MISSISSIPPI DIVISION OF MEDICAID
UNIVERSAL PREFERRED DRUG LIST
(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 09/01/2017
Version 2017.1a
Updated: 08-28-2017

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ACNE AGENTS			
	ANTI-INFECTIVE		**Maximum Age Limit** • **21 years** – all agents
	clindamycin (gel, lotion, solution) erythromycin	ACZONE (dapsone) 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	
	RETINOIDS		
	RETIN-A (tretinoin) tretinoin cream	adapalene AVITA (tretinoin) ATRALIN (tretinoin) DIFFERIN (adapalene) FABIOR (tazarotene) RETIN-A MICRO (tretinoin) tazarotene TAZORAC (tazarotene) tretinoin gel tretinoin micro	
	COMBINATION DRUGS/OTHERS		
	EPIDUO (adapalene/benzoyl peroxide) erythromycin/benzoyl peroxide sodium sulfacetamide/sulfur cream/foam/gel	ACANYA (benzoyl peroxide/clindamycin) BENZACLIN GEL (benzoyl peroxide/clindamycin) BENZACLIN KIT (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin)	

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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.

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		benzoyl peroxide/clindamycin DUAC (benzoyl peroxide/clindamycin) INOVA 4/1 (benzoyl peroxide/salicylic acid) INOVA 8/2 (benzoyl peroxide/salicylic acid) ONEXTON (benzoyl peroxide/clindamycin) 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 (isotretinoin) Claravis (isotretinoin) Myorisan (isotretinoin) Zenatane (isotretinoin)	ABSORICA (isotretinoin)	
ALPHA-1 PROTEINASE INHIBITORS			
	ARALAST (alpha-1 proteinase inhibitor) GLASSIA (alpha-1 proteinase inhibitor) PROLASTIN C (alpha-1 proteinase inhibitor) ZEMAIRA (alpha-1 proteinase inhibitor)		

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ALZHEIMER'S AGENTS SmartPA			
	CHOLINESTERASE INHIBITORS		
	donepezil (Tablets and ODT) 5mg, 10mg EXELON PATCHES (rivastigmine) galantamine rivastigmine capsules	ARICEPT (donepezil) ARICEPT 23 MG (donepezil) ARICEPT ODT (donepezil) donepezil 23mg EXELON Capsules (rivastigmine) EXELON Solution (rivastigmine) galantamine ER RAZADYNE (galantamine) RAZADYNE ER (galantamine) rivastigmine patches	**All Agents** • Documented diagnosis for both preferred and non-preferred **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months
	NMDA RECEPTOR ANTAGONIST		
	memantine	NAMENDA TABS (memantine) NAMENDA SOLUTION(memantine) NAMENDA XR (memantine)	
	COMBINATION AGENTS		
		NAMZARIC (memantine/donepezil)	**Namzaric** • Documented diagnosis **AND** • 30 days of concurrent therapy with donepezil + memantine
ANALGESICS, NARCOTIC - SHORT ACTING			
	acetaminophen/codeine codeine dihydrocodeine/ APAP/caffeine hydrocodone/APAP hydromorphone IBUDONE (hydrocodone/ibuprofen)	ABSTRAL (fentanyl) ACTIQ (fentanyl) butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine butorphanol tartrate (nasal) DEMEROL (meperidine)	**Quantity Limits** Applicable quantity limit in 31 rolling days. • **62 tablets** – codeine, oxycodone/ibuprofen, meperidine, hydromorphone, fentanyl, bultalbital/codeine combinations,

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	meperidine morphine oxycodone capsules oxycodone tablets oxycodone/APAP oxycodone/aspirin oxycodone/ibuprofen pentazocine/APAP tramadol tramadol/APAP	DILAUDID (hydromorphone) fentanyl FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine) hydrocodone/ibuprofen LAZANDA NASAL SPRAY (fentanyl) 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) REPREXAINE (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)	morphine, tapentadol, dihydrocodeine combinations,oxycodone, 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

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		ZAMICET (hydrocodone/APAP) ZOLVIT (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen)	
ANALGESICS, NARCOTIC - LONG ACTING SmartPA			
	BUTRANS (buprenorphine) EMBEDA (morphine/naltrexone) fentanyl patches morphine ER tablets	ARYMO ER (morphine) NR BELBUCA (buprenorphine) CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EXALGO (hydromorphone) hydromorphone ER HYSINGLA ER (hydrocodone) KADIAN (morphine) methadone MORPHABOND (morphine) NR morphine ER capsules MS CONTIN (morphine) NUCYNTA ER (tapentadol) OPANA ER (oxymorphone) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol) XARTEMIS XR (oxycodone/APAP) XTAMPZA (oxycodone myristate) ZOHYDRO ER (hydrocodone bitartrate)	**Minimum Age Limit** • **18 years** – Xartemis XR, Zohydro ER **Quantity Limits** Applicable quantity limit per rolling days • **31 tablets/31 days** - Conzip ER, Exalgo ER, Hysingla ER, Ryzolt , Ultram ER • **62 tablets/31 days –** Arymo ER, Embeda, Kadian, Methadone, Morphabond,Morphine ER, Opana ER, oxycodone ER, Oxycontin, Xtampza ER, Zohydro ER • **10 patches/31 days –** Duragesic • **4 patches/31 days –** Butrans • **40 tablets/10 days –** Xartemis XR **Non-Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **OR** • Documented diagnosis of cancer **OR** Antineoplastic therapy **AND** 90 consecutive days on the requested agent in the past 105 days **Xartemis XR – MANUAL PA** • Have tried 2 different preferred agents in the past 30 days

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			• Maximum duration of therapy = 20 days per calendar year
ANALGESICS/ANAESTHETICS (Topical)			
	VOLTAREN Gel (diclofenac sodium) SmartPA	capsaicin DICLO GEL KIT(diclofenac sodium) NR diclofenac sodium 1% gel NR diclofenac sodium solution FLECTOR (diclofenac epolamine) SmartPA LIDAMANTLE HC (lidocaine/hydrocortisone) LIDO TRANS PAK (lidocaine) NR lidocaine lidocaine/prilocaine LIDODERM (lidocaine) SmartPA PENNSAID Solution (diclofenac sodium) SmartPA xylocaine SYNERA (lidocaine/tetracaine) TRANZAREL (lidocaine) NR XRYLIDERM (lidocaine) NR ZOSTRIX (capsaicin)	**Non Preferred Criteria** • Have tried 1 preferred agent in the past 6 months **Lidoderm** • Documented diagnosis of Herpetic Neuralgia **OR** • Documented diagnosis of Diabetic Neuropathy
ANDROGENIC AGENTS SmartPA			
	ANDROGEL (testosterone gel)	ANDRODERM (testosterone patch) ANDROXY (fluoxymesterone) NR AXIRON (testosterone gel) FORTESTSA (testosterone gel) NATESTO (testosterone) STRIANT (testosterone) TESTIM (testosterone gel) testosterone gel testosterone pump	**All Agents** • Limited to male gender **Non Preferred Criteria** • Have tried 1 preferred agent in the past 6 months

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		VOGELXO (testosterone)	
ANGIOTENSIN MODULATORS SmartPA			
	ACE INHIBITORS		
	benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril	ACCUPRIL (quinapril) ALTACE (ramipril) EPANED (epalapril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril perindopril PRINIVIL (lisinopril) QBRELIS (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	**Minimum Age Limit** • **≤ 6 years** – Epaned *Smart PA will automatically be issued for this age* **Non Preferred Criteria** • Have tried 2 different preferred *single entity* agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
	ACE INHIBITOR COMBINATIONS		
	benazepril/amlodipine benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ TARKA (trandolapril/verapamil) trandolapril/verapamil quinapril/HCTZ	ACCURETIC (quinapril/HCTZ) LOTENSIN HCT (benazepril/HCTZ) LOTREL(benazepril/amlodipine) moexipril/HCTZ PRESTALIA (perindopril/amlodipine) UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	**Non Preferred Criteria** **ACE Inhibitor/CCB** • Have tried 2 different preferred *ACEI/CCB* agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days **ACE Inhibitor/Diuretic** • Have tried 2 different preferred *ACEI/Diuretic* agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
	ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)		

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	irbesartan losartan MICARDIS (telmisartan) telmisartan valsartan	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) candesartan COZAAR (losartan) DIOVAN (valsartan) EDARBI (azilsartan) Eprosartan olemesartan TEVETEN (eprosartan)	**Non Preferred Criteria** • Have tried 2 different preferred *single entity* agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
	ARB COMBINATIONS		
	irbesartan/HCTZ losartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ) telmisartan/HCTZ valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/HCTZ	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) BYVALSON (nebivolol/valsartan) candesartan/HCTZ DIOVAN-HCT (valsartan/HCTZ) EDARBYCLOR (azilsartan/chlorthalidone) ENTRESTO (valsartan/sacubitril) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) olemesartan/amlodipine olemesartan/amlodipine/HCTZ olemesartan/HCTZ telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine)	**Non Preferred Criteria ARB/Beta Blocker, ARB/CCB or ARB/CCB/Diuretic** • Have tried 1 preferred *ARB/CCB* agent in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days **ARB/Diuretic** • Have tried 2 different preferred *ARB/Diuretic* products in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days **Entresto – MANUAL PA** • Age ≥ 18 years • HF (NYHA Class II-IV) • EF ≤ 40% • No concurrent therapy with an ACEI or ARB

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	DIRECT RENIN INHIBITORS		
		TEKTURNA (aliskiren)	**Non Preferred Criteria** • Documented diagnosis of hypertension **AND** • Have tried 2 different preferred *ACEI or ARB single-entity* products in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
	DIRECT RENIN INHIBITOR COMBINATIONS		
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz) VALTURNA (aliskiren/valsartan)	**Non Preferred Criteria** • Documented diagnosis of hypertension **AND** • Have tried 2 different preferred *ACEI or ARB diuretic agents* in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
ANTIBIOTICS (GI)			
	ALINIA (nitazoxanide) metronidazole neomycin tinidazole	DIFICID (fidaxomicin) FLAGYL ER (metronidazole) TINDAMAX (tinidazole) VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)	**Xifaxan – MANUAL PA** • 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 (MISCELLANOUS)			
	KETOLIDES		
		KETEK (telithromycin)	
	LINCOSAMIDE ANTIBIOTICS		

