



MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 01/01/2013
Version 2013.7
Updated: 12-10-2012

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) ERY (erythromycin) EVOCLIN (clindamycin) FINACEA (azelaic acid) KLARON (sulfacetamide) sulfacetamide	Acne agents will be authorized only for patients less than 21 years of age.
	RETINOIDS		
	TAZORAC (tazarotene) tretinoin	adapalene AVITA (tretinoin) ATRALIN (tretinoin) DIFFERIN (adapalene) RETIN-A (tretinoin) RETIN-A MICRO (tretinoin) TRETIN-X (tretinoin)	
	COMBINATION DRUGS/OTHERS		
	DUAC (benzoyl peroxide/clindamycin) EPIDUO (adapalene/benzoyl peroxide) sodium sulfacetamide/sulfur cream/cleanser/foam/gel/lotion/suspension	ACANYA (benzoyl peroxide/clindamycin) BENZAACLIN GEL (benzoyl peroxide/clindamycin) BENZAACLIN KIT (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) benzoyl peroxide/clindamycin CLARIFOAM EF (sodium sulfacetamide/sulfur) CLENIA (sulfacetamide sodium/sulfur) erythromycin/benzoyl peroxide INOVA 4/1 (benzoyl peroxide/salicylic acid) INOVA 8/2 (benzoyl peroxide/salicylic acid) PRASCION (sulfacetamide sodium/sulfur)	

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

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ANALGESICS, NARCOTIC - SHORT ACTING			
	acetaminophen/codeine aspirin/codeine codeine dihydrocodeine/ APAP/caffeine hydrocodone/APAP hydrocodone/ibuprofen hydromorphone meperidine morphine oxycodone oxycodone/APAP oxycodone/aspirin oxycodone/ibuprofen pentazocine/APAP tramadol tramadol/APAP	ABSTRAL (fentanyl) ACTIQ (fentanyl) butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine butorphanol tartrate (nasal) COMBUNOX (oxycodone/ibuprofen) DEMEROL (meperidine) DILAUDID (hydromorphone) fentanyl FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine) IBUDONE (hydrocodone/ibuprofen) levorphanol LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAGNACET (oxycodone/APAP) NORCO (hydrocodone/APAP) NUCYNTA (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXECTA (oxycodone) pentazocine/naloxone PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) REPREXAIN (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) RYBIX (tramadol) SUBSYS (fentanyl) SYNALGOS-DC (dihydrocodeine/ aspirin/caffeine) TREZIX (dihydrocodeine/ APAP/caffeine) ^{NR} TYLENOL W/CODEINE (APAP/codeine)	

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ANALGESICS, NARCOTIC - LONG ACTING SmartPA				
	DURAGESIC (fentanyl) methadone morphine ER OPANA ER (oxymorphone)	AVINZA (morphine) BUTRANS (buprenorphine) CONZIP ER (tramadol) ^{NR} DOLOPHINE (methadone) EMBEDA (morphine/naltrexone) EXALGO (hydromorphone) fentanyl patches KADIAN (morphine) morphine ER capsules MS CONTIN (morphine) NUCYNTA ER (tapentadol) ORAMORPH SR (morphine) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol)	TYLOX (oxycodone/APAP) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) VICOPROFEN (hydrocodone/ibuprofen) XODOL (hydrocodone/acetaminophen) XOLOX (oxycodone/APAP) ZAMICET (hydrocodone/APAP) ZOLVIT (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen)	SmartPA Criteria: <ul style="list-style-type: none"> • Avinza <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with Opana ER or morphine ER in the past 6 months ○ Is the total quantity of the incoming claim plus history of Avinza on the incoming claim <= 31 units in the past 31 days • OxyContin <ul style="list-style-type: none"> ○ Diagnosis of cancer (140.XX-239.XX) in the past 2 years ○ History of at least 30 days of therapy with Opana ER, morphine ER, Avinza or Duragesic patch in the past 6 months ○ History of an antineoplastic in the past 6 months ○ Is the total quantity of the incoming claim plus history of OxyContin on the incoming claim <= 62 units in the past 31 days • History of at least 30 days of therapy

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			with two different preferred LA narcotic analgesics 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 • Is the total quantity of the incoming claim plus the past 31-day history of the product on the incoming claim meet the applicable quantity limit
ANALGESICS/ANAESTHETICS (Topical) SmartPA			
	VOLTAREN Gel (diclofenac sodium)	capsaicin EMLA (lidocaine/prilocaine) FLECTOR (diclofenac epolamine) LIDAMANTLE (lidocaine) LIDAMANTLE HC (lidocaine/hydrocortisone) lidocaine lidocaine/prilocaine LIDODERM (lidocaine) LMX 4 (lidocaine) PENNSAID Solution (diclofenac sodium) xylocaine SYNERA (lidocaine/tetracaine) ZOSTRIX (capsaicin)	SmartPA Criteria: <ul style="list-style-type: none"> • History of at least 1 claim for a preferred agent in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days <p>Lidoderm: Diagnosis of post-herpetic neuralgia or diabetic neuropathy in the past year.</p>
ANDROGENIC AGENTS SmartPA			
	TESTIM (testosterone gel)	ANDRODERM (testosterone patch) ANDROGEL (testosterone gel) AXIRON (testosterone gel) FORTESTSA (testosterone gel)	SmartPA Criteria: <ul style="list-style-type: none"> • Male Patient • History of at least 30 days of therapy with a preferred androgenic agents in the past 6 months • 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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ANGIOTENSIN MODULATORS	SmartPA		
	ACE INHIBITORS		
	benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril	ACCUPRIL (quinapril) ACEON (perindopril) ALTACE (ramipril) CAPOTEN (captopril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril MONOPRIL (fosinopril) perindopril PRINIVIL (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	SmartPA Criteria: <ul style="list-style-type: none"> •History of at least 30 days of therapy with two different preferred single-entity ACEIs in the past 6 months •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
	ACE INHIBITOR COMBINATIONS		
	benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ LOTREL(benazepril/amlodipine) quinapril/HCTZ TARKA (trandolapril/verapamil)	ACCURETIC (quinapril/HCTZ) benazepril/amlodipine CAPOZIDE (captopril/HCTZ) LOTENSIN HCT (benazepril/HCTZ) moexipril/HCTZ PRINZIDE (lisinopril/HCTZ) trandolapril/verapamil UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	SmartPA Criteria: <ul style="list-style-type: none"> •ACEI/Diuretic combination product <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with two different preferred ACEI/Diuretic combination products in the past 6 months ○ History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days •ACEI/Calcium Channel Blocker combination product <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with two different preferred ACEI/Calcium Channel Blocker combination products in the past 6 months ○ History of at least 90 days of therapy with the same agent as on

