



MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 04/01/2015

Version 2015.12d

Updated: 06-17-2015

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ACNE AGENTS			
	ANTI-INFECTIVE		
	clindamycin (gel, lotion, solution) erythromycin	ACZONE (dapsons) AKNE-MYCIN (erythromycin) AZELEX (azelaic acid) CLEOCIN-T (clindamycin) CLINDAGEL (clindamycin) clindamycin foam ERY (erythromycin) ERYGEL (erythromycin) EVOCLIN (clindamycin) FINACEA (azelaic acid) KLARON (sulfacetamide) sulfacetamide	Maximum Age Limit • 21 years – all agents
	RETINOIDS		
	RETIN-A (tretinoin)	adapalene AVITA (tretinoin) ATRALIN (tretinoin) DIFFERIN (adapalene) FABIOR (tazarotene) RETIN-A MICRO (tretinoin) TAZORAC (tazarotene) tretinoin tretinoin micro	
	COMBINATION DRUGS/OTHERS		
	EPIDUO (adapalene/benzoyl peroxide) erythromycin/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	

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

Drugs highlighted in yellow denote a change in PDL status.

*Existing users will be grandfathered; grandfathering is defined as approving a non-preferred agent for an existing user; all other changes will not qualify for grandfathering

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		DUAC (benzoyl peroxide/clindamycin) INOVA 4/1 (benzoyl peroxide/salicylic acid) INOVA 8/2 (benzoyl peroxide/salicylic acid) PRASCION (sulfacetamide sodium/sulfur) ROSANIL (sulfacetamide sodium/sulfur) SE BPO (benzoyl peroxide) sodium sulfacetamide/sulfur lotion/suspension/cleanser/pads sodium sulfacetamide/sulfur/meratan sulfacetamide sodium/sulfur/urea VELTIN (clindamycin/tretinoin) ZENCIA WASH (sulfacetamide sodium/sulfur) ZIANA (clindamycin/tretinoin)	
	KERATOLYTICS (BENZOYL PEROXIDES)		
	benzoyl peroxide	BPO (benzoyl peroxide) INOVA (benzoyl peroxide) LAVOCLEN (benzoyl peroxide)	
	ISOTRETINOIN		
	Amnesteem Claravis Myorisan Zenatane	ABSORICA (isotretinoin)	
ALZHEIMER'S AGENTS <small>SmartPA</small>			
	CHOLINESTERASE INHIBITORS		
	ARICEPT ODT (donepezil) donepezil 5mg, 10mg EXELON PATCHES (rivastigmine)	ARICEPT (donepezil) ARICEPT 23 MG (donepezil) donepezil 23mg EXELON Solution (rivastigmine) galantamine galantamine ER RAZADYNE (galantamine)	<p>All Agents</p> <ul style="list-style-type: none"> Documented diagnosis for both preferred and non-preferred <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on same agent

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		RAZADYNE ER (galantamine) rivastigmine	in the past 105 days
NMDA RECEPTOR ANTAGONIST			
	NAMENDA TABS (memantine)	NAMENDA SOLUTION(memantine) NAMENDA XR (memantine)	
ANALGESICS, NARCOTIC - SHORT ACTING			
	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 LORGET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAGNACET (oxycodone/APAP) NORCO (hydrocodone/APAP) NUCYNTA (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXECTA (oxycodone) pentazocine/naloxone PERCOCET (oxycodone/APAP)	Quantity Limits Applicable <u>quantity limit</u> in 31 rolling days. <ul style="list-style-type: none"> • 62 tablets – codeine, oxycodone/ibuprofen, meperidine, hydromorphone, fentanyl, butalbital/codeine combinations, morphine, tapentadol, dihydrocodeine combinations, tramadol, pentazocine • 62 tablets CUMULATIVE – hydrocodone combinations, oxycodone combinations • 124 tablets – butalbital/APAP 750 • 145 tablets – butalbital/APAP 650 • 186 tablets – butalbital/APAP 325, butalbital/ASA 325 • 5mL (2 x 2.5 bottles) – butorphanol nasal • 180 mL CUMULATIVE – oxycodone liquids • 480 mL CUMULATIVE – hydrocodone liquids

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		PERCODAN (oxycodone/ASA) REPRESAINE (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) RYBIX (tramadol) SUBSYS (fentanyl) 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)	
ANALGESICS, NARCOTIC - LONG ACTING <small>SmartPA</small>			
	fentanyl patches methadone morphine ER tablets OPANA ER (oxymorphone)	AVINZA (morphine) BUTRANS (buprenorphine) CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EMBEDA (morphine/naltrexone) EXALGO (hydromorphone) hydromorphone ER HYSINGLA ER (hydrocodone) ^{NR} KADIAN (morphine) MS CONTIN (morphine) morphine ER capsules NUCYNTA ER (tapentadol) oxycodone ER	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 18 years – Xartemis XR, Zohydro ER <p>Quantity Limits</p> <p>Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> • 31 tablets/31 days – Avinza, Exalgo ER, Hysingla ER, Ultram ER, Ryzolt, Conzip ER • 62 tablets/31 days – Methadone, Kadian, Morphine ER, Embeda, oxycodone ER, Opana ER, Oxycontin, Zohydro ER • 10 patches/31 days – Duragesic • 4 patches/31 days – Butrans • 40 tablets/10 days – Xartemis XR

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		OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol) XARTEMIS XR (oxycodone/APAP) ZOHYDRO ER (hydrocodone bitartrate)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR • Documented diagnosis of cancer OR Antineoplastic therapy AND • 90 consecutive days on same agent in the past 105 days <p>Avinza</p> <ul style="list-style-type: none"> • Trial of Opana ER or morphine ER in the past 6 months OR • Documented diagnosis of cancer OR Antineoplastic therapy AND • 90 consecutive days on same agent in the past 105 days <p>Hysingla ER & Zohydro ER - MANUAL PA</p> <ul style="list-style-type: none"> • Documented diagnosis of cancer • Have tried 3 different preferred agents in the past 12 months AND • Have tried 2 different non-preferred agents in the past 12 months <p>OxyContin</p> <ul style="list-style-type: none"> • Documented diagnosis of cancer OR Antineoplastic therapy AND • Trial of Kadian, Opana ER, morphine ER, Avinza or fentanyl patch in the past 6 months OR • 90 consecutive days on same agent in the past 105 days <p>Xartemis XR – MANUAL PA</p>

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			<ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 30 days Maximum duration of therapy = 20 days per calendar year
ANALGESICS/ANAESTHETICS (Topical)			
	VOLTAREN Gel (diclofenac sodium) ^{SmartPA}	capsaicin diclofenac sodium solution FLECTOR (diclofenac epolamine) ^{SmartPA} LIDAMANTLE HC (lidocaine/hydrocortisone) lidocaine lidocaine/prilocaine LIDODERM (lidocaine) ^{SmartPA} PENNSAID Solution (diclofenac sodium) ^{SmartPA} xylocaine SYNERA (lidocaine/tetracaine) ZOSTRIX (capsaicin)	Non Preferred Criteria <ul style="list-style-type: none"> Have tried 1 preferred agent in the past 6 months Lidoderm <ul style="list-style-type: none"> Documented diagnosis of Herpetic Neuralgia OR Documented diagnosis of Diabetic Neuropathy
ANDROGENIC AGENTS ^{SmartPA}			
	ANDROGEL (testosterone gel) TESTIM (testosterone gel)	ANDRODERM (testosterone patch) AXIRON (testosterone gel) FORTESTSA (testosterone gel) STRIANT (testosterone) VOGELXO (testosterone)	All Agents <ul style="list-style-type: none"> Limited to male gender Non Preferred Criteria <ul style="list-style-type: none"> Have tried 2 preferred agents in the past 6 months
ANGIOTENSIN MODULATORS ^{SmartPA}			
ACE INHIBITORS			
	benazepril captopril enalapril fosinopril lisinopril quinapril	ACCUPRIL (quinapril) ALTACE (ramipril) EPANED (epalapril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril	Non Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred <i>single entity</i> agents in the past 6 months OR 90 consecutive days on same agent in the past 105 days

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	ramipril trandolapril	perindopril PRINIVIL (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	
ACE INHIBITOR COMBINATIONS			
	benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ LOTREL(benazepril/amlodipine) quinapril/HCTZ TARKA (trandolapril/verapamil)	ACCURETIC (quinapril/HCTZ) benazepril/amlodipine LOTENSIN HCT (benazepril/HCTZ) moexipril/HCTZ trandolapril/verapamil UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	<p>Non Preferred Criteria ACE Inhibitor/CCB</p> <ul style="list-style-type: none"> Have tried 2 different preferred <u>ACEI/CCB</u> agents in the past 6 months OR 90 consecutive days on same agent in the past 105 days <p>ACE Inhibitor/Diuretic</p> <ul style="list-style-type: none"> Have tried 2 different preferred <u>ACEI/Diuretic</u> agents in the past 6 months OR 90 consecutive days on same agent in the past 105 days
ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)			
	DIOVAN (valsartan) losartan MICARDIS (telmisartan)	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) candesartan COZAAR (losartan) EDARBI (azilsartan) eprosartan irbesartan telmisartan TEVETEN (eprosartan) valsartan	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred <u>single entity</u> agents in the past 6 months OR 90 consecutive days on same agent in the past 105 days

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ARB COMBINATIONS			
	DIOVAN-HCT (valsartan/HCTZ) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) losartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ)	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) candesartan/HCTZ EDARBYCLOR (azilsartan/chlorthalidone) HYZAAR (losartan/HCTZ) irbesartan/HCTZ telmisartan/amlodipine telmisartan/HCTZ TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWINSTA (telmisartan/amlodipine) valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/HCTZ	<p>Non Preferred Criteria ARB/CCB or ARB/CCB/Diuretic</p> <ul style="list-style-type: none"> Have tried 1 preferred <u>ARB/CCB</u> agent in the past 6 months OR 90 consecutive days on same agent in the past 105 days <p>ARB/Diuretic</p> <ul style="list-style-type: none"> Have tried 2 different preferred <u>ARB/Diuretic</u> products in the past 6 months OR 90 consecutive days on same agent in the past 105 days
DIRECT RENIN INHIBITORS			
		TEKTURNA (aliskiren)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Documented diagnosis of hypertension AND Have tried 2 different preferred <u>ACEI or ARB single-entity</u> products in the past 6 months OR 90 consecutive days on same agent in the past 105 days
DIRECT RENIN INHIBITOR COMBINATIONS			
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz) VALTURNIA (aliskiren/valsartan)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Documented diagnosis of hypertension AND Have tried 2 different preferred <u>ACEI or ARB diuretic agents</u> in the past 6

