofenac)	



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	ketoprofen ketorolac naproxen piroxicam sulindac	CATAFLAM (diclofenac) CLINORIL (sulindac) DAYPRO (oxaprozin) diclofenac SR etodolac cap etodolac tab SR FELDENE (piroxicam) fenoprofen INDOCIN (indomethacin) indomethacin cap ER ketoprofen ER LODINE (etodolac) meclofenamate mefenamic acid MOTRIN (ibuprofen) nabumetone NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) NUPRIN (ibuprofen) ORUDIS (ketoprofen) oxaprozin PONSTEL (mefenamic acid) SPRIX NASAL SPRAY (ketorolac) tolmetin VOLTAREN (diclofenac) ZIPSOR (diclofenac)		
NSAID/GI PROTECTANT COMBINATIONS				
		ARTHROTEC (diclofenac/misoprostol) DUEXIS (ibuprofen/famotidine) ^{NR} VIMOVO (naproxen/esomeprazole)		
COX II SELECTIVE SmartPA				
	meloxicam	CELEBREX (celecoxib) MOBIC (meloxicam)	SmartPA Criteria: • Is the incoming claim for a COX-II selective agent	



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OPHTHALMIC ANTIBIOTICS			
	bacitracin bacitracin/polymyxin erythromycin gentamicin IQUIX (levofloxacin) MOXEZA (moxifloxacin) polymyxin/trimethoprim sulfacetamide tobramycin triple antibiotic VIGAMOX (moxifloxacin)	AZASITE (azithromycin) BESIVANCE (besifloxacin) CILOXAN (ciprofloxacin) ciprofloxacin levofloxacin NATACYN (natamycin) NEO-POLYCIN (neomy/baci/polymyxin b) TERRAMYCIN-POLYMYX B (oxy-tcn/polymyx sul) TOBREX (tobramycin) oint OCUFLOX (ofloxacin) ofloxacin QUIXIN (levofloxacin)	<ul style="list-style-type: none"> • History of one of the following in the past 2 years: osteoarthritis (OA), rheumatoid arthritis (RA), familial adenomatous polyposis (FAP) or ankylosing spondylitis • History of at least 30 days of therapy with a preferred COX-II selective NSAID in the past 6 months • History of at least 30 days of therapy with a preferred non-selective NSAID in the past 6 months • History of one of the following in the past 2 years <ul style="list-style-type: none"> ○ GI Bleed ○ GERD ○ PUD ○ GI Perforation ○ Coagulation Disorder • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • History of at least 30 days of therapy with two different preferred NSAIDs in the past 6 months



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		ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	
ANTIBIOTIC STEROID COMBINATIONS			
	neomycin/bacitracin/polymyxin/hc neomycin//polymyxin/dexamethasone neomycin/polymyxin/hc POLY-PRED (prednisolone/neomycin/polymyxin) PRED-G (gentamicin/prednisolone) sulfacetamide/prednisolone TOBRADEX OINTMENT (tobramycin/dexamethasone) tobramycin/dexamethasone ZYLET (loteprednol/tobramycin)		
OPHTHALMIC ANTI-INFLAMMATORIES SmartPA			
	dexamethasone diclofenac FLAREX (fluorometholone) flurbiprofen FML FORTE (fluorometholone) FML SOP (fluorometholone) LOTEMAX (loteprednol) MAXIDEX (dexamethasone) NEVANAC (nepafenac) prednisolone acetate prednisolone NA phosphate VEXOL (rimexolone)	ACULAR LS (ketorolac) ACULAR PF (ketorolac) BROMDAY (bromfenac) bromfenac DUREZOL (difluprednate) PRED MILD (prednisolone) PRED FORTE (prednisolone) XIBROM (bromfenac)	SmartPA Criteria: <ul style="list-style-type: none"> • History of at least 1 claim for two different preferred ophthalmic antiinflammatory agents in the past 6 months
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS SmartPA			
	cromolyn ELESTAT (epinastine) EMADINE (emedastine) ketotifen OTC OPTIVAR (azelastine) PATADAY (olopatadine)	ACULAR (ketorolac) ACUVAIL (ketorolac) ALAMAST (pemirolast) ALOCRIAL (nedocromil) ALOMIDE (Iodoxamide) ALREX (loteprednol)	SmartPA Criteria: <ul style="list-style-type: none"> • History of at least 30 days of therapy with two different preferred Ophthalmic Allergy Agents in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming