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	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) 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 estolate PCE (erythromycin) ZITHROMAX (azithromycin) ZMAX (azithromycin)	
	NITROFURAN DERIVATIVES		
	nitrofurantoin nitrofurantoin monohydrate macrocyrstals	FURADANTIN (nitrofurantoin) MACROBID (nitrofurantoin monohydrate macrocyrstals) MACRODANTIN (nitrofurantoin)	
	Oxazolidinones		
		SIVEXTRO (tedizolid) ZYVOX (linezolid)	**Sivextro, Zyvox - MANUAL PA** **Quantity Limit** • **6 tablets/month -** Sivextro
ANTIBIOTICS (Topical)			

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	bacitracin bacitracin/polymixin gentamicin sulfate mupirocin ointment	ALTABAX (retapamulin) BACTROBAN OINTMENT (mupirocin) CORTISPORIN (bacitracin/neomycin/ polymyxin/HC) mupirocin cream	
ANTIBIOTICS (VAGINAL)			
	CLEOCIN OVULES (clindamycin) clindamycin CLINDESSE (clindamycin) metronidazole vaginal VANDAZOLE (metronidazole)	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) METROGEL (metronidazole) NUVESSA (metronidazole)	
ANTICOAGULANTS SmartPA			
	ORAL		
	COUMADIN (warfarin) ELIQUIS (apixaban) PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban)	SAVAYSA (edoxaban tosylate)	**DVT Prophylaxis - following hip replacement** XARELTO 10MG, ELIQUIS, PRADAXA 110MG • 70 total days of therapy per calendar year • Documented diagnosis of hip replacement **AND** duration of therapy limited to 35 days **DVT Prophylaxis - following knee replacement** XARELTO 10MG & ELIQUIS • 70 total days of therapy per calendar year • Documented diagnosis of knee replacement **AND** duration of therapy limited to 12 days

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			Non Preferred Criteria • Have tried 2 different preferred agents in the past 6 months **OR** • 1 claim with the same agent in the past 90 days
	LOW MOLECULAR WEIGHT HEPARIN (LMWH)		
	enoxaparin	ARIXTRA (fondaparinux) FRAGMIN (dalteparin) fondaparinux LOVENOX (enoxaparin) Prefilled Syringe	**LMWH – All Agents** • LMWH therapy in the past 3months **AND** ○ Documented diagnosis of cancer **OR** ○ Female and age 8 to 51 years **OR** • NO LMWH therapy in the past 3months **AND** ○ Duration of therapy is < 17 days **OR** ○ Documented diagnosis of cancer **OR** ○ Female and age 8 to 51 years **OR** ○ Total hip/knee replacement or hip fracture surgery in the past 6 months **AND** duration of therapy < 35 days **LMWH Non Preferred Criteria** • Have tried 1 different preferred agent in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ANTICONVULSANTS SmartPA			
	ADJUVANTS		
	carbamazepine carbamazepine XR DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam levetiracetam ER oxcarbazepine oxcarbazepine suspension topiramate tablet topiramate ER (generic Qudexy XR) Step Edit topiramate sprinkle capsule valproic acid VIMPAT (lacosamide) zonisamide	APTIOM (eslicarbazepine) BANZEL (rufinamide) BRIVIACT (brivaracetam) CARBATROL (carbamazepine) DEPAKENE (valproic acid) DEPAKOTE (divalproex) EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) FYCOMPA (perampanel) GRALISE (gabapentin) HORIZANT (gabapentin) LAMICTAL XR (lamotrigine) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) lamotrigine ODT NEURONTIN (gabapentin) OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine) QUDEXY XR (topiramate) SABRIL (vigabatrin) SPRITAM (levetiracetam) STAVZOR (valproic acid) TEGRETOL (carbamazepine)	**Minimum Age Limit** • **1 year** - Banzel • **2 years** – Onfi **Quantity Limit** • **3 Twin Packs/31 days -** Diastat **Topiramate ER – Step Edit** • 90 consecutive days on the requested agent in the past 105 days **AND** documented diagnosis of seizure **OR** • 30 day trial with topiramate IR in the past 6 months **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days days **AND** documented diagnosis of seizure **Banzel/Onfi** • Documented diagnosis of Lennox-Gastaut **AND** • Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months **OR**

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		TEGRETOL XR (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate) TRILEPTAL Suspension (oxcarbazepine) TRILEPTAL Tablets (oxcarbazepine) TROKENDI XR (topiramate) ZONEGRAN (zonisamide)	• 90 consecutive days on the requested agent in the past 105 days days **AND** documented diagnosis of seizure
	SELECTED BENZODIAZEPINES		
	DIASTAT (diazepam rectal)	diazepam rectal gel ONFI (clobazam)	
	HYDANTOINS		
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
	SUCCINIMIDES		
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
ANTIDEPRESSANTS, OTHER SmartPA			
	bupropion bupropion SR bupropion XL TRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules	APLENZIN (bupropion HBr) desvenlafaxine DESYREL (trazodone) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion)	**Minimum Age Limit** • **18 years** - all drugs • **Cymbalta** – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder **Non Preferred Criteria** • Have tried 2 different preferred '*Antidepressants, Other' Class* in the

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	VIIBRYD (vilazodone)	IRENKA (duloxetine) KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine venlafaxine XR venlafaxine ER tablets WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion HCl)	past 6 months **OR** • Have tried BOTH a preferred '*Antidepressant, SSRI' and 'Antidepressants, Other'* in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days **Cymbalta (see Fibromyalgia Agents)**
ANTIDEPRESSANTS, SSRIs SmartPA			
	citalopram escitalopram fluoxetine fluvoxamine paroxetine CR paroxetine IR sertraline	CELEXA (citalopram) fluoxetine DR fluvoxamine ER LEXAPRO (escitalopram) LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine suspension PAXIL CR (paroxetine) PAXIL SUPENSION (paroxetine) PAXIL Tablets (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	**Minimum Age Limits** • **6 years** - Zoloft • **7 years** – Prozac • **8 years** - Luvox • **12 years** - Lexapro • **18 years –** Celexa, Luvox CR, Paxil, Prozac 90 mg **Citalopram Criteria** • <18 years and 90 consecutive days on citalopram in the past 105 days **OR** • < 60 years **AND** max daily dose ≤ 40 mg/day **OR** • ≥ 60 years **AND** max daily dose ≤ 20 mg/day

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			Non Preferred Criteria • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
ANTIEMETICS SmartPA			
	5HT3 RECEPTOR BLOCKERS		
	ondansetron ondansetron ODT ondansetron solution	ANZEMET (dolasetron) granisetron SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) ZUPLENZ (ondansetron)	**Quantity Limits** • **4 tablets/31 days** - Varubi • **6 tablets/31 days –** Akynzeo • **30 tablets/31 days –** Zofran tablets/ODT • **100 ml/31 days** – Zofran solution **Non Preferred Agents** • Have tried 1 preferred agent in the past 6 months Injectables in this class closed to point of sale. PA required if not administered in clinic/hospital
	ANTIEMETIC COMBINATIONS		
		AKYNZEO (netupitant/palonosetron) DICLEGIS (doxylamine/pyridoxine)	**Akynzeo - MANUAL PA** • Documented diagnosis of cancer OR Antineoplastic history **AND** • Chemotherapy regimen includes use of a highly or moderately emetogenic chemotherapeutic agent **AND** • History of prior use of preferred combination antiemetic therapy **AND** • Concurrent use of dexamethasone

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			per PI
	CANNABINOIDS		
		CESAMET (nabilone) MARINOL (dronabinol) dronabinol	
	NMDA RECEPTOR ANTAGONIST		
	EMEND (aprepitant)	aprepitant VARUBI (rolapitant)	**Varubi - MANUAL PA** • Documented diagnosis of cancer OR Antineoplastic history **AND** • Chemotherapy regimen includes use of a highly or moderately emetogenic chemotherapeutic agent **AND** • History of prior use of preferred combination antiemetic therapy **AND** Concurrent use of dexamethasone per PI
ANTIFUNGALS (Oral)	**SmartPA**		
	clotrimazole fluconazole griseofulvin microsize suspension nystatin terbinafine	ANCOBON (flucytosine) ^ CRESEMBA (isavuconazonium) DIFLUCAN (fluconazole) GRIFULVIN V (griseofulvin, microsize) griseofulvin microsize tablets griseofulvin ultramicrosize tablet GRIS-PEG (griseofulvin) itraconazole ^ ketoconazole LAMISIL (terbinafine) NOXAFIL (posaconazole) ^ ONMEL (itraconazole) ^ SPORANOX (itraconazole) ^	**Minimum Age Limit** • **4-12 years** – Lamisil Granules *Smart PA will automatically be issued for this age range* • **12-17 years** – griseofulvin tablets *Smart PA will automatically be issued for this age range* **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **HIV opportunistic infection** • Non Preferred agent indicated for

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		TERBINEX Kit (terbinafine/ciclopirox) VFEND (voriconazole) ^ voriconazole ^	treatment (^) **AND** • Documented diagnosis of HIV **Cresemba - MANUAL PA** • Minimum age limit ≥ 18 years **AND** • Documented diagnosis of invasive aspergillosis **OR** invasive mucormycosis **AND** • Prescriber is an oncologist/hematologist or infectious disease specialist **Sporanox** • 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) SmartPA			
	ANTIFUNGALS		
	ciclopirox cream/gel/solution/suspension clotrimazole ketoconazole shampoo miconazole OTC nystatin terbinafine OTC cream,gel,spray tolnaftate OTC	BENSAL HP (benzoic acid/salicylic acid) CICLODAN KIT (ciclopirox kit) ciclopirox kit/shampoo CNL 8 (ciclopirox) econazole ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) JUBLIA (efinaconazole) KERYDIN (tavaborole)	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months

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		ketoconazole cream ketoconazole foam LAMISIL (terbinafine) solution LOPROX (ciclopirox) LUZU (luliconazole) MENTAX (butenafine) NAFTIN (naftifine) NIZORAL (ketoconazole) oxiconazole 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) – currently unavailable from manufacturer tioconzaole VAGISTAT 3 (miconazole) VAGISTAT 1 (tioconazole)	GYNAZOLE 1 (butoconazole) miconazole 3 vaginal suppository TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole	
ANTIHISTAMINES, MINIMALLY SEDATING AND COMBINATIONS SmartPA			
	MINIMALLY SEDATING ANTIHISTAMINES		

