

# MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 07/01/2014

Version 2014.9d

Updated: 7-9-2014

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

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		PRACION (sulfacetamide sodium/sulfur) ROSANIL (sulfacetamide sodium/sulfur) SE BPO (benzoyl peroxide) sodium sulfacetamide/sulfur <b>lotion/suspension/cleanser/pads</b> sodium sulfacetamide/sulfur/meratan sulfacetamide sodium/sulfur/urea VELTIN (clindamycin/tretinoin) ZENCIA WASH (sulfacetamide sodium/sulfur) ZIANA (clindamycin/tretinoin)	
<b>KERATOLYTICS (BENZOYL PEROXIDES)</b>			
	benzoyl peroxide	BPO (benzoyl peroxide) INOVA (benzoyl peroxide) LAVOCLEN (benzoyl peroxide)	
<b>ISOTRETINOIN</b>			
	<b>Amnesteem</b> <b>Claravis</b> <b>Myorisan</b> <b>Zenatane</b>	<b>ABSORICA (isotretinoin)</b>	
<b>ALZHEIMER'S AGENTS</b> <small>SmartPA</small>			
<b>CHOLINESTERASE INHIBITORS</b>			
	ARICEPT (donepezil) ARICEPT 23 MG (donepezil) ARICEPT ODT (donepezil) EXELON (rivastigmine)	donepezil EXELON Solution (rivastigmine) galantamine galantamine ER RAZADYNE (galantamine) RAZADYNE ER (galantamine) rivastigmine	<b>SmartPA Criteria:</b> <ul style="list-style-type: none"> <li>• Documented diagnosis (based on labeled indication) found in the past 2 years medical claims – <b><u>ALL DRUGS AND</u></b></li> </ul> <b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• 30 days of therapy with 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 days completed therapy with the same agent in the past 105 days</li> </ul>

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	<b>NMDA RECEPTOR ANTAGONIST</b>		
	NAMENDA TABS (memantine) NAMENDA XR (memantine)	NAMENDA SOLUTION(memantine)	
<b>ANALGESICS, NARCOTIC - SHORT ACTING</b>	<b>SmartPA</b>		
	acetaminophen/codeine codeine dihydrocodeine/ APAP/caffeine hydrocodone/APAP 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 butorphanol tartrate (nasal) DEMEROL (meperidine) DILAUDID (hydromorphone) fentanyl FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine) 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) REPREXINE (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) RYBIX (tramadol) SUBSYS (fentanyl)	<p><b>SmartPA Criteria:</b></p> <ul style="list-style-type: none"> <li>Suboxone/ Subutex concurrent therapy <ul style="list-style-type: none"> <li>Opioids are limited to a 5 day supply while on Suboxone or Subutex therapy with a maximum cumulative total of 10 days.</li> </ul> </li> </ul> <p>Other Criteria at the Point of Sale: Applicable <u>quantity limit</u> in 31 rolling days.</p> <ul style="list-style-type: none"> <li><b>62 tablets</b> in 31 days – codeine, oxycodone/ibuprofen, meperidine, hydromorphone, fentanyl, butalbital/codeine combinations, morphine, tapentadol, dihydrocodeine combinations, tramadol, pentazocine,</li> <li><b>124 tablets</b> in 31 days – butalbital/APAP 750</li> <li><b>145 tablets</b> in 31 days – butalbital/APAP 650</li> <li><b>186 tablets</b> in 31 days – butalbital/APAP 325, butalbital/ASA 325</li> <li><b>5mL (2 x 2.5 bottles)</b> in 31 days – butorphanol nasal</li> </ul> <p>Applicable <b>CUMULATIVE</b> <u>quantity limit</u> in 31 rolling days</p> <ul style="list-style-type: none"> <li><b>62 tablets</b> in 31 days – hydrocodone combinations,</li> </ul>

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		SYNALGOS-DC (dihydrocodeine/ aspirin/caffeine) TYLENOL W/CODEINE (APAP/codeine) TYLOX (oxycodone/APAP) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) VICOPROFEN (hydrocodone/ibuprofen) XODOL (hydrocodone/acetaminophen) ZAMICET (hydrocodone/APAP) ZOLVIT (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen)	oxycodone combinations <ul style="list-style-type: none"> <li>• <b>180 ml</b> – oxycodone liquids</li> <li>• <b>480 mL</b> – hydrocodone liquids</li> </ul>
<b>ANALGESICS, NARCOTIC - LONG ACTING</b> <small>SmartPA</small>			
	fentanyl patches methadone morphine ER OPANA ER (oxymorphone)	AVINZA (morphine) BUTRANS (buprenorphine) CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EMBEDA (morphine/naltrexone) EXALGO (hydromorphone) KADIAN (morphine) MS CONTIN (morphine) NUCYNTA ER (tapentadol) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol) XARTEMIS XR (oxycodone/APAP) <sup>NR</sup> ZOHYDRO ER (hydrocodone bitartrate)	<b>SmartPA Criteria:</b> <ul style="list-style-type: none"> <li>• Suboxone/ Subutex concurrent therapy               <ul style="list-style-type: none"> <li>○ Opioids are limited to a 5 day supply while on Suboxone or Subutex therapy with a maximum cumulative total of 10 days.</li> </ul> </li> <li>• <b>Avinza</b> <ul style="list-style-type: none"> <li>○ 30 days of therapy with Opana ER or morphine ER in the past 6 months <b>OR</b></li> <li>○ 90 days completed therapy with the same agent in the past 105 days <b>AND</b></li> <li>○ Quantity limit of 31 tablets in 31 days</li> </ul> </li> <li>• <b>OxyContin</b> <ul style="list-style-type: none"> <li>○ Documented diagnosis of cancer found in the past 2 years medical claims <b>OR</b></li> <li>○ Antineoplastic therapy in the past 6 months <b>AND</b></li> <li>○ 30 days of therapy with Kadian, Opana ER, morphine ER , Avinza or Duragesic patch in the past 6</li> </ul> </li> </ul>

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

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

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

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			<ul style="list-style-type: none"> <li>products in the past 6 months <b>OR</b></li> <li>90 days completed therapy with the same agent in the past 105 days</li> </ul>
<b>DIRECT RENIN INHIBITOR COMBINATIONS</b>			
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURN-A-HCT (aliskiren/hctz) VALTURNA (aliskiren/valsartan)	<ul style="list-style-type: none"> <li><b>•Direct Renin Inhibitor Combinations</b></li> <li>Documented diagnosis found in the past 2 years medical claims for hypertension <b>AND</b></li> <li>30 days of therapy with 2 different preferred <i>ACEI or ARB diuretic</i> agents in the past 6 months <b>OR</b></li> <li>90 days completed therapy with the same agent in the past 105 days</li> </ul>
<b>ANTIBIOTICS (Topical)</b>			
	bacitracin bacitracin/polymixin BACTROBAN cream (mupirocin) gentamicin sulfate mupirocin ointment	ALTABAX (retapamulin) BACTROBAN OINTMENT (mupirocin) CORTISPORIN (bacitracin/neomycin/polymyxin/HC) mupirocin cream	
<b>ANTIBIOTICS (GI)</b>			
	ALINIA (nitazoxanide) metronidazole neomycin TINDAMAX (tinidazole)	DIFICID (fidaxomicin) FLAGYL ER (metronidazole) tinidazole VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)	<ul style="list-style-type: none"> <li><b>*Xifaxan –requires a manual PA</b></li> <li>Documented diagnosis of Hepatic Encephalopathy on manual PA request <b>AND</b></li> <li>One trial of Lactulose <b>OR</b></li> <li>Documented treatment failure or intolerance to lactulose <b>OR</b></li> <li>Hospital discharge on Xifaxan <b>OR</b></li> <li>One claim for Xifaxan in the past 365 days</li> </ul>

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<b>ANTIBIOTICS (VAGINAL)</b>			
	CLEOCIN OVULES (clindamycin) CLINDESSE (clindamycin) METROGEL (metronidazole) VANDAZOLE (metronidazole)	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) clindamycin metronidazole vaginal	
<b>ANTICOAGULANTS</b>			
	COUMADIN (warfarin) <sup>SmartPA</sup> FRAGMIN (dalteparin) <sup>SmartPA LMWH</sup> LOVENOX (enoxaparin) Prefilled Syringe <sup>SmartPA LMWH</sup> XARELTO 10mg (rivaroxaban) <sup>SmartPA</sup>	ARIXTRA (fondaparinux) <sup>SmartPA LMWH</sup> ELIQUIS (apixaban) <sup>SmartPA LMWH</sup> enoxaparin <sup>SmartPA LMWH</sup> fondaparinux <sup>SmartPA LMWH</sup> PRADAXA (dabigatran) <sup>SmartPA</sup> XARELTO 15 & 20mg (rivaroxaban) warfarin	<p><b>LMWH:</b></p> <ul style="list-style-type: none"> <li>• 30 days of therapy with 2 different preferred agents in the past 6 months</li> <li><b>OR</b></li> <li>• 90 days completed therapy with the same agent in the past 105 days</li> </ul> <p>• LMWH therapy is found in prescription history in the past 3months</p> <ul style="list-style-type: none"> <li>○ <b>AND</b> documented diagnosis of cancer in the past 2 years medical claims</li> <li>○ <b>OR</b> Female with a documented diagnosis of pregnancy found in the past 280 days medical claims</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• <b>NO</b> LMWH therapy is found in prescription history in the past 3months</li> <li>○ <b>AND</b> duration of therapy is <math>\leq 17</math> days</li> <li>○ <b>OR</b> documented diagnosis of cancer in the past 2 years medical claims</li> <li>○ <b>OR</b> Female with a documented diagnosis of pregnancy found in the past 280 days medical claims</li> <li>○ <b>OR</b> documented diagnosis of total hip/knee replacement or hip fracture surgery in the past 6 months medical claims</li> </ul>

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			<ul style="list-style-type: none"> <li>• <b>AND</b> duration of therapy <math>\leq</math> 35 days</li> </ul> <p><b>Warfarin:</b></p> <ul style="list-style-type: none"> <li>• Non-Preferred Criteria               <ul style="list-style-type: none"> <li>○ 90 days completed therapy with the same agent in the past 105 days</li> </ul> </li> </ul> <p><b>DVT prophylaxis post knee or hip replacement surgery: Xarelto 10mg &amp; Eliquis</b></p> <ul style="list-style-type: none"> <li>• Limited to 70 days of therapy per calendar year</li> <li>• Documented diagnosis of knee replacement in past 30 days of medical claims or submitted on pharmacy claim               <ul style="list-style-type: none"> <li>○ <b>AND</b> therapy limits of <math>\leq</math> 12 days</li> </ul> </li> <li>• <b>OR</b> documented diagnosis of hip replacement in past 30 days of medical claims or submitted on pharmacy claim <b>AND</b> therapy limits of <math>\leq</math> 35 days</li> </ul> <p><b>Stroke and systemic embolism prophylaxis with nonvalvular atrial fibrillation: Eliquis, Pradaxa, Xarelto 15 &amp; 20mg</b></p> <ul style="list-style-type: none"> <li>• 1 claim with the same agent in the past 90 days <b>OR</b></li> <li>• Documented diagnosis of atrial fibrillation found in the past 2 years medical claims <b>AND</b> <ul style="list-style-type: none"> <li>○ <b>NO</b> documented diagnosis of cardiac valve disease found in the past 2 years medical claims <b>AND</b></li> <li>○ 60 days therapy with warfarin in the past 6 months</li> </ul> </li> </ul>