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			months OR <ul style="list-style-type: none"> 90 consecutive days on same agent in the past 105 days
ANTIBIOTICS (GI)			
	ALINIA (nitazoxanide) metronidazole neomycin TINDAMAX (tinidazole)	DIFICID (fidaxomicin) FLAGYL ER (metronidazole) tinidazole VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)	Xifaxan – MANUAL PA <ul style="list-style-type: none"> Documented diagnosis of Hepatic Encephalopathy AND One trial of Lactulose OR Failure or intolerance to lactulose OR Hospital discharge on Xifaxan OR One claim in the past 365 days
ANTIBIOTICS (MISCELLANEOUS)			
KETOLIDES			
		KETEK (telithromycin)	
LINCOSAMIDE ANTIBIOTICS			
	clindamycin capsules clindamycin solution	CLEOCIN (clindamycin) CLEOCIN SOLUTION (clindamycin)	
MACROLIDES			
	azithromycin clarithromycin ER clarithromycin IR E.E.S. Suspension 200 (erythromycin ethylsuccinate) ERY-TAB (erythromycin)	BIAXIN (clarithromycin) BIAXIN XL (clarithromycin) E.E.S. (erythromycin ethylsuccinate) E.E.S. Suspension 400 (erythromycin ethylsuccinate) E-MYCIN (erythromycin) ERYC (erythromycin) ERYPED Suspension (erythromycin ethylsuccinate) ERYTHROCIN (erythromycin stearate) erythromycin	

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		erythromycin estolate PCE (erythromycin) ZITHROMAX (azithromycin) ZMAX (azithromycin)	
NITROFURAN DERIVATIVES			
	nitrofurantoin nitrofurantoin monohydrate macrocrystals	FURADANTIN (nitrofurantoin) MACROBID (nitrofurantoin monohydrate macrocrystals) MACRODANTIN (nitrofurantoin)	
Oxazolidinones			
		SIVEXTRO (tedizolid) ZYVOX (linezolid)	MANUAL PA Quantity Limit • 6 tablets/month - Sivextro
ANTIBIOTICS (Topical)			
	bacitracin bacitracin/polymixin BACTROBAN cream (mupirocin) gentamicin sulfate mupirocin ointment	ALTABAX (retapamulin) BACTROBAN OINTMENT (mupirocin) CORTISPORIN (bacitracin/neomycin/polymyxin/Hc) mupirocin cream	
ANTIBIOTICS (VAGINAL)			
	CLEOCIN OVULES (clindamycin) CLINDESSE (clindamycin) METROGEL (metronidazole) VANDAZOLE (metronidazole)	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) clindamycin metronidazole vaginal NUVESSA (metronidazole) ^{NR}	

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ANTICOAGULANTS <small>SmartPA</small>	ORAL		
	COUMADIN (warfarin) warfarin XARELTO 10mg (rivaroxaban) <small>Clinical Edit</small>	ELIQUIS (apixaban) PRADAXA (dabigatran) SAVAYSA (edoxaban tosylate) ^{NR} XARELTO 15 & 20mg (rivaroxaban)	<p><u>DVT Prophylaxis - following hip or knee replacement</u> XARELTO 10MG & ELIQUIS</p> <ul style="list-style-type: none"> • 70 total days of therapy per calendar year • Documented diagnosis of knee replacement AND duration of therapy limited to 12 days OR • Documented diagnosis of hip replacement AND duration of therapy limited to 35 days <p><u>DVT and PE Treatment</u> PRADAXA, ELIQUIS, AND XARELTO 15 & 20MG</p> <ul style="list-style-type: none"> • Documented diagnosis of DVT or PE <p><u>Nonvalvular Atrial Fibrillation</u> ELIQUIS, PRADAXA, XARELTO 15 & 20MG</p> <ul style="list-style-type: none"> • Documented diagnosis of atrial fibrillation AND • NO contraindication of cardiac valve disease AND • 60 days prior therapy with warfarin in the past 6 months OR • 1 claim with the same agent in the past 90 days
	LOW MOLECULAR WEIGHT HEPARIN (LMWH)		
	FRAGMIN (dalteparin)	ARIXTRA (fondaparinux)	LMWH – All Agents

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	LOVENOX (enoxaparin) Prefilled Syringe	enoxaparin fondaparinux	<ul style="list-style-type: none"> • LMWH therapy in the past 3months AND <ul style="list-style-type: none"> ○ Documented diagnosis of cancer OR ○ Pregnant female OR • NO LMWH therapy in the past 3months AND <ul style="list-style-type: none"> ○ Duration of therapy is < 17 days OR ○ Documented diagnosis of cancer OR ○ Pregnant female OR ○ Total hip/knee replacement or hip fracture surgery in the past 6 months AND duration of therapy < 35 days <p>LMWH Non Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on same agent in the past 105 days
ANTICONVULSANTS	SmartPA		
	ADJUVANTS		
	carbamazepine CARBATROL (carbamazepine) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER	APTIOM (eslicarbazepine) BANZEL (rufinamide) carbamazepine XR DEPAKENE (valproic acid) DEPAKOTE (divalproex) EQUETRO (carbamazepine)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 2 years – clobazam • 1 year - rufinamide <p>Quantity Limit</p> <ul style="list-style-type: none"> • 3 Twin Packs/31 days - Diastat

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	EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) LAMICTAL XR (lamotrigine) lamotrigine levetiracetam oxcarbazepine TEGRETOL XR (carbamazepine) TOPAMAX Sprinkle (topiramate) topiramate tablet TRILEPTAL Suspension (oxcarbazepine) valproic acid VIMPAT (lacosamide) zonisamide	FANATREX SUSPENSION (gabapentin) ^{NR} 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) QUDEXY XR (topiramate) ^{NR} SABRIL (vigabatrin) STAVZOR (valproic acid) TEGRETOL (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) topiramate sprinkle capsule TRILEPTAL Tablets (oxcarbazepine) TROKENDI XR (topiramate) ZONEGRAN (zonisamide)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on same agent in the past 105 days <p>Banzel/Onfi</p> <ul style="list-style-type: none"> Documented diagnosis of Lennox-Gastaut AND Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months OR 90 consecutive days on same agent in the past 105 days
	SELECTED BENZODIAZEPINES		
	DIASTAT (diazepam rectal)	diazepam rectal gel ONFI (clobazam)	

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HYDANTOINS			
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
SUCCINIMIDES			
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
ANTIDEPRESSANTS, OTHER ^{SmartPA}			
	bupropion bupropion SR bupropion XL BRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules VIIBRYD (vilazodone)	APLENZIN (bupropion HBr) 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) PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine venlafaxine ER tablets venlafaxine XR WELLBUTRIN (bupropion)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 18 years - all drugs <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred <u>Antidepressants, Other class</u> in the past 6 months OR • Have tried BOTH a preferred <u>SSRI and Antidepressants, Other</u> in the past 6 months OR • 90 consecutive days on same agent in the past 105 days <p>Cymbalta (see Fibromyalgia Agents)</p>

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		WELLBUTRIN SR WELLBUTRIN XL (bupropion HCl)	
ANTIDEPRESSANTS, SSRIs <i>SmartPA</i>			
	citalopram escitalopram fluoxetine fluvoxamine paroxetine CR paroxetine IR sertraline	CELEXA (citalopram) LEXAPRO (escitalopram) LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine suspension PAXIL CR (paroxetine) PAXIL SUSPENSION PAXIL Tablets (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	Minimum Age Limits <ul style="list-style-type: none"> • 6 years - sertraline • 7 years – fluoxetine • 8 years - fluvoxamine • 9 years - citalopram • 12 years - escitalopram • 18 years - fluoxetine 90 mg, fluvoxamine SR, paroxetine Non Preferred Criteria <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on same agent in the past 105 days
ANTIEMETICS <i>SmartPA</i>			
		5HT3 RECEPTOR BLOCKERS	
	ondansetron ondansetron solution	ANZEMET (dolasetron) granisetron ondansetron ODT SANCUSO (granisetron) ZOFTRAN (ondansetron) ZOFTRAN ODT (ondansetron) ZUPLLENZ (ondansetron)	Quantity Limits <ul style="list-style-type: none"> • 100 ml/31 days – ondansetron solution • 30 tablets/31 days – ondansetron tablets, ondansetron ODT • 4 tablets/28 days – netupitant/palonosetron Age Limit <ul style="list-style-type: none"> • 4-11 years - ondansetron ODT 4mg, Zuplenz 4mg <i>Smart PA will automatically be issued for this age range</i>

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			<p>Non Preferred Agents</p> <ul style="list-style-type: none"> Have tried 1 preferred agent in the past 6 months <p>Injectables in this class closed to point of sale. PA required if not administered in clinic/hospital.</p>
ANTIEMETIC COMBINATIONS			
		<p>AKYNZEO (netupitant/palonosetron) DICLEGIS (doxylamine/pyridoxine)</p>	<p>Akynzeo</p> <ul style="list-style-type: none"> Documented diagnosis of cancer OR Antineoplastic history AND Have tried 1 preferred agent in the past 6 months
CANNABINOIDS			
		<p>CESAMET (nabilone) MARINOL (dronabinol) dronabinol</p>	
NMDA RECEPTOR ANTAGONIST			
		<p>EMEND (aprepitant)</p>	<p>Emend</p> <ul style="list-style-type: none"> Documented diagnosis of cancer OR Antineoplastic history AND Have tried 1 preferred agent in the past 6 months
ANTIFUNGALS (Oral)	SmartPA		
	<p>clotrimazole fluconazole GRIFULVIN V (griseofulvin, microsize) griseofulvin microsize tablets/capsules/susp GRIS-PEG (griseofulvin) nystatin terbinafine</p>	<p>ANCOBON (flucytosine) ^ DIFLUCAN (fluconazole) griseofulvin ultramicrosize tablet itraconazole ^ ketoconazole LAMISIL (terbinafine) NOXAFIL (posaconazole) ^</p>	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months <p>HIV opportunistic infection</p> <ul style="list-style-type: none"> Non Preferred agent indicated for treatment (^) AND Documented diagnosis of HIV