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	cetirizine loratadine	CLARINEX (desloratadine) levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	**Non Preferred Criteria** • Documented diagnosis of allergy or urticaria **AND** • Have tried 2 different preferred agents in the past 12 months
	MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS		
	cetirizine/pseudoephedrine loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)	
ANTIMIGRAINE AGENTS, TRIPTANS SmartPA			
	ORAL		
	RELPAX (eletriptan) rizatriptan rizatriptan ODT sumatriptan tablets	almotriptan AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT(rizatriptan) naratriptan TREXIMET (sumatriptan/naproxen) zolmitriptan ZOMIG (zolmitriptan)	**Minimum Age Limit – ALL FORMULATIONS** • **6 years** – Maxalt • **12-17 years –** Axert, Treximet, Zomig nasal spray *Smart PA will automatically be issued for this age range* • **18 years** – Amerge, Frova, Imitrex, Onzetra Xsail, Relpax, Zembrace Symtouch, Zomig tablets **Quantity Limit - ORAL** • **6 tablets/31 days** - Axert, Relpax Zomig • **9 tablets/31 days** - Amerge, Frova, Imitrex, Treximet • **12 tablets/31 days** – Maxalt **Non Preferred Criteria - ORAL**

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MISSISSIPPI DIVISION OF MEDICAID
UNIVERSAL PREFERRED DRUG LIST
(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 09/01/2017
Version 2017.1a
Updated: 08-28-2017

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			• Have tried 2 preferred preferred oral agents in the past 90 days
	NASAL		
	sumatriptan	IMITREX (sumatriptan) ONZETRA Xsail (sumatriptan) ZOMIG (zolmitriptan)	**Quantity Limit - NASAL** • **1 box/31 days** **Non Preferred Criteria - NASAL** • Have tried 2 preferred oral agents in the past 90 days **AND** • Have tried either a preferred nasal sumatriptan or injectable sumatriptan in the past 90 days
	INJECTABLES		
	sumatriptan	IMITREX (sumatriptan) SUMAVEL (sumatriptan) ZEMBRACE (sumatriptan)	**CUMULATIVE Quantity Limit - INJECTION** **4 injections/31 days**
	OTHER		
		ZECUITY PATCH (sumatriptan)	**Quantity Limit** • **4 patches/31 days** **Zecuity** • Have tried 2 preferred agents (oral, nasal, or injectable) in the past 90 days
***ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS**			
	AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) COTELLIC (cobimetinib) GILOTRIF (afatanib) GLEEVEC (imatinib mesylate)	ALECENSA (alectinib) ALUNBRIG (brigatnib)[NR] CABOMETYX (cabozantinib s-malate) FARYDAK (panobinostat) GLEOSTINE (lomustine) IBRANCE (palbociclib) SmartPA KISQALI (ribociclib)[NR]	**Farydak - MANUAL PA** • Documented diagnosis of multiple myeloma **AND** • Used in combination with bortezomib and dexamethasone per PI **AND** • History of 2 prior regimens including

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	ICLUSIG (ponatinib) IMBRUVICA (ibrutnib) 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) ZYDELIG (idelalisib) ZYKADIA (ceritnib)	LENVIMA (lenvatinib) SmartPA LYNPARZA (olaparib) SmartPA RUBRACA (rucaparib) RYDAPT (midostaurin) NR TAGRISSO (osimertinib) ZELJULA (niraparib) NRFIu	bortezomib and an immunomodulatory agent **Ibrance** • Documented diagnosis of WD-DDLS for retroperitoneal sarcoma • Documented diagnosis of breast cancer **AND** • Concurrent therapy with letrozole **OR** • History of therapy with fulvestrant in the past 60 days **AND** • History of endocrine therapy in the past 720 days **Lenvima** • Documented diagnosis of thyroid cancer **OR** • Documented diagnosis of renal cell carcinoma **AND** • History of 1 claim for everolimus in the past 30 days **AND** • History of 1 anti-angiogenic agent in the past 2 years. **Lynparza** • Documented diagnosis of ovarian cancer **AND** • History of 3 prior chemotherapy agents in the past 2 years
ANTIPARASITICS (Topical) SmartPA			
	PEDICULICIDES		

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	permethrin 1% NATROBA (spinosad) SKLICE (ivermectin)	lindane malathion OVIDE (malathion) ULESFIA (benzyl alcohol)	**Minimum Age/Weight Limit for Pediculicides** • **50 kg** - lindane shampoo • **2 months** – permethrin 1%(OTC) • **6 months** – Natroba, SKLICE, Ulesfia • **2 years** – piperonyl/pyrethrins (OTC) • **6 years** – Ovide **Non Preferred Criteria** • History of 2 preferred topical lice agents in the past 90 days **Ulesfia** Ulesfia is no longer covered due to no longer being rebated.
	SCABICIDES		
	permethrin 5% STROMECTOL Tablet (ivermectin)	ELIMITE (permethrin) EURAX CREAM (crotamiton) EURAX LOTION (crotamiton)	**Minimum Age/Weight Limit for Topical Scabicides** • **50 kg** - lindane lotion • **2 months** – permethrin 5% • **18 years** – Eurax **Non Preferred Criteria** • History of permethrin 5% in the past 90 days
ANTIPARKINSON'S AGENTS (Oral) SmartPA			
	ANTICHOLINERGICS		
	benztropine trihexyphenidyl	COGENTIN (benztropine)	**Non Preferred Criteria** • Documented diagnosis of Parkinson's disease **AND** • Have tried 2 different preferred agents in the past 6 months **OR**

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			• 90 consecutive days on the requested agent in the past 105 days
	COMT INHIBITORS		
		COMTAN (entacapone) TASMAR (tolcapone) tolcapone	
	DOPAMINE AGONISTS		
	ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole pramipexole ER REQUIP (ropinirole) REQUIP XL (ropinirole) ropinirole ER	
	MAO-B INHIBITORS		
	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) rasagiline ZELAPAR (selegiline)	
	OTHERS		
	amantadine bromocriptine levodopa/carbidopa	levodopa/carbidopa ODT levodopa/carbidopa/entacapone LODOSYN (carbidopa) PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine) RYTARY ER (levodopa/carbidopa) SINEMET (levodopa/carbidopa)	**Lodosyn** • Documented diagnosis of Parkinson's disease **AND** • History of a carbidopa/levodopa combination product in the past 45 days

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		SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)	
ANTIPSYCHOTICS SmartPA			
	ORAL		
	amitriptyline/perphenazine aripiprazole chlorpromazine clozapine fluphenazine haloperidol olanzapine perphenazine risperidone quetiapine thioridazine thiothixene trifluoperazine ziprasidone	ABILIFY (aripiprazole) ADASUVE (loxapine) aripiprazole ODT clozapine ODT CLOZARIL (clozapine) FANAPT (iloperidone) FAZACLO (clozapine) GEODON (ziprasidone) HALDOL (haloperidol) INVEGA (paliperidone) LATUDA (lurasidone) NAVANE (thiothixene) NUPLAZID (pimavanserin) olanzapine/fluoxetine paliperidone quetiapine XR REXULTI (brexpiprazole) RISPERDAL (risperidone) SAPHRIS (asenapine) SEROQUEL (quetiapine) SEROQUEL XR (quetiapine) SYMBYAX (olanzapine/fluoxetine) ZYPREXA (olanzapine) VRAYLAR (cariprazine)	**Minimum Age Limits** • **2 years**- Droperidol • **3 years** - Haldol • **5 years** – Risperdal, thioridazine • **6 years** – Abilify,trifluoperazine • **10 years** – Saphris, Seroquel, Symbyax • **12 years**- Molidone, perphenazine, pimozole, thiothixene • **13 years** – Latuda, Zyprexa • **18 years** – Amitriptyline/perphenazine, Clozaril, Fanapt, fluphenazine, Geodon, Invega, loxapine, Nuplazid, Rexulti, Vraylar, **Concurrent Therapy Limits – Ages 0-17 years** • 90 days with >2 typical antipsychotics in the last 120 days will require a manual PA **Non Preferred Criteria** • Have tried 2 preferred atypical antipsychotic agents in the past 12 months **OR** • 30 consecutive days on the requested agent in the past 180 days

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			Latuda • Females of childbearing age ○ ≥ 13 years will approve automatically • Males see Non Preferred Criteria noted above **Nuplazid** • Documented diagnosis of Parkinson's disease
INJECTABLE, ATYPICALS SmartPA			
		ABILIFY (aripiprazole) ARISTADA ER (aripiprazole lauroxil) GEODON (ziprasidone) INVEGA SUSTENNA (paliperidone palmitate) INVEGA TRINZA (paliperidone) 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. **Minimum Age Limits** • 18 years **–** all injectable agents **LTC Long Acting Injectable Criteria** • Minimum Age **AND** • Documented diagnosis **AND** • Non-Compliant with the oral formulation **OR** • History of the requested injectable agent in the past 90 days ○ **3 claims** - Abilify Maintena, Aristada, Invega Sustenna, Zyprexa Relprevv ○ **6 claims** - Risperdal Consta

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			Invega Trinza • Minimum Age **AND** • Documented diagnosis **AND** • History of 4 claims of Invega Sustenna in the past 180 days
ANTIRETROVIRALS SmartPA			
	INTEGRASE STRAND TRANSFER INHIBITORS		**Non Preferred Criteria** • 1 claim with the requested agent in the past 105 days
	ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium)	VITEKTA (elvitegravir)	
	NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
	abacavir sulfate didanosine DR capsule EMTRIVA (emtricitabine) lamivudine stavudine VIDEX SOLUTION (didanosine) VIREAD (tenofovir disoproxil fumarate) ZIAGEN (abacavir sulfate) zidovudine	RETROVIR (zidovudine) VIDEX EC (didanosine) EPIVIR (lamivudine) ZERIT (stavudine)	
	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)	**Tybost - MANUAL PA**
	PROTEASE INHIBITORS (PEPTIDIC)		