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EFFECTIVE 07/01/2014  
Version 2014.9d  
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			<b>Treatment of DVT/PE:</b> <b>Xarelto 15 &amp; 20mg</b> A manual PA is required.
<b>ANTICONVULSANTS</b>	<b>SmartPA</b>		
		<b>ADJUVANTS</b>	
	carbamazepine CARBATROL (carbamazepine) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) LAMICTAL XR (lamotrigine) lamotrigine levetiracetam <b>levetiracetam ER</b> oxcarbazepine TEGRETOL XR (carbamazepine) topiramate <b>topiramate capsule</b> TRILEPTAL Suspension (oxcarbazepine) valproic acid VIMPAT (lacosamide) zonisamide	<b>APTIOM (eslicarbazepine)</b> BANZEL (rufinamide) carbamazepine XR DEPAKENE (valproic acid) DEPAKOTE (divalproex) EQUETRO (carbamazepine) FANATREX SUSPENSION (gabapentin) <sup>NR</sup> felbamate FELBATOL (felbamate) FYCOMPA (perampanel) GRALISE (gabapentin) HORIZANT (gabapentin) KEPBRA (levetiracetam) KEPBRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) levetiracetam ER NEURONTIN (gabapentin) oxcarbazepine suspension OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine) SABRIL (vigabatrin) STAVZOR (valproic acid) TEGRETOL (carbamazepine) tiagabine <b>TOPAMAX Sprinkle (topiramate)</b>	<b>SmartPA Criteria:</b>  <b>Banzel/Onfi:</b> <ul style="list-style-type: none"> <li>• 90 days completed therapy with the same agent in the past 105 days</li> <li>OR</li> <li>• Minimum Age Requirements –               <ul style="list-style-type: none"> <li>○ Rufinamide – 4 years</li> <li>○ Clobazam – 2 years</li> </ul> </li> <li><b>AND</b></li> <li>• Documented diagnosis of Lennox-Gastaut found in the past 2 years medical claims</li> <li><b>AND</b></li> <li>• 30 days of therapy with 1 different preferred agents for Lennox-Gastaut in the past 6 months</li> </ul> <b>Non-Preferred Agents</b> <ul style="list-style-type: none"> <li>• 30 days of therapy with 2 different preferred agents in the past 6 months</li> <li>OR</li> <li>• 90 days completed therapy with the same agent in the past 105 days</li> </ul>

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		TRILEPTAL Tablets (oxcarbazepine) TROKENDI XR (topiramate) ZONEGRAN (zonisamide)	
<b>SELECTED BENZODIAZEPINES</b>			
	DIASTAT (diazepam rectal)	diazepam rectal gel ONFI (clobazam)	<b>Diastat</b> • Quantity limits of 3 Twin Packs/31 days
<b>HYDANTOINS</b>			
	PHENYTEK (phenytoin) phenytoin	<b>DILANTIN (phenytoin)</b> PEGANONE (ethotoin)	
<b>SUCCINIMIDES</b>			
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
<b>ANTIDEPRESSANTS, OTHER <small>SmartPA</small></b>			
	bupropion bupropion SR mirtazapine PRISTIQ (desvenlafaxine) Trazodone venlafaxine ER tablets WELLBUTRIN XL (bupropion HCl)	APLENZIN (bupropion HBr) bupropion XL BRINTELLIX (vortioxetine) desvenlafaxine DESYREL (trazodone) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion) KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) REMERON (mirtazapine) tranylcypromine	<b>SmartPA Criteria:</b> • Minimum age requirement – 18 years (all drugs)  • 30 days of therapy with 2 different preferred antidepressants, others class in the past 6 months <b>OR</b> • 30 days of therapy with BOTH preferred SSRI and antidepressants, others class in the past 6 months <b>OR</b> • 90 days completed therapy with the same agent in the past 105 days  <b>Cymbalta (see Fibromyalgia Agents)</b>

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		venlafaxine venlafaxine ER capsules venlafaxine XR VIIBRYD (vilazodone) WELLBUTRIN (bupropion) WELLBUTRIN SR	
<b>ANTIDEPRESSANTS, SSRIs</b> <small>SmartPA</small>			
	citalopram fluoxetine fluvoxamine LEXAPRO (escitalopram) paroxetine CR paroxetine IR PAXIL SUSPENSION sertraline	CELEXA (citalopram) escitalopram LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine suspension PAXIL Tablets (paroxetine) PAXIL CR (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	<p><b>SmartPA Criteria:</b></p> <ul style="list-style-type: none"> <li>•Minimum age requirements apply to all drugs <ul style="list-style-type: none"> <li>○ Citalopram – 9 years</li> <li>○ Escitalopram – 12 years</li> <li>○ Fluoxetine – 7 years</li> <li>○ Fluoxetine 90 mg – 18 years</li> <li>○ Fluvoxamine – 8 years</li> <li>○ Fluvoxamine SR – 18 years</li> <li>○ Paroxetine – 18 years</li> <li>○ Sertraline – 6 years</li> </ul> </li> <li>•30 days of therapy with 2 different preferred SSRI's in the past 6 months <b>OR</b></li> <li>•90 days of completed therapy with the same agent in the past 105 days</li> </ul>
<b>ANTIEMETICS</b> <small>SmartPA</small>			
<b>5HT3 RECEPTOR BLOCKERS</b>			
	ondansetron ondansetron solution	ANZEMET (dolasetron) granisetron ondansetron ODT SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) ZUPLENZ (ondansetron)	<p>All injectable 5HT3 receptor blockers closed to point of sale.</p> <p><b>SmartPA Criteria:</b></p> <ul style="list-style-type: none"> <li>•Age requirements – ondansetron ODT and Zuplenz 4mg strengths only <ul style="list-style-type: none"> <li>○ 4-11 years</li> </ul> </li> </ul>

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

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<b>ANTIFUNGALS (Topical)</b> <small>SmartPA</small>	<b>ANTIFUNGALS</b>		<b>SmartPA Criteria:</b> <ul style="list-style-type: none"> <li>One claim for 2 preferred agents in the past 6 months</li> </ul>
	ciclopirox cream/gel/suspension clotrimazole econazole ketoconazole cream ketoconazole shampoo miconazole OTC nystatin terbinafine OTC cream,gel,spray tolnaftate OTC	BENSAL HP (benzoic acid/salicylic acid) CICLODAN KIT ciclopirox kit/shampoo/solution CNL 8 (ciclopirox) ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) ketoconazole foam LAMISIL (terbinafine) solution LOPROX (ciclopirox) <b>LUZU (luliconazole)<sup>NR</sup></b> MENTAX (butenafine) NAFTIN (naftifine) NIZORAL (ketoconazole) OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide)	
	<b>ANTIFUNGAL/STEROID COMBINATIONS</b>		
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)	
<b>ANTIFUNGALS (VAGINAL)</b>			
	clotrimazole vaginal cream miconazole 1, 3 cream, 7cream, TERAZOL 3 Cream (terconazole) tioconazole VAGISTAT 3 (miconazole) VAGISTAT 1 (tioconazole)	GYNAZOLE 1 (butoconazole) miconazole 3 vaginal suppository TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole	

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<b>ANTIHISTAMINES, MINIMALLY SEDATING AND COMBINATIONS</b> <small>SmartPA</small>			
<b>MINIMALLY SEDATING ANTIHISTAMINES</b>			
	cetirizine loratadine	ALLEGRA (fexofenadine) CLARINEX (desloratadine) fexofenadine RX levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	<b>SmartPA Criteria:</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of allergy or urticaria in the past 2 years medical claims <b>AND</b></li> <li>• 30 days of therapy with 2 different preferred agents in the past 12 months <b>OR</b></li> <li>• 90 days completed therapy with the same agent in the past 105 days</li> </ul>
<b>MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS</b>			
	cetirizine/pseudoephedrine loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)	
<b>ANTIMIGRAINE AGENTS, TRIPTANS</b> <small>SmartPA</small>			
<b>ORAL</b>			
	RELPAK (eletriptan) TREXIMET (sumatriptan/naproxen) ZOMIG (zolmitriptan)	AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT(rizatriptan) naratriptan rizatriptan sumatriptan zolmitriptan	<b>SmartPA Criteria:</b> <ul style="list-style-type: none"> <li>• Minimum age requirements apply to all drug formulations below <ul style="list-style-type: none"> <li>○ Almotriptan – 12 years</li> <li>○ Eletriptan – 18 years</li> <li>○ Frovatriptan – 18 years</li> <li>○ Naratriptan – 18 years</li> <li>○ Rizatriptan – 6 years</li> <li>○ Sumatriptan – 18 years</li> <li>○ Sumatriptan/Naproxen – 18 years</li> <li>○ Zolmitriptan – 18 years</li> </ul> </li> </ul> <b>Oral products</b> <ul style="list-style-type: none"> <li>• One claim for a preferred oral agent in the past year</li> <li>• Exceptions, SmartPA will be issued if</li> </ul>

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<b>NASAL</b>			
	IMITREX (sumatriptan)	sumatriptan ZOMIG (zolmitriptan)	<p>beneficiary is in age range:</p> <ul style="list-style-type: none"> <li>• almotriptan – ages 12-17</li> <li>• rizatriptan – ages 6-17</li> </ul> <p>Other Criteria at the Point of Sale: Applicable <u>quantity limit</u> in 31 rolling days.</p> <ul style="list-style-type: none"> <li>• <b>12 tablets</b> in 31 days - rizatriptan</li> <li>• <b>9 tablets</b> in 31 days – naratriptan, frovatriptan, sumatriptan, sumatriptan/naproxen</li> <li>• <b>6 tablets</b> in 31 days – almotriptan, zolmitriptan, eletriptan</li> </ul> <p><b>Nasal Products</b></p> <ul style="list-style-type: none"> <li>• One claim for a preferred nasal agent in the past year</li> </ul> <p>Applicable <u>quantity limit</u> in 31 rolling days.</p> <ul style="list-style-type: none"> <li>• <b>1 box</b> in 31 days</li> </ul>
<b>INJECTABLE</b>			
	sumatriptan	IMITREX (sumatriptan)	<p><b>Injectable Products</b></p> <ul style="list-style-type: none"> <li>• One claim for a preferred injectable agent in the past year</li> </ul> <p>Applicable <b>CUMULATIVE</b> <u>quantity limit</u> in 31 rolling days</p> <ul style="list-style-type: none"> <li>• <b>4 injections</b> in 31 days</li> </ul>
<b>ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS</b>			
	AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib)		

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	COMETRIQ (cabozantinib) GILOTRIF (afatinib) GLEEVEC (imatinib mesylate) ICLUSIG (ponatinib) <b>IMBRUVICA (ibrutinib)</b> INLYTA (axitinib) IRESSA (gefitinib) JAKAFI (ruxolitinib) MEKINIST (trametinib dimethyl sulfoxide) NEXAVAR (sorafenib) SPRYCEL (dasatinib) STIVARGA (regorafenib) SUTENT (sunitinib) TAFINLAR (dabrafenib) TARCEVA (erlotinib) TASIGNA (nilotinib) TYKERB (lapatinib ditosylate) vandetanib VOTRIENT (pazopanib) XALKORI (crizotinib) ZELBORAF (vemurafenib) ZYKADIA (ceritinib) <sup>NR</sup>		
<b>ANTIPARASITICS (Topical)</b>	<b>SmartPA</b>	<b>PEDICULICIDES</b>	<b>SmartPA</b>
	NATROBA (spinosad) <sup>Step Edit</sup> permethrin 1% SKLICE (ivermectin) <sup>Step Edit</sup>	lindane malathion OVIDE (malathion) ULESFIA (benzyl alcohol)	<b>SmartPA Criteria:</b> <ul style="list-style-type: none"> <li>• Minimum age/weight requirements apply to all drug formulations for the treatment of <i>head lice</i>:               <ul style="list-style-type: none"> <li>○ Benzyl Alcohol Solution – 6 months</li> <li>○ Ivermectin – 6 months</li> <li>○ Lindane Shampoo – 50 kg</li> <li>○ Malathion – 6 years</li> <li>○ Permethrin 1% – 2 months</li> <li>○ Piperonyl/Pyrethrins – 2 years</li> <li>○ Spinosad – 4 years</li> </ul> </li> </ul>