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		ONMEL (itraconazole) ^ SPORANOX (itraconazole) ^ TERBINEX Kit (terbinafine/ciclopirox) VFEND (voriconazole) ^ voriconazole ^	Itraconazole <ul style="list-style-type: none"> HIV opportunistic infection criteria OR Documented diagnosis of a transplant OR History of an immunosuppressant in the past 6 months OR Have tried 2 different preferred agents in the past 6 months
ANTIFUNGALS (Topical) <small>SmartPA</small>			
	ANTIFUNGALS		
	ciclopirox cream/gel/suspension clotrimazole econazole ketoconazole cream ketoconazole shampoo miconazole OTC nystatin terbinafine OTC cream,gel,spray tolnaftate OTC	BENSAL HP (benzoic acid/salicylic acid) CICLODAN KIT ciclopirox kit/shampoo/solution CNL 8 (ciclopirox) ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) JUBLIA (efinaconazole) ^{NR} KERYDIN (tavaborole) ^{NR} ketoconazole foam LAMISIL (terbinafine) solution LOPROX (ciclopirox) LUZU (luliconazole) MENTAX (butenafine) NAFTIN (naftifine) NIZORAL (ketoconazole)	Non Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months

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		OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide)	
ANTIFUNGAL/STEROID COMBINATIONS			
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)	
ANTIFUNGALS (VAGINAL)			
	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	
ANTIHIISTAMINES, MINIMALLY SEDATING AND COMBINATIONS ^{SmartPA}			
MINIMALLY SEDATING ANTIHIISTAMINES			
	cetirizine loratadine	ALLEGRA (fexofenadine) CLARINEX (desloratadine) fexofenadine RX levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	Non Preferred Criteria <ul style="list-style-type: none"> • Documented diagnosis of allergy or urticaria AND • Have tried 2 different preferred agents in the past 12 months
MINIMALLY SEDATING ANTIHIISTAMINE/DECONGESTANT COMBINATIONS			
	cetirizine/pseudoephedrine loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)	
ANTIMIGRAINE AGENTS, TRIPTANS ^{SmartPA}			

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ORAL			
	RELPAK (eletriptan)	AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT(rizatriptan) naratriptan rizatriptan sumatriptan TREXIMET (sumatriptan/naproxen) zolmitriptan ZOMIG (zolmitriptan)	<p>Minimum Age Limit – ALL FORMULATIONS</p> <ul style="list-style-type: none"> • 6-17 years – rizatriptan <i>Smart PA will automatically be issued for this age range</i> • 12-17 years – almotriptan <i>Smart PA will automatically be issued for this age range</i> • 18 years – eletriptan, frovatriptan, naratriptan, sumatriptan, sumatriptan/naproxen, zolmitriptan <p>Quantity Limit - ORAL</p> <ul style="list-style-type: none"> • 6 tablets/31 days - almotriptan, zolmitriptan, eletriptan • 9 tablets/31 days - naratriptan, frovatriptan, sumatriptan, sumatriptan/naproxen • 12 tablets/31 days – rizatriptan <p>Non Preferred Criteria – ORAL & NASAL</p> <ul style="list-style-type: none"> • Have tried 1 preferred agent in the past 90 days
NASAL			
	IMITREX (sumatriptan)	sumatriptan ZOMIG (zolmitriptan)	<p>Quantity Limit - NASAL</p> <ul style="list-style-type: none"> • 1 box/31 days
INJECTABLES			
	IMITREX (sumatriptan)	sumatriptan SUMAVEL (sumatriptan) ^{NR}	<p>CUMULATIVE Quantity Limit - INJECTION</p> <ul style="list-style-type: none"> • 4 injections/31 days
ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS			

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	AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) GILOTRIF (afatinib) GLEEVEC (imatinib mesylate) ICLUSIG (ponatinib) IMBRUVICA (ibrutinib) INLYTA (axitinib) IRESSA (gefitinib) JAKAFI (ruxolitinib) LENVIMA (lenvatinib) ^{NR} 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) ZYDELIG (idelalisib) ZYKADIA (ceritinib)		
ANTIPARASITICS (Topical) ^{SmartPA}			
	PEDICULICIDES		
	permethrin 1% ULESFIA (benzyl alcohol)	lindane malathion NATROBA (spinosad)	Minimum Age/Weight Limit <ul style="list-style-type: none"> • 50 kg - lindane shampoo • 2 months – permethrin 1% • 6 months – benzyl alcohol solution,

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		OVIDE (malathion) SKLICE (ivermectin)	ivermectin <ul style="list-style-type: none"> • 2 years – piperonyl/pyrethrins • 4 years – spinosad • 6 years – malathion Non Preferred Criteria <ul style="list-style-type: none"> • History of permethrin 1% topical lotion OR piperonyl/pyrethrin in the past 90 days AND • History of Ulesfia in the past 90 days
SCABICIDES			
	EURAX CREAM (crotamiton) STROMEKTOL Tablet (ivermectin)	ELIMITE (permethrin) EURAX LOTION (crotamiton) permethrin 5%	Generic permethrin 5% age exception <ul style="list-style-type: none"> • 2 months to 17 years – will approve
ANTIPARKINSON'S AGENTS (Oral) <small>SmartPA</small>			
ANTICHOLINERGICS			
	benztropine trihexyphenidyl	COGENTIN (benztropine)	Non Preferred Criteria <ul style="list-style-type: none"> • Documented diagnosis of Parkinson's disease AND • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on same agent in the past 105 days
COMT INHIBITORS			
		COMTAN (entacapone) TASMAR (tolcapone)	
DOPAMINE AGONISTS			

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	ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole REQUIP (ropinirole) REQUIP XL (ropinirole) ropinerole ER	
MAO-B INHIBITORS			
	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) ZELAPAR (selegiline)	
OTHERS			
	amantadine bromocriptine levodopa/carbidopa	levodopa/carbidopa ODT levodopa/carbidopa/entacapone LODOSYN (carbidopa) PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine) RYTARY ER (levodopa/carbidopa) ^{NR} SINEMET (levodopa/carbidopa) SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)	Lodosyn <ul style="list-style-type: none"> • Documented diagnosis of Parkinson's disease AND • History of a carbidopa/levodopa combination product in the past 45 days
ANTIPSYCHOTICS <small>SmartPA</small>			
ORAL			
	ABILIFY (aripiprazole) <small>SmartPA</small> amitriptyline/perphenazine chlorpromazine clozapine <small>SmartPA</small> FANAPT (iloperidone) <small>SmartPA</small> fluphenazine GEODON (ziprasidone) <small>SmartPA</small>	CLOZARIL (clozapine) <small>SmartPA</small> FAZACLO (clozapine) <small>SmartPA</small> HALDOL (haloperidol) <small>SmartPA</small> INVEGA (paliperidone) <small>SmartPA</small> LATUDA (lurasidone) <small>SmartPA</small> NAVANE (thiothixene) olanzapine <small>SmartPA</small>	Minimum Age Limits <ul style="list-style-type: none"> • 3 years - haloperidol • 5 years – risperidone • 6 years – aripiprazole • 10 years – asenapine, olanzapine/fluoxetine, quetiapine • 13 years – olanzapine • 18 years, clozapine, iloperidone,

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	haloperidol ^{SmartPA} perphenazine risperidone ^{SmartPA} SAPHRIS (asenapine) ^{SmartPA} SEROQUEL (quetiapine) ^{SmartPA} SEROQUEL XR (quetiapine) ^{SmartPA} thioridazine thiothixene trifluoperazine ZYPREXA (olanzapine) ^{SmartPA/ Step Edit}	olanzapine/fluoxetine ^{SmartPA} quetiapine ^{SmartPA} RISPERDAL (risperidone) ^{SmartPA} SYMBYAX (olanzapine/fluoxetine) ^{SmartPA} VERSACLOZ (clozapine) ^{NR} ziprasidone ^{SmartPA}	lurasidone, paliperidone, ziprasidone Abilify Tablets (excluding ODT) <ul style="list-style-type: none"> Detailed Abilify Tablet Splitting found here: Use ½ tablet of the higher strength. 1 tablet splitter/ year Zyprexa – Step Edit <ul style="list-style-type: none"> Must try 2 other preferred atypical antipsychotic agents in the past 12 months Non Preferred Criteria <ul style="list-style-type: none"> Have tried 2 preferred atypical antipsychotic agents in the past 12 months OR 30 consecutive days on the same agent in the past 180 days Latuda <ul style="list-style-type: none"> Females of childbearing age <ul style="list-style-type: none"> ≥ 18 years will approve automatically < 18 years will need an age waiver by manual PA OR Males see Non Preferred Criteria noted above
	INJECTABLE, ATYPICALS ^{SmartPA}		

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		ABILIFY (aripiprazole) GEODON (ziprasidone) INVEGA SUSTENNA (paliperidone palmitate) RISPERDAL CONSTA (risperidone) ZYPREXA (olanzapine) ZYPREXA RELPREVV (olanzapine)	Effective 11-1-2012, injectable antipsychotics are closed to POS except for Long Term Care (LTC) beneficiaries. LTC Long Acting Injectable Criteria <ul style="list-style-type: none"> • Minimum Age AND • Documented diagnosis AND • Non-Compliant with the oral formulation OR • History of the same injectable agent in the past 90 days <ul style="list-style-type: none"> ○ 3 claims - Abilify Maintena, Invega Sustenna, Zyprexa Relprevv ○ 6 claims - Risperdal Consta
ANTIRETROVIRALS <small>SmartPA</small>			
INTEGRASE STRAND TRANSFER INHIBITORS			
	ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium)	VITEKTA (elvitegravir) ^{NR}	Non Preferred Criteria <ul style="list-style-type: none"> • 1 claim with the same agent in the past 105 days
NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)			
	abacavir sulfate didanosine DR capsule EMTRIVA (emtricitabine) EPIVIR (butransine) lamivudine stavudine VIDEX SOLUTION (didanosine) VIREAD (tenofovir disoproxil fumarate) ZIAGEN (abacavir sulfate) zidovudine	RETROVIR (zidovudine) VIDEX EC (didanosine) ZERIT (stavudine)	