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	EVOTAZ (atazanavir/cobicistat) NORVIR (ritonavir) REYATAZ (atazanavir) VIRACEPT (nelfinavir mesylate)	CRIXIVAN (indinavir) LEXIVA (fosamprenavir) INVIRASE (saquinavir mesylate)	
	PROTEASE INHIBITORS (NON-PEPTIDIC)		
	PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir) PREZCOBIX (darunavir/cobicistat)	
	ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS		
		SELZENTRY (maraviroc)	
	ENTRY INHIBITORS – FUSION INHIBITORS		
		FUZEON (enfuvirtide)	
	COMBINATION PRODUCTS - NRTIs		
	abacavir/lamivudine/zidovudine EPZICOM (abacavir/lamivudine) lamivudine/zidovudine TRIZIVIR (abacavir/lamivudine/zidovudine)	abacavir/lamivudine COMBIVIR (lamivudine/zidovudine)	
	COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOG RTIs		
	DESCOVY (emtricitabine/tenofovir alafenam) TRUVADA (emtricitabine/tenofovir)		
	COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & INTEGRASE INHIBITORS		
	GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir)	STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) TRIUMEQ (abacavir/lamivudine/ dolutegravir)	**Stribild – MANUAL PA** • Genotype testing supporting resistance to other regimens **OR** • Intolerance or contraindication to preferred combination of drugs **AND**

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			• Medical reasoning beyond convenience or enhanced compliance over preferred agents **AND** • CrCl > 70mL/min to initiate therapy **OR** CrCl >50mL/min to continue therapy **Triumeq – MANUAL PA** • Medical reasoning beyond convenience or enhanced compliance over the preferred agents (Epzicom + Tivicay)
	COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & NON-NUCLEOSIDE RTIs		
	ATRIPLA (efavirenz/emtricitabine/tenofovir)	COMPLERA (emtricitabine/rilpivirine/tenofovir) ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)	
	COMBINATION PRODUCTS – PROTEASE INHIBITORS		
	KALETRA (lopinavir/ritonavir)	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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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	anastrozole ARIMIDEX (anastrozole) exemestane letrozole	AROMASIN (exemestane) FEMARA (letrozole)	
ATOPIC DERMATITIS SmartPA			
	ELIDEL (pimecrolimus)	EUCRISA (crisaborole) PROTOPIC (tacrolimus) tacrolimus	**Minimum Age Limit** • **2 years** – Elidel, Protopic 0.03% • **6 years** – Protopic 0.1% **Non Preferred Criteria** • Have tried 1 preferred agent in the past 6 months **Eucrisa - MANUAL PA**
BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS SmartPA			

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	acebutolol atenolol bisoprolol BYSTOLIC (nebivolol) Step Edit metoprolol metoprolol XL nadolol pindolol propranolol sotalol timolol	BETAPACE (sotalol) betaxolol CORGARD (nadolol) HEMANGEOL (propranolol) INDERAL LA (propranolol) INNOPRAN XL (propranolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) SOTYLIZE (sotalol) TENORMIN (atenolol) TOPROL XL (metoprolol) ZEBETA (bisoprolol)	**Bystolic – Step Edit** • 90 consecutive days on the requested agent in the past 105 days **OR** • Have tried 1 preferred agent in the past 6 months **Non Preferred Criteria – All Agents** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
	BETA- AND ALPHA-BLOCKERS		
	carvedilol labetalol	COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	**Coreg CR** • Documented diagnosis for hypertension **AND** • Have tried generic carvedilol **AND** 1 preferred agent in the past 6 months **OR** • 90 consecutive days on the requested 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)	

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	ANTIANGINALS		
		RANEXA (ranolazine)	**Ranexa** • 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 the requested agent in the past 105 days
	SINUS NODE AGENTS		
		CORLANOR (ivabradine)	**Corlanor - MANUAL PA**
BILE SALTS			
	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) CHOLBAM (cholic acid) OCALIVA (obeticholic acid) URSO (ursodiol) URSO FORTE (ursodiol)	
BLADDER RELAXANT PREPARATIONS SmartPA			
	oxybutynin ER, IR VESICARE (solifenacin)	DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN XL (oxybutynin) ENABLEX (darifenacin) darifenacin GELNIQUE (oxybutynin) MYRBETRIQ (mirabegron) OXYTROL (oxybutynin) SANCTURA (trospium) SANCTURA XR (trospium)	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months

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		tolterodine tolterodine ER TOVIAZ (fesoterodine fumarate) trospium	
BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA			
	BISPHOSPHONATES		**Non Preferred Criteria** • Documented diagnosis for osteoporosis or osteopenia **AND** • Have tried 2 different preferred agents in the past 6 months
	alendronate BINOSTO (alendronate) risedronate	ACTONEL (risedronate) alendronate solution ATELVIA (risedronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) FOSAMAX PLUS D (alendronate/vitamin D) ibandronate PROLIA (denosumab) TYMLOS (abaloparatide)NR	
	OTHERS		
	calcitonin salmon FORTICAL (calcitonin)	EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) raloxifene	
BPH AGENTS SmartPA			
	ALPHA BLOCKERS		**Female** • Cardura, Flomax, Proscar, terazosin, or Uroxatral **AND** a documented diagnosis based on a state accepted diagnosis **Non Preferred Criteria - MALE** • Have tried 2 different preferred agents
	alfuzosin doxazosin tamsulosin terazosin	CARDURA (doxazosin) CARDURA XL (doxazosin) dutasteride/tamsulosin FLOMAX (tamsulosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) UROXATRAL (alfuzosin)	

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			in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
	5-ALPHA-REDUCTASE (5AR) INHIBITORS		
	finasteride	AVODART (dutasteride) PROSCAR (finasteride)	
	PDE5 INHIBITORS		
		CIALIS (tadalafil)	**Cialis – MANUAL PA** • 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		
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA HANDIHALER (tiotropium)	DALIRESP (roflumilast) INCRUSE ELLIPTA (umeclidinium) SPIRIVA RESPIMAT (tiotropium) TUDORZA PRESSAIR (aclidinium)	
	ANTICHOLINERGIC-BETA AGONIST COMBINATIONS		
	albuterol/ipratropium COMBIVENT RESPIMAT (albuterol/ipratropium)	ANORO ELLIPTA (umeclidinium/vilanterol) BEVESPI (glycopyrrolate/formoterol) STIOLTO RESPIMAT (tiotropium/olodaterol) UTIBRON (indacaterol/glycopyrolate)	

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
BRONCHODILATORS, BETA AGONIST			
	INHALERS, SHORT-ACTING		
	PROAIR HFA (albuterol) PROAIR RESPICLICK (albuterol) PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol)	XOPENEX HFA (levalbuterol) SmartPA	**Minimum Age Limit** • **4 years** - Xopenex HFA **Non Preferred Criteria** • 1 claim for a preferred agent in the past 6 months
	INHALERS, LONG ACTING SmartPA		
	SEREVENT (salmeterol)	ARCAPTA (indacaterol) STRIVERDI RESPIMAT (olodaterol)	**Minimum Age Limit** • **4 years** – Serevent • **18 years** – Arcapta, Striverdi Respimat **Arcapta & Striverdi Respimat** • Documented diagnosis of COPD **AND** • Have tried 1 preferred agent in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
	INHALATION SOLUTION SmartPA		
	albuterol	ACCUNEB (albuterol) BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	**Minimum Age Limit** • **6 years** – Xopenex • **18 years** – Brovana, Perforomist **Non Preferred Criteria** • 1 claim for a different preferred agent

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			in the past 6 months **OR** • 3 claims with the requested agent in the past 105 days **Xopenex** • 1 claim for a albuterol in the past 30 days
	ORAL		
	albuterol metaproterenol terbutaline	VOSPIRE ER (albuterol)	
CALCIUM CHANNEL BLOCKERS SmartPA			
	SHORT-ACTING		
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine PROCARDIA (nifedipine)	**Quantity Limit - nimodipine** • **252 tablets/ 21 days** • **2520 mL/21 days** **Non Preferred Criteria** • Have tried 2 different preferred *Short Acting* CCB agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days **nimodipine** • Documented diagnosis of subarachnoid hemorrhage in the past 45 days **AND** • Duration of therapy = 21 days
	LONG-ACTING		

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	amlodipine DILT XR 24 HR Caps (diltiazem) diltiazem ER Cap 24 HR (generic Cardizem CD) diltiazem ER Cap 24 HR felodipine ER nifedipine ER verapamil ER	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem) DILACOR XR (diltiazem) diltiazem ER Cap 12 HR diltiazem ER Tab 24 HR nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	**Non Preferred Criteria** • Have tried 2 different preferred *Long Acting* CCB agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days
CALORIC AGENTS			
	BOOST (includes all Boost) BREAKFAST ESSENTIALS BRIGHT BEGINNINGS CARNATION INSTANT BREAKFAST DUOCAL ENSURE JUVEN GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE PROMOD RESOURCE SCANDISHAKE	COMPLEAT EO28 SPLASH FIBERSOURCE ISOSOURCE JEVITY KINDERCAL PEPTAMEN PROMOTE SIMPLY THICK TOLEREX VITAL VIVONEX	**Non Preferred Agents - MANUAL PA**

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	SOLCARB TWOCAL HN		
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)			
	BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS		
	amoxicillin/clavulanate amoxicillin/clavulanate XR	AUGMENTIN 125 and 250 (amoxicillin/clavulanate) Suspension AUGMENTIN (amoxicillin/clavulanate) Tablets AUGMENTIN XR (amoxicillin/clavulanate) 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 cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	**Maximum Age Limit** • **18 years** – cefdinir suspension
COLONY STIMULATING FACTORS			
	LEUKINE (sargramostim) GRANIX (tbo-filgrastim)	NEULASTA (pegfilgrastim)	