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			<ul style="list-style-type: none"> <li>• <b>Natroba or Sklice step edit:</b> <ul style="list-style-type: none"> <li>○ History of permethrin 1% topical lotion – OTC <b>OR</b> piperonyl/pyrethrin OTC in the past 90 days</li> </ul> </li> <li>• <b>Non Preferred Agents</b> <ul style="list-style-type: none"> <li>○ History of permethrin 1% topical <b>OR</b> piperonyl/pyrethrin in the past 90 days <b>AND</b></li> <li>○ History of Natroba or Sklice in the past 90 days</li> </ul> </li> </ul>
<b>SCABICIDES</b>			
	EURAX CREAM (crotamiton)	ELIMITE (permethrin) EURAX LOTION (crotamiton) permethrin 5%	<p><b>Permethrin 5% age edit:</b></p> <ul style="list-style-type: none"> <li>• Approved for ages 2 months – 17 years</li> </ul>
<b>ANTIPARKINSON'S AGENTS (Oral) <sup>SmartPA</sup></b>			
<b>ANTICHOLINERGICS</b>			
	benztropine trihexyphenidyl	COGENTIN (benztropine)	<p><b>SmartPA Criteria:</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Parkinson's disease in the past 2 years medical claims <b>AND</b></li> <li>• 30 days of therapy with 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 days completed therapy with the same agent in the past 105 days</li> </ul>
<b>COMT INHIBITORS</b>			
		COMTAN (entacapone) TASMAR (tolcapone)	

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EFFECTIVE 07/01/2014

Version 2014.9d

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	<b>DOPAMINE AGONISTS</b>		
	ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole REQUIP (ropinirole) REQUIP XL (ropinirole) ropinerole ER	
	<b>MAO-B INHIBITORS</b>		
	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) ZELAPAR (selegiline)	
	<b>OTHERS</b>		
	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)	<b>Lodosyn</b> <ul style="list-style-type: none"> <li>• Approved for augmentation of carbidopa/levodopa only.</li> <li>• Pharmacy claims history of a combination carbidopa/levodopa product in the past 45 days must be present.</li> </ul>
<b>ANTIPSYCHOTICS</b> <small>SmartPA</small>	<b>ORAL</b>		
	ABILIFY (aripiprazole) <small>SmartPA</small> amitriptyline/perphenazine chlorpromazine clozapine <small>SmartPA</small> FANAPT (iloperidone) <small>SmartPA</small> fluphenazine haloperidol <small>SmartPA</small> LATUDA (lurasidone) <small>SmartPA</small>	CLOZARIL (clozapine) <small>SmartPA</small> FAZACLO (clozapine) <small>SmartPA</small> GEODON (ziprasidone) <small>SmartPA</small> HALDOL (haloperidol) <small>SmartPA</small> INVEGA (paliperidone) <small>SmartPA</small> NAVANE (thiothixene) olanzapine <small>SmartPA</small> olanzapine/fluoxetine <small>SmartPA</small>	<b>SmartPA Criteria: Atypical Antipsychotics</b> <ul style="list-style-type: none"> <li>• Minimum age requirements apply to all oral drug formulations below               <ul style="list-style-type: none"> <li>○ Aripiprazole – 6 years</li> <li>○ Asenapine – 18 years</li> <li>○ Clozapine – 18 years</li> <li>○ Haloperidol – 3 years</li> <li>○ Iloperidone – 18 years</li> <li>○ Lurasidone – 18 years</li> <li>○ Olanzapine – 13 years</li> </ul> </li> </ul>

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	perphenazine risperidone <sup>SmartPA</sup> SAPHRIS (asenapine) <sup>SmartPA</sup> SEROQUEL (quetiapine) <sup>SmartPA</sup> SEROQUEL XR (quetiapine) <sup>SmartPA</sup> thioridazine thiothixene trifluoperazine ziprasidone <sup>SmartPA</sup>	quetiapine <sup>SmartPA</sup> RISPERDAL (risperidone) <sup>SmartPA</sup> SYMBYAX (olanzapine/fluoxetine) <sup>SmartPA</sup> VERSACLOZ (clozapine) <sup>NR</sup> ZYPREXA (olanzapine) <sup>SmartPA</sup>	<ul style="list-style-type: none"> <li>○ Olanzapine/Fluoxetine – 10 years</li> <li>○ Paliperidone – 18 years</li> <li>○ Quetiapine IR – 10 years</li> <li>○ Quetiapine SR – 10 years</li> <li>○ Risperidone – 5 years</li> <li>○ Ziprasidone – 18 years</li> </ul> <p><b>Abilify Tablets (all strengths, ODT formulation excluded)</b></p> <p>New Starts:</p> <ul style="list-style-type: none"> <li>● 2.5mg, 5mg, 7.5mg, 10mg, and 15 mg dosages will require tablet splitting. Use ½ tablet of the higher strength.</li> <li>● 1 tablet splitter per year</li> <li>● Detailed Abilify Tablet Splitting; <a href="#">click here</a></li> </ul> <p><b>Invega Tablets</b></p> <ul style="list-style-type: none"> <li>● 30 days of therapy with risperidone in the past 12 months <b>OR</b></li> <li>● 30 days of therapy with the same agent in the past 105 days</li> </ul> <p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>● 30 days of therapy with 1 preferred atypical antipsychotic agent in the past 12 months <b>OR</b></li> <li>● 30 days of therapy with the same agent in the past 105 days</li> </ul>
	<b>INJECTABLE, ATYPICALS</b> <sup>SmartPA</sup>		
		ABILIFY (aripiprazole) GEODON (ziprasidone) INVEGA SUSTENNA (paliperidone palmitate) RISPERDAL CONSTA (risperidone) ZYPREXA (olanzapine)	Effective 11-1-2012, injectable antipsychotics are closed to POS except for Long Term Care beneficiaries.  <b>SmartPA Criteria for Long Term Care</b>

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		ZYPREXA RELPREVV (olanzapine)	<p><b>Long Acting Injectable Agents:</b></p> <ul style="list-style-type: none"> <li>•Minimum Age requirement <b>AND</b></li> <li>•Documented diagnosis (based on labeled indications) found in the past 2 years medical claims <b>AND</b></li> <li>•Non-Compliant with the oral form of the injection <b>OR</b></li> <li>•History of claims for the same injectable agent in the past 90 days. <ul style="list-style-type: none"> <li>○ History defined as: <ul style="list-style-type: none"> <li>○ 3 claims - Abilify Maintena, Invega Sustenna, Zyprexa Relprevv</li> <li>○ 6 claims - Risperdal Consta</li> </ul> </li> </ul> </li> </ul>
<b>ANTIVIRALS (Oral) – ANTIHERPETIC AGENTS</b>			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) SITAVIG (acyclovir) <sup>NR</sup> VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
<b>ANTIVIRALS (Topical)</b>			
	ZOVIRAX Cream (acyclovir)	DENAVIR (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir)	
<b>AROMATASE INHIBITORS</b>			
	anastrozole ARIMIDEX (anastrozole) exemestane letrozole	AROMASIN (exemestane) FEMARA (letrozole)	
<b>ATOPIC DERMATITIS</b>			
	SmartPA ELIDEL (pimecrolimus)	PROTOPIC (tacrolimus)	<p><b>SmartPA Criteria:</b></p> <ul style="list-style-type: none"> <li>•Minimum age requirements</li> </ul>

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			<ul style="list-style-type: none"> <li>○ Elidel – 2 years</li> <li>○ Protopic 0.03% - 2 years</li> <li>○ Protopic 0.1% - 6 years</li> </ul> <p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>● One claim for a different preferred agent in the past 6 months <b>OR</b></li> <li>● 90 days of completed therapy with the same agent in the past 105 day</li> </ul>
<b>BETA BLOCKERS</b> <small>SmartPA</small>			
	acebutolol atenolol bisoprolol BYSTOLIC (nebivolol) <small>Step Edit</small> metoprolol metoprolol XL nadolol pindolol propranolol timolol TOPROL XL (metoprolol)	BETAPACE (sotalol) betaxolol CORGARD (nadolol) HEMANSEOL (propranolol) <sup>NR</sup> INDERAL LA (propranolol) INNOPRAN XL (propranolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) sotalol TENORMIN (atenolol) ZEBETA (bisoprolol)	<p><b>SmartPA Criteria:</b></p> <p><b>Bystolic</b></p> <ul style="list-style-type: none"> <li>● 90 days completed therapy with the same agent in the past 105 days <b>OR</b></li> <li>● 30 days of therapy with 1 different preferred agent in the past 6 months</li> </ul> <p><b>Sotalol</b></p> <ul style="list-style-type: none"> <li>● Documented diagnosis found in the past 2 years medical claims for atrial fibrillation <b>OR</b></li> <li>● 30 days of therapy with 2 different preferred <i>Beta Blocker, Beta and Alpha Blocker or Beta Blocker Combo</i> agents in the past 6 months <b>OR</b></li> <li>● 90 days completed therapy with the same agent in the past 105 days</li> </ul> <p><b>Non Preferred Agents</b></p> <ul style="list-style-type: none"> <li>● 30 days of therapy with 2 different preferred <i>Beta Blocker, Beta and Alpha Blocker or Beta Blocker Combo</i> agents in the past 6 months <b>OR</b></li> <li>● 90 days completed therapy with the same agent in the past 105 days</li> </ul>

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<b>BETA- AND ALPHA-BLOCKERS</b>			
	carvedilol labetalol	COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	<p><b>Coreg CR</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis found in the past 2 years medical claims for hypertension <b>AND</b></li> <li>30 days of therapy with carvedilol <b>AND</b> a different preferred <u>Beta Blocker, Beta and Alpha Blocker or Beta Blocker Combo</u> agent in the past 6 months <b>OR</b> 90 days completed therapy with the same agent in the past 105 days</li> </ul>
<b>BETA BLOCKER/DIURETIC COMBINATIONS</b>			
	atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ timolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	<p><b>Non Preferred Agents</b></p> <ul style="list-style-type: none"> <li>30 days of therapy with 2 different preferred <u>Beta Blocker, Beta and Alpha Blocker or Beta Blocker Combo</u> agents in the past 6 months <b>OR</b> 90 days completed therapy with the same agent in the past 105 days</li> </ul>
<b>BILE SALTS</b>			
	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) URSO (ursodiol) URSO FORTE (ursodiol)	
<b>BLADDER RELAXANT PREPARATIONS <small>SmartPA</small></b>			
	oxybutynin IR TOVIAZ (fesoterodine fumarate)	DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN XL (oxybutynin) ENABLEX (darifenacin) GELNIQUE (oxybutynin) MYRBETRIQ (mirabegron) oxybutynin ER OXYTROL (oxybutynin)	<p><b>Smart PA Criteria:</b></p> <ul style="list-style-type: none"> <li>30 days of therapy with 2 different preferred agents in the past 6 months <b>OR</b></li> <li>90 days completed therapy with the same agent in the past 105 days</li> </ul>