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	NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)		
	EDURANT (rilpivirine) nevirapine nevirapine ER SUSTIVA (efavirenz)	INTELENCE (etravirine) RESCRIPTOR (delavirdine mesylate) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)	
	PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR		
		TYBOST (cobicistat)	MANUAL PA
	PROTEASE INHIBITORS (PEPTIDIC)		
	NORVIR (ritonavir) REYATAZ (atazanavir) VIRACEPT (nelfinavir mesylate)	CRIXIVAN (indinavir) EVOTAZ (atazanavir) ^{NR} LEXIVA (fosamprenavir) INVIRASE (saquinavir mesylate)	
	PROTEASE INHIBITORS (NON-PEPTIDIC)		
	PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir) PREZCOBIX (darunavir) ^{NR}	
	ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS		
		SELZENTRY (maraviroc)	
	ENTRY INHIBITORS – FUSION INHIBITORS		
		FUZEON (enfuvirtide)	
	COMBINATION PRODUCTS - NRTIs		
	EPZICOM (abacavir/lamivudine) lamivudine/zidovudine TRIZIVIR (abacavir/lamivudine/zidovudine)	abacavir/lamivudine/zidovudine COMBIVIR (lamivudine/zidovudine)	
	COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOG RTIs		
	TRUVADA (emtricitabine/tenofovir)		
	COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & INTEGRASE INHIBITORS		

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		STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) TRIUMEQ (abacavir/lamivudine/ dolutegravir)	Stribild – MANUAL PA <ul style="list-style-type: none"> • Genotype testing supporting resistance to other regimens OR • Intolerance or contraindication to preferred combination of drugs AND • Medical reasoning beyond convenience or enhanced compliance over preferred agents AND • CrCl > 70mL/min to initiate therapy OR CrCl >50mL/min to continue therapy
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & NON-NUCLEOSIDE RTIs			
	ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir)		
COMBINATION PRODUCTS – PROTEASE INHIBITORS			
	KALETRA (lopinavir/ritonavir)		
ANTIVIRALS (Oral) – ANTIHERPETIC AGENTS			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) SITAVIG (acyclovir) VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
ANTIVIRALS (Topical)			
	ZOVIRAX Cream (acyclovir)	DENAVIR (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir)	
AROMATASE INHIBITORS			

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	anastrozole ARIMIDEX (anastrozole) exemestane letrozole	AROMASIN (exemestane) FEMARA (letrozole)	
ATOPIC DERMATITIS <small>SmartPA</small>			
	ELIDEL (pimecrolimus)	PROTOPIC (tacrolimus) tacrolimus	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 2 years – Elidel, Protopic 0.03% • 6 years – Protopic 0.1% <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred agent in the past 6 months
BETA BLOCKERS & ANTIANGINALS <small>SmartPA</small>			
	acebutolol atenolol bisoprolol BYSTOLIC (nebivolol) <small>Step Edit</small> metoprolol metoprolol XL nadolol pindolol propranolol sotalol timolol TOPROL XL (metoprolol)	BETAPACE (sotalol) betaxolol CORGARD (nadolol) HEMANSEOL (propranolol) ^{NR} INDERAL LA (propranolol) INNOPRAN XL (propranolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) SOTYLIZE (sotalol) TENORMIN (atenolol) ZEBETA (bisoprolol)	<p>Bystolic</p> <ul style="list-style-type: none"> • 90 consecutive days on same agent in the past 105 days OR • Have tried 1 preferred agent in the past 6 months <p>Non Preferred Criteria – All Agents</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on same agent in the past 105 days
BETA- AND ALPHA-BLOCKERS			
	carvedilol labetalol	COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	<p>Coreg CR</p> <ul style="list-style-type: none"> • Documented diagnosis for hypertension AND

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			<ul style="list-style-type: none"> Have tried generic carvedilol AND 1 preferred agent in the past 6 months OR 90 consecutive days on same agent in the past 105 days
BETA BLOCKER/DIURETIC COMBINATIONS			
	atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ timolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	
ANTIANGINALS			
		RANEXA (ranolazine)	<p>Ranexa</p> <ul style="list-style-type: none"> Documented diagnosis of angina AND 1 claim for a calcium channel blocker, beta-blocker, nitrate, or combination agent in the past 30 days OR 90 consecutive days on same agent in the past 105 days
BILE SALTS			
	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) URSO (ursodiol) URSO FORTE (ursodiol)	
BLADDER RELAXANT PREPARATIONS <small>SmartPA</small>			
	oxybutynin ER, IR OXYTROL (oxybutynin) TOVIAZ (fesoterodine fumarate)	DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN XL (oxybutynin) ENABLEX (darifenacin)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months

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		GELNIQUE (oxybutynin) MYRBETRIQ (mirabegron) SANCTURA (trospium) SANCTURA XR (trospium) tolterodine tolterodine ER trospium VESICARE (solifenacin)	
BONE RESORPTION SUPPRESSION AND RELATED AGENTS <small>SmartPA</small>			
BISPHOSPHONATES			
	ACTONEL (risedronate) alendronate BINOSTO (alendronate) FOSAMAX PLUS D (alendronate/vitamin D)	alendronate solution ATELVIA (risedronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) ibandronate PROLIA (denosumab) risedronate	Non Preferred Criteria <ul style="list-style-type: none"> • Documented diagnosis for osteoporosis or osteopenia AND • Have tried 2 different preferred agents in the past 6 months
OTHERS			
	FORTICAL (calcitonin)	calcitonin salmon EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) raloxifene	
BPH AGENTS <small>SmartPA</small>			
ALPHA BLOCKERS			

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	doxazosin tamsulosin terazosin	alfuzosin CARDURA (doxazosin) CARDURA XL (doxazosin) FLOMAX (tamsulosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) UROXATRAL (alfuzosin)	Female <ul style="list-style-type: none"> Alfuzosin, doxazosin IR, finasteride, tamsulosin, and terazosin AND a documented diagnosis based on a state accepted diagnosis Non Preferred Criteria - MALE <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on same agent in the past 105 days
5-ALPHA-REDUCTASE (5AR) INHIBITORS			
	finasteride	AVODART (dutasteride) PROSCAR (finasteride)	
PDE5 INHIBITORS			
		CIALIS (tadalafil)	Cialis – MANUAL PA <ul style="list-style-type: none"> Male gender AND Documented diagnosis for Benign Prostatic Hypertrophy AND NO history of Erectile Dysfunction AND Signed waiver stating treatment is NOT for Erectile Dysfunction AND Have tried 2 different preferred agents in the past 6 months
BRONCHODILATORS & COPD AGENTS			
ANTICHOLINERGICS & COPD AGENTS			

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	ATROVENT HFA (ipratropium) ipratropium SPIRIVA (tiotropium)	DALIRESP (roflumilast) INCRUSE ELLIPTA (umeclidinium) ^{NR} TUDORZA PRESSAIR (aclidinium)	
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS			
	albuterol/ipratropium COMBIVENT RESPIMAT (albuterol/ipratropium)	ANORO ELLIPTA (umeclidinium/vilanterol)	
BRONCHODILATORS, BETA AGONIST			
INHALERS, SHORT-ACTING			
	PROAIR HFA (albuterol) PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol)	XOPENEX HFA (levalbuterol) ^{SmartPA}	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 4 years - Xopenex HFA <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • 1 claim for a preferred agent in the past 6 months
INHALERS, LONG ACTING ^{SmartPA}			
	FORADIL (formoterol)	ARCAPTA (indacaterol) SEREVENT (salmeterol) STRIVERDI RESPIMAT (olodaterol)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 4 years – Serevent • 5 years – Foradil • 18 years – Arcapta, Striverdi Respimat <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 1 preferred agent in the past 6 months OR • 90 consecutive days on same agent in the past 105 days <p>Arcapta & Striverdi Respimat</p>

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			<ul style="list-style-type: none"> Documented diagnosis of COPD AND Have tried 1 preferred agent in the past 6 months OR 90 consecutive days on same agent in the past 105 days
SmartPA			
INHALATION SOLUTION			
	albuterol	ACCUNEB (albuterol) BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	Minimum Age Limit <ul style="list-style-type: none"> 6 years – Xopenex 18 years – Brovana, Perforomist Non Preferred Criteria <ul style="list-style-type: none"> 1 claim for a different preferred agent in the past 6 months OR 3 claims with the same agent in the past 105 days Xopenex <ul style="list-style-type: none"> 1 claim for a albuterol in the past 30 days
ORAL			
	albuterol metaproterenol terbutaline	VOSPIRE ER (albuterol)	
SmartPA			
CALCIUM CHANNEL BLOCKERS			
SHORT-ACTING			
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine PROCARDIA (nifedipine)	Quantity Limit - nimodipine <ul style="list-style-type: none"> 252 tablets/ 21 days 2520 mL/21 days Non Preferred Criteria

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			<ul style="list-style-type: none"> Have tried 2 different preferred <u>Short Acting</u> CCB agents in the past 6 months OR 90 consecutive days on same agent in the past 105 days <p>nimodipine</p> <ul style="list-style-type: none"> Documented diagnosis of subarachnoid hemorrhage in the past 45 days AND Duration of therapy = 21 days
LONG-ACTING			
	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)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred <u>Long Acting</u> CCB agents in the past 6 months OR 90 consecutive days on same agent in the past 105 days
CALORIC AGENTS			
	BOOST (includes all Boost) BRIGHT BEGINNINGS CARNATION INSTANT BREAKFAST DUOCAL ENSURE	COMPLEAT EO28 SPLASH FIBERSOURCE ISOSOURCE JEVITY	

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	JUVEN GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE POLYCOSE PROMOD RESOURCE SCANDISHAKE TWOAL HN	KINDERCAL PEPTAMEN PROMOTE SIMPLY THICK TOLEREX VITAL VIVONEX	
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)			
BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS			
	amoxicillin/clavulanate AUGMENTIN 125 and 250 (amoxicillin/clavulanate) Suspension AUGMENTIN XR (amoxicillin/clavulanate)	amoxicillin/clavulanate XR AUGMENTIN (amoxicillin/clavulanate) Tablets MOXATAG (amoxicillin)	
CEPHALOSPORINS – First Generation SmartPA			
	cefadroxil cephalexin capsules	cephalexin tablets KEFLEX (cephalexin)	Non Preferred Criteria – all generations • Have tried 2 different preferred agents in the past 6 months
CEPHALOSPORINS – Second Generation SmartPA			
	cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)	
CEPHALOSPORINS – Third Generation SmartPA			
	cefdinir suspension cefdinir capsules	CEDAX (ceftibuten) cefditoren	Maximum Age Limit • 18 years – cefdinir suspension