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	ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)		
	AVAPRO (irbesartan) BENICAR (olmesartan) DIOVAN (valsartan) losartan MICARDIS (telmisartan)	ATACAND (candesartan) COZAAR (losartan) EDARBI (azilsartan) eprosartan irbesartan TEVETEN (eprosartan)	the incoming claim in the past 105 days SmartPA Criteria: <ul style="list-style-type: none"> •History of at least 30 days of therapy with two different preferred single-entity ARBs in the past 6 months •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
	ARB COMBINATIONS		
	AVALIDE (irbesartan/HCTZ) BENICAR-HCT (olmesartan/HCTZ) DIOVAN-HCT (valsartan/HCTZ) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) losartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ)	ATACAND-HCT (candesartan/HCTZ) AZOR (olmesartan/amlodipine) EDARBYCLOL (azilsartan/chlorthalidone) irbesartan/HCTZ TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine)	SmartPA Criteria: <ul style="list-style-type: none"> •ARB/Diuretic combination product <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with two different preferred 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 •ARB/Calcium Channel Blocker combination product <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with a preferred ARB/Calcium Channel Blocker 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
	DIRECT RENIN INHIBITORS		
		TEKTURNA (aliskiren)	SmartPA Criteria: <ul style="list-style-type: none"> •History of hypertension in the past 2 years •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days

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DIRECT RENIN INHIBITOR COMBINATIONS			
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz) VALTURNIA (aliskiren/valsartan)	<ul style="list-style-type: none"> •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 SmartPA Criteria: <ul style="list-style-type: none"> •History of at least 30 days of therapy with two different preferred ACEI or ARB Diuretic combination products in the past 6 months •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
ANTIBIOTICS (Topical)			
	bacitracin bacitracin/polymixin BACTROBAN cream (mupirocin) gentamicin sulfate mupirocin ointment	ALTABAX (retapamulin) BACTROBAN OINTMENT (mupirocin) CORTISPORIN (bacitracin/neomycin/polymyxin/HC)	
ANTIBIOTICS (GI)			
	ALINIA (nitazoxanide) metronidazole neomycin TINDAMAX (tinidazole) tinidazole	DIFICID (fidaxomicin) FLAGYL ER (metronidazole) VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)	
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) FRAGMIN (dalteparin) <small>SmartPA LMWH</small> LOVENOX (enoxaparin) <small>SmartPA LMWH</small> PRADAXA (dabigatran)* XARELTO 10mg (rivaroxaban) <small>Clinical Edit</small>	ARIXTRA (fondaparinux) <small>SmartPA LMWH</small> enoxaparin <small>SmartPA LMWH</small> fondaparinux <small>SmartPA LMWH</small> INNOHEP (tinzaparin) <small>SmartPA LMWH</small> XARELTO 15 & 20mg (rivaroxaban) warfarin	<p>*Clinical Edit Pradaxa:</p> <ul style="list-style-type: none"> • Age \geq18 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 \geq75 years • Age \geq65 years, no risk factor present AND diagnosis of hypertension in the past 2 years • History absent of active pathologic bleeding in the past 6 months • History absent of rheumatic heart disease and severe renal impairment in the past 2 years • History absent of mechanical valve prosthesis and dialysis in the past year • No active claims for rifampin • Requested quantity = 60 tablets <hr style="border-top: 1px dashed black;"/> <p>Clinical Edit for Xarelto:</p> <ul style="list-style-type: none"> • Limited to 70 days use per calendar year • Use for Atrial Fibrillation will require a manual prior authorization • Covered for knee replacement and limited to \leq 12 days of therapy • Covered for hip replacement and limited to \leq35 days

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			<p>SmartPA Criteria for LMWH duration effective 7-15-12:</p> <ul style="list-style-type: none"> • Is there history for a LMWH in the past year • Is the duration of therapy on the claim <= 17 days • History of cancer (140.xx-238.xx) in the past 2 years • Female patient <ul style="list-style-type: none"> ○ History of a Pregnancy Code in the past 280 days • History of at least 30 days of therapy with two different preferred LMWHs in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days • Does the prescriber provide clinical justification for therapy including 1) condition being treated and 2) the requested length of therapy • History of cancer (140.xx-238.xx) in the past 2 years <ul style="list-style-type: none"> ○ Female Patient <ul style="list-style-type: none"> ▪ History of a Pregnancy Code in the past 280 days ○ 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

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			<ul style="list-style-type: none"> ▪ History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days ○ History of at least 30 days of therapy with two different preferred LMWHs in the past 6 months ○ History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days <ul style="list-style-type: none"> • Does the prescriber provide clinical justification for therapy including 1) condition being treated and 2) the requested length of therapy
ANTICONVULSANTS	SmartPA		
	ADJUVANTS		
	carbamazepine carbamazepine XR 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)	BANZEL (rufinamide) DEPAKENE (valproic acid) DEPAKOTE (divalproex) EQUETRO (carbamazepine) FANATREX SUSPENSION (gabapentin) ^{NR} felbamate FELBATOL (felbamate) GRALISE (gabapentin) HORIZANT (gabapentin) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) LAMICTAL XR (lamotrigine) levetiracetam ER	<ul style="list-style-type: none"> • Vimpat <ul style="list-style-type: none"> ○ Age \geq 17 years ○ Diagnosis of partial-onset seizures in the past 2 years • Potiga <ul style="list-style-type: none"> ○ Age \geq 18 years ○ Diagnosis of partial onset seizures in the past 2 years ○ History of at least 30 days of therapy with two different preferred anticonvulsants in the past 6 months ○ History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days • Banzel