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		SANCTURA (trospium) SANCTURA XR (trospium) tolterodine tolterodine ER trospium VESICARE (solifenacin)	
<b>BONE RESORPTION SUPPRESSION AND RELATED AGENTS</b> <small>SmartPA</small>			
<b>BISPHOSPHONATES</b>			
	ACTONEL (risedronate) alendronate BINOSTO (alendronate) FOSAMAX PLUS D (alendronate/vitamin D)	alendronate solution ATELVIA (risedronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) ibandronate PROLIA (denosumab)	<b>SmartPA Criteria:</b> <ul style="list-style-type: none"> <li>• Documented diagnosis found in the past 2 years medical claims for osteoporosis or osteopenia <b>AND</b></li> <li>• One claim for 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 days completed therapy with the same agent in the past 105 days</li> </ul>
<b>OTHERS</b>			
	FORTICAL (calcitonin)	calcitonin salmon EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) raloxifene	
<b>BPH AGENTS</b> <small>SmartPA</small>			
<b>ALPHA BLOCKERS</b>			
	doxazosin FLOMAX (tamsulosin) terazosin UROXATRAL (alfuzosin)	alfuzosin CARDURA (doxazosin) CARDURA XL (doxazosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) tamsulosin	<b>SmartPA Criteria:</b> <ul style="list-style-type: none"> <li>• Male patient <b>AND</b></li> <li>• 30 days of therapy with 2 different preferred agent in the past 6 months <b>OR</b></li> <li>• 90 days completed therapy with the same agent in the past 105 days</li> <li>• Female Patient <b>AND</b></li> </ul>

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			<ul style="list-style-type: none"> <li>○ Alfuzosin, doxazosin IR, finasteride, tamsulosin, and terazosin <b>AND</b> <ul style="list-style-type: none"> <li>▪ Documented diagnosis found in the past 2 years medical claims based on a state accepted diagnosis</li> </ul> </li> </ul>
<b>5-ALPHA-REDUCTASE (5AR) INHIBITORS</b>			
	AVODART (dutasteride) finasteride	PROSCAR (finasteride)	
<b>PDE5 INHIBITORS</b>			
		CIALIS (tadalafil)	<p><b>Cialis: (Requires a Manual PA)</b></p> <ul style="list-style-type: none"> <li>● Limited to Male Patients <b>AND</b></li> <li>● Documented diagnosis found in the past 2 years medical claims for Benign Prostatic Hypertrophy <b>AND</b></li> <li>● <b>NO</b> documented diagnosis of Erectile Dysfunction found in the past 2 years medical claims <b>AND</b></li> <li>● Prescriber signed waiver stating treatment is <b>NOT</b> for Erectile Dysfunction <b>AND</b></li> <li>● 30 days therapy with 2 different preferred agents in the past 6 months</li> </ul>
<b>BRONCHODILATORS &amp; COPD AGENTS</b>			
<b>ANTICHOLINERGICS &amp; COPD AGENTS</b>			
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA (tiotropium)	DALIRESP (roflumilast) TUDORZA PRESSAIR (aclidinium)	
<b>ANTICHOLINERGIC-BETA AGONIST COMBINATIONS</b>			
	albuterol/ipratropium COMBIVENT RESPIMAT (albuterol/ipratropium)	<b>ANORO ELLIPTA (umeclidinium/vilanterol)</b>	

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<b>BRONCHODILATORS, BETA AGONIST</b>			
<b>INHALERS, SHORT-ACTING</b>			
	PROVENTIL HFA (albuterol)	PROAIR HFA (albuterol) VENTOLIN HFA (albuterol) XOPENEX HFA (levalbuterol) <small>SmartPA</small>	<p><b>SmartPA Criteria:</b> <b>Xopenex HFA</b></p> <ul style="list-style-type: none"> <li>•Age requirements – 4 years <b>AND</b></li> <li>•One claim for a short acting albuterol inhaler in the past 30 days</li> </ul> <p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>○ One claim for a short acting albuterol inhaler in the past 6 months</li> </ul>
<b>INHALERS, LONG ACTING <small>SmartPA</small></b>			
	FORADIL (formoterol)	ARCAPTA (indacaterol) SEREVENT (salmeterol)	<p><b>SmartPA Criteria:</b> <b>Arcapta</b></p> <ul style="list-style-type: none"> <li>•Documented diagnosis found in the past 2 years medical claims for COPD <b>AND</b></li> <li>•Age requirements – 18 years <b>AND</b></li> <li>•30 days of therapy with a preferred long acting agent in the past 6 months <b>OR</b> 90 days completed therapy</li> </ul> <p><b>Foradil</b></p> <ul style="list-style-type: none"> <li>•Age requirements – 5 years</li> </ul> <p><b>Serevent</b></p> <ul style="list-style-type: none"> <li>•Age requirements – 4 years <b>AND</b></li> <li>•30 days of therapy with a preferred long acting agent in the past 6 months <b>OR</b></li> <li>•90 days completed therapy with the same agent in the past 105 days</li> </ul>

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<b>SmartPA</b>			
<b>INHALATION SOLUTION</b>			
	albuterol	ACCUNEB (albuterol) BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	<p><b>SmartPA Criteria:</b> <b>Brovana or Perforomist</b></p> <ul style="list-style-type: none"> <li>• Age requirements – 18 years <b>AND</b></li> <li>• One claim for 1 different preferred Inhalation Solution in the past 6 months <b>OR</b></li> <li>• 3 claims for the same agent in the past 105 days</li> </ul> <p><b>Xopenex Inhalation Solution</b></p> <ul style="list-style-type: none"> <li>• Age requirements – 6 years <b>AND</b></li> <li>• One claim for an albuterol solution in the past 30 days</li> </ul> <p><b>Non Preferred Agents</b></p> <ul style="list-style-type: none"> <li>• One claim for 1 different preferred Inhalation Solution in the past 6 months <b>OR</b></li> <li>• 3 claims for the same agent in the past 105 days</li> </ul>
<b>ORAL</b>			
	albuterol metaproterenol terbutaline	VOSPIRE ER (albuterol)	
<b>SmartPA</b>			
<b>CALCIUM CHANNEL BLOCKERS</b>			
<b>SHORT-ACTING</b>			
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine PROCARDIA (nifedipine)	<p><b>SmartPA Criteria:</b> <b>nimodipine</b></p> <ul style="list-style-type: none"> <li>○ documented diagnosis found in the past 45 days for subarachnoid hemorrhage <b>AND</b></li> <li>○ quantity ≤ to 21 days maximum therapy (252 capsules/2520mL)</li> </ul>

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			<ul style="list-style-type: none"> <li>• <b>Short Acting CCB</b> <ul style="list-style-type: none"> <li>○ 30 days of therapy with 2 different preferred <u>Short Acting CCB</u> agents in the past 6 months <b>OR</b></li> <li>○ 90 days completed therapy with the same agent in the past 105 days</li> </ul> </li> </ul>
<b>LONG-ACTING</b>			
	amlodipine diltiazem ER felodipine ER nifedipine ER verapamil ER	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem) DILACOR XR (diltiazem) nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	<ul style="list-style-type: none"> <li>• <b>Long Acting CCB</b> <ul style="list-style-type: none"> <li>○ 30 days of therapy with 2 different preferred <u>Long Acting CCB</u> agents in the past 6 months <b>OR</b></li> <li>○ 90 days completed therapy with the same agent in the past 105 days</li> </ul> </li> </ul>
<b>CALORIC AGENTS</b>			
	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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# MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	RESOURCE SCANDISHAKE TWOCAL HN		
<b>CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)</b>			
<b>BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS</b>			
	amoxicillin/clavulanate AUGMENTIN 125 and 250 (amoxicillin/clavulanate) Suspension AUGMENTIN XR (amoxicillin/clavulanate)	amoxicillin/clavulanate XR AUGMENTIN (amoxicillin/clavulanate) Tablets MOXATAG (amoxicillin)	
<b>CEPHALOSPORINS – First Generation <span style="float: right;">SmartPA</span></b>			
	cefadroxil cephalexin	KEFLEX (cephalexin)	<b>SmartPA Criteria: Cephalosporins (all generations)</b> • One claim for 2 different preferred agents in the past 6 months
<b>CEPHALOSPORINS – Second Generation <span style="float: right;">SmartPA</span></b>			
	cefaclor cefprozil cefuroxime tablets	cefuroxime suspension CEFTIN (cefuroxime)	
<b>CEPHALOSPORINS – Third Generation <span style="float: right;">SmartPA</span></b>			
	cefdinir suspension (for patients <18 yr only) cefdinir capsules SUPRAX (cefixime)	CEDAX (ceftibuten) cefditoren cefpodoxime ceftibuten SPECTRACEF (cefditoren)	<b>Cefdinir suspension</b> • Maximum age requirement – 18 years <b>OR</b> ○ One claim for 2 different preferred agents in the past 6 months
<b>CYSTIC FIBROSIS AGENTS</b>			
	BETHKIS (tobramycin)	CAYSTON (aztreonam)** COLY-MYCIN M (colistimethate sodium)** KALYDECO (ivacaftor) PULMOZYME (dornase alfa)** TOBI (tobramycin)	<b>SmartPA Criteria</b> • Documented diagnosis found in the past 2 years medical claims Cystic Fibrosis

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		TOBI PODHALER (tobramycin) tobramycin	<p><b>Cayston, Coly-Mycin, and Pulmozyme:</b></p> <ul style="list-style-type: none"> <li>•One claim in the past 105 days</li> </ul> <p><b>Kalydeco:</b></p> <ul style="list-style-type: none"> <li>•Documented diagnosis found in the past 2 years medical claims Cystic Fibrosis <b>AND</b></li> <li>•One claim for Kalydeco in the past 105 days</li> </ul> <p><b>Tobramycin Nebulizer Solution:</b></p> <ul style="list-style-type: none"> <li>•Must use the preferred agent - Bethkis</li> </ul> <p><b>Manual PA:</b></p> <ul style="list-style-type: none"> <li>•Kalydeco – new starts after 7.1.2013</li> <li>•TOBI Podhaler</li> </ul>
<b>COLONY STIMULATING FACTORS</b>			
	LEUKINE (sargramostim) NEUPOGEN Vial (filgrastim)	GRANIX (tbo-filgrastim) NEULASTA (pegfilgrastim) NEUPOGEN Syringe (filgrastim)	<p><b>SmartPA Criteria:</b></p> <p><b>Neulasta</b></p> <ul style="list-style-type: none"> <li>•One claim in the past 105 days</li> </ul> <p><b>Manual PA:</b></p> <p><b>Neupogen Syringes</b></p> <p>Valid reason why the preferred vial cannot be used.</p>
<b>CYTOKINE &amp; CAM ANTAGONISTS</b>			
	ENBREL (etanercept) HUMIRA (adalimumab) <b>methotrexate</b> SIMPONI (golimumab)	<b>ACTEMRA (tocilizumab)<sup>NR</sup></b> CIMZIA (certolizumab) ILARIS (canakinumab) KINERET (anakinra) ORENCIA (abatacept) OTEZLA (apremilast) <sup>NR</sup> <b>OTREXUP (methotrexate)</b>	Amevive, Orencia, Remicade and Stelara are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification.