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	cefpodoxime	ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	
COLONY STIMULATING FACTORS <small>SmartPA</small>			
	LEUKINE (sargramostim) NEUPOGEN Vial (filgrastim)	GRANIX (tbo-filgrastim) NEULASTA (pegfilgrastim) NEUPOGEN Syringe (filgrastim)	Neulasta • 1 claim in the past 105 days Neupogen Syringe – MANUAL PA • Valid reason why the preferred vial cannot be used.
CYSTIC FIBROSIS AGENTS <small>SmartPA</small>			
	BETHKIS (tobramycin)	CAYSTON (aztreonam) COLY-MYCIN M (colistimethate sodium) KALYDECO (ivacaftor) PULMOZYME (dornase alfa) TOBI (tobramycin) TOBI PODHALER (tobramycin) tobramycin	Age Limits • 6 years - Kalydeco, TOBI Podhaler All Agents • Documented diagnosis Cystic Fibrosis Kalydeco • Requires 1 claim with the same agent in the past 105 days OR • NEW STARTS – MANUAL PA ◦ Diagnosis of cystic fibrosis with a <i>G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, or S549R</i> mutation in the CFTR gene AND ◦ Prescriber is a CF specialist or pulmonologist AND ◦ Negative for one of the following infections: Burkholderia cenocepacia, dolosa, or

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			<p>Mycobacterium abscessus</p> <p>TOBI Podhaler – MANUAL PA</p> <ul style="list-style-type: none"> • Therapy with a preferred tobramycin nebulizer solution in the past 90 days AND • Documented significant impairment with valid clinical reasoning the preferred agent cannot be used
CYTOKINE & CAM ANTAGONISTS			
	ENBREL (etanercept) HUMIRA (adalimumab) methotrexate	ACTEMRA (tocilizumab) ^{NR} CIMZIA (certolizumab) COSENTYX (secukinumab) ^{NR} ENTYVIO (vedolizumab) ILARIS (canakinumab) KINERET (anakinra) ORENCIA (abatacept) OTEZLA (apremilast) OTREXUP (methotrexate) RASUVO (methotrexate) ^{NR} REMICADE (infliximab) RHEUMATREX (methotrexate) SIMPONI (golimumab) STELARA (ustekinumab) TREXALL (methotrexate) XELJANZ (tofacitinib)	Orencia, Remicade and Stelara are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification.
ERYTHROPOIESIS STIMULATING PROTEINS <small>SmartPA</small>			
	EPOGEN (rHuEPO) PROCRIT (rHuEPO)	ARANESP (darbepoetin) MIRCERA (methoxy polyethylene glycol-epoetin-	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • Documented diagnosis of cancer OR

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		beta) ^{NR}	<p>chronic renal failure in the past 2 years OR antineoplastic therapy in the past 6 months AND</p> <ul style="list-style-type: none"> • Trial of Procrit or Epogen in the past 6 months OR • 1 claim for the same agent in past 105 days <p>Mircera</p> <ul style="list-style-type: none"> • Documented diagnosis chronic renal failure in the past 2 years AND • Trial of Procrit or Epogen in the past 6 months OR • 1 claim for the same agent in past 105 days
FIBROMYALGIA AGENTS			
	LYRICA (pregabalin) SAVELLA (milnacipran)	CYMBALTA (duloxetine) ^{SmartPA} duloxetine	<p>Cymbalta Minimum Age Limit</p> <ul style="list-style-type: none"> • 18 years <p>Fibromyalgia</p> <ul style="list-style-type: none"> • Documented diagnosis AND • Have tried BOTH Lyrica and Savella in the past 6 months OR • 90 consecutive days on same agent in the past 105 days <p>Anxiety</p> <ul style="list-style-type: none"> • Documented diagnosis AND • Have tried 2 of the following preferred agents: sertraline, paroxetine IR, or venlafaxine in the past 6 months OR

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			<ul style="list-style-type: none"> 90 consecutive days on same agent in the past 105 days <p>Depression</p> <ul style="list-style-type: none"> Documented diagnosis AND Have tried 2 different preferred Antidepressant, Other products in the past 6 months OR Have tried BOTH a preferred SSRI and Antidepressant ,Other in the past 6 months OR 90 consecutive days on same agent in the past 105 days <p>Diabetic Peripheral Neuropathy</p> <ul style="list-style-type: none"> Documented diagnosis AND Have tried Lyrica in the past 6 months OR 90 consecutive days on same agent in the past 105 days
FLUOROQUINOLONES (Oral) <small>SmartPA</small>			
	AVELOX (moxifloxacin) ciprofloxacin tablets	ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin moxifloxacin NOROXIN (norfloxacin) ofloxacin	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> 1 claim for a preferred agent in past 30 days <p>Ciprofloxacin suspension age > 12 years</p> <ul style="list-style-type: none"> 1 claim for a preferred agent in past 30 days <p>Ciprofloxacin Suspension for age < 12 years</p> <ul style="list-style-type: none"> Anthrax infection or exposure OR

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			<ul style="list-style-type: none"> • Cystic Fibrosis OR • Pneumonic plague OR tularemia AND history of doxycycline in the past 3 months OR • 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months <ul style="list-style-type: none"> ◦ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide <p>Levaquin Tablets & Levaquin solution age > 12 years</p> <ul style="list-style-type: none"> • 1 claim for preferred agent or SMZ/TMP in past 14 days OR • 1 claim for a preferred agent in past 30 days <p>Levaquin solution for age < 12 years</p> <ul style="list-style-type: none"> • Anthrax infection or exposure OR • 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months AND <ul style="list-style-type: none"> ◦ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide • Ciprofloxacin suspension in the past 3 months
GENITAL WARTS & RELATED AGENTS			
	ALDARA (imiquimod) ^{Age Edit} CONDYLOX (podofilox) ^{Age Edit}	Imiquimod ^{Age Edit} PICATO (ingenol) ^{Age Edit} podofilox ^{Age Edit} VEREGEN (sinecatechins) ^{Age Edit} ZYCLARA (imiquimod) ^{Age Edit}	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 12 years – imiquimod • 18 years – ingenol, podofilox, sinecatechins

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GLUCOCORTICOIDS (Inhaled)			
GLUCOCORTICOIDS <small>SmartPA</small>			
	ASMANEX (mometasone) QVAR (beclomethasone) PULMICORT (budesonide) Flexhaler PULMICORT (budesonide) Respules, 0.25mg & 0.5mg	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ARNUITY ELLIPTA (fluticasone) ^{NR} ASMANEX HFA (mometasone) budesonide FLOVENT Diskus (fluticasone) FLOVENT HFA (fluticasone) PULMICORT (budesonide) Respules, 1mg	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months <p><i>NOTE:</i> Institutional sized products are Non Preferred</p>
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS			
	ADVAIR Diskus (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	BREO ELLIPTA (fluticasone/vilanterol)	
GI ULCER THERAPIES			
H2 RECEPTOR ANTAGONISTS			
	cimetidine famotidine tablet PEPCID (famotidine) ranitidine syrup ranitidine tablet ZANTAC (ranitidine)	AXID (nizatidine) famotidine suspension nizatidine ranitidine capsule	
PROTON PUMP INHIBITORS			
	ACIPHEX Tablet (rabeprazole) NEXIUM (esomeprazole) omeprazole Rx PROTONIX PACKET (pantoprazole)	ACIPHEX SPRINKLE (rabeprazole) DEXILANT (dexlansoprazole) lansoprazole Rx omeprazole sod. bicarb.	

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		pantoprazole PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole) PROTONIX (pantoprazole) rabeprazole	
OTHER			
	CARAFATE SUSPENSION (sucralfate) misoprostol sucralfate tablet	CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) sucralfate suspension	
GROWTH HORMONE	SmartPA		
	NORDITROPIN (somatropin) OMNITROPE (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) NUTROPIN AQ (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin)	All Agents for Age > 18 years <ul style="list-style-type: none"> Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome OR Documented procedure of cranial irradiation Non Preferred Criteria <ul style="list-style-type: none"> Have tried 1 preferred agent in the past 6 months OR 84 consecutive days on same agent in the past 105 days
H. PYLORI COMBINATION TREATMENTS			
	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)	HELIDAC (bismuth subsalicylate, metronidazole, tetracycline)	Quantity Limit <ul style="list-style-type: none"> 1 treatment course/ year

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		OMECLAMOX (omeprazole, clarithromycin, amoxicillin) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	
HEPATITIS C TREATMENTS			
	HARVONI (ledipasvir/sofosbuvir) [∞] PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets SOVALDI (sofosbuvir) [∞] VICTRELIS (boceprevir) [∞] VIEKIRA (ombitasvir/paritaprevir/ritonavir) [∞]	INFERGEN (interferon alfacon-1) ^{Smart PA} OLYSIO (simeprevir) [∞] REBETOL (ribavirin) RIBAPAK DOSEPACK (ribavirin) ribavirin capsules RIBASPHERE (ribavirin)	Infergen • 1 claim for a preferred interferon agent in the past 6 months OR • 1 claim with the same agent in the past 12 months [∞] Harvoni, Olysio, Sovaldi, Viekira or Victrelis – MANUAL PA
HYPERURICEMIA & GOUT ^{SmartPA}			
	allopurinol COLCRYS (colchicine) probenecid probenecid/colchicine	MITIGARE (colchicines) ^{NR} ULORIC (febuxostat) ZYLOPRIM (allopurinol)	Non Preferred Criteria • Have tried 2 different preferred agents in the past 6 months
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS			
	BYDUREON (exenatide) JANUMET (sitagliptin/metformin) JANUVIA (sitagliptin) KOMBIGLYZE XR (saxagliptin/metformin) ONGLYZA (saxagliptin)	BYETTA (exenatide) JANUMET XR (sitagliptin/metformin) JENTADUETO (linagliptin/metformin) KAZANO (alogliptin/metformin) NESINA (alogliptin) OSENI (alogliptin/pioglitazone) SYMLIN (pramlintide) TANZEUM (albiglutide) ^{NR} TRADJENTA (linagliptin) TRULICITY (dulaglutide) VICTOZA (liraglutide)	Byetta • Current users must move to the preferred agent - Bydureon - by 10.1.2015