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	PATANOL (olopatadine)	azelastine BEPREVE (bepotastine) CROLOM (cromolyn) DUREZOL (difluprednate) epinastine LASTACAFT (alcaftadine) OPTICROM (cromolyn)	claim in the past 105 days	
OPHTHALMICS, GLAUCOMA AGENTS SmartPA				
BETA BLOCKERS				
	betaxolol BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol	BETAGAN (levobunolol) BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) TIMOPTIC (timolol)	SmartPA Criteria: <ul style="list-style-type: none"> History of glaucoma in the past 2 years History of at least 30 days of therapy with two different preferred glaucoma agents in the past 6 months History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days 	
CARBONIC ANHYDRASE INHIBITORS				
	AZOPT (brinzolamide) dorzolamide TRUSOPT (dorzolamide)			
COMBINATION AGENTS				
	COMBIGAN (brimonidine/timolol) COSOPT (dorzolamide/timolol) dorzolamide/timolol			
PARASYMPATHOMIMETICS				
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)		
PROSTAGLANDIN ANALOGS				
	TRAVATAN Z (travoprost) XALATAN (latanoprost)	latanoprost LUMIGAN (bimatoprost)		



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SYMPATHOMIMETICS			
	ALPHAGAN P 0.1% (brimonidine) brimonidine	ALPHAGAN P 0.15% (brimonidine) dipivefrin PROPINE (dipivefrin)	
OTIC ANTIBIOTICS			
	CETRAXAL (ciprofloxacin) CIPRODEX (ciprofloxacin/dexamethasone) COLY-MYCIN S (colistin/neomycin/hydrocortisone) CORTISPORIN-TC (colistin/neomycin/hydrocortisone) neomycin/polymyxin/hydrocortisone	CIPRO HC (ciprofloxacin/hydrocortisone) FLOXIN (ofloxacin) ofloxacin	
PANCREATIC ENZYMES SmartPA			
	CREON (pancreatin) PANCRELIPASE ZENPEP (pancrelipase)	PANCREAZE (pancrelipase)	SmartPA Criteria: <ul style="list-style-type: none"> • History of at least 30 days of therapy with two different preferred pancreatic enzymes products in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
PHOSPHATE BINDERS			
	ELIPHOS (calcium acetate) calcium acetate RENAGEL (sevelamer HCl)	FOSRENOL (lanthanum) PHOSLYRA (CALCIUM ACETATE) ^{NR} RENVELA (sevelamer carbonate)	
PLATELET AGGREGATION INHIBITORS SmartPA			
	AGGRENOX (dipyridamole/aspirin) dipyridamole PLAVIX (clopidogrel)	BRILINTA (ticagrelor) cilostazol EFFIENT (prasugrel) PERSANTINE (dipyridamole) PLETAL (cilostazol) ticlopidine	SmartPA Criteria: <ul style="list-style-type: none"> • History of an approvable indication in the past 2 years • Effient <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with Plavix in the past 6 months • History of at least 30 days of therapy



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			with two different preferred products in the past 6 months <ul style="list-style-type: none"> History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
PROTON PUMP INHIBITORS SmartPA			
	DEXILANT (dexlansoprazole) omeprazole RX PREVACID SOLU-TAB (lansoprazole)	ACIPHEX (rabeprazole) lansoprazole RX NEXIUM (esomeprazole) omeprazole sod. bicarb. pantoprazole PREVACID Rx (lansoprazole) PRILOSEC RX (omeprazole) ZEGERID RX (omeprazole sod bicar)	SmartPA Criteria: <ul style="list-style-type: none"> History of an approvable indication in the past 2 years History of at least 30 days of therapy with two different preferred Proton Pump Inhibitors in the past 6 months History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
PULMONARY ANTIHYPERTENSIVES – ENDOTHELIN RECEPTOR ANTAGONISTS			
	LETAIRIS (ambrisentan) TRACLEER (bosentan)		
PULMONARY ANTIHYPERTENSIVES – PDE5s SmartPA			
	ADCIRCA (tadalafil) REVATIO (sildenafil)		SmartPA Criteria: <ul style="list-style-type: none"> Sildenafil <ul style="list-style-type: none"> Age <12 years Diagnosis of pulmonary hypertension (416.0) or patent ductus arteriosus (747.0) in the past 2 years History of a heart transplant in the past 2 years Diagnosis of pulmonary hypertension (416.0) in the past 2 years History of at least 30 days of therapy with two different preferred PAH agents in the past 6 months History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days

This is not an all-inclusive list of available covered drugs and includes only managed categories. Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. NR indicates a new drug that has not yet been reviewed by the P&T Committee.