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		REMICADE (infliximab) <b>RHEUMATREX (methotrexate)</b> STELARA (ustekinumab) <b>TREXALL (methotrexate)</b> XELJANZ (tofacitinib)	
<b>ERYTHROPOIESIS STIMULATING PROTEINS</b> <small>SmartPA</small>			
	ARANESP (darbepoetin) PROCRIT (rHuEPO)	EPOGEN (rHuEPO)	<b>SmartPA Criteria:</b> <b>Omontys</b> <ul style="list-style-type: none"> <li>• Minimum age requirement – 18 years <b>AND</b></li> <li>• Documented diagnosis found in the past 2 years medical claims for chronic renal failure <b>AND</b></li> <li>• Documented procedure code found in the past 180 days medical claims for dialysis</li> </ul> <b>Non Preferred Agents</b> <ul style="list-style-type: none"> <li>• Documented diagnosis found in the past 2 years medical claims for cancer or chronic renal failure <u>OR</u> Antineoplastic therapy in the past 6 months <b>AND</b> Procrit history in the past 6 months claims</li> </ul>
<b>FIBROMYALGIA AGENTS</b>			
	LYRICA (pregabalin) SAVELLA (milnacipran)	CYMBALTA (duloxetine) <small>SmartPA+</small> duloxetine	<b>SmartPA Criteria</b> <b>Cymbalta</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of <u>fibromyalgia</u> found in past 2 years medical claims <b>AND</b> <ul style="list-style-type: none"> <li>○ 30 days of therapy with BOTH Lyrica and Savella in the past 6 months <b>OR</b></li> </ul> </li> </ul>

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			<ul style="list-style-type: none"> <li>○ 90 days completed therapy with the same agent in the past 105 days</li> <li>● Documented diagnosis of <u>depression</u> found in past 2 years medical claims <b>AND</b> <ul style="list-style-type: none"> <li>○ 30 days of therapy with 2 different preferred <u>antidepressants, other</u> products in the past 6 months <b>OR</b></li> <li>○ 30 days of therapy with BOTH preferred SSRI and antidepressant other in the past 6 months <b>OR</b></li> <li>○ 90 days completed therapy with the same agent in the past 105 days</li> </ul> </li> <li>● Documented diagnosis of <u>anxiety</u> found in past 2 years medical claims <b>AND</b> <ul style="list-style-type: none"> <li>○ 30 days of therapy with 2 of the following: sertraline , paroxetine IR, or any venlafaxine agent in the past 6 months <b>OR</b></li> <li>○ 90 days completed therapy with the same agent in the past 105 days</li> </ul> </li> <li>● Documented diagnosis of <u>Diabetic Peripheral Neuropathy</u> found in past 2 years medical claims <b>AND</b> <ul style="list-style-type: none"> <li>○ 30 days of therapy with Lyrica in the past 6 months <b>OR</b></li> <li>○ 90 days completed therapy with the same agent in the past 105 days</li> </ul> </li> </ul>
<b>FLUOROQUINOLONES (Oral)</b> <span style="color: blue;">SmartPA</span>			
	AVELOX (moxifloxacin) ciprofloxacin tablets	ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin)	<p style="color: red;"><b>SmartPA Criteria: Non Preferred Oral Tablets</b></p> <ul style="list-style-type: none"> <li>● One claim for 1 preferred agent in the past 30 days</li> </ul>

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

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			<p>for anthrax infection or exposure <b>OR</b></p> <ul style="list-style-type: none"> <li>▪ 7 days of therapy with a preferred agent from 2 of the preferred classes below in the past 3 months <ul style="list-style-type: none"> <li>• Penicillin, 2<sup>nd</sup> or 3<sup>rd</sup> generation cephalosporin, or macrolide</li> </ul> </li> <li><b>AND</b></li> <li>• Ciprofloxacin suspension in the past 3 months claims</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>○ Age &gt;12 years <b>AND</b></li> <li>○ One claim for ciprofloxacin, moxifloxacin, or SMX/TMP in the past 14 days <b>OR</b></li> <li>○ One claim for 1 preferred agent in the past 30 days</li> </ul>
<b>GENITAL WARTS &amp; RELATED AGENTS</b>			
	ALDARA (imiquimod) <sup>Age Edit</sup> CONDYLOX (podofilox) <sup>Age Edit</sup>	Imiquimod <sup>Age Edit</sup> PICATO (ingenol) <sup>Age Edit</sup> podofilox <sup>Age Edit</sup> VEREGEN (sinecatechins) <sup>Age Edit</sup> ZYCLARA (imiquimod) <sup>Age Edit</sup>	<ul style="list-style-type: none"> <li>• <b>Minimum age requirements</b> apply to all drug formulations below <ul style="list-style-type: none"> <li>○ imiquimod –12 years</li> <li>○ ingenol – 18 years</li> <li>○ podofilox – 18 years</li> <li>○ sinecatechins – 18 years</li> </ul> </li> </ul>
<b>GLUCOCORTICOIDS (Inhaled)</b> <sup>SmartPA</sup>		<b>GLUCOCORTICOIDS</b> <sup>SmartPA</sup>	
	<b>AEROSPAN (flunisolide)</b> ASMANEX (mometasone) FLOVENT Diskus (fluticasone) FLOVENT HFA (fluticasone) QVAR (beclomethasone) PULMICORT (budesonide) Flexhaler PULMICORT (budesonide) Respules, 0.25mg &	ALVESCO (ciclesonide) budesonide PULMICORT (budesonide) Respules, 1mg	<p><b>SmartPA Criteria:</b></p> <ul style="list-style-type: none"> <li>• <b>Pulmicort Flexhaler</b> <ul style="list-style-type: none"> <li>○ Minimum age requirement - 6 years</li> </ul> </li> </ul> <p><b>Non Preferred Agents</b></p> <ul style="list-style-type: none"> <li>• 30 days of therapy with 2 different preferred agents in the past 6 months</li> </ul> <p><b>OR</b></p>

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	0.5mg		90 days completed therapy with the same agent in the past 105 days  NOTE: Institutional sized products are Non Preferred
<b>GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS</b>			
	ADVAIR Diskus (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	BREO ELLIPTA (fluticasone/vilanterol)	
<b>GI ULCER THERAPIES</b>			
<b>H2 RECEPTOR ANTAGONISTS</b>			
	cimetidine famotidine tablet ranitidine syrup ranitidine tablet	AXID (nizatidine) famotidine suspension nizatidine PEPCID (famotidine) ranitidine capsule ZANTAC (ranitidine)	
<b>PROTON PUMP INHIBITORS</b>			
	ACIPHEX Tablet (rabeprazole) lansoprazole RX NEXIUM (esomeprazole) omeprazole RX pantoprazole PROTONIX PACKET (pantoprazole)	ACIPHEX SPRINKLE (rabeprazole) DEXILANT (dexlansoprazole) omeprazole sod. bicarb. PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole) PROTONIX (pantoprazole) rabeprazole	
<b>OTHER</b>			
	CARAFATE SUSPENSION (sucralfate) misoprostol sucralfate tablet	CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) sucralfate suspension	

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<b>GROWTH HORMONE</b>	<b>SmartPA</b>		
	GENOTROPIN (somatropin) NORDITROPIN (somatropin) NUTROPIN AQ (somatropin)	HUMATROPE (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin)	<b>SmartPA Criteria:</b> <b>Age &gt;18</b> <ul style="list-style-type: none"> <li>Documented diagnosis found in the past 2 years medical claims for craniopharyngioma, Prader-Willi Syndrome, or Turner Syndrome <b>OR</b></li> <li>Documented procedure found in the past 2 years medical claims for cranial irradiation</li> </ul> <b>Non Preferred Agents</b> <ul style="list-style-type: none"> <li>28 days of therapy with 1 preferred agent in the past 6 months <b>OR</b></li> <li>84 days of completed therapy with the same agent in the past 105 days</li> </ul>
<b>H. PYLORI COMBINATION TREATMENTS</b>			
	HELIDAC (bismuth subsalicylate, metronidazole, tetracycline) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline) OMECLAMOX (omeprazole, clarithromycin, amoxicillin)	Limited to 1 treatment course per year
<b>HEPATITIS C TREATMENTS</b>	<b>SmartPA</b>		
	INCIVEK (telaprevir) PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) RIBAPAK DOSEPACK (ribavirin) <b>SOVALDI (sofosbuvir)</b> VICTRELIS (boceprevir)	INFERGEN (interferon alfacon-1) OLYSIO (simeprevir) ribavirin REBETOL (ribavirin) RIBASPHERE (ribavirin)	<b>Incivek, Olysio, Sovaldi &amp; Victrelis require manual PA</b>  <b>SmartPA Criteria:</b> Non Preferred Interferon Agents <ul style="list-style-type: none"> <li>One claim for a preferred peginterferon agent in the past 6 months <b>OR</b></li> <li>One claim with the same agent in the past 12 months</li> </ul>

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<b>HYPERURICEMIA &amp; GOUT</b> <small>SmartPA</small>			
	allopurinol COLCRYS (colchicine) probenecid probenecid/colchicine	ULORIC (febuxostat) ZYLOPRIM (allopurinol)	<b>SmartPA Criteria:</b> <ul style="list-style-type: none"> <li>• 30 days of therapy with 2 different preferred agents in the past 6 months <b>OR</b> <ul style="list-style-type: none"> <li>○ 90 days completed therapy with the same agent in the past 105 days</li> </ul> </li> </ul>
<b>HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS</b>			
	BYETTA (exenatide) JANUMET (sitagliptin/metformin) JANUVIA (sitagliptin) KOMBIGLYZE XR (saxagliptin/metformin) ONGLYZA (saxagliptin)	BYDUREON (exenatide) JANUMET XR (sitagliptin/metformin) JENTADUETO (linagliptin/metformin) KAZANO (alogliptin/metformin) NESINA (alogliptin) OSENI (alogliptin/pioglitazone) SYMLIN (pramlintide) TANZEUM (albiglutide) <sup>NR</sup> TRADJENTA (linagliptin) VICTOZA (liraglutide)	<b>Tradjenta SmartPA Criteria:</b> <ul style="list-style-type: none"> <li>• 90 days completed therapy with the same agent in the past 105 days</li> </ul>
<b>HYPOGLYCEMICS, INSULINS AND RELATED AGENTS</b> <small>SmartPA</small>			
	HUMALOG VIAL (insulin lispro) HUMALOG MIX VIAL (insulin lispro/ lispro protamine) HUMULIN VIAL (insulin) LANTUS SOLOSTAR & VIAL (insulin glargine) LEVEMIR FLEXPEN & VIAL (insulin detemir) 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)	<b>SmartPA Criteria:</b> <ul style="list-style-type: none"> <li>• Documented diagnosis found in the past 2 years medical claims for Diabetes Mellitus <b>AND</b></li> <li>• 30 days of therapy with 1 preferred product in the past 6 months <b>OR</b> 90 days completed therapy with the same agent in the past 105 days</li> </ul>

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<b>HYPOGLYCEMICS, MEGLITINIDES</b>			
	PRANDIN (repaglinide)	nateglinide PRANDIMET (repaglinide/metformin) repaglinide STARLIX (nateglinide)	
<b>HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS</b>			
<b>HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS</b>			
		FARXIGA (dapagliflozin) INVOKANA (canagliflozin)	
<b>HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS</b>			
		XIGDUO (dapagliflozin/metformin) <sup>NR</sup>	
<b>HYPOGLYCEMICS, TZDS</b>			
<b>THIAZOLIDINEDIONES</b>			
	pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	
<b>TZD COMBINATIONS</b>			
	ACTOPLUS MET (pioglitazone/metformin) DUETACT (pioglitazone/glimepiride) pioglitazone/metformin	ACTOPLUSMET XR (pioglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) AVANDAMET (rosiglitazone/metformin)	
<b>IMMUNOSUPPRESSIVE (ORAL) <sup>SmartPA</sup></b>			
	AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine) mycophenolate mofetil	ASTAGRAF XL (tacrolimus) <sup>NR</sup> HECORIA (tacrolimus) <sup>NR</sup>	<b>SmartPA Criteria:</b>  • <b>Azasan</b> ○ Documented diagnosis found in the past 2 years medical claims for kidney transplant, RA or a state accepted diagnosis