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HYPOGLYCEMICS, INSULINS AND RELATED AGENTS ^{SmartPA}			
	HUMALOG VIAL (insulin lispro) HUMALOG MIX VIAL (insulin lispro/ lispro protamine) HUMULIN VIAL (insulin) LANTUS SOLOSTAR & VIAL (insulin glargine) LEVEMIR FLEXPEN & VIAL (insulin detemir) NOVOLIN VIAL (insulin) NOVOLOG FLEXPEN & VIAL (insulin aspart) NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine)	AFREZZA (insulin) ^{NR} APIDRA (insulin glulisine) HUMALOG KWIKPEN (insulin lispro) HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine) HUMULIN KWIKPEN (insulin) NOVOLIN FLEXPEN (insulin) [*] TOUJEO (insulin glargine) ^{NR}	Non Preferred Criteria <ul style="list-style-type: none"> • Documented diagnosis of Diabetes Mellitus AND • Have tried 1 preferred product in the past 6 months OR • 90 consecutive days on same agent in the past 105 days
HYPOGLYCEMICS, MEGLITINIDES			
	PRANDIN (repaglinide)	nateglinide PRANDIMET (repaglinide/metformin) repaglinide STARLIX (nateglinide)	
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS			
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS			
		FARXIGA (dapagliflozin) INVOKANA (canagliflozin) JARDIACE (empagliflozin) ^{NR}	
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS			
		GLYXAMBI (empagliflozin/linagliptin) ^{NR} INVOKAMET (canagliflozin/metformin) XIGDUO (dapagliflozin/metformin)	
HYPOGLYCEMICS, TZDS			
THIAZOLIDINEDIONES			

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	pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	
TZD COMBINATIONS			
	ACTOPLUS MET (pioglitazone/metformin) DUETACT (pioglitazone/glimepiride)	ACTOPLUSMET XR (pioglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) AVANDAMET (rosiglitazone/metformin) pioglitazone/metformin	
IMMUNOSUPPRESSIVE (ORAL) ^{SmartPA}			
	AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine) mycophenolate mofetil MYFORTIC (mycophenolic acid) NEORAL (cyclosporine) PROGRAF (tacrolimus) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) tacrolimus ZORTRESS (everolimus)	ASTAGRAF XL (tacrolimus) ^{NR} HECORIA (tacrolimus) ^{NR} sirolimus	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 13 years - sirolimus • 18 years - everolimus <p>Azasan</p> <ul style="list-style-type: none"> • Documented diagnosis of kidney transplant, RA, or a State accepted diagnosis <p>cyclosporine & cyclosporine, modified</p> <ul style="list-style-type: none"> • Documented diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA, or a State – accepted diagnosis OR • A MANUAL PA review for a diagnosis of Kimura's disease or multifocal motor neuropathy <p>everolimus & sirolimus</p>

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			<ul style="list-style-type: none"> Documented diagnosis of kidney transplant <p>Myfortic (mycophenolate sodium)</p> <ul style="list-style-type: none"> Documented diagnosis of kidney transplant or psoriasis <p>tacrolimus & mycophenolate mofetil</p> <ul style="list-style-type: none"> Documented diagnosis for heart transplant, kidney transplant, liver transplant, or a State accepted diagnosis
IMMUNE GLOBULINS			
	<p>CARIMUNE NF FLEBOGAMMA DIF GAMASTAN SD GAMMAGARD GAMMAKED GAMMUNEX-C HIZENTRA HYQVIA OCTAGAM</p>	<p>BIVIGAM GAMMAGARD SD GAMMAPLEX PRIVIGEN</p>	
INTRANASAL RHINITIS AGENTS			
ANTICHOLINERGICS			
	ipratropium	ATROVENT (ipratropium)	
ANTIHISTAMINES			

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	PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine olopatadine	
ANTIHISTAMINE/CORTICOSTEROID COMBINATION <small>SmartPA</small>			
		DYMISTA (azelastine/fluticasone) <small>SmartPA</small>	
CORTICOSTEROIDS			
	FLONASE (fluticasone) fluticasone QNASL (beclomethasone)	BECONASE AQ (beclomethasone) budesonide FLONASE ALLERGY OTC (fluticasone) flunisolide NASONEX (mometasone) OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide) triamcinolone VERAMYST (fluticasone) ZETONNA (ciclesonide)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • Documented diagnosis for allergic rhinitis AND • Have tried 2 different preferred agents in the past 6 months <p>Rhinocort Aqua <i>Smart PA will be issued for pregnant women.</i></p> <ul style="list-style-type: none"> • A documented diagnosis of pregnancy OR a pregnancy indicator submitted on the pharmacy claim at Point of Sale
IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS <small>SmartPA</small>			
IRRITABLE BOWL SYNDROME/SHORT BOWEL SYNDROME AGENTS			
	dicyclomine hyoscyamine	AMITIZA (lubiprostone) [∞] BENTYL (dicyclomine) GATTEX (teduglutide) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LINZESS (linaclotide) [∞] LOTRONEX (alosetron) [∞] MOVANTI ^K (naloxegol) ^{NR} NUTRESTORE POWDER PACK (glutamine) RELISTOR (methylnaltrexone) ^{NR} ZORBTIVE (somatropin) [∞]	<p>∞ Amitiza, Fulyzaq, Gattex, Linzess, Lotronex, Relistor, or Zorbtive</p> <ul style="list-style-type: none"> • 1 claim for the same agent in the past 105 days OR • MANUAL PA - All new patients require manual review.

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SELECTED GI AGENTS			
		FULYZAQ (crofelemer)	
LEUKOTRIENE MODIFIERS <small>SmartPA</small>			
	ACCOLATE (zafirlukast) SINGULAIR (montelukast)	montelukast ZYFLO CR (zileuton) zafirlukast	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 12 years – Zyflo & Zyflo CR <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months
LIPOTROPICS, OTHER (Non-statins) <small>SmartPA</small>			
BILE ACID SEQUESTRANTS			
	cholestyramine colestipol	COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)	<p>All Agents, All Sub-Classes both Preferred and Non Preferred</p> <ul style="list-style-type: none"> • 90 consecutive days on same agent in the past 105 days OR • Have tried 1 statin or statin combination agent in the past year OR • One of the following exceptions: <ul style="list-style-type: none"> ○ Welchol AND Type 2 diabetes AND 1 preferred oral antidiabetic agent in the past 180 days OR ○ Pregnant female OR ○ Documented diagnosis of liver disease OR ○ Documented diagnosis for hypertriglyceridemia OR ○ Clinical justification a statin or statin combination product cannot be used <p>Non Preferred Criteria</p>

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			<ul style="list-style-type: none"> Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
OMEGA-3 FATTY ACIDS			
	LOVAZA (omega-3-acid ethyl esters)	VASCEPA (icosapent ethyl)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
CHOLESTEROL ABSORPTION INHIBITORS			
		ZETIA (ezetimibe)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
FIBRIC ACID DERIVATIVES			
	gemfibrozil TRICOR (fenofibrate nanocrystallized) TRILIPIX (fenofibric acid)	ANTARA (fenofibrate, micronized) fenofibrate, micronized fenofibrate nanocrystallized 145mg fenofibric acid FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate)	<p>Fibric Acid Derivative Non Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different fibric acid derivatives in the past 6 months
MTP INHIBITOR			
		JUXTAPID (lomitapide)	MANUAL PA
APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR			
		KYNAMRO (mipomersen)	MANUAL PA

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NIACIN			
	NIACOR (niacin) NIASPAN (niacin)		Non Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
LIPOTROPICS, STATINS <small>SmartPA</small>			
STATINS			
	atorvastatin CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin) lovastatin pravastatin simvastatin	ALTOPREV (lovastatin) LIPITOR (atorvastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin)	Simvastatin 80mg <ul style="list-style-type: none"> 12 months of therapy with simvastatin 80mg AND NO myopathy contraindication Non Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred statin or statin combination agents in the past 6 months OR 90 consecutive days on same agent in the past 105 days
STATIN COMBINATIONS			
	atorvastatin/amlodipine SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)	ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine) LIPTRUZET (atorvastatin/ezetimibe)	Non Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred statin or statin combination agents in the past 6 months OR 90 consecutive days on same agent in the past 105 days
MISCELLANEOUS BRAND/GENERIC			
CLONIDINE			
	CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)	

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EPINEPHRINE			
	EPIPEN (epinephrine) EPIPEN JR (epinephrine)	ADRENALICK (epinephrine) AUVI-Q (epinephrine)	
MISCELLANEOUS			
	alprazolam hydroxyzine hcl syrup hydroxyzine pamoate megestrol suspension 625mg/5mL SUBOXONE (buprenorphine/naloxone) ^{SmartPA}	alprazolam ER ^{SmartPA} BUNAVAIL (buprenorphine/naloxone) hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) VISTARIL (hydroxyzine pamoate) ZUBSOLV (buprenorphine/naloxone)	Alprazolam ER CUMULATIVE quantity limit <ul style="list-style-type: none"> • 31 tablets/31 days • Exception –previously stable on 2 tablets/day in the past 90 days Suboxone <ul style="list-style-type: none"> • Detailed Suboxone criteria found here Hydroxyzine hcl 10mg tablets <ul style="list-style-type: none"> • 6-12 years - <i>Smart PA will automatically be issued for this age range</i>
SUBLINGUAL ALLERGEN EXTRACT IMMUNOTHERAPY			
		GRASTEK ORALAIR ^{NR} RAGWITEK	
SUBLINGUAL NITROGLYCERIN			
	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)	
MOVEMENT DISORDER AGENTS ^{SmartPA}			
		XENAZINE (tetrabenazine)	Xenazine <ul style="list-style-type: none"> • Documented diagnosis of

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			Huntington's Chorea
MULTIPLE SCLEROSIS AGENTS <small>SmartPA</small>			
	AVONEX (interferon beta-1a) COPAXONE 20mg (glatiramer) REBIF (interferon beta-1a)	AMPYRA (dalfampridine) AUBAGIO (teriflunomide) BETASERON (interferon beta-1b) COPAXONE 40mg (glatiramer) EXTAVIA (interferon beta-1b) GILENYA (fingolimod) PLEGRIDY (interferon beta-1a) TECFIDERA (dimethyl fumarate)	<p>All Agents</p> <ul style="list-style-type: none"> Documented diagnosis of multiple sclerosis <p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 3 claims with the same agent <p>Ampyra – MANUAL PA</p> <ul style="list-style-type: none"> 18 years – minimum age limit AND 60 tablets/30 days (2 tablets/day) – quantity limit AND Documented gait disorder associated with MS AND NO seizure diagnosis or moderate to severe renal impairment AND <i>Initial authorization</i> – requires a baseline Timed 25-foot Walk (T25FW) assessment and will be approved for 12 weeks OR <i>Additional prior authorizations</i> - requires a benefit assessment measured by a 20% improvement in the T25FW from baseline. Renewal will not be approved if the 20% improvement is not maintained. A renewal will be issued in a 6 month intervals