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PULMONARY ANTIHYPERTENSIVES – PROSTACYCLINS			
		TYVASO (treprostinil) VENTAVIS (iloprost)	
SEDATIVE HYPNOTICS			
BENZODIAZEPINES			
	estazolam flurazepam temazepam (15mg and 30mg) triazolam	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) RESTORIL (temazepam) temazepam (7.5mg and 22.5mg)	Single source benzodiazepines and barbiturates are NOT covered; PAs will not be issued for these drugs. Sedative/Hypnotics are limited to 31 cumulative units of all/any strengths per month. Any quantity required above these limits requires a PA.
OTHERS SmartPA			
	LUNESTA (eszopiclone) zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) EDLUAR (zolpidem) ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER ZOLPIMIST (zolpidem)	SmartPA Criteria: <ul style="list-style-type: none"> • ZolpiMist <ul style="list-style-type: none"> ○ Is the total quantity of the incoming claim plus history of all Zolpimist claims \leq 1 canister in the past 25 days • Is the total quantity of the incoming claim plus history of all Sedative Hypnotics \leq 31 units in the past 25 days • History of at least 1 claim for two different preferred Sedative Hypnotics in the past 6 months
SKELETAL MUSCLE RELAXANTS SmartPA			
	baclofen chlorzoxazone cyclobenzaprine methocarbamol tizanidine	AMRIX (cyclobenzaprine ER) carisoprodol carisoprodol compound cyclobenzaprine ER dantrolene FEXMID (cyclobenzaprine) FLEXERIL (cyclobenzaprine) metaxalone	SmartPA Criteria: <ul style="list-style-type: none"> • Carisoprodol <ul style="list-style-type: none"> ○ Diagnosis of an acute musculoskeletal condition in the past 3 months ○ History absent of therapy with meprobamate in the past 90 days ○ History of at least 1 claim for cyclobenzaprine in the past 21 days



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		methocarbamol/ASA orphenadrine orphenadrine compound PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) SOMA COMPOUND (carisoprodol /ASA) SOMA COMP w/ COD (carisoprodol/ASA/ codeine) ZANAFLEX (tizanidine)	<ul style="list-style-type: none"> ○ Does the patient have a documented intolerance to cyclobenzaprine ○ Is the total quantity of the current claim plus history of carisoprodol in the past 6 months <= 84 tablets ○ Is the request for 1 claim of 18 tablets to allow for the tapering schedule ● History of an approvable diagnosis in the past 2 years ● History of at least 1 claim for two different preferred skeletal muscle relaxants in the past 6 months ● Diagnosis of a chronic musculoskeletal disorder in the past 2 years ● History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
STERIODS (Topical) SmartPA			
LOW POTENCY			
	CAPEX (fluocinolone) DESOWEN (desonide) lotion desonide cr, oint. hydrocortisone	alclometasone DERMA-SMOOTH-FS (fluocinolone) DESONATE (desonide) desonide lotion DESONIL PLUS (desonide) DESOWEN (desonide) fluocinolone oil PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) SCALACORT DK (hydrocortisone) VERDESO (desonide)	SmartPA Criteria: <ul style="list-style-type: none"> ● Low potency product <ul style="list-style-type: none"> ○ History of at least 1 claim for two different preferred low potency products in the past 6 months ○ History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
MEDIUM POTENCY			
	fluocinolone hydrocortisone mometasone cr, oint.	CLODERM (clocortolone) CORDRAN (flurandrenolide) CUTIVATE (fluticasone)	SmartPA Criteria: <ul style="list-style-type: none"> ● Medium potency product <ul style="list-style-type: none"> ○ History of at least 1 claim for two different preferred medium potency