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	<p>MYFORTIC (mycophenolic acid) NEORAL (cyclosporine) PROGRAF (tacrolimus) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) tacrolimus ZORTRESS (everolimus)</p>		<ul style="list-style-type: none"> <li>• <b>Cyclosporine &amp; Cyclosporine, modified</b> <ul style="list-style-type: none"> <li>○ Documented diagnosis found in the past 2 years medical claims for heart transplant, kidney transplant, liver transplant, psoriasis, RA or a state accepted diagnosis <b>OR</b></li> <li>○ A manual PA review for a diagnosis of Kimura's disease or multifocal motor neuropathy</li> </ul> </li> <li>• <b>Everolimus</b> <ul style="list-style-type: none"> <li>○ Minimum age requirement – 18 years <b>AND</b></li> <li>○ Documented diagnosis found in the past 2 years medical claims for kidney transplant</li> </ul> </li> <li>• <b>Myfortic (mycophenolate sodium)</b> <ul style="list-style-type: none"> <li>○ Documented diagnosis found in the past 2 years medical claims for kidney transplant or psoriasis</li> </ul> </li> <li>• <b>Sirolimus</b> <ul style="list-style-type: none"> <li>○ Minimum age requirement – 13 years <b>AND</b></li> <li>○ Documented diagnosis found in the past 2 years medical claims for kidney transplant</li> </ul> </li> <li>• <b>Tacrolimus &amp; CellCept</b> <ul style="list-style-type: none"> <li>○ Documented diagnosis found in the past 2 years medical claims for heart transplant, kidney transplant, liver transplant or a state accepted diagnosis</li> </ul> </li> </ul>

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<b>INTRANASAL RHINITIS AGENTS</b>			
<b>ANTICHOLINERGICS</b>			
	ipratropium	ATROVENT (ipratropium)	
<b>ANTIHISTAMINES</b>			
	ASTELIN (azelastine) PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine	
<b>ANTIHISTAMINE/CORTICOSTEROID COMBINATION <sup>SmartPA</sup></b>			
		DYMISTA (azelastine/fluticasone) <sup>SmartPA</sup>	
<b>CORTICOSTEROIDS <sup>SmartPA</sup></b>			
	FLONASE (fluticasone) NASAREL (flunisolide) NASONEX (mometasone) QNASL (beclomethasone) ZETONNA (ciclesonide)	BECONASE AQ (beclomethasone) <b>budesonide</b> flunisolide fluticasone OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide) triamcinolone VERAMYST (fluticasone)	<p><b>SmartPA Criteria:</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis found in the past 2 years medical claims for allergic rhinitis <b>AND</b></li> <li>• One claim for 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 days completed therapy with the same agent in the past 105 days</li> </ul>
<b>IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS</b>			
<b>IRRITABLE BOWL SYNDROME/SHORT BOWEL SYNDROME AGENTS</b>			
	dicyclomine hyoscyamine	AMITIZA (lubiprostone) BENTYL (dicyclomine) GATTEX (teduglutide) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LINZESS (linaclotide) LOTROXEX (alosectron) NUTRESTORE POWDER PACK (glutamine) ZORBTIVE (somatropin)	<p><b>SmartPA Criteria:</b></p> <ul style="list-style-type: none"> <li>• <b>Amitiza, Linzess, Lotronex, or Zorbtive</b> users will be grandfathered <ul style="list-style-type: none"> <li>○ 1 claim with the same agent in the past 105 days</li> </ul> </li> <li>• <b>Other Non Preferred Agents</b> – require Manual PA</li> </ul>

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<b>SELECTED GI AGENTS</b>			
		FULYZAQ (crofelemer)	
<b>LEUKOTRIENE MODIFIERS</b> <small>SmartPA</small>			
	ACCOLATE (zafirlukast) SINGULAIR (montelukast)	montelukast ZYFLO CR (zileuton) zafirlukast	<p><b>SmartPA Criteria:</b></p> <ul style="list-style-type: none"> <li>• <b>Zyflo or Zyflo CR</b> <ul style="list-style-type: none"> <li>○ Minimum age requirement - 12 years</li> </ul> </li> </ul> <p><b>Non Preferred Agents</b></p> <ul style="list-style-type: none"> <li>• 30 days of therapy with 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 days completed therapy with the same agent in the past 105 days</li> </ul>
<b>LIPOTROPICS, OTHER (Non-statins)</b> <small>SmartPA</small>			
<b>BILE ACID SEQUESTRANTS</b>			
	cholestyramine colestipol	COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)	<p><b>SmartPA Criteria</b></p> <p><b>Criteria for all drugs:</b></p> <ul style="list-style-type: none"> <li>• 90 days completed therapy with the same agent in the past 105 days <b>OR</b></li> <li>• 30 days completed therapy with a statin or statin combination agent in the past 1 year <b>OR</b></li> <li>• One of the following exceptions: <ul style="list-style-type: none"> <li>○ A female patient with a documented diagnosis of pregnancy found in medical claims in the past 280 days <b>OR</b></li> <li>○ Documented diagnosis found in the past 2 years medical claims for liver disease <b>OR</b></li> <li>○ Documented diagnosis found in the past 2 years medical claims for hypertriglyceridemia <b>OR</b></li> </ul> </li> </ul>

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			<ul style="list-style-type: none"> <li>o Clinical justification provided for the reason the patient is unable to take a statin or statin combination product</li> </ul> <p><b>AND</b> <b>Welchol</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis found in the past 2 years medical claims for diabetes <b>AND</b></li> <li>• 30 days of therapy with a preferred oral antidiabetic agent in the past 180 days</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• 30 days therapy with 2 different preferred bile acid sequestrants <b>OR</b></li> <li>• A female patient with a documented diagnosis of pregnancy in the past 280 days</li> </ul>	
<b>OMEGA-3 FATTY ACIDS</b>				
	LOVAZA (omega-3-acid ethyl esters)	VASCEPA (icosapent ethyl)	<p><b>Non Preferred Agents</b> 30 days of therapy with 2 different preferred non-statin lipotropics in the past 6 months</p>	
<b>CHOLESTEROL ABSORPTION INHIBITORS</b>				
		ZETIA (ezetimibe)		
<b>FIBRIC ACID DERIVATIVES</b>				
	ANTARA (fenofibrate, micronized) gemfibrozil TRICOR (fenofibrate nanocrystallized) TRILIPIX (fenofibric acid)	fenofibrate, micronized fenofibrate nanocrystallized 145mg fenofibric acid FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate)	<p><b>Fibric Acid Derivative</b> 30 days of therapy with 2 different fibric acid derivatives in the past 6 months</p>	

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<b>MTP INHIBITOR</b>			
		JUXTAPID (lomitapide)	
<b>APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR</b>			
		KYNAMRO (mipomersen)	
<b>NIACIN</b>			
	NIACOR (niacin) NIASPAN (niacin)		
<b>LIPOTROPICS, STATINS</b> <small>SmartPA</small>			
<b>STATINS</b>			
	atorvastatin CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin) LIPITOR (atorvastatin) lovastatin pravastatin simvastatin	ALTOPREV (lovastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin)	<p><b>SmartPA Criteria:</b></p> <ul style="list-style-type: none"> <li>• 30 days of therapy with 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 days completed therapy with the same agent in the past 105 days</li> </ul> <p><b>Simvastatin 80mg:</b></p> <ul style="list-style-type: none"> <li>• 12 months of therapy with simvastatin 80mg in the past 18 months <b>AND</b></li> <li>• <b>NO</b> documented myopathies found in medical claims in the past 12 months</li> </ul>
<b>STATIN COMBINATIONS</b>			
	atorvastatin/amlodipine SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)	ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine) LIPTRUZET (atorvastatin/ezetimibe)	<p><b>Manual Criteria: 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.</b></p>

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<b>MACROLIDES/KETOLIDES (Oral)</b>			
	<b>KETOLIDES</b>		
		KETEK (telithromycin)	
	<b>MACROLIDES</b>		
	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)	
<b>MISCELLANEOUS BRAND/GENERIC</b>			
	<b>CLONIDINE</b>		
	CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)	
	<b>EPINEPHRINE</b>		
	EPIPEN (epinephrine) EPIPEN JR (epinephrine)	ADRENALICK (epinephrine) AUVI-Q (epinephrine)	
	<b>MISCELLANEOUS</b>		
	alprazolam hydroxyzine hcl syrup hydroxyzine pamoate megestrol suspension 625mg/5mL SUBOXONE (buprenorphine/naloxone) <sup>SmartPA</sup>	alprazolam ER <sup>SmartPA</sup> hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) VISTARIL (hydroxyzine pamoate) ZUBSOLV (buprenorphine/naloxone)	<b>Suboxone</b> References can be found at: <a href="http://www.medicaid.ms.gov/Documents/Pharmacy/Suboxone%20Resources.pdf">http://www.medicaid.ms.gov/Documents/Pharmacy/Suboxone%20Resources.pdf</a> . <b>SmartPA Criteria</b> • <b>Alprazolam ER:</b> Applicable <b>CUMULATIVE</b> quantity limit in 31 rolling days

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			<ul style="list-style-type: none"> <li>▪ 31 tablets</li> <li>▪ <i>Exception: previous beneficiaries with a paid claim for 2 tablets per day in the past 90 days are allowed to remain on cumulative of 62 tablets.</i></li> </ul>
<b>SUBLINGUAL NITROGLYCERIN</b>			
	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)	
<b>MULTIPLE SCLEROSIS AGENTS <span style="color: blue;">SmartPA</span></b>			
	AVONEX (interferon beta-1a) COPAXONE 20mg (glatiramer) REBIF (interferon beta-1a)	AMPYRA (dalfampridine) AUBAGIO (teriflunomide) BETASERON (interferon beta-1b) <b>COPAXONE 40mg (glatiramer)</b> EXTAVIA (interferon beta-1b) GILENYA (fingolimod) TECFIDERA (dimethyl fumarate)	<p><b>SmartPA Criteria:</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis found in the past 2 years medical claims for multiple sclerosis <b>AND</b></li> </ul> <p><b>Non Preferred Agents:</b></p> <ul style="list-style-type: none"> <li>• One claim for 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 3 claims with the same agent in the past 105 days</li> </ul> <p><b>*Ampyra – Requires Manual PA:</b></p> <ol style="list-style-type: none"> <li>1. For patients that have a gait disorder associated with MS; <i>and</i></li> <li>2. Initial authorizations will be approved for 12 weeks with a baseline Timed 25-foot Walk (T25FW) assessment; <i>and</i></li> <li>3. Additional prior authorizations will be considered at 6 month intervals after assessing the benefit to the patient as measured by a 20% improvement in the T25FW from baseline. Renewal will not be approved if the 20% improvement is</li> </ol>

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			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
<b>NSAIDS</b>	<b>NON-SELECTIVE</b>		
	diclofenac EC etodolac tab flurbiprofen ibuprofen indomethacin ketorolac naproxen sulindac	ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac) CATAFLAM (diclofenac) DAYPRO (oxaprozin) diclofenac SR etodolac cap etodolac tab SR FELDENE (piroxicam) fenoprofen INDOCIN (indomethacin) indomethacin cap ER ketoprofen ketoprofen ER meclofenamate mefenamic acid nabumetone NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) NUPRIN (ibuprofen) oxaprozin piroxicam PONSTEL (mefenamic acid)	<b>SmartPA Criteria:</b> • Non-Selective agents: 30 days therapy with 2 different preferred agents in the past 6 months

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		SPRIX NASAL SPRAY (ketorolac) tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac) ZORVOLEX (diclofenac)	
<b>NSAID/GI PROTECTANT COMBINATIONS</b>			
		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	
<b>COX II SELECTIVE <span style="color: blue;">SmartPA</span></b>			
	meloxicam	CELEBREX (celecoxib) MOBIC (meloxicam)	<p style="color: red;"><b>SmartPA Criteria</b></p> <ul style="list-style-type: none"> <li>• <b>COX II Selective Agents:</b> <ul style="list-style-type: none"> <li>○ Documented diagnosis found in the past 2 years medical claims for Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or Ankylosing Spondylitis <b>AND</b> <ul style="list-style-type: none"> <li>▪ 30 days of therapy with 1 preferred COX-II Selective agent <b>OR</b></li> <li>▪ 90 days completed therapy with the same agent in the past 105 days</li> </ul> </li> </ul> </li> <li><b>OR</b> <ul style="list-style-type: none"> <li>▪ 30 days of therapy with 1 preferred COX-II Selective agent <b>AND</b></li> <li>▪ 30 days of therapy with 1 preferred Non-Selective Agent</li> </ul> </li> <li><b>OR</b> <ul style="list-style-type: none"> <li>▪ 30 days of therapy with 1 preferred COX-II Selective agent <b>AND</b></li> </ul> </li> </ul>