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NSAIDS <small>SmartPA</small>	NON-SELECTIVE		
	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) SPRIX NASAL SPRAY (ketorolac) tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac) ZORVOLEX (diclofenac)	Non Preferred Criteria • Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months

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NSAID/GI PROTECTANT COMBINATIONS			
		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	Non Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months
COX II SELECTIVE			
	meloxicam	CELEBREX (celecoxib) celecoxib MOBIC (meloxicam) NULOX (meloxicam) ^{NR}	Non Preferred Criteria – COX II <ul style="list-style-type: none"> Documented diagnosis of Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or Ankylosing Spondylitis AND 90 consecutive days on same agent in the past 105 days OR Have tried 1 preferred COX-II Selective and 1 preferred Non-Selective Agent OR Have tried 1 preferred COX-II Selective agent and a documented diagnosis of GI Bleed, GERD, PUD, GI Perforation, or Coagulation Disorder
OPHTHALMIC ANTIBIOTICS			
	bacitracin/neomycin/gramicidin bacitracin/polymyxin CILOXAN (ciprofloxacin) ciprofloxacin erythromycin gentamicin levofloxacin	AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) GARAMYCIN (gentamicin) NATACYN (natamycin) neomycin/bacitracin/polymyxin b	

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	MOXEZA (moxifloxacin) ofloxacin polymyxin/trimethoprim sulfacetamide tobramycin TOBREX (tobramycin) oint VIGAMOX (moxifloxacin)	NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin) (oxy-tcn/polymyx sul) OCUFLOX (ofloxacin) POLYTRIM (polymyxin/trimethoprim) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	
ANTIBIOTIC STEROID COMBINATIONS			
	neomycin/bacitracin/polymyxin/hc neomycin/polymyxin/dexamethasone PRED-G (gentamicin/prednisolone) sulfacetamide/prednisolone TOBRADEX OINTMENT (tobramycin/dexamethasone) tobramycin/dexamethasone ZYLET (loteprednol/tobramycin)	BLEPHAMIDE (sulfacetamide/prednisolone) MAXITROL(neomycin/polymyxin/dexamethasone)	
OPHTHALMIC ANTI-INFLAMMATORIES <small>SmartPA</small>			
	dexamethasone diclofenac FLAREX (fluorometholone) flurbiprofen FML SOP (fluorometholone) MAXIDEX (dexamethasone) prednisolone acetate prednisolone NA phosphate VEXOL (rimexolone)	ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac DUREZOL (difluprednate) FML FORTE (fluorometholone) ILEVRO (nepafenac) LOTEMAX (loteprednol) NEVANAC (nepafenac) OCUFEN (flurbiprofen) PROLENSA (bromfenac)	Non Preferred Criteria • Have tried 2 different preferred agents in the past 6 months

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		PRED MILD (prednisolone) PRED FORTE (prednisolone) VOLTAREN (diclofenac)	
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS <small>SmartPA</small>			
	cromolyn ketotifen OTC OPTIVAR (azelastine) PATADAY (olopatadine) PATANOL (olopatadine)	ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (Iodoxamide) ALREX (loteprednol) azelastine BEPREVE (bepotastine) ELESTAT (epinastine) EMADINE (emedastine) epinastine LASTACFT (alcaftadine) PAZZO (olopatadine) ^{NR}	Non Preferred Criteria • Have tried 2 different preferred agents in the past 6 months
OPHTHALMICS, GLAUCOMA AGENTS <small>SmartPA</small>			
BETA BLOCKERS			
	betaxolol BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol solution	BETAGAN (levobunolol) BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel TIMOPTIC (timolol)	Non Preferred Criteria • Documented diagnosis of glaucoma AND • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on same agent in the past 105 days
CARBONIC ANHYDRASE INHIBITORS			
	AZOPT (brinzolamide) dorzolamide TRUSOPT (dorzolamide)		
COMBINATION AGENTS			

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	COMBIGAN (brimonidine/timolol) COSOPT (dorzolamide/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine)	COSOPT PF(dorzolamide/timolol)	
PARASYMPATHOMIMETICS			
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)	
PROSTAGLANDIN ANALOGS			
	latanoprost TRAVATAN Z (travoprost)	LUMIGAN (bimatoprost) RESCULA (unoprostone) ^{NR} travoprost XALATAN (latanoprost) ZIOPTAN (tafluprost)	
SYMPATHOMIMETICS			
	ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine	dipivefrin PROPINE (dipivefrin)	
OTIC ANTIBIOTICS			
	CIPRODEX (ciprofloxacin/dexamethasone) ^{Age Edit} neomycin/polymyxin/hydrocortisone ofloxacin	CIPRO HC (ciprofloxacin/hydrocortisone) ^{Age Edit} ciprofloxacin COLY-MYCIN S (colistin/neomycin/ hydrocortisone) CORTISPORIN-TC (colistin/neomycin/ hydrocortisone) DERMOTIC (fluocinolone)	Maximum Age Limit • 8 years - Cipro HC • 14 years - Ciprodex
PANCREATIC ENZYMES ^{SmartPA}			

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	CREON (pancreatin) PANCRELIPASE ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) PERTZYE ULTRESA VIOKACE	Non Preferred Criteria • Have tried 3 different preferred agents in the past 6 months
PARATHYROID AGENTS			
	calcitriol ergocalciferol ZEMPLAR (paricalcitol)	doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) paricalcitol ROCALTROL (calcitriol) SENSIPAR (cinacalcet)	
PHOSPHATE BINDERS			
	ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) RENAGEL (sevelamer HCl)	AURYXIA (ferric citrate) ^{NR} calcium acetate FOSRENOL (lanthanum) PHOSLO (calcium acetate) RENVELA (sevelamer carbonate) sevelamer carbonate VELPHORO (sucroferric oxyhydrionxide)	
PLATELET AGGREGATION INHIBITORS <small>SmartPA</small>			
	AGGRENOX (dipyridamole/aspirin) cilostazol dipyridamole PLAVIX (clopidogrel) ZONTIVITY (vorapaxar) <small>Clinical Edit</small>	BRILINTA (ticagrelor) clopidogrel EFFIENT (prasugrel) PERSANTINE (dipyridamole) PLETAL (cilostazol) ticlopidine	Zontivity – MANUAL PA • Documented diagnosis of myocardial infarction or peripheral artery disease AND • No diagnosis of stroke, transient ischemic attack or intracranial hemorrhage AND • Concurrent therapy with aspirin and/or clopidogrel

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			<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • Documented diagnosis AND • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on same agent in the past 105 days <p>Brilinta</p> <ul style="list-style-type: none"> • Documented diagnosis for Acute Coronary Syndrome or Percutaneous Coronary Intervention OR • Therapy with Brilinta in the past 60 days <p>Effient</p> <ul style="list-style-type: none"> • Documented diagnosis for Acute Coronary Syndrome or Percutaneous Coronary Intervention
PRENATAL VITAMINS			
	CONCEPT DHA Capsule FE C PLUS Tablet PRENATAL PLUS Tablet PREQUE 10 TABLET SE-NATAL CHEWABLE Tablet TARON-C DHA Capsule TRICARE PRENATAL Tablet VOL-PLUS Tablet VOL-TAB Rx	B-NEXA Tablet CAVAN-EC SOD DHA VITAMINS CITRANATAL 90 DHA PACK CITRANATAL ASSURE COMBO PACK CITRANATAL B-CALM PACK CITRANATAL DHA PACK CITRANATAL HARMONY Capsule CITRANATAL HARMONY Capsule CITRANATAL RX Tablet COMPLETE NATAL DHA COMPLETENATE Tablet CHEW CONCEPT OB Capsule CORENATE-DHA COMBO PACK	Products not listed here are assumed to be non-preferred.

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		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 PAIRE OB PLUS DHA COMBO PACK PR NATAL 400 COMBO PACK PR NATAL 430 COMBO PACK PR NATAL 430 EC COMBO PACK PREFERA OB Tablet PREFERA-OB ONE SOFTGEL PREFERA-OB PLUS DHA COMBO PACK PREFERA-OB PLUS DHA COMBO PACK PREFERA-OB Tablet PRENATABS FA Tablet PRENATAL 19 Tablet PRENATAL PLUS IRON Tablet PRENATAL VITAMINS Tablet PRENATE DHA SOFTGEL PRENATE ELITE Tablet PRENATE ESSENTIAL SOFTGEL PRENATE PLUS Tablet	

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		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	
PSEUDOBULBAR AFFECT AGENTS			
		NUEDEXTA (dextromethorphan/quinidine)	Non Preferred Criteria <ul style="list-style-type: none"> • 90 consecutive days on same agent in the past 105 days OR • Documented diagnosis for Pseudobulbar Affect, Multiple Sclerosis, or Amyotrophic Lateral Sclerosis
PULMONARY ANTIHYPERTENSIVES^{SmartPA}			
ENDOTHELIN RECEPTOR ANTAGONIST			
	LETAIRIS (ambrisentan) TRACLEER (bosentan)	OPSUMIT (macitentan)	All PAH Agents – Preferred and Non Preferred <ul style="list-style-type: none"> • Documented diagnosis of pulmonary hypertension Non Preferred Criteria <ul style="list-style-type: none"> • Have tried 1 preferred PAH agent in the past 6 months OR

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			<ul style="list-style-type: none"> 90 consecutive days on same agent in the past 105 days
PDE5's			
	sildenafil	ADCIRCA (tadalafil) REVATIO (sildenafil)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 1 preferred PAH agent in the past 6 months OR 90 consecutive days on same agent in the past 105 days <p>Revatio</p> <ul style="list-style-type: none"> < 1 year of age AND documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation OR > 18 years of age AND Non Preferred Criteria <p>Sildenafil 25mg, 50mg, or 100mg</p> <ul style="list-style-type: none"> < 12 years of age AND documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation OR history of heart transplant
PROSTACYCLINS			
	ORENITRAM ER (treprostinil)	TYVASO (treprostinil) VENTAVIS (iloprost)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 1 preferred PAH agent in the past 6 months OR 90 consecutive days on same agent in the past 105 days
SOLUBLE GUANYLATE CYCLASE STIMULATORS			
		ADEMPAS (riociguat)	<p>Adempas</p> <ul style="list-style-type: none"> Have tried 1 preferred PAH agent in