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	topiramate TRILEPTAL Suspension (oxcarbazepine) valproic acid VIMPAT (lacosamide) zonisamide	NEURONTIN (gabapentin) POTIGA (ezogabine) SABRIL (vigabatrin) STAVZOR (valproic acid) TEGRETOL (carbamazepine) TRILEPTAL Tablets (oxcarbazepine) ZONEGRAN (zonisamide)	<ul style="list-style-type: none"> ○ Age \geq 4 years ○ Diagnosis of Lennox-Gastaut in the past 2 years ○ History of at least 30 days of therapy with two different preferred anticonvulsants in the past 6 months ○ History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days ● Keppra XR <ul style="list-style-type: none"> ○ Age 15-20 years ○ History of at least 30 days of therapy with levetiracetam IR in the past 6 months ○ History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days ● Lamictal XR <ul style="list-style-type: none"> ○ Diagnosis of seizure in past 2 years AND ○ History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days ● Non Preferred Drugs not listed above <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with two different preferred anticonvulsants in the past 6 months ○ History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
SELECTED BENZODIAZEPINES			
	DIASTAT (diazepam rectal)	diazepam rectal gel ONFI (clobazam)	<ul style="list-style-type: none"> ● Onfi <ul style="list-style-type: none"> ○ Age \geq 2 years ○ Diagnosis of Lennox-Gastaut in the past

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			2 years
	HYDANTOINS		
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
	SUCCINIMIDES		
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
ANTIDEPRESSANTS, OTHER <small>SmartPA</small>			
	bupropion EFFEXOR XR (venlafaxine) mirtazapine PRISTIQ (desvenlafaxine) trazodone WELLBUTRIN XL (bupropion HCl)	APLENZIN (bupropion HBr) bupropion SR bupropion XL DESYREL (trazodone) EFFEXOR (venlafaxine) EMSAM (selegiline transdermal) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone 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 • 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

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ANTIDEPRESSANTS, SSRIs SmartPA			<ul style="list-style-type: none"> ○ History of at least 30 days of therapy with two preferred antidepressants in the past 6 months ○ Diagnosis of DPN in the past 2 years ○ History of at least 30 days of therapy with pregabalin in the past 6 months ○ History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days ○ Diagnosis of fibromyalgia (729.0, 729.1) in the past 2 years ○ History of at least 30 days of therapy with BOTH pregabalin AND milnacipran in the past 6 month
	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) PEEXVA (paroxetine) PROZAC (fluoxetine) RAPIFLUX (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	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

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ANTIEMETICS SmartPA			
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)	<ul style="list-style-type: none"> months <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 o Diagnosis of anxiety disorder in the past 2 years o History of at least 30 days of therapy with two preferred antidepressants in the past 6 months <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"> o 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"> o Diagnosis of cancer (140.XX-239.XX) in the past 2 years

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ANTIFUNGALS (Oral)	SmartPA		<ul style="list-style-type: none"> ○ History of an antineoplastic in the past 6 months
	clotrimazole fluconazole GRIFULVIN V (griseofulvin) griseofulvin suspension GRIS-PEG (griseofulvin) ketoconazole nystatin terbinafine	ANCOBON (flucytosine) DIFLUCAN (fluconazole) griseofulvin tablet itraconazole ketoconazole foam LAMISIL (terbinafine) MYCELEX (clotrimazole) MYCOSTATIN Tablets (nystatin) NIZORAL (ketoconazole) NOXAFIL (posaconazole) ORAVIG (miconazole) SPORANOX (itraconazole) TERBINEX Kit (terbinafine/ciclopirox) VFEND (voriconazole) voriconazole	SmartPA Criteria: <ul style="list-style-type: none"> ● History of at least 1 claim for two different preferred oral antifungals in the past 6 months ● Itraconazole <ul style="list-style-type: none"> ○ Diagnosis of HIV in the past 2 years ○ History of a transplant in the past 2 years ○ History of an immunosuppressant in the past 6 months
ANTIFUNGALS (Topical)	SmartPA		
ANTIFUNGALS			
	ciclopirox cream/gel/suspension clotrimazole econazole ketoconazole cream ketoconazole shampoo miconazole OTC nystatin terbinafine OTC cream,gel,spray tolnaftate OTC	BENSAL HP (benzoic acid/salicylic acid) CICLODAN KIT ciclopirox kit/shampoo/solution CNL 8 (ciclopirox) ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) LAMISIL (terbinafine) solution LOPROX (ciclopirox) MENTAX (butenafine) NAFTIN (naftifine) NIZORAL (ketoconazole) OXISTAT (oxiconazole) PEDIADERM AF (nystatin)	SmartPA Criteria: <ul style="list-style-type: none"> ● History of at least 1 claim for two different preferred topical antifungals in the past 6 months

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		PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide) XOLEGEL (ketoconazole)	
ANTIFUNGAL/STEROID COMBINATIONS			
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)	
ANTIHISTAMINES, MINIMALLY SEDATING AND COMBINATIONS SmartPA			
MINIMALLY SEDATING ANTIHISTAMINES			
	cetirizine loratadine	ALLEGRA (fexofenadine) CLARINEX (desloratadine) fexofenadine RX levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (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
MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS			
	cetirizine/pseudoephedrine loratadine/pseudoephedrine SEMPREX-D (acrivastine/pseudoephedrine)	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)	
ANTIMIGRAINE AGENTS, TRIPTANS SmartPA			
ORAL			
	MAXALT (rizatriptan) MAXALT MLT(rizatriptan) RELPAK (eletriptan) sumatriptan TREXIMET (sumatriptan/naproxen) ZOMIG (zolmitriptan)	AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) IMITREX (sumatriptan) naratriptan	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 <p>Axert – SmartPA if age 12-17 years</p>