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	NEUPOGEN Syringe and Vial (filgrastim) ZARXIO (filgrastim)		
CYSTIC FIBROSIS AGENTS SmartPA			
	BETHKIS (tobramycin) KITABIS (tobramycin)	CAYSTON (aztreonam) COLY-MYCIN M (colistimethate sodium) KALYDECO (ivacaftor) ORKAMBI (lumacaftor/ivacaftor) PULMOZYME (dornase alfa) TOBI (tobramycin) TOBI PODHALER (tobramycin) tobramycin	**Age Limits** • **3 months** - Pulmozyme • **2 years –** Coly-Mycin M, Kalydeco • **6 years –** Bethkis, Kitabis, Orkambi 100/125mg,, TOBI, TOBI Podhaler • **7 years** – Cayston • **12 years** – Orkambi 200/125mg **All Agents** • Documented diagnosis Cystic Fibrosis **Kalydeco** • Requires 1 claim with Kalydeco in the past 105 days **OR** • NEW STARTS – MANUAL PA o Diagnosis of CFTR mutations responsive to Kalydeco **AND** o Prescriber is a CF specialist or pulmonologist **AND** o Negative for one of the following infections: Burkholderia cenocepacia, dolosa, or Mycobacterium abcessus **Orkambi –** MANUAL PA **TOBI Podhaler –** MANUAL PA

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			• 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			
	COSENTYX (secukinumab) SmartPA ENBREL (etanercept) HUMIRA (adalimumab) methotrexate	ACTEMRA (tocilizumab) CIMZIA (certolizumab) ENTYVIO (vedolizumab) ILARIS (canakinumab) INFLECTRA (infliximab) KINERET (anakinra) ORENCIA (abatacept) OTEZLA (apremilast) OTREXUP (methotrexate) RASUVO (methotrexate) REMICADE (infliximab) RHEUMATREX (methotrexate) SILIQ (brodalumab) NR SIMPONI (golimumab) STELARA (ustekinumab) TALTZ (ixekizumab) TREXALL (methotrexate) XELJANZ (tofacitinib) XELJANZ XR (tofacitinib)	Orencia IV Infusion, Remicade IV Infusion and Stelara (first dose) are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification. **Cosentyx** • **≥ 18 years** = Minimum Age • Documented diagnosis of plaque psoriasis, psoriatic arthritis or ankylosing spondylitis in the past 2 years **AND** • 90 consecutive days of Humira in the past year

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ERYTHROPOIESIS STIMULATING PROTEINS SmartPA			
	ARANESP (darbepoetin) EPOGEN (rHuEPO) PROCRIT (rHuEPO)	MIRCERA (methoxy polyethylene glycol-epoetin-beta)	**Mircera** • Documented diagnosis chronic renal failure in the past 2 years **AND** • Trial of a preferred agent in the past 6 months **OR** • 1 claim for the requested agent in past 105 days
FIBROMYALGIA AGENTS			
	duloxetine LYRICA (pregabalin) SAVELLA (milnacipran)	CYMBALTA (duloxetine) SmartPA	**Cymbalta (see Antidepressant, Other)** **Minimum Age Limit** – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder)
FLUOROQUINOLONES (Oral) SmartPA			
	ciprofloxacin tablets levofloxacin tablets	AVELOX (moxifloxacin) ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin suspension moxifloxacin NOROXIN (norfloxacin) ofloxacin	**Non Preferred Criteria** • 1 claim for a preferred agent in past 30 days **Cipro Suspension for age < 12 years** • Anthrax infection or exposure **OR** • 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

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			the past 3 months ○ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide **Levaquin solution for age < 12 years** • 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** ○ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide • Cipro suspension in the past 3 months
GAUCHER'S DISEASE			
	ELELYSO (taliglucerase alfa) ZAVESCA (miglustat)	CERDELGA (eliglustat) CEREZYME(imiglucerase) VPRIV (velaglucerase alfa)	
GENITAL WARTS & ACTINIC KERATOSIS AGENTS			
	ALDARA (imiquimod) Age Edit CONDYLOX (podofilox) Age Edit podofilox Age Edit	CARAC (fluorouracil) diclofenac 3% gel imiquimod Age Edit EFUDEX (fluorouracil) fluorouracil 0.5% cream fluorouracil 5% cream PICATO (ingenol) Age Edit SOLARAZE (diclofenac) TOLAK (fluorouracil) VEREGEN (sinecatechins) Age Edit ZYCLARA (imiquimod) Age Edit	**Minimum Age Limit** • **12 years** – Aldara • **18 years** – Condylox, Picato, Veregen
GLUCOCORTICOIDS (Inhaled)			
	GLUCOCORTICOIDS SmartPA		

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	ASMANEX TWISTHALER (mometasone) QVAR (beclomethasone) PULMICORT (budesonide) Respules, 0.25mg & 0.5mg	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) budesonide FLOVENT Diskus (fluticasone) FLOVENT HFA (fluticasone) PULMICORT (budesonide) Flexhaler PULMICORT (budesonide) Respules, 1mg	**Non Preferred Criteria** • 90 consecutive days on the requested agent in the past 105 days **OR** • Have tried 2 different preferred agents in the past 6 months *NOTE:* Institutional sized products are Non Preferred
	GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS		
	ADVAIR Diskus (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	AIRDUO Respiclick[NR] (fluticasone/salmeterol) BREO ELLIPTA (fluticasone/vilanterol)	**Non Preferred Criteria** • 90 consecutive days on the requested agent in the past 105 days **OR** • Have tried 2 different preferred agents in the past 6 months **AirDuo - MANUAL PA**
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		
	NEXIUM Rx(esomeprazole) esomeprazole DR omeprazole Rx pantoprazole	ACIPHEX SPRINKLE (rabeprazole) ACIPHEX Tablet (rabeprazole) DEXILANT (dexlansoprazole) lansoprazole Rx	

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	PROTONIX PACKET (pantoprazole)	omeprazole sod. bicarb. 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) NUTROPIN AQ (somatropin) OMNITROPE (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin)	**All Agents for Age > 18 years** • Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome or an approvable indication **OR** • Documented procedure of cranial irradiation **Non Preferred Criteria** • Have tried 1 preferred agent in the past 6 months **OR** • 84 consecutive days on the requested agent in the past 105 days
***H. PYLORI* COMBINATION TREATMENTS**			
	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)	OMECLAMOX (omeprazole, clarithromycin, amoxicillin) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	**Quantity Limit** • 1 treatment course/ year

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HEPATITIS B TREATMENTS			
	entecavir EPIVIR HBV SOLUTION (lamivudine) lamivudine HBV VIREAD (tenofovir disoproxil fumarate)	adefovir dipivoxil BARACLUDE (entecavir) EPIVIR HBV TABLET (lamivudine) HEPSERA (adefovir dipivoxil) TYZEKA (telbivudine) VEMLIDY (tenofovir alafenamide fumarate)	
HEPATITIS C TREATMENTS			
	EPCLUSA (sofosbuvir/velpatasvir) ∞ HARVONI (ledipasvir/sofosbuvir)∞ PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets SOVALDI (sofosbuvir)∞ TECHNIVIE (ombitasvir/paritaprevir/ritonavir) ∞ VIEKIRA (ombitasvir/paritaprevir/ritonavir)∞ VIEKIRA XR (ombitasvir/paritaprevir/ritonavir)∞ ZEPATIER (elbasvir/grazoprevir)∞	DAKLINZA (daclatasvir) ∞ OLYSIO (simeprevir)∞ REBETOL (ribavirin) RIBAPAK DOSEPACK (ribavirin) ribavirin capsules RIBASPHERE (ribavirin)	**∞ Daklinza, Epclusa, Harvoni, Olysio, Sovaldi, Technivie, Viekira, Zepatier – MANUAL PA**
HEREDITARY ANGIOEDEMA			
	BERINERT (C1 esterase inhibitor)	CINRYZE VIAL (C1 esterase inhibitor) FIRAZYR SYRINGE (icatibant acetate) KALBITOR VIAL (ecallantide) RUCONEST VIAL (C1 esterase inhibitor, recombinant)	
HYPERURICEMIA & GOUT SmartPA			
	allopurinol MITIGARE (colchicine) probenecid	colchicine COLCRYS (colchicine) ULORIC (febuxostat)	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months

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	probenecid/colchicines	ZURAMPIC (lesinurad) ZYLOPRIM (allopurinol)	**Zurampic Criteria** • Have tried a xanthine oxidase inhibitor in the past 6 months **AND** • Concurrent use with a xanthine oxidase infibitor per PI
HYPOGLYCEMICS, BIGUANIDES			
	metformin HCL tablet metformin HCL ER 24HR tablet	FORTAMET ER glucophage glucophage XR GLUMETZA (metformin) metformin 24HR (generic Fortamet) metformin 24 HR(generic Glumetza) RIOMET SOLUTION *	
HYPOGLYCEMICS, DPP4s and COMBINATONS			
	JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) JENTADUETO XR (linagliptin/metformin) TRADJENTA (linagliptin)	alogliptin[NR] alogliptin/metformin[NR] alogliptin/pioglitazone[NR] KAZANO (alogliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin) SmartPA NESINA (alogliptin) ONGLYZA (saxagliptin) SmartPA OSENI (alogliptin/pioglitazone)	**Kombiglyze XR and Onglyza Criteria** • 90 consecutive days on the requested agent in the past 105 days
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS			
	BYDUREON (exenatide) VICTOZA (liraglutide)	ADLYXIN (lixisenatide) BYETTA (exenatide) SOLIQUA (insulin glargine/lixisenatide)	**Tanzeum Criteria** • 90 consecutive days on the requested agent in the past 105 days

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		SYMLIN (pramlintide) TANZEUM (albiglutide) SmartPA TRULICITY (dulaglutide)	
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) NOVOLOG FLEXPEN & VIAL (insulin aspart) NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine)	AFREZZA (insulin) APIDRA (insulin glulisine) BASAGLAR (insulin glargine) HUMALOG KWIKPEN (insulin lispro) HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine) HUMULIN KWIKPEN (insulin) NOVOLIN FLEXPEN (insulin) NOVOLIN VIAL (insulin) TOUJEO (insulin glargine) TRESIBA (insulin degludec)	Insulin pen formulations are not covered for Long Term Care (LTC) beneficiaries. **Non Preferred Criteria** • Documented diagnosis of Diabetes Mellitus **AND** • Have tried 1 preferred product in the past 6 months
HYPOGLYCEMICS, MEGLITINIDES			
	repaglinide	nateglinide PRANDIMET (repaglinide/metformin) PRANDIN (repaglinide) repaglinide/metformin STARLIX (nateglinide)	
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS			
	HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS		
	JARDIANCE (empagliflozin)	FARXIGA (dapaglifozin) INVOKANA (canagliflozin)	
	HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS		