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			<ul style="list-style-type: none"> <li>▪ Documented diagnosis found in the past 2 years medical claims for GI Bleed, GERD, PUD, GI Perforation, or Coagulation Disorder</li> </ul>
<b>OPHTHALMIC ANTIBIOTICS</b>			
	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 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) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	
<b>ANTIBIOTIC STEROID COMBINATIONS</b>			
	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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# MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

EFFECTIVE 07/01/2014

Version 2014.9d

Updated: 7-9-2014

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
<b>OPHTHALMIC ANTI-INFLAMMATORIES</b> <small>SmartPA</small>			
	dexamethasone diclofenac FLAREX (fluorometholone) flurbiprofen FML FORTE (fluorometholone) FML SOP (fluorometholone) ILEVRO (nepafenac) MAXIDEX (dexamethasone) NEVANAC (nepafenac) prednisolone acetate prednisolone NA phosphate VEXOL (rimexolone)	ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac DUREZOL (difluprednate) LOTEMAX (loteprednol) OCUFEN (flurbiprofen) PROLENSA (bromfenac) PRED MILD (prednisolone) PRED FORTE (prednisolone) VOLTAREN (diclofenac)	<b>SmartPA Criteria:</b> • One claim for 2 different preferred agents in the past 6 months
<b>OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS</b> <small>SmartPA</small>			
	cromolyn ketotifen OTC OPTIVAR (azelastine) PATADAY (olopatadine) PATANOL (olopatadine)	ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (lodoxamide) ALREX (loteprednol) azelastine BEPREVE (bepotastine) ELESTAT (epinastine) EMADINE (emedastine) epinastine LASTACRAFT (alcaftadine)	<b>SmartPA Criteria:</b> • 30 days of therapy with 2 different preferred agents in the past 6 months <b>OR</b> 90 days completed therapy with the same agent in the past 105 days
<b>OPHTHALMICS, GLAUCOMA AGENTS</b> <small>SmartPA</small>			
	<b>BETA BLOCKERS</b>		
	betaxolol BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol	BETAGAN (levobunolol) BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel TIMOPTIC (timolol)	<b>SmartPA Criteria:</b> • Documented diagnosis found in the past 2 years medical claims for glaucoma <b>AND</b> • 30 days of therapy with 2 different preferred agents in the past 6 months

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	timolol solution		OR 90 days completed therapy with the same agent in the past 105 days
<b>CARBONIC ANHYDRASE INHIBITORS</b>			
	AZOPT (brinzolamide) dorzolamide TRUSOPT (dorzolamide)		
<b>COMBINATION AGENTS</b>			
	COMBIGAN (brimonidine/timolol) COSOPT (dorzolamide/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine)	COSOPT PF(dorzolamide/timolol)	
<b>PARASYMPATHOMIMETICS</b>			
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)	
<b>PROSTAGLANDIN ANALOGS</b>			
	latanoprost TRAVATAN Z (travoprost)	LUMIGAN (bimatoprost) RESCULA (unoprostone) <sup>NR</sup> travoprost XALATAN (latanoprost) ZIOPTAN (tafluprost)	
<b>SYMPATHOMIMETICS</b>			
	ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine	dipivefrin PROPINE (dipivefrin)	

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<b>OTIC ANTIBIOTICS</b>			
	CIPRO HC (ciprofloxacin/hydrocortisone) CIPRODEX (ciprofloxacin/dexamethasone) COLY-MYCIN S (colistin/neomycin/hydrocortisone) CORTISPORIN-TC (colistin/neomycin/hydrocortisone) neomycin/polymyxin/hydrocortisone	ciprofloxacin DERMOTIC (fluocinolone) ofloxacin	<ul style="list-style-type: none"> <li>• <b>Maximum age requirements</b> <ul style="list-style-type: none"> <li>○ Cipro HC –8 years</li> <li>○ Ciprodex – 14 years</li> </ul> </li> </ul>
<b>PANCREATIC ENZYMES</b> <small>SmartPA</small>			
	CREON (pancreatin) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) PANCRELIPASE PERTZYE ULTRESA VIOKACE	<p><b>SmartPA Criteria:</b></p> <ul style="list-style-type: none"> <li>• 30 days of therapy with 2 different preferred agents in the past 6 months</li> <li><b>OR</b></li> <li>• 90 days completed therapy with the same agent in the past 105 days</li> </ul>
<b>PARATHYROID AGENTS</b>			
	calcitriol ergocalciferol ZEMPLAR (paricalcitol)	doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) paricalcitol ROCALTRON (calcitriol) SENSIPAR (cinacalcet)	
<b>PHOSPHATE BINDERS</b>			
	ELIPHOS (calcium acetate) RENAGEL (sevelamer HCl)	calcium acetate FOSRENOL (lanthanum) PHOSLYRA (calcium acetate) PHOSLO (calcium acetate) RENVELA (sevelamer carbonate) sevelamer carbonate VELPHORO (sucroferric oxyhydroxide)	

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<b>PLATELET AGGREGATION INHIBITORS</b> <small>SmartPA</small>			
	AGGRENOX (dipyridamole/aspirin) dipyridamole PLAVIX (clopidogrel)	BRILINTA (ticagrelor) cilostazol clopidogrel EFFIENT (prasugrel) PERSANTINE (dipyridamole) PLETAL (cilostazol) ticlopidine ZONTIVITY (vorapaxar) <sup>NR</sup>	<p><b>SmartPA Criteria:</b> <b>Brilinta</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis found in the past 2 years medical claims for Acute Coronary Syndrome or Percutaneous Coronary Intervention <b>OR</b></li> <li>30 days of therapy with Brilinta in the past 60 days</li> </ul> <p><b>Effient</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis found in the past 2 years medical claims for Acute Coronary Syndrome or Percutaneous Coronary Intervention</li> </ul> <p><b>Pletal</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis found in the past 2 years medical claims for an approvable indication <b>OR</b></li> <li>90 days completed therapy with the same agent in the past 105 days</li> </ul> <p><b>Non Preferred Agents</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis found in the past 2 years medical claims for an approvable indication <b>AND</b></li> <li>30 days of therapy with 2 different preferred agents in the past 6 months <b>OR</b></li> <li>90 days completed therapy with the same agent in the past 105 days</li> </ul>
<b>PRENATAL VITAMINS</b>			
	CONCEPT DHA Capsule FE C PLUS Tablet	B-NEXA Tablet CAVAN-EC SOD DHA VITAMINS	Products not listed here are assumed to be non-preferred.

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	PAIRE OB PLUS DHA COMBO PACK PRENATAL PLUS Tablet PREQUE 10 TABLET SE-NATAL CHEWABLE Tablet TARON-C DHA Capsule TRICARE PRENATAL Tablet VOL-PLUS Tablet	CITRANATAL 90 DHA PACK CITRANATAL ASSURE COMBO PACK CITRANATAL B-CALM PACK CITRANATAL DHA PACK CITRANATAL HARMONY Capsule CITRANATAL HARMONY Capsule CITRANATAL RX Tablet COMPLETE NATAL DHA COMPLETENATE Tablet CHEW CONCEPT OB Capsule CORENATE-DHA COMBO PACK DUET DHA BALANCED COMBO PACK DUET DHA BALANCED COMBO PACK ED CYTE F Tablet FOLCAL DHA Capsule FOLCAPS OMEGA-3 Capsule FOLIVANE-EC CALCIUM DHA COMBO FOLIVANE-OB Capsule FOLIVANE-PRX DHA NF Capsule GESTICARE DHA COMBO PACK ICAR-C PLUS SR Capsule 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	

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		PRENATABS FA Tablet PRENATAL 19 Tablet PRENATAL PLUS IRON Tablet PRENATAL VITAMINS Tablet PRENATE DHA SOFTGEL PRENATE ELITE Tablet PRENATE ESSENTIAL SOFTGEL PRENATE PLUS Tablet PRENAVITE Tablet PRENEXA Capsule PREQUE 10 Tablet PREQUE 10 Tablet RELNATE DHA PRENATAL SOFTGEL ROVIN-NV DHA Capsule ROVIN-NV Tablet SE-CARE CHEWABLE Tablet SELECT-OB + DHA PACK SELECT-OB CAPLET SE-NATAL 19 CHEWABLE Tablet SE-NATAL 19 Tablet SE-TAN DHA Capsule TARON-BC Tablet TARON-PREX PRENATAL DHA CAP	
<b>PSEUDOBULBAR AFFECT AGENTS</b>			
		NUEDEXTA (dextromethorphan/quinidine)**	<b>SmartPA Criteria</b> <ul style="list-style-type: none"> <li>• 90 days completed therapy with the same agent in the past 105 days <b>OR</b></li> <li>• Documented diagnosis found in the past 2 years medical claims for Pseudobulbar Affect, Multiple Sclerosis, or Amyotrophic Lateral Sclerosis</li> </ul>
<b>PULMONARY ANTIHYPERTENSIVES – ENDOTHELIN RECEPTOR ANTAGONISTS</b>			
	LETAIRIS (ambrisentan) TRACLEER (bosentan)	OPSUMIT (macitentan)	<b>SmartPA Criteria:</b> <ul style="list-style-type: none"> <li>• Documented diagnosis found in the</li> </ul>

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			past 2 years medical claims for pulmonary hypertension
<b>PULMONARY ANTIHYPERTENSIVES – PDE5s</b> <small>SmartPA</small>			
	ADCIRCA (tadalafil)	REVATIO (sildenafil) sildenafil	<p><b>SmartPA Criteria:</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis found in the past 2 years medical claims for pulmonary hypertension</li> </ul> <p><b>Revatio</b></p> <ul style="list-style-type: none"> <li>• Age &lt;1 year <b>AND</b> <ul style="list-style-type: none"> <li>○ Documented diagnosis found in the past 1 year medical claims for Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation</li> </ul> </li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Age &gt; 18 years <b>AND</b> <ul style="list-style-type: none"> <li>○ 30 days of therapy with 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>○ 90 days completed therapy with the same agent in the past 105 days</li> </ul> </li> </ul> <p><b>Sildenafil</b></p> <ul style="list-style-type: none"> <li>• Minimum age requirement of 12 years <b>AND</b></li> <li>• Documented diagnosis found in the past 2 years medical claims for Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation <b>OR</b></li> <li>• Documented diagnosis found in the past 2 years medical claims for Heart Transplant</li> </ul>

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<b>PULMONARY ANTIHYPERTENSIVES – PROSTACYCLINS</b>			
		TYVASO (treprostinil) <b>ORENITRAM ER (treprostinil)<sup>NR</sup></b> VENTAVIS (iloprost)	<b>SmartPA Criteria:</b> <ul style="list-style-type: none"> <li>Documented diagnosis found in the past 2 years medical claims for pulmonary hypertension</li> </ul> Non Preferred Agents <ul style="list-style-type: none"> <li>30 days of therapy with 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>90 days completed therapy with the same agent in the past 105 days</li> </ul>
<b>PULMONARY ANTIHYPERTENSIVES – SOLUABLE GUANYLATE CYCLASE STIMULATORS</b>			
		ADEMPAS (riociguat)	<b>SmartPA Criteria:</b> <ul style="list-style-type: none"> <li>Documented diagnosis found in the past 2 years medical claims for pulmonary hypertension</li> </ul> Non Preferred Agents <ul style="list-style-type: none"> <li>30 days of therapy with 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>90 days completed therapy with the same agent in the past 105 days</li> </ul> <b>Manual PA</b> <ul style="list-style-type: none"> <li>Adempas will be approved for patients that meet the criteria for WHO Group 4 Pulmonary Arterial Hypertension.</li> </ul>
<b>SEDATIVE HYPNOTICS</b>			
	<b>BENZODIAZEPINES</b>		
	estazolam flurazepam temazepam (15mg and 30mg)	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam)	Single source benzodiazepines and barbiturates are NOT covered; PAs will not be issued for these drugs.