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NASAL			
	IMITREX (sumatriptan)	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) NATROBA (spinosad) permethrin	lindane malathion OVIDE (malathion) SKLICE (ivermectin) ULESFIA (benzyl alcohol)	*Note: Non-Preferred drugs will deny at POS, PDL criteria are not listed for this rule as it pertains to Natroba only.* • Natroba <ul style="list-style-type: none"> ○ History of permethrin in the past 90 days
ANTIPARKINSON'S AGENTS (Oral) SmartPA			
ANTICHOLINERGICS			
	benztropine trihexyphenidyl	COGENTIN (benztropine)	SmartPA Criteria: • 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)	

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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 will only be considered in cases of augmentation of carbidopa/levodopa; patient must be currently taking a carbidopa/levodopa product.
ANTIPSYCHOTICS SmartPA			
ORAL			
	ABILIFY (aripiprazole)* amitriptyline/perphenazine chlorpromazine clozapine FANAPT (iloperidone) fluphenazine GEODON (ziprasidone) haloperidol LATUDA (lurasidone) perphenazine	CLOZARIL (clozapine) FAZACLO (clozapine) HALDOL (haloperidol) INVEGA (paliperidone) NAVANE (thiothixene) olanzapine olanzapine/fluoxetine quetiapine RISPERDAL (risperidone) SYMBYAX (olanzapine/fluoxetine)	SmartPA Criteria: • Does the patient meet the age limit for the requested drug • Coverage of a non-preferred second generation antipsychotic product requires an unsuccessful trial with a preferred second generation antipsychotic.

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	risperidone SAPHRIS (asenapine) SEROQUEL (quetiapine) SEROQUEL XR (quetiapine) thioridazine thiothixene trifluoperazine	ziprasidone ZYPREXA (olanzapine)	<ul style="list-style-type: none"> • *Abilify 10mg, 20mg and 30mg requires splitting of tablet • Invega <ul style="list-style-type: none"> ○ History of at least 30 days of therapy with risperidone in the past 12 months ○ History of at least 30 days of therapy with a preferred atypical antipsychotic in the past 12 months ○ History of at least 30 days of therapy with the same agent as on the incoming claim in the past 105 days
INJECTABLE, ATYPICALS			
		ABILIFY (aripiprazole) GEODON (ziprasidone) INVEGA SUSTENNA (paliperidone palmitate) RISPERDAL CONSTA (risperidone) ZYPREXA (olanzapine) ZYPREXA RELPREVV (olanzapine)	Effective 11-1-2012, injectable antipsychotics are closed to POS except for Long Term Care beneficiaries.
ANTIVIRALS (Oral) – ANTIHERPETIC AGENTS			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
ANTIVIRALS (Topical)			
	DENAVIR (penciclovir) ZOVIRAX Ointment (acyclovir)	XERESE (acyclovir/hydrocortisone) ZOVIRAX Cream (acyclovir)	
ATOPIC DERMATITIS			
	SmartPA ELIDEL (pimecrolimus)	PROTOPIC (tacrolimus)	SmartPA Criteria: <ul style="list-style-type: none"> • Elidel or Protopic 0.03%

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BETA BLOCKERS <small>SmartPA</small>			<ul style="list-style-type: none"> ○ Age >= 2 years ● Age >= 6 years
	acebutolol atenolol bisoprolol BYSTOLIC (nebivolol)* metoprolol metoprolol XL nadolol pindolol propranolol timolol TOPROL XL (metoprolol)	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) 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 <p>*Bystolic: Requires unsuccessful trial with preferred beta-blocker</p>
BETA- AND ALPHA-BLOCKERS			
	carvedilol labetalol	COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	
BETA BLOCKER/DIURETIC COMBINATIONS			
	atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) INDERIDE (propranolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ)	

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

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

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PDE5 INHIBITORS			
		CIALIS (tadalafil)	<ul style="list-style-type: none"> • Male Patient: <ul style="list-style-type: none"> ○ Diagnosis of Benign Prostatic Hypertrophy (BPH) in the past 2 years ○ History absent of Erectile Dysfunction in the past 2 years ○ Has the prescriber signed a waiver indicating they are not treating the patient for erectile dysfunction ○ Has the patient had at least 30 days of therapy with two different preferred BPH agents in the past 6 months
BRONCHODILATORS & COPD AGENTS			
ANTICHOLINERGICS & COPD AGENTS			
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA (tiotropium)	DALIRESP (roflumilast)	
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS			
	COMBIVENT (albuterol/ipratropium) DUONEB (albuterol/ipratropium)	albuterol/ipratropium COMBIVENT RESPIMAT (albuterol/ipratropium)	
BRONCHODILATORS, BETA AGONIST			
INHALERS, SHORT-ACTING			
	PROVENTIL HFA (albuterol)	MAXAIR (pirbuterol) <small>SmartPA</small> PROAIR HFA (albuterol) VENTOLIN HFA (albuterol) XOPENEX HFA (levalbuterol) <small>SmartPA</small>	SmartPA: <ul style="list-style-type: none"> • Xopenex HFA inhaler <ul style="list-style-type: none"> ○ Age >= 4 years ○ History of at least 1 claim for an albuterol inhaler in the past 30 days • Maxair <ul style="list-style-type: none"> ○ History of at least 1 claim for an