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			the past 6 months OR • 90 consecutive days on same agent in the past 105 days OR • MANUAL PA for PAH WHO Group 4
SEDATIVE HYPNOTICS			
BENZODIAZEPINES			
	estazolam flurazepam temazepam (15mg and 30mg) triazolam	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) RESTORIL (temazepam) temazepam (7.5mg and 22.5mg)	Single source benzodiazepines and barbiturates are NOT covered – NO PA's will be issued for these drugs. Quantity Limits – CUMULATIVE Quantity limit per rolling days for all strengths • 31 units/31 days - all strengths
OTHERS			
	zaleplon zolpidem	SmartPA AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (sovorexant) ^{NR} EDLUAR (zolpidem) HETLIOZ (tasimelteon) INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER ZOLPIMIST (zolpidem)	Quantity Limits – CUMULATIVE Quantity limit per rolling days for all strengths • 31 units/31 days • 1 canister/31 days – Zolpimist & male • 1 canister/62 days – Zolpimist & female Gender and Dose Limits for zolpidem • Female - zolpidem 1.75 mg, 5mg, 6.25mg • Male – all zolpidem strengths Non Preferred Criteria • Have tried 2 different preferred agents in the past 6 months

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			Hetlioz <ul style="list-style-type: none"> • Circadian rhythm sleep disorder AND • Diagnosis indicating total blindness of the patient
SELECT CONTRACEPTIVE PRODUCTS			
INJECTABLE CONTRACEPTIVES			
	medroxyprogesterone acetate IM	DEPO-PROVERA IM (medroxyprogesterone acetate) DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)	
ORAL CONTRACEPTIVES <small>SmartPA</small>			
	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)	Non Preferred Criteria <ul style="list-style-type: none"> • 1 claim with the same agent in the past 105 days

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		OVCON-35 (norethindrone/ethinyl estradiol) PHILITH (norethindrone/ethinyl estradiol) QUASENSE (levonorgestrel/ethinyl estradiol) SAFYRAL (ethinyl estradiol/drospirenone/levomefolate) SYEDA (ethinyl estradiol/drospirenone) TILIA FE (norethindrone/ethinyl estradiol/fe) TRI-LEGEST FE (norethindrone/ethinyl estradiol/fe) VESTURA (ethinyl estradiol/drospirenone) WYMZYA FE (norethindrone/ethinyl estradiol/fe) ZARAH (ethinyl estradiol/drospirenone) ZENCHENT FE (norethindrone/ethinyl estradiol/fe) ZEOSA (norethindrone/ethinyl estradiol/fe)	
SKELETAL MUSCLE RELAXANTS <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)	<p>Non Preferred Agents</p> <ul style="list-style-type: none"> • Documented diagnosis for an approvable indication AND • Have tried 2 different preferred agents in the past 6 months <p>Carisoprodol</p> <ul style="list-style-type: none"> • Documented diagnosis of acute musculoskeletal condition AND • NO history with meprobamate in the past 90 days AND • 1 claim for cyclobenzaprine in the past 21 days OR a documented intolerance to cyclobenzaprine AND • Quantity Limits

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		SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)	<ul style="list-style-type: none"> o 18 tablets - to allow tapering off o 84 tablets/6 months
SMOKING DETERRANTS			
NICOTINE TYPE			
	nicotine gum nicotine lozenge nicotine patch	NICODERM CQ PATCH NICORETTE LOZENGE NICORETTE GUM NICOTROL INHALER NICOTROL NASAL SPRAY	
NON-NICOTINE TYPE			
	bupropion ER CHANTIX (varenicline)	ZYBAN (bupropion)	
STEROIDS (Topical) <small>SmartPA</small>			
LOW POTENCY			
	CAPEX (fluocinolone) desonide. hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTH-FS (fluocinolone) DESONATE (desonide) DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred low potency agents in the past 6 months
MEDIUM POTENCY			
	fluocinolone hydrocortisone mometasone cr, oint.	CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate)	<p>Non Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred medium potency agents in the past 6

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	prednicarbate cr PANDEL (hydrocortisone probutate)	ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint SYNALAR (fluocinolone)	months
HIGH POTENCY			
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. CAPEX (fluocinolone) fluocinolone 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) fluocinonide HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide)	Non Preferred Criteria • Have tried 2 different preferred high potency agents in the past 6 months
VERY HIGH POTENCY			
	CLOBEX (clobetasol) TEMOVATE (clobetasol propionate) ULTRAVATE (halobetasol)	clobetasol emollient clobetasol propionate cr, foam, gel, oint, sol DIPROLENE (betamethasone diprop/prop gly) halobetasol HALONATE (halobetasol/ammonium lactate)	Non Preferred Criteria • Have tried 2 different preferred very high potency agents in the past 6 months

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		HALAC (halobetasol/ammoium lac) OLUX (clobetasol) OLUX-E (clobetasol)	
STIMULANTS AND RELATED AGENTS <small>SmartPA</small>			
SHORT-ACTING			
	amphetamine salt combination dexamethylphenidate IR dextroamphetamine IR FOCALIN (dexamethylphenidate) METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) dextroamphetamine solution methamphetamine methylphenidate solution ZENZEDI (dextroamphetamine)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 3 years - amphetamine salts, dextroamphetamine • 6 years – dexamethylphenidate, methylphenidate, methamphetamine <p>Maximum Age Limit</p> <ul style="list-style-type: none"> • 21 years – diagnosis of ADD/ADHD is required <p>Quantity Limits Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> • 62 tablets/ 31 days –Adderall, Desoxyn, dextroamphetamine, Focalin, methylphenidate, • 155 mL/ 31 days – methylphenidate solution, dextroamphetamine solution <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Havetried 2 different preferred Short Acting agents in the past 6 months OR • 1 claim for a 30 day supply with the same agent in the past 180 days
LONG-ACTING			

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	ADDERALL XR (amphetamine salt combination) DAYTRANA (methylphenidate) FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate ER (generic Concerta) PROVIGIL (modafinil) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine)	amphetamine salt combination ER CONCERTA (methylphenidate) DEXEDRINE (dextroamphetamine) dexmethylphenidate XR dextroamphetamine ER methylphenidate CD (generic Metadate CD) NUVIGIL (armodafinil) RITALIN LA (methylphenidate)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> • 6 years – amphetamine salts ER, dexmethylphenidate XR, dextroamphetamine ER, lisdexamfetamine, methylphenidate CD, • 16 years – modafinil • 18 years – armodafinil <p>Maximum Age Limit</p> <ul style="list-style-type: none"> • 21 years – diagnosis of ADD/ADHD is required <p>Quantity Limits</p> <p>Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> • 31 tablets/ 31 days – Adderall XR, Concerta 18, 27, & 54 mg, Daytrana, Dexedrine Spansule, Focalin XR 5 & 10mg, Metadate CD, Methylin ER, Nuvigil 150 & 200 mg, Provigil 200mg, Ritalin LA & SR, Vyvanse • 46.5 tablets/ 31 days – Provigil 100 mg • 62 tablets/ 31 days – Concerta 36mg, Focalin XR 15 & 20mg, Nuvigil 50mg • 372 mL/ 31 days – methylphenidate ER solution <p>Provigil</p> <ul style="list-style-type: none"> • Documented diagnosis of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder

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

Drugs highlighted in yellow denote a change in PDL status.

*Existing users will be grandfathered; grandfathering is defined as approving a non-preferred agent for an existing user; all other changes will not qualify for grandfathering

To search the PDL, press CTRL + F



MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 04/01/2015

Version 2015.12d

Updated: 06-17-2015

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			<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 2 different preferred Long Acting agents in the past 6 months OR 1 claim for a 30 day supply with the same agent in the past 180 days <p>Nuvigil</p> <ul style="list-style-type: none"> Documented diagnosis of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder AND 1 claim for a 30 day supply with the same agent in the past 180 days OR 30 days of therapy with Provigil in the past 6 months AND 30 days of therapy in the past 6 months with a preferred stimulant that is indicated for the treatment of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder
NON-STIMULANTS			
	STRATTERA (atomoxetine)	clonidine ER guanfacine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release)	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> 6 years – atomoxetine, Kapvay, Intuniv <p>Maximum Age Limit</p> <ul style="list-style-type: none"> 17 years – Kapvay, Intuniv 21 years – diagnosis of ADD/ADHD is required <p>Quantity Limits Applicable <u>quantity limit</u> per rolling days</p>

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			<ul style="list-style-type: none"> • 31 tablets/ 31 days – Intuniv, Strattera • 124 tablets/ 31 days – Kapvay <p>Kapvay & Intuniv</p> <ul style="list-style-type: none"> • 1 claim for a 30 day supply in the past 180 days OR • Diagnosis for ADD or ADHD AND • Have tried 1 Short or Long Acting stimulant in the past 6 months OR • Have tried Strattera in the past 6 months OR • Have tried the short acting product in the past 6 months
TETRACYCLINES <small>SmartPA</small>			
	doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR tetracycline	ACTICLATE (doxycycline) ^{NR} ADOXA (doxycycline monohydrate) demeclocycline doxycycline monohydrate caps (75mg & 150mg) doxycycline monohydrate tabs DYNACIN (minocycline) minocycline ER minocycline tabs ORACEA (doxycycline) SOLODYN (minocycline) VIBRAMYCIN cap/susp/syrup	<p>Non Preferred Agents</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months <p>Demeclocycline</p> <ul style="list-style-type: none"> • Documented diagnosis of Diabetes Insipidus or SIADH will allow automatic approval.
ULCERATIVE COLITIS and CROHN'S AGENTS *See Cytokine & CAM Antagonists Class for additional agents			
ORAL			

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	APRISO (mesalamine) ASACOL (mesalamine) balsalazide DIPENTUM (olsalazine) PENTASA 250mg (mesalamine) sulfasalazine	ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) budesonide EC COLAZAL (balsalazide) DELZICOL (mesalamine) ENTOCORT EC (budesonide) GIAZO (balsalazide) LIALDA (mesalamine) PENTASA 500mg (mesalamine) UCERIS (budesonide)	Gender Limits <ul style="list-style-type: none"> • Male - Giazos Non Preferred Criteria <ul style="list-style-type: none"> • Documented diagnosis for Ulcerative Colitis AND • 2 different preferred agents in the past 6 months OR • 90 consecutive days on same agent in the past 105 days
	RECTAL		
	CANASA (mesalamine) mesalamine	SFROWASA (mesalamine) UCERIS Foam (budesonide)	

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