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	triazolam	RESTORIL (temazepam) temazepam (7.5mg and 22.5mg)	Sedative/Hypnotics are limited to 31 cumulative units of all/any strengths per month. Any quantity required above these limits requires a PA.
<b>OTHERS</b> <i>SmartPA</i>			
	zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) EDLUAR (zolpidem) <b>HETLIOZ (tasimelteon)<sup>NR</sup></b> INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER ZOLPIMIST (zolpidem)	<p><b>SmartPA Criteria:</b> Applicable <b>CUMULATIVE</b> <u>quantity limit</u> in 31 rolling days</p> <ul style="list-style-type: none"> <li>• <b>31 tablets</b> in 31 days</li> <li>• <b>1 Canister</b> (Zolpimist ) <b>Female</b> - 62 days <b>Male</b> - 31 days</li> </ul> <p>Applicable dosage and gender limitations for zolpidem products:</p> <ul style="list-style-type: none"> <li>• <b>Female</b> – zolpidem 5mg, 6.25mg, and 1.75 mg</li> <li>• <b>Male</b> – all zolpidem strengths</li> </ul> <ul style="list-style-type: none"> <li>• One claim for 2 different preferred agents in the past 6 months</li> </ul> <p><b>HetlioZ</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis found in medical claims in the past 2 years for circadian rhythm sleep disorder <b>AND</b></li> <li>• Documented diagnosis found in medical claims in the past 2 years indicating total blindness of the patient</li> </ul>
<b>SELECT CONTRACEPTIVE PRODUCTS</b>			
<b>INJECTABLE CONTRACEPTIVES</b>			
	medroxyprogesterone acetate IM	DEPO-PROVERA IM (medroxyprogesterone acetate) DEPO-SUBQ PROVERA 104	Depo Provera Injection 90 days completed therapy with the same agent in the past 105 days

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		(medroxyprogesterone acetate)	
<b>ORAL CONTRACEPTIVES</b>			
	ALL CONTRACEPTIVES ARE PREFERRED EXCEPT FOR THOSE SPECIFICALLY INDICATED AS NON-PREFERRED	AMETHIA (levonorgestrel/ethinyl estradiol) AMETHYST (levonorgestrel/ethinyl estradiol) BEYAZ (ethinyl estradiol/drospirenone/levomefolate) BRIELLYN (norethindrone/ethinyl estradiol) CAMRESE (levonorgestrel/ethinyl estradiol) CAMRESE LO (levonorgestrel/ethinyl estradiol) ethinyl estradiol/drospirenone GENERESS FE (norethindrone/ethinyl estradiol/fe) Gianvi (ethinyl estradiol/drospirenone) GILDAGIA (norethindrone/ethinyl estradiol) INTROVALE (levonorgestrel/ethinyl estradiol) JOLESSA (levonorgestrel/ethinyl estradiol) LOESTRIN 24 FE (norethindrone/ethinyl estradiol) LO LOESTRIN FE (norethindrone/ethinyl estradiol) LORYNA (ethinyl estradiol/drospirenone) NATAZIA (estradiol valerate/dienogest) norethindrone/ethinyl estradiol/fe chew tab OCELLA (ethinyl estradiol/drospirenone) OVCON-35 (norethindrone/ethinyl estradiol) PHILITH (norethindrone/ethinyl estradiol) QUASENSE (levonorgestrel/ethinyl estradiol) SAFYRAL (ethinyl estradiol/drospirenone/levomefolate) SYEDA (ethinyl estradiol/drospirenone) TILIA FE (norethindrone/ethinyl estradiol/fe) TRI-LEGEST FE (norethindrone/ethinyl estradiol/fe) VESTURA (ethinyl estradiol/drospirenone) WYMZYA FE (norethindrone/ethinyl estradiol/fe) ZARAH (ethinyl estradiol/drospirenone)	<b>SmartPA Criteria</b> <b>Oral Contraceptive Products</b> <ul style="list-style-type: none"> <li>• One claim in the past 105 days</li> </ul>

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		ZENCHENT FE (norethindrone/ethinyl estradiol/fe) ZEOSA (norethindrone/ethinyl estradiol/fe)	
<b>SKELETAL MUSCLE RELAXANTS</b> <small>SmartPA</small>			
	baclofen chlorzoxazone cyclobenzaprine 5mg, 10mg methocarbamol tizanidine tablets	AMRIX (cyclobenzaprine ER) carisoprodol carisoprodol compound cyclobenzaprine 7.5mg, 15mg cyclobenzaprine ER dantrolene FEXMID (cyclobenzaprine) LORZONE (chlorzoxazone) metaxalone orphenadrine orphenadrine compound PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)	<p><b>SmartPA Criteria:</b> <b>Carisoprodol</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis found in medical claims in the past 3 months for an acute musculoskeletal condition <b>AND</b></li> <li>• <b>NO</b> history of meprobamate therapy in the past 90 days <b>AND</b></li> <li>• One claim for cyclobenzaprine in the past 21 days <b>OR</b> a documented intolerance to cyclobenzaprine <b>AND</b></li> <li>• Quantity limits of 84 tablets total in the past 6 months <b>OR</b></li> <li>• One claim for 18 tablets of carisoprodol to taper off</li> </ul> <p><b>Non Preferred Agents</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis found in the past 2 years medical claims for an approvable indication <b>AND</b></li> <li>• One claim for 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• Documented diagnosis found in the past 2 years medical claims for a chronic musculoskeletal disorder <b>AND</b></li> <li>• 90 days completed therapy with the same agent in the past 105 days</li> </ul>
<b>STEROIDS (Topical)</b> <small>SmartPA</small>			
	<b>LOW POTENCY</b>		
	CAPEX (fluocinolone) DESOWEN (desonide) lotion	alclometasone DERMA-SMOOTH-ES (fluocinolone)	<p><b>SmartPA Criteria:</b></p> <ul style="list-style-type: none"> <li>• <b>Low Potency Agents</b> <ul style="list-style-type: none"> <li>○ One claim for 2 different preferred</li> </ul> </li> </ul>

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To search the PDL, press CTRL + F



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**EFFECTIVE 07/01/2014**

**Version 2014.9d**

**Updated: 7-9-2014**

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	desonide cr, oint. hydrocortisone cr, oint, soln.	DESONATE (desonide) desonide lotion DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	low potency agents in the past 6 months <b>OR</b> ○ 90 days completed therapy with the same agent in the past 105 days
<b>MEDIUM POTENCY</b>			
	fluocinolone hydrocortisone mometasone cr, oint. prednicarbate cr PANDEL (hydrocortisone probutate)	CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate) ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint SYNALAR (fluocinolone)	<b>SmartPA Criteria:</b> • <b>Medium Potency Agents</b> ○ One claim for 2 different preferred medium potency agents in the past 6 months <b>OR</b> ○ 90 days completed therapy with the same agent in the past 105 days
<b>HIGH POTENCY</b>			
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. CAPEX (fluocinolone) fluocinolone fluocinonide triamcinolone	amcinonide oint betameth diprop/prop gly cr, lot, oint betamethasone dipropionate oint. BETA-VAL (betamethasone valerate) desoximetasone diflorasone DIPROLENE AF (betamethasone diprop/prop gly) ELOCON (mometasone) HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) TOPICORT (desoximetasone) TRIANEX (triamcinolone)	<b>SmartPA Criteria</b> • <b>High Potency Agents</b> ○ One claim for 2 different preferred high potency agents in the past 6 months <b>OR</b> ○ 90 days completed therapy with the same agent in the past 105 days

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		VANOS (fluocinonide)	
<b>VERY HIGH POTENCY</b>			
	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)	<p><b>SmartPA Criteria</b></p> <ul style="list-style-type: none"> <li>• <b>Very High Potency Agents</b> <ul style="list-style-type: none"> <li>○ One claim for 2 different preferred very high potency agents in the past 6 months <b>OR</b></li> <li>○ 90 days completed therapy with the same agent in the past 105 days</li> </ul> </li> </ul>
<b>STIMULANTS AND RELATED AGENTS</b> <span style="float: right;">SmartPA</span>			
<b>SHORT-ACTING</b>			
	amphetamine salt combination dexamethylphenidate IR dextroamphetamine IR FOCALIN (dexamethylphenidate) METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) methamphetamine methylphenidate solution ZENZEDI (dextroamphetamine) <sup>NR</sup>	<p>Applicable <u>quantity limit</u> in 31 rolling days</p> <ul style="list-style-type: none"> <li>• <b>62 tablets</b> in 31 days – Adderall IR, Concerta 36mg, Desoxyn, dextroamphetamine IR, Focalin IR, Focalin XR 15 &amp; 20mg, methylphenidate IR, Nuvigil 50mg, methylphenidate IR</li> <li>• <b>31 tablets</b> in 31 days – Adderall XR, Concerta 18, 27, &amp; 54 mg, Daytrana, Dexedrine Spansule, Focalin XR 5 &amp; 10mg, Intuniv ER, Metadate CD, Methylin ER, Nuvigil 150 &amp; 200 mg, Provigil 200mg, Ritalin LA &amp; SR, Strattera, and Vyvanse</li> <li>• <b>46.5 tablets</b> in 31 days –</li> </ul>

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			<p>Provigil 100 mg</p> <ul style="list-style-type: none"> <li>• <b>155 mL</b> in 31 days – methylphenidate solution, dextroamphetamine solution</li> <li>• <b>124 tablets</b> in 31 days – Kapvay 0.1mg</li> <li>• <b>372 mL</b> in 31 days – methylphenidate ER solution</li> </ul> <p><b>SmartPA Criteria:</b> <b>Short Acting Agents</b></p> <ul style="list-style-type: none"> <li>• Minimum age requirements apply to all drug formulations below <ul style="list-style-type: none"> <li>○ Amphetamine salts – 3 years</li> <li>○ Dexmethylphenidate IR – 6 years</li> <li>○ Dextroamphetamine IR – 3 years</li> <li>○ Methylphenidate – 6 years</li> <li>○ Methamphetamine – 6 years</li> </ul> </li> <li>• 30 days therapy with 2 different preferred Short Acting agents <b>OR</b></li> <li>• 1 claim for a 30 day supply in the past 180 days</li> </ul>
<b>LONG-ACTING</b>			
	<p>ADDERALL XR (amphetamine salt combination) DAYTRANA (methylphenidate) FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate ER (generic Concerta) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine)</p>	<p>amphetamine salt combination ER CONCERTA (methylphenidate) DEXEDRINE (dextroamphetamine) dexmethylphenidate XR dextroamphetamine ER methylphenidate CD (generic Metadate CD) NUVIGIL (armodafinil) PROVIGIL (modafinil) RITALIN LA (methylphenidate)</p>	<p><b>Long Acting Agents</b></p> <ul style="list-style-type: none"> <li>• Minimum age requirements apply to all drug formulations below <ul style="list-style-type: none"> <li>○ Armodafinil – 17 years</li> <li>○ Modafinil – 16 years</li> <li>○ All other long acting agents – 6 years</li> </ul> </li> </ul> <p><b>Non Preferred Agents</b></p> <ul style="list-style-type: none"> <li>• 30 days therapy with 2 different preferred Long Acting agents in the past 6 months <b>OR</b></li> </ul>

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

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

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