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INHALERS, LONG ACTING SmartPA			
	FORADIL (formoterol)	ARCAPTA (indacaterol) SEREVENT (salmeterol)	albuterol inhaler in the past 6 months 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 • 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
INHALATION SOLUTION SmartPA			
	albuterol	ACCUNEB (albuterol) BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	SmartPA Criteria: <ul style="list-style-type: none"> • History of at least 1 claim for 2 different preferred Beta Agonist Inhalation Solutions in the past 6 months • History of at least 3 claims with the same agent as on the incoming claim in the past 105 days • Xopenex inhalation solution <ul style="list-style-type: none"> ○ Age >= 6 years ○ History of at least 1 claim for albuterol inhalation solution in the past 30 days • Brovana or Perforomist <ul style="list-style-type: none"> ○ Age >= 18 years

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

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

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		CEFZIL (cefprozil)	
CEPHALOSPORINS – Third Generation SmartPA			
	cefdinir suspension (for patients <18 yr only) cefdinir capsules	CEDAX (ceftibuten) cefditoren cefpodoxime OMNICEF (cefdinir) SPECTRACEF (cefditoren) SUPRAX (cefixime)	SmartPA Criteria: <ul style="list-style-type: none"> • History of at least 1 claim for two different preferred cephalosporins in the past 6 months • Cefdinir suspension <ul style="list-style-type: none"> ○ Age < 18 years
CYTOKINE & CAM ANTAGONISTS			
	ENBREL (etanercept) HUMIRA (adalimumab)	AMEVIVE (alefacept) CIMZIA (certolizumab) KINERET (anakinra) ORENCIA (abatacept) REMICADE (infliximab) SIMPONI (golimumab) STELARA (ustekinumab)	Amevive, Orencia, 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 SmartPA			
	ARANESP (darbepoetin) PROCRI (rHuEPO)	EPOGEN (rHuEPO) OMONTYS (peginesatide)	SmartPA Criteria: <ul style="list-style-type: none"> • Diagnosis of cancer (140.XX-239.XX) or chronic renal failure in the past 2 years • History of an antineoplastic in the past 6 months • History of Procrit in the past 6 months
FIBROMYALGIA AGENTS			
	LYRICA (pregabalin) SAVELLA (milnacipran)	CYMBALTA (duloxetine)	Cymbalta will be approved for patients with diabetic neuropathy

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FLUOROQUINOLONES (Oral)	SmartPA		
	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, Macrolides ▪ History of ciprofloxacin suspension in the past 3 months • Levofloxacin <ul style="list-style-type: none"> ○ History of at least 1 claim for ciprofloxacin, moxifloxacin or SMX/TMP in the past 14 days <ul style="list-style-type: none"> • History of at least 1 claim for a preferred oral fluoroquinolone in the past 30 days

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

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H. PYLORI COMBINATION TREATMENTS			
	HELIDAC (bismuth subsalicylate, metronidazole, tetracycline) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline) OMECLAMOX (omeprazole, clarithromycin, amoxicillin)	panhypopituitarism, Prader-Willi Syndrome or Turner Syndrome in the past 2 years o History of cranial irradiation in the past 2 years
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)	Peg-Intron will be approved for patients with history of treatment failure and/or age 3-17 *Incivek & Victrelis require manual PA • Other Hep C Treatments o Age >= 18 years o Diagnosis of chronic hepatitis C in the past 2 years o History absent of decompensated liver disease in the past year o Currently active claims for peginterferon alfa and ribavirin o Victrelis: has the patient been previously untreated with interferon and ribavirin combination therapy o Did the patient fail previous interferon and ribavirin combination therapy
HYPERURICEMIA & GOUT SmartPA			
	allopurinol COLCRYS (colchicine) probenecid	ULORIC (febuxostat) ZYLOPRIM (allopurinol)	SmartPA Criteria: • History of at least 30 days of therapy with two different preferred

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	probenecid/colchicine		<ul style="list-style-type: none"> 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) TRADJENTA (linagliptin)	BYDUREON (exenatide) JANUMET XR (sitagliptin/metformin) JENTADUETO (linagliptin/metformin) JUVISYNC (sitagliptin/simvastatin) 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: <ul style="list-style-type: none"> •History of Diabetes Mellitus in the past 2 years •History of at least 30 days of therapy with a preferred product in the past 6 months •History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
HYPOGLYCEMICS, MEGLITINIDES			
	PRANDIN (repaglinide)	nateglinide PRANDIMET (repaglinide/metformin) STARLIX (nateglinide)	

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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)	
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 approvable diagnosis for tacrolimus in the past 2 years

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			<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		
	ASTELIN (azelastine) PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine	
	ANTIHISTAMINE/CORTICOSTEROID COMBINATION		
		DYMISTA (azelastine/fluticasone) SmartPA	
	CORTICOSTEROIDS		
	BECONASE AQ (beclomethasone) FLONASE (fluticasone) NASAREL (flunisolide) NASONEX (mometasone) ZETONNA (ciclesonide)	flunisolide fluticasone NASACORT AQ (triamcinolone) OMNARIS (ciclesonide) QNASL (beclomethasone)	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

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		RHINOCORT AQUA (budesonide) triamcinolone VERAMYST (fluticasone)	<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
LEUKOTRIENE MODIFIERS SmartPA			
	ACCOLATE (zafirlukast) SINGULAIR (montelukast)	montelukast ZYFLO CR (zileuton) zafirlukast	SmartPA Criteria: <ul style="list-style-type: none"> History of at least 30 days of therapy with two different preferred leukotriene modifiers in the past 6 months History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days Zyflo or Zyklo 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"> All Lipotropics-Non Statin agents regardless of PDL status will check for stable therapy. Stable therapy is defined as a 90 days of consecutive therapy shown in claims history in the past 105 days with the same agent as on the incoming claim. If stable therapy is found, a PA will be issued. All Lipotropics-Non Statin Agents regardless of PDL status will check for a trial of 30 days of therapy with a statin or statin combination product in the past year. *Exemptions to prior statin therapy*: <ul style="list-style-type: none"> A female patient with a history of pregnancy in the past 280 days