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	<p>prednicarbate cr PANDEL (hydrocortisone probutate)</p>	<p>fluticasone LOCOID (hydrocortisone butyrate) LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint</p>	<p>products in the past 6 months</p> <ul style="list-style-type: none"> o History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
HIGH POTENCY			
	<p>amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. CAPEX (fluocinolone) fluocinolone fluocinonide triamcinolone halcinonide</p>	<p>amcinonide oint betameth diprop/prop gly cr, lot, oint betamethasone dipropionate oint. desoximetasone diflorasone HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) VANOS (fluocinonide)</p>	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • High potency product <ul style="list-style-type: none"> o History of at least 1 claim for two different preferred high potency products in the past 6 months o History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days • History of at least 1 claim for two different preferred very high potency products in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
VERY HIGH POTENCY			
	<p>clobetasol emollient clobetasol propionate cr, gel, oint, sol halobetasol</p>	<p>clobetasol propionate foam CLOBEX (clobetasol) HALONATE (halobetasol/ammonium lactate) HALAC (halobetasol/ammonium lac) OLUX-E (clobetasol) OLUX-OLUX-E (clobetasol) ULTRAVATE (halobetasol)</p>	



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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
STIMULANTS AND RELATED AGENTS SmartPA			
SHORT-ACTING			
	amphetamine salt combination dexamethylphenidate IR dextroamphetamine IR FOCALIN (dexamethylphenidate) METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) DEXTROSTAT (dextroamphetamine) methamphetamine methylphenidate solution	Prior authorization required for patients >21 years of age. Procentra is preferred for patients age 3-6 only. SmartPA Criteria : <ul style="list-style-type: none"> • Age >= 6 years <ul style="list-style-type: none"> ○ Is the incoming claim for dextroamphetamine IR or mixed amphetamine salts IR <ul style="list-style-type: none"> ▪ Age >= 3 years • Age <21 years <ul style="list-style-type: none"> ○ Diagnosis of ADD/ADHD in the past 2 years • Short-acting stimulant <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with two different preferred SA stimulants in the past 6 months ○ History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days • History of at least 30 days of therapy with a preferred non-stimulant in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
LONG-ACTING			
	ADDERALL XR (amphetamine salt combination) CONCERTA (methylphenidate) DAYTRANA (methylphenidate) FOCALIN XR (dexamethylphenidate) METADATE CD (methylphenidate)	amphetamine salt combination ER DEXEDRINE (dextroamphetamine) dextroamphetamine ER NUVIGIL (armodafinil) PROVIGIL (modafinil)	SmartPA Criteria: <ul style="list-style-type: none"> • Age >= 6 years • Age <21 years <ul style="list-style-type: none"> ○ Diagnosis of ADD/ADHD in the past 2 years • Long-acting stimulant



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	methylphenidate ER (generic Concerta) VYVANSE (lisdexamfetamine)	RITALIN LA (methylphenidate)	<ul style="list-style-type: none"> ○ History of at least 30 days of therapy with two different preferred LA stimulants in the past 6 months ● History of at least 30 days of therapy with a preferred non-stimulant in the past 6 months ● History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days ● Nuvigil or Provigil <ul style="list-style-type: none"> ○ One of the following diagnoses in the past 2 years (Narcolepsy, Obstructive Sleep Apnea, Shift Work Sleep Disorder) ○ History of at least 30 days of therapy with a stimulant in the past 6 months ○ History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days ○ Age >= 17 years ○ Provigil ○ Age >= 16 years
NON-STIMULANTS			
	INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release)* STRATTERA (atomoxetine)		Edit limited to patients ages 6-17 years only. SmartPA Criteria : <ul style="list-style-type: none"> ● Kapvay <ul style="list-style-type: none"> ○ Age 6-17 years ○ Diagnosis of ADD/ADHD in the past 2 years ○ History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days



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TETRACYCLINES	<small>SmartPA</small>		
	doxycycline hyclate caps/tabs minocycline caps IR tetracycline	ADOXA CK (doxycycline) ADOXA TT (doxycycline) demeclocycline doxycycline monohydrate caps (75mg, 100mg, 150mg) doxycycline monohydrate tabs minocycline ER minocycline tabs NUTRIDOX (doxycycline) ORACEA (doxycycline) SOLODYN (minocycline) VIBRAMYCIN cap/susp/syrup	SmartPA Criteria: <ul style="list-style-type: none"> • History of at least 1 claim for two different preferred agents in the past 6 months • Demeclocycline <ul style="list-style-type: none"> ○ History of Diabetes Insipidus or SIADH in the past 2 years
ULCERATIVE COLITIS AGENTS			
ORAL			
	APRISO (mesalamine) ASACOL (mesalamine) balsalazide DIPENTUM (olsalazine) PENTASA (mesalamine) sulfasalazine	ASACOL HD (mesalamine) COLAZAL (balsalazide) LIALDA (mesalamine)	
RECTAL			
	CANASA (mesalamine) SFROWASA (mesalamine)	mesalamine	