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	SYNJARDY (empagliflozin/meformin)	GLYXAMBI (empagliflozin/linagliptin) INVOKAMET (canaglifozin/metformin) INVOKAMET XR (canaglifozin/metformin) XIGDUO (dapaglifozin/metformin)	
HYPOGLYCEMICS, TZDS			
	THIAZOLIDINEDIONES		
	pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	
	TZD COMBINATIONS		
	pioglitazone/metformin	ACTOPLUS MET (pioglitazone/metformin) ACTOPLUSMET XR (pioglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) AVANDAMET (rosiglitazone/metformin) DUETACT (pioglitazone/glimepiride)	
IDIOPATHIC PULMONARY FIBROSIS SmartPA			
	ESBRIET (pirfenidone) OFEV (nintedanib)		**All Agents** • Documented diagnosis Idiopathic Pulmonary Fibrosis **Esbriet & OFEV** • No concurrent therapy with either agent
IMMUNOSUPPRESSIVE (ORAL) SmartPA			
	AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified	ASTAGRAF XL (tacrolimus) ENVARSUS XR (tacrolimus) HECORIA (tacrolimus) PROGRAF (tacrolimus)	**Minimum Age Limit** • **13 years** - Rapamune • **18 years** - Zortress **Astagraf, Cellcept, Envarsus XR,**

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	GENGRAF (cyclosporine) mycophenolate mofetil MYFORTIC (mycophenolic acid) NEORAL (cyclosporine) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) sirolimus tacrolimus ZORTRESS (everolimus)		**Hecoria, Prograf** • Documented diagnosis for heart transplant, kidney transplant, liver transplant, or a State accepted diagnosis **Azasan** • Documented diagnosis of kidney transplant, RA, or a State accepted diagnosis **Gengraf, Neoral, Sandimmune** • 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 **Myfortic** • Documented diagnosis of kidney transplant or psoriasis **Rapamune & Zortress** • Documented diagnosis of kidney transplant
IMMUNE GLOBULINS			
	CARIMUNE NF FLEBOGAMMA DIF GAMASTAN SD GAMMAGARD	BIVIGAM CUVITRU GAMMAGARD SD GAMMAPLEX	

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	GAMMAKED GAMUNEX-C HIZENTRA HYQVIA OCTAGAM	PRIVIGEN	
INTRANASAL RHINITIS AGENTS			
	ANTICHOLINERGICS		
	ipratropium	ATROVENT (ipratropium)	
	ANTIHISTAMINES		
	PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine olopatadine	
	ANTIHISTAMINE/CORTICOSTEROID COMBINATION SmartPA		
		DYMISTA (azelastine/fluticasone) TICALAST (azelastine/fluticasone)NR	
	CORTICOSTEROIDS SmartPA		
	FLONASE (fluticasone) fluticasone QNASL (beclomethasone)	BECONASE AQ (beclomethasone) budesonide FLONASE ALLERGY OTC (fluticasone) flunisolide NASONEX (mometasone) OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide) TICANASE KIT (flonase kit) triamcinolone VERAMYST (fluticasone)	**Non Preferred Criteria** • Documented diagnosis for allergic rhinitis **AND** • Have tried 2 different preferred agents in the past 6 months **Budesonide** *Smart PA will be issued for pregnant women.* • A documented diagnosis of pregnancy **OR** a pregnancy indicator

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		ZETONNA (ciclesonide)	submitted on the pharmacy claim at Point of Sale
IRON CHELATING AGENTS			
	FERRIPROX (deferiprone) EXJADE (deferasirox)	JADENU (deferasirox)	
IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS SmartPA			
	IRRITABLE BOWL SYNDROME/SHORT BOWEL SYNDROME AGENTS		
	dicyclomine hyoscyamine	alosetron∞ AMITIZA (lubiprostone)∞ BENTYL (dicyclomine) GATTEX (teduglutide) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LINZESS (linaclotide) ∞ LOTRONEX (alosetron) ∞ NUTRESTORE POWDER PACK (glutamine) RELISTOR (methylnaltrexone) ∞ TRULANCE (plecanatide) NR ZORBTIVE (somatropin) ∞	**∞ Amitiza, Fulyzaq, Gattex, Linzess, Lotronex, Mytesi,Relistor, or Zorbtive** • 1 claim for the same requested agent in the past 105 days **OR** • **MANUAL PA** - All new patients require manual review.
	SELECTED GI AGENTS		
		FULYZAQ (crofelemer) ∞ MOVANTIK (naloxegol) MYTESI (crofelemer) VIBERZI (eluxadoline)	**Movantik & Viberzi - MANUAL PA**
LEUKOTRIENE MODIFIERS SmartPA			
	ACCOLATE (zafirlukast) montelukast granules montelukast tablets	SINGULAIR Tablets (montelukast) SINGULAR GRANULES (montelukast granules) ZYFLO CR (zileuton)	**Minimum Age Limit** • **12 years** – Zyflo & Zyflo CR **Non Preferred Criteria**

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		zafirlukast zileuton	• Have tried 2 different preferred agents in the past 6 months
LIPOTROPICS, OTHER (Non-statins) SmartPA			
	BILE ACID SEQUESTRANTS		
	cholestyramine colestipol	COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)	**All Agents, All Sub-Classes both Preferred (exception is Zetia) and Non Preferred** • 90 consecutive days on the requested 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: o Welchol **AND** Type 2 diabetes **AND** 1 preferred oral antidiabetic agent in the past 180 days **OR** o Pregnant female **OR** o Documented diagnosis of liver disease **OR** o Documented diagnosis for hypertriglyceridemia **OR** o Clinical justification a statin or statin combination product cannot be used **Non Preferred Criteria** • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
	OMEGA-3 FATTY ACIDS		

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	LOVAZA (omega-3-acid ethyl esters)	VASCEPA (icosapent ethyl)	**Non Preferred Criteria** • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
	CHOLESTEROL ABSORPTION INHIBITORS		
	ZETIA (ezetimibe)	ezetimibe	Zetia does not have to meet the trial of 1 statin or statin combination agent in the past year
	FIBRIC ACID DERIVATIVES		
	fenofibrate nanocrystallized gemfibrozil	ANTARA (fenofibrate, micronized) fenofibrate 40mg tablet fenofibrate, micronized fenofibric acid FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRICOR (fenofibrate nanocrystallized) TRIGLIDE (fenofibrate) TRILIPIX (fenofibric acid)	**Fibric Acid Derivative Non Preferred Criteria** • 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**
	NIACIN		
	niacin ER NIACOR (niacin)	NIASPAN (niacin)	**Non Preferred Criteria** • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			months
	PCSK-9 INHIBITOR		
		PRALUENT (alirocumab) REPATHA (evolocumab)	MANUAL PA
LIPOTROPICS, STATINS SmartPA			
	STATINS		
	atorvastatin CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin) lovastatin pravastatin rosuvastatin simvastatin	ALTOPREV (lovastatin) fluvastatin ER LIPITOR (atorvastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin)	**Simvastatin 80mg** • 12 months of therapy with simvastatin 80mg **AND** • NO myopathy contraindication **Non Preferred Criteria** • Have tried 2 different preferred statin or statin combination agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
	STATIN COMBINATIONS		
	SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)	atorvastatin/amlodipine ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine) LIPTRUZET (atorvastatin/ezetimibe)	**Non Preferred Criteria** • Have tried 2 different preferred statin or statin combination agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
MISCELLANEOUS BRAND/GENERIC			
	CLONIDINE		

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	CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)	
	EPINEPHRINE		
	epinephrine autoinject pens EPIPEN (epinephrine) EPIPEN JR (epinephrine)	ADRENACLICK (epinephrine) AUVI-Q (epinephrine)	
	MISCELLANEOUS		
	alprazolam hydroxyzine hcl syrup hydroxyzine pamoate MAKENA (hydroxyprogesterone caproate) megestrol suspension 625mg/5mL	alprazolam ER SmartPA hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) VISTARIL (hydroxyzine pamoate)	**Alprazolam ER CUMULATIVE quantity limit** • **31 tablets/31 days** • **Exception** –previously stable on 2 tablets/day in the past 90 days **Hydroxyzine hcl 10mg tablets** • **6-12 years** - *Smart PA will automatically be issued for this age range*
	SUBLINGUAL ALLERGEN EXTRACT IMMUNOTHERAPY		
		GRASTEK ORALAIR 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			

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		AUSTEDO (deutetrabenazine)[NR] INGREZZA (valbenazine)[NR] tetrabenazine XENAZINE (tetrabenazine)	**All Agents** • Documented diagnosis of Huntington's Chorea
MULTIPLE SCLEROSIS AGENTS SmartPA			
	AUBAGIO (teriflunomide) AVONEX (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE 20mg (glatiramer) GILENYA (fingolimod) REBIF (interferon beta-1a)	AMPYRA (dalfampridine) COPAXONE 40mg (glatiramer) EXTAVIA (interferon beta-1b) GLATOPA (glatiramer) PLEGRIDY (interferon beta-1a) TECFIDERA (dimethyl fumarate) ZINBRYTA (daclizumab)	**All Agents** • Documented diagnosis of multiple sclerosis **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **OR** • 3 claims with the requested agent in the last 105 days **Ampyra – MANUAL PA** • **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** • *Initial authorization* – requires a baseline Timed 25-foot Walk (T25FW) assessment and will be approved for 12 weeks **OR** • *Additional prior authorizations* - 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