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			<ul style="list-style-type: none"> • A history of liver disease in the past 2 years • A history of hypertriglyceridemia in the past 2 years <p style="margin-left: 20px;">A Bile Acid Sequestrant</p> <ul style="list-style-type: none"> ▪ Clinical justification as to the reason the patient is unable to take a statin or why statin therapy is inappropriate. <p style="margin-left: 20px;">All NON-PREFERRED agents must meet the following criteria.</p> <ul style="list-style-type: none"> • If the claim is for Welchol: <ul style="list-style-type: none"> • A female patient with a history of pregnancy in the past 280 days <p style="margin-left: 20px;">OR</p> <ul style="list-style-type: none"> • A history of 30 days of therapy with 2 different preferred Bile Acid Sequestrants in the past 6 months. <ul style="list-style-type: none"> • If the claim is for a Fibric Acid Derivative: <ul style="list-style-type: none"> • A history of 30 days of therapy with 2 different preferred Fibric Acid Derivatives in the past 6 months. <ul style="list-style-type: none"> • Any other Non-Preferred agent must have a history of 30 days of therapy with 2 different preferred non-statin lipotropic agents in the past 6 months.

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OMEGA-3 FATTY ACIDS			
	LOVAZA (omega-3-acid ethyl esters)		
CHOLESTEROL ABSORPTION INHIBITORS			
		ZETIA (ezetimibe)	
FIBRIC ACID DERIVATIVES			
	ANTARA (fenofibrate) gemfibrozil TRICOR (fenofibrate nanocrystallized) TRILIPIX (fenofibric acid)	fenofibrate fenofibrate nanocrystallized 145mg FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) 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			
	atorvastatin CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin) LIPITOR (atorvastatin) lovastatin pravastatin simvastatin	ALTOPREV (lovastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin)	SmartPA Criteria: <ul style="list-style-type: none"> • History of at least 30 days of therapy with two different preferred statins/statin combinations in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days

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STATIN COMBINATIONS				
	atorvastatin/amlodipine	ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine) SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)	Prior to consideration of a non-preferred statin combination, the patient must first have an unsuccessful trial with the preferred statin combination plus an unsuccessful trial with a preferred statin and calcium channel blocker (single agents) used together.	
MACROLIDES/KETOLIDES (Oral)				
KETOLIDES				
		KETEK (telithromycin)		
MACROLIDES				
	Azithromycin clarithromycin ER clarithromycin IR E.E.S. Suspension (erythromycin ethylsuccinate) ERYPED Suspension (erythromycin ethylsuccinate) erythromycin	BIAXIN (clarithromycin) BIAXIN XL (clarithromycin) E.E.S. (erythromycin ethylsuccinate) E-MYCIN (erythromycin) ERYC (erythromycin) ERY-TAB (erythromycin) ERYTHROCIN (erythromycin stearate) erythromycin estolate PCE (erythromycin) ZITHROMAX (azithromycin) ZMAX (azithromycin)		
MISCELLANEOUS BRAND/GENERIC				
CLONIDINE				
	CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)		
MISCELLANEOUS				
	MEGACE ES (megestrol) SUBOXONE (buprenorphine/naloxone)	KALYDECO (ivacaftor) KORLYM (mifepristone) megestrol suspension 625mg/5mL	Suboxone References can be found at: http://www.medicaid.ms.gov/Documents/Pharmacy/Suboxone%20Resources.pdf	

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SELECT ORAL CONTRACEPTIVES			
	ALL ORAL CONTRACEPTIVES ARE PREFERRED EXCEPT FOR THOSE SPECIFICALLY INDICATED AS NON-PREFERRED	BEYAZ (ethinyl estradiol/drospirenone/levomefolate) Gianvi (ethinyl estradiol/drospirenone) norethindrone/ethinyl estradiol/fe chew tab Ocella (ethinyl estradiol/drospirenone)	
SUBLINGUAL NITROGLYCERIN			
	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)	
MULTIPLE SCLEROSIS AGENTS SmartPA			
	AVONEX (interferon beta-1a) COPAXONE (glatiramer) REBIF (interferon beta-1a)	AMPYRA (dalfampridine) BETASERON (interferon beta-1b) EXTAVIA (interferon beta-1b) GILENYA (fingolimod)	SmartPA Criteria: <ul style="list-style-type: none"> • Diagnosis of multiple sclerosis (340.XX) in the past 2 years • History of at least 1 claim for two different preferred multiple sclerosis agents in the past 6 months • History of at least 3 claims for the same agent as on the incoming claim in the past 105 days *Ampyra – Requires Manual PA: <ol style="list-style-type: none"> 1. For patients that have a gait disorder associated with MS; <i>and</i> 2. Initial authorizations will be approved for 12 weeks with a baseline Timed 25-foot Walk (T25FW) assessment; <i>and</i> 3. Additional prior authorizations will be considered at 6 month intervals after assessing the benefit to the patient as measured by a 20% improvement in the T25FW from baseline. Renewal will not

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			be approved if the 20% improvement is not maintained; <i>and</i> 4. Prior authorizations will not be considered for patients with a seizure diagnosis or in patients will moderate to severe renal impairment. 5. Max dose of 20 mg daily; and #60 units in 30 days; approved for ages 18 and above
NSAIDS			
	NON-SELECTIVE		
	diclofenac EC etodolac tab flurbiprofen ibuprofen indomethacin ketoprofen ketorolac naproxen piroxicam sulindac	ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac) CATAFLAM (diclofenac) CLINORIL (sulindac) DAYPRO (oxaprozin) diclofenac SR etodolac cap etodolac tab SR FELDENE (piroxicam) fenoprofen INDOCIN (indomethacin) indomethacin cap ER ketoprofen ER meclofenamate mefenamic acid MOTRIN (ibuprofen) nabumetone NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) NUPRIN (ibuprofen) oxaprozin PONSTEL (mefenamic acid)	<ul style="list-style-type: none"> • Non-Selective agents <ul style="list-style-type: none"> ◦ History of at least 30 days of therapy with two different preferred NSAIDs in the past 6 months

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

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			with two different preferred NSAIDs in the past 6 months
OPHTHALMIC ANTIBIOTICS			
	bacitracin bacitracin/neomycin/gramicidin bacitracin/polymyxin erythromycin gentamicin MOXEZA (moxifloxacin) neomycin/bacitracin/polymyxin b polymyxin/trimethoprim sulfacetamide tobramycin VIGAMOX (moxifloxacin)	AZASITE (azithromycin) BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) CILOXAN (ciprofloxacin) ciprofloxacin GARAMYCIN (gentamicin) levofloxacin IQUIX (levofloxacin) NATACYN (natamycin) NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin) (oxy-tcn/polymyx sul) TOBEX (tobramycin) oint OCUFLOX (ofloxacin) ofloxacin POLYTRIM (polymyxin/trimethoprim) QUIXIN (levofloxacin) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	
ANTIBIOTIC STEROID COMBINATIONS			
	neomycin/bacitracin/polymyxin/hc neomycin/polymyxin/dexamethasone PRED-G (gentamicin/prednisolone) sulfacetamide/prednisolone TOBRADEX OINTMENT (tobramycin/dexamethasone) tobramycin/dexamethasone ZYLET (loteprednol/tobramycin)	BLEPHAMIDE (sulfacetamide/prednisolone) MAXITROL (neomycin/polymyxin/dexamethasone)	

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

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	metipranolol timolol solution		<ul style="list-style-type: none"> History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
CARBONIC ANHYDRASE INHIBITORS			
	AZOPT (brinzolamide) dorzolamide TRUSOPT (dorzolamide)		
COMBINATION AGENTS			
	COMBIGAN (brimonidine/timolol) COSOPT (dorzolamide/timolol) dorzolamide/timolol	COSOPT PF (dorzolamide/timolol)	
PARASYMPATHOMIMETICS			
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)	
PROSTAGLANDIN ANALOGS			
	latanoprost TRAVATAN Z (travoprost)	LUMIGAN (bimatoprost) XALATAN (latanoprost) ZIOPTAN (tafluprost)	
SYMPATHOMIMETICS			
	ALPHAGAN P 0.15% (brimonidine) brimonidine	ALPHAGAN P 0.1% (brimonidine) dipivefrin PROPINE (dipivefrin)	

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

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PRENATAL VITAMINS			
	CONCEPT DHA Capsule FE C PLUS Tablet PAIRE OB PLUS DHA COMBO PACK PRENATAL AD Tablet 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	<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. ● Effient <ul style="list-style-type: none"> ○ History of Acute Coronary Syndrome or Percutaneous Coronary Intervention in the past 2 years ● Non Preferred Drugs not listed above: <ul style="list-style-type: none"> ○ History of an approvable indication in the past 2 years ○ History of at least 30 days of therapy with two different preferred products in the past 6 months ○ History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
			Products not listed here are assumed to be non-preferred.

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		FOLCAPS OMEGA-3 Capsule FOLIVANE-EC CALCIUM DHA COMBO FOLIVANE-OB Capsule FOLIVANE-PRX DHA NF Capsule GESTICARE DHA COMBO PACK ICAR-C PLUS SR Capsule ICAR-C PLUS Tablet NATAFORT Tablet NATELLE ONE Capsule NESTABS DHA COMBO PACK NESTABS PRENATAL Tablet NEXA SELECT Capsule PNV-DHA SOFTGEL PNV-SELECT Tablet PR NATAL 400 COMBO PACK PR NATAL 430 COMBO PACK PR NATAL 430 EC COMBO PACK PREFERA OB Tablet PREFERA-OB ONE SOFTGEL PREFERA-OB PLUS DHA COMBO PACK PREFERA-OB PLUS DHA COMBO PACK PREFERA-OB Tablet PRENATABS FA Tablet PRENATAL 19 Tablet PRENATAL PLUS IRON Tablet 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	

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		SELECT-OB + DHA PACK SELECT-OB CAPLET SE-NATAL 19 CHEWABLE Tablet SE-NATAL 19 Tablet SE-TAN DHA Capsule TARON-BC Tablet TARON-PREX PRENATAL DHA CAP	
PROTON PUMP INHIBITORS SmartPA			
	ACIPHEX (rabeprazole) NEXIUM (esomeprazole) PROTONIX PACKET (pantoprazole)	DEXILANT (dexlansoprazole) lansoprazole RX omeprazole RX omeprazole sod. bicarb. pantoprazole PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole) PROTONIX (pantoprazole) 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)		SmartPA Criteria: <ul style="list-style-type: none"> • Diagnosis of pulmonary hypertension (416.0) in the past 2 years • History of at least 30 days of therapy with two different preferred PAH agents in the past 6 months • History of at least 90 days of therapy with the same agent as on the incoming claim in the past 105 days
PULMONARY ANTIHYPERTENSIVES – PDE5s SmartPA			
	ADCIRCA (tadalafil)	REVATIO (sildenafil) sildenafil	SmartPA Criteria: <ul style="list-style-type: none"> • Sildenafil <ul style="list-style-type: none"> ○ Age <12 years

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PULMONARY ANTIHYPERTENSIVES – PROSTACYCLINS			
		TYVASO (treprostinil) VENTAVIS (iloprost)	<ul style="list-style-type: none"> ○ 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
SEDATIVE HYPNOTICS			
BENZODIAZEPINES			
	estazolam flurazepam temazepam (15mg and 30mg) triazolam	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) RESTORIL (temazepam) temazepam (7.5mg and 22.5mg)	<p>Single source benzodiazepines and barbiturates are NOT covered; PAs will not be issued for these drugs.</p> <p>Sedative/Hypnotics are limited to 31 cumulative units of all/any strengths per month. Any quantity required above these limits requires a PA.</p>