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			intervals
MUSCULAR DYSTROPHY AGENTS			
		EXONDYS (eteplirsen)	MANUAL PA
NSAIDS SmartPA			
	NON-SELECTIVE		
	diclofenac EC diclofenac SR etodolac tab flurbiprofen ibuprofen indomethacin ketoprofen ketorolac nabumetone naproxen piroxicam sulindac	ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac) CATAFLAM (diclofenac) DAYPRO (oxaprozin) etodolac cap etodolac tab SR FELDENE (piroxicam) fenoprofen INDOCIN (indomethacin) indomethacin cap ER ketoprofen ER meclofenamate mefenamic acid NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) NUPRIN (ibuprofen) oxaprozin PONSTEL (mefenamic acid) SPRIX NASAL SPRAY (ketorolac) TIVORBEX (indomethacin) tolmetinVOLTAREN XR (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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		ZIPSOR (diclofenac) ZORVOLEX (diclofenac)	
	NSAID/GI PROTECTANT COMBINATIONS		
		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	**Non Preferred Criteria** • 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) VIVLODEX (meloxicam)	**Non Preferred Criteria – COX II** • Documented diagnosis of Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or Ankylosing Spondylitis **AND** • 90 consecutive days on the requested 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 Ointment (ciprofloxacin)	AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin)	

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	ciprofloxacin erythromycin gentamicin polymyxin/trimethoprim tobramycin VIGAMOX (moxifloxacin)	BLEPH-10 (sulfacetamide) CILOXAN Solution (ciprofloxacin) GARAMYCIN (gentamicin) Gatifloxacin levofloxacin MOXEZA (moxifloxacin) NATACYN (natamycin) neomycin/bacitracin/polymyxin b NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin) (oxy-tcn/polymyx sul) OCUFLOX (ofloxacin) ofloxacin POLYTRIM (polymyxin/trimethoprim) sulfacetamide TOBREX (tobramycin) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	
	ANTIBIOTIC STEROID COMBINATIONS		
	neomycin/polymyxin/dexamethasone PRED-G (gentamicin/prednisolone) sulfacetamide/prednisolone TOBRADEX SUSPENSION/OINTMENT (tobramycin/dexamethasone)	BLEPHAMIDE (sulfacetamide/prednisolone) MAXITROL(neomycin/polymyxin/dexamethasone) neomycin/bacitracin/polymyxin/hc neomycin/polymyxin/gramicidin neomycin/polymyxin/hydrocortisone TOBRADEX ST SUSPENSION (tobramycin/dexamethasone) tobramycin/dexamethasone ZYLET (loteprednol/tobramycin)	
OPHTHALMIC ANTI-INFLAMMATORIES SmartPA			

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	dexamethasone diclofenac DUREZOL (difluprednate) FLAREX (fluorometholone) flurbiprofen FML SOP (fluorometholone) ketorolac MAXIDEX (dexamethasone) prednisolone acetate prednisolone NA phosphate VEXOL (rimexolone)	ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac BROMSITE (bromfenac) FML FORTE (fluorometholone) ILEVRO (nepafenac) LOTEMAX (loteprednol) NEVANAC (nepafenac) OCUFEN (flurbiprofen) PROLENSA (bromfenac) PRED MILD (prednisolone) PRED FORTE (prednisolone) VOLTAREN (diclofenac)	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS SmartPA			
	cromolyn ketotifen OTC olopatadine	ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (lodoxamide) ALREX (loteprednol) azelastine BEPREVE (bepotastine) ELESTAT (epinastine) EMADINE (emedastine) epinastine LASTACAFT (alcaftadine) OPTIVAR (azelastine) PATADAY (olopatadine) PATANOL (olopatadine) PAZEO (olopatadine)	**Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months

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MISSISSIPPI DIVISION OF MEDICAID
UNIVERSAL PREFERRED DRUG LIST
(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 09/01/2017
Version 2017.1a
Updated: 08-28-2017

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OPHTHALMIC, DRY EYE AGENTS			
	RESTASIS droperette (cyclosporine)	RESTASIS Multidose (cyclosporine) XIIDRA (lifitegrast)[Smart PA]	**Minimum Age Limit** • **17 years** – Restasis, Xiidra **Quantity Limits** • **60 units/ 31 days –** Restasis, Xiidra **Xiidra Criteria:** • History of 4 claims for Restasis in the past 6 months
OPHTHALMIC, GLAUCOMA AGENTS [SmartPA]			
	BETA BLOCKERS		**Non Preferred Criteria** • 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
	betaxolol BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol solution	BETAGAN (levobunolol) BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel TIMOPTIC (timolol)	
	CARBONIC ANHYDRASE INHIBITORS		
	AZOPT (brinzolamide) dorzolamide TRUSOPT (dorzolamide)		
	COMBINATION AGENTS		
	COMBIGAN (brimonidine/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine)	COSOPT (dorzolamide/timolol) COSOPT PF(dorzolamide/timolol)	
	PARASYMPATHOMIMETICS		

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	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)	
	PROSTAGLANDIN ANALOGS		
	latanoprost TRAVATAN Z (travoprost)	bimatoprost LUMIGAN (bimatoprost) RESCULA (unoprostone) travoprost XALATAN (latanoprost) ZIOPTAN (tafluprost)	
	SYMPATHOMIMETICS		
	ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine	dipivefrin PROPINE (dipivefrin)	
OPIATE DEPENDENCE TREATMENTS			
	DEPENDENCE		
	naltrexone tablets SUBOXONE FILM (buprenorphine/naloxone) SmartPA	buprenorphine tablets buprenorphine/naloxone tablets BUNAVAIL (buprenorphine/naloxone) ZUBSOLV (buprenorphine/naloxone)	**Buprenorphine/Naloxone and buprenorphine:** **Suboxone** • Detailed buprenorphine/naloxone and buprenorphine criteria found here **Non Preferred Criteria:** • Bunavail is preferred over Zubsolv and other generic forms of buprenorphine/naloxone **Bunavail**

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			NOTE: Bunavail is not indicated for induction therapy • History of Suboxone therapy within the past 6 months **OR** • History of Bunavail therapy within the past 3 months **AND** • All other buprenorphine/naloxone criteria found here
	TREATMENT		
	naloxone injection NARCAN NASAL SPRAY (naloxone)	EVZIO (naloxone)	
OTIC ANTIBIOTICS			
	CIPRODEX (ciprofloxacin/dexamethasone) Age Edit ciprofloxacin neomycin/polymyxin/hydrocortisone	CIPRO HC (ciprofloxacin/hydrocortisone) Age Edit COLY-MYCIN S (colistin/neomycin/ hydrocortisone) CORTISPORIN-TC (colistin/neomycin/ hydrocortisone) DERMOTIC (fluocinolone) ofloxacin OTOVEL (ciprofloxacin/fluocinolone)	**Maximum Age Limit** • **8 years** - Cipro HC • **14 years** - Ciprodex
PANCREATIC ENZYMES SmartPA			
	CREON (pancreatin) pancrelipase ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) PERTZYE (pancrelipase) ULTRESA (pancrelipase) VIOKACE (pancrelipase)	**Non Preferred Criteria** • Have tried 3 different preferred agents in the past 6 months
PARATHYROID AGENTS			

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	calcitriol ergocalciferol paricalcitol ZEMPLAR (paricalcitol)	doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone) RAYALDEE (calcifediol) ROCALTROL (calcitriol) SENSIPAR (cinacalcet)	
PHOSPHATE BINDERS			
	calcium acetate ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) RENAGEL (sevelamer HCl)	AURYXIA (ferric citrate) FOSRENOL (lanthanum) PHOSLO (calcium acetate) RENVELA (sevelamer carbonate) sevelamer carbonate VELPHORO (sucroferric oxyhydronxide)	
PLATELET AGGREGATION INHIBITORS SmartPA			
	AGGRENOX (dipyridamole/aspirin) BRILINTA (ticagrelor) cilostazol clopidogrel EFFIENT (prasugrel) dipyridamole pentoxifylline	DURLAZA (aspirin) PERSANTINE (dipyridamole) PLAVIX (clopidogrel) PLETAL (cilostazol) ticlopidine ZONTIVITY (vorapaxar) Clinical Edit	**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 **Non Preferred Criteria** • Documented diagnosis **AND** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on the requested

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			agent in the past 105 days
PRENATAL VITAMINS			
	CITRANATAL 90 DHA PACK CITRANATAL ASSURE COMBO PACK CITRANATAL B-CALM PACK CITRANATAL DHA PACK CITRANATAL HARMONY Capsule CITRANATAL RX Tablet CONCEPT DHA Capsule FE C PLUS Tablet PRENATAL PLUS 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 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 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	Products not listed here are assumed to be non-preferred.

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		PREFERA-OB ONE SOFTGEL PREFERA-OB PLUS DHA COMBO PACK PREFERA-OB PLUS DHA COMBO PACK PREFERA-OB Tablet PRENATABS FA Tablet PRENATAL 19 Tablet PRENATAL PLUS IRON Tablet PRENATAL VITAMINS Tablet PRENATE DHA SOFTGEL PRENATE ELITE Tablet PRENATE ESSENTIAL SOFTGEL PRENATE PLUS Tablet PRENAVITE Tablet PRENEXA Capsule PREQUE 10 Tablet 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** • 90 consecutive days on the requested agent in the past 105 days **OR** • Documented diagnosis for Pseudobulbar Affect

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
PULMONARY ANTIHYPERTENSIVES SmartPA			
	ENDOTHELIN RECEPTOR ANTAGONIST		
	LETAIRIS (ambrisentan) TRACLEER (bosentan)	OPSUMIT (macitentan)	**All PAH Agents – Preferred and Non Preferred** • Documented diagnosis of pulmonary hypertension **Non Preferred Criteria** • Have tried 1 preferred PAH agent in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
	PDE5's		
	sildenafil	ADCIRCA (tadalafil) REVATIO (sildenafil)	**Non Preferred Criteria** • Have tried 1 preferred PAH agent in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days • **Revatio suspension or sildenafil 25mg, 50mg, or 100mg** • **< 12 years** of age **AND** documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation **OR** history of heart transplant **OR** 90 consecutive days on the requested agent in the past 105 days **Revatio tablets** • **< 1 year** of age **AND** documented

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			diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation **OR** 90 consecutive days on the requested agent in the past 105 days • **> 18 years** of age **AND** Non Preferred Criteria
	PROSTACYCLINS		
	ORENITRAM ER (treprostinil)	TYVASO (treprostinil) VENTAVIS (iloprost)	**Non Preferred Criteria** • Have tried 1 preferred PAH agent in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days
	SELECTIVE PROSTACYCLIN RECEPTOR AGONISTS		
		UPTRAVI (selexipag)	**Non Preferred Criteria** • Have tried 1 preferred PAH agent in the past 6 months **OR** 90 consecutive days on the requested agent in the past 105 days
	SOLUABLE GUANYLATE CYCLASE STIMULATORS		
		ADEMPAS (riociguat)	**Adempas** • Have tried 1 preferred PAH agent in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days **OR** • **MANUAL PA** for PAH WHO Group 4