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	OTHERS	SmartPA	
	LUNESTA (eszopiclone) zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) EDLUAR (zolpidem) INTERMEZZO (zolpidem) ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER ZOLPIMIST (zolpidem)	SmartPA Criteria: <ul style="list-style-type: none"> • ZolpiMist <ul style="list-style-type: none"> ○ Is the total quantity of the incoming claim plus history of all Zolpimist claims <= 1 canister in the past 25 days • Is the total quantity of the incoming claim plus history of all Sedative Hypnotics <= 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 tablets	AMRIX (cyclobenzaprine ER) carisoprodol carisoprodol compound cyclobenzaprine ER dantrolene FEXMID (cyclobenzaprine) FLEXERIL (cyclobenzaprine) LORZONE (chlorzoxazone)^{NR} metaxalone orphenadrine orphenadrine compound PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)	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 ○ 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

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STERIODS (Topical)	SmartPA		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
		LOW POTENCY	
	CAPEX (fluocinolone) DESOWEN (desonide) lotion desonide cr, oint. hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTH-FS (fluocinolone) DESONATE (desonide) desonide lotion DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	SmartPA Criteria: • 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. prednicarbate cr PANDEL (hydrocortisone probutate)	CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate) ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint WESTCORT (hydrocortisone valerate)	SmartPA Criteria: • Medium potency product <ul style="list-style-type: none"> ○ History of at least 1 claim for two different preferred medium potency products in the past 6 months ○ History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days

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HIGH POTENCY			
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. CAPEX (fluocinolone) fluocinolone fluocinonide triamcinolone	amcinonide oint APEXICON (diflorasone diacetate) betameth diprop/prop gly cr, lot, oint betamethasone dipropionate oint. desoximetasone diflorasone DIPROLENE AF (betamethasone diprop/prop gly) ELOCON (mometasone) HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide)	SmartPA Criteria: • High potency product <ul style="list-style-type: none"> ○ History of at least 1 claim for two different preferred high potency products in the past 6 months ○ History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days • History of at least 1 claim for two different preferred very high potency products in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days
VERY HIGH POTENCY			
	clobetasol emollient clobetasol propionate cr, gel, oint, sol halobetasol	clobetasol propionate foam CLOBEX (clobetasol) DIPROLENE (betamethasone diprop/prop gly) HALONATE (halobetasol/ammonium lactate) HALAC (halobetasol/ammonium lac) TEMOVATE (clobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) ULTRAVATE (halobetasol)	
STIMULANTS AND RELATED AGENTS SmartPA			
SHORT-ACTING			
	amphetamine salt combination dexmethylphenidate IR	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine)	Prior authorization required for patients >21 years of age.

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	dextroamphetamine IR FOCALIN (dexmethylphenidate) METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR PROCENTRA (dextroamphetamine)	methamphetamine methylphenidate solution	<p style="background-color: yellow;">Procentra is preferred for patients age 3-6 only.</p> <p>SmartPA Criteria :</p> <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			
	DAYTRANA (methylphenidate) FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate ER (generic Concerta) VYVANSE (lisdexamfetamine)	<p style="background-color: yellow;">ADDERALL XR (amphetamine salt combination)</p> amphetamine salt combination ER CONCERTA (methylphenidate) DEXEDRINE (dextroamphetamine) dextroamphetamine ER <p style="background-color: yellow;">methylphenidate CD (generic Metadate CD)</p>	<p>SmartPA Criteria:</p> <ul style="list-style-type: none"> • Age >= 6 years • Age <21 years <ul style="list-style-type: none"> ○ Diagnosis of ADD/ADHD in the past 2 years • Long-acting stimulant <ul style="list-style-type: none"> ○ History of at least 30 days of therapy

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		NUVIGIL (armodafinil) PROVIGIL (modafinil) RITALIN LA (methylphenidate)	with two different preferred LA stimulants in the past 6 months <ul style="list-style-type: none"> • History of at least 30 days of therapy with a preferred non-stimulant in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days • Adderall XR <ul style="list-style-type: none"> ○ Age >= 3 years ○ Diagnosis of ADD/ADHD in the past 2 years ○ Recent trial with Vyvanse • 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			
	STRATTERA (atomoxetine)	INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release)	Edit limited to patients ages 6-17 years only. SmartPA Criteria : • Kapvay/Intuniv

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TETRACYCLINES <small>SmartPA</small>			<ul style="list-style-type: none"> o Age 6-17 years o Diagnosis of ADD/ADHD in the past 2 years and: o History of trial with preferred amphetamine or methylphenidate OR, o History of trial with Strattera OR, o History of trial with generic, immediate release formulation (clonidine or guanfacine).
	doxycycline hyclate caps/tabs minocycline caps IR tetracycline	ADOXA (doxycycline monohydrate) demeclocycline doxycycline monohydrate caps (75mg, 100mg, 150mg) doxycycline monohydrate tabs DYNACIN (minocycline) minocycline ER minocycline tabs ORACEA (doxycycline) SOLODYN (minocycline) VIBRAMYCIN cap/susp/syrup	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"> o History of Diabetes Insipidus or SIADH in the past 2 years
ULCERATIVE COLITIS AGENTS			
ORAL			
	APRISO (mesalamine) ASACOL (mesalamine) balsalazide DIPENTUM (olsalazine) PENTASA 250mg (mesalamine) sulfasalazine	ASACOL HD (mesalamine) COLAZAL (balsalazide) LIALDA (mesalamine) PENTASA 500mg (mesalamine)	<ul style="list-style-type: none"> • History of at least 30 days of therapy with a preferred non-stimulant in the past 6 months • History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days

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	RECTAL		
	CANASA (mesalamine) mesalamine	SFROWASA (mesalamine)	<ul style="list-style-type: none"> History of at least 30 days of therapy with a preferred non-stimulant in the past 6 months History of at least 90 days of therapy with the same agent at the same brand/generic status as on the incoming claim in the past 105 days

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