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
SEDATIVE HYPNOTICS			
	BENZODIAZEPINES SmartPA		
	estazolam flurazepam temazepam (15mg and 30mg)	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) RESTORIL (temazepam) temazepam (7.5mg and 22.5mg) triazolam	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. *SmartPA will allow an early refill override for one dose or therapy change per year.* • **31 units/31 days** - all strengths **Triazolam – CUMULATIVE** Quantity limit per rolling days for all strengths • **10 units/31 days** • **60 units/365 days**
	OTHERS SmartPA		
	zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (sovorexant) EDLUAR (zolpidem) eszopiclone HETLIOZ (tasimelteon) INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER zolpidem SL NR	**Quantity Limits – CUMULATIVE** Quantity limit per rolling days for all strengths. *SmartPA will allow an early refill override for one dose or therapy change per year.* • **31 units/31 days** • **1 canister/31 days** – Zolpimist & male • **1 canister/62 days –** Zolpimist & female **Gender and Dose Limits for zolpidem** • **Female -** Ambien 5mg, Ambien CR 6.25mg, Intermezzo 1.75 mg

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		ZOLPIMIST (zolpidem)	• **Male** – all zolpidem strengths **Non Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **Hetlioz** • 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 CONTACEPTIVES SmartPA		
	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)	**Non Preferred Criteria** • 1 claim with the requested agent in the past 105 days

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		JOLESSA (levonorgestrel/ethinyl estradiol) LOESTRIN 24 FE (norethindrone/ethinyl estradiol) LO LOESTRIN FE (norethindrone/ethinyl estradiol) LORYNA (ethinyl estradiol/drospirenone) NATAZIA (estradiol valerate/dienogest) norethindrone/ethinyl estradiol/fe chew tab OCELLA (ethinyl estradiol/drospirenone) OVCON-35 (norethindrone/ethinyl estradiol) PHILITH (norethindrone/ethinyl estradiol) QUASENSE (levonorgestrel/ethinyl estradiol) SAFYRAL (ethinyl estradiol/drospirenone/levomefolate) SYEDA (ethinyl estradiol/drospirenone) TILIA FE (norethindrone/ethinyl estradiol/fe) TRI-LEGEST FE (norethindrone/ethinyl estradiol/fe) VESTURA (ethinyl estradiol/drospirenone) WYMZYA FE (norethindrone/ethinyl estradiol/fe) ZARAH (ethinyl estradiol/drospirenone) ZENCHENT FE (norethindrone/ethinyl estradiol/fe) ZEOSA (norethindrone/ethinyl estradiol/fe)	
SKELETAL MUSCLE RELAXANTS SmartPA			
	baclofen chlorzoxazone cyclobenzaprine 5mg, 10mg methocarbamol tizanidine tablets	AMRIX (cyclobenzaprine ER) carisoprodol carisoprodol compound cyclobenzaprine 7.5mg, 15mg cyclobenzaprine ER dantrolene FEXMID (cyclobenzaprine)	**Non Preferred Agents** • Documented diagnosis for an approvable indication **AND** • Have tried 2 different preferred agents in the past 6 months **Carisoprodol** • Documented diagnosis of acute

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		LORZONE (chlorzoxazone) metaxalone orphenadrine orphenadrine compound PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)	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** ○ **18 tablets** - to allow tapering off ○ **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)	**Minimum Age Limit - Chantix** • **18 years** **Quantity Limits** • **Chantix 0.5 mg, 1mg tablets and continuing pack –** 336 tablets/year • **Chantix Starter –** 2 treatment courses/year
STEROIDS (Topical) SmartPA			
	LOW POTENCY		
	CAPEX (fluocinolone) desonide	alclometasone DERMA-SMOOTHE-FS (fluocinolone)	**Non Preferred Criteria** • Have tried 2 different preferred low potency agents in the past 6 months

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	hydrocortisone cr, oint, soln.	DESONATE (desonide) DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	
	MEDIUM POTENCY		
	fluocinolone hydrocortisone mometasone cr, oint. prednicarbate cr PANDEL (hydrocortisone probutate)	betamethasone valerate foam CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate) ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint SYNALAR (fluocinolone)	**Non Preferred Criteria** • Have tried 2 different preferred medium potency agents in the past 6 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)	**Non Preferred Criteria** • Have tried 2 different preferred high potency agents in the past 6 months

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		PEDIADERM TA (triamcinolone) SERNIVO (betamethasone dipropionate) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide)	
	VERY HIGH POTENCY		
	CLOBEX (clobetasol) clobetasol shampoo clobetasol propionate cream clobetasol propionate ointment halobetasol cream halobetasol ointment TEMOVATE Cream (clobetasol propionate) ULTRAVATE Cream, Lotion (halobetasol)	clobetasol emollient clobetasol propionate foam, gel, sol DIPROLENE (betamethasone diprop/prop gly) HALONATE (halobetasol/ammonium lactate) HALAC (halobetasol/ammoium lac) TEMOVATE Ointment (clobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) ULTRAVATE Ointment (halobetasol)	**Non Preferred Criteria** • Have tried 2 different preferred very high potency agents in the past 6 months
STIMULANTS AND RELATED AGENTS SmartPA			
	SHORT-ACTING		
	amphetamine salt combination dexmethylphenidate IR FOCALIN (dexmethylphenidate) METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) dextroamphetamine IR dextroamphetamine solution EVEKEO (amphetamine) methamphetamine methylphenidate chewable methylphenidate solution ZENZEDI (dextroamphetamine)	**Minimum Age Limit** • **3 years** - Adderall, Evekeo, Procentra, Zenzedi • **6 years** – Desoxyn, Focalin, Methylin **Maximum Age Limit** • **21 years** – diagnosis of ADD/ADHD is required **Quantity Limits** Applicable quantity limit per rolling days

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			• **62 tablets/ 31 days** –Adderall, Desoxyn, Evekeo, Methylin, Zenzedi • **310 mL/ 31 days** – Methylin solution, Procentra **Non-Preferred Criteria** • Have tried 2 different preferred Short Acting agents in the past 6 months **OR** • 1 claim for a 30 day supply with the requested agent in the past 105 days
	LONG-ACTING		
	ADZENYS XR ODT (amphetamine) amphetamine salt combination ER DAYTRANA (methylphenidate) FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate ER (generic Concerta; labelers 00591, 62175 & 68084)) PROVIGIL (modafinil) QUILLICHEW (methylphenidate) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine) VYVANSE CHEWABLE(lisdexamfetamine) NR	ADDERALL XR (amphetamine salt combination) APTENSIO XR (methylphenidate) CONCERTA (methylphenidate) DEXEDRINE (dextroamphetamine) dexmethylphenidate ER dextroamphetamine ER DYANAVEL XR (amphetamine) methylphenidate CD (generic Metadate CD) methylphenidate ER Caps (generic Ritalin LA) methylphenidate ER Tabs (generic Ritalin SR) MYDAYIS (amphetamine salt combination) NR NUVIGIL (armodafinil) RITALIN LA (methylphenidate) RITALIN SR (methylphenidate)	**Minimum Age Limit** • **6 years** – Adderall XR, Adzenys XR ODT, Aptensio XR, Concerta, Daytrana, Dexedrine, Dyanavel XR Focalin XR, Metadate, CD, Quillichew, Quillivant XR, Ritalin LA, Vyvanse • **13 years** – Mydayis • **16 years** – Provigil • **18 years** – Nuvigil **Maximum Age Limit** • **21 years** – diagnosis of ADD/ADHD is required **Quantity Limits** Applicable quantity limit per rolling days • **31 tablets/ 31 days** – Adderall XR, Adzenys XT ODT, Aptensio XR, Concerta 18, 27, & 54 mg, Daytrana, Dexedrine Spansule, Focalin XR, Metadate CD, Methylin ER, Nuvigil

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			150 & 200 mg, Provigil 200mg, Quillichew, Ritalin LA & SR, Vyvanse • **46.5 tablets/ 31 days** – Provigil 100 mg • **62 tablets/ 31 days** – Concerta 36mg, Nuvigil 50mg • **248 mL/31 days** – Dyanavel XR • **372 mL/ 31 days** – Quillivant XR **Provigil** • Documented diagnosis of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder **Non-Preferred Criteria** • Have tried 2 different preferred Long Acting agents in the past 6 months **OR** • 1 claim for a 30 day supply with the requested agent in the past 105 days **Nuvigil** • Documented diagnosis of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder **AND** • 1 claim for a 30 day supply with the requested agent in the past 105 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

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
			Work Disorder
	NON-STIMULANTS		
	guanfacine ER Step Edit STRATTERA (atomoxetine)	clonidine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release)	**Minimum Age Limit** **6 years** – Intuniv, Kapvay, Strattera **Maximum Age Limit** • **17 years** – Intuniv, Kapvay • **21 years** – diagnosis of ADD/ADHD is required **Quantity Limits** Applicable quantity limit per rolling days • **31 tablets/ 31 days** – Intuniv, Strattera • **124 tablets/ 31 days** – Kapvay **Guanfacine ER** • Have tried the short acting product in the past 6 months • 1 claim for a 30 day supply with guanfacine ER in the past 105 days **Kapvay & Intuniv** • Diagnosis for ADD or ADHD **AND** • Have tried 1 Short or Long Acting stimulant in the past 6 months **OR** • Have tried 1 preferred Non-Stimulant in the past 6 months **OR** • Have tried the short acting product in the past 6 months

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TETRACYCLINES SmartPA			
	doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR tetracycline	ACTICLATE (doxycyline) ADOXA (doxycycline monohydrate) demeclocycline doxycycline monohydrate caps (75mg & 150mg) doxycycline monohydrate tabs DYNACIN (minocycline) minocycline ER minocycline tabs ORACEA (doxycycline) SOLODYN (minocycline) TARGADOX (doxycycline)NR VIBRAMYCIN cap/susp/syrup	**Non Preferred Agents** • Have tried 2 different preferred agents in the past 6 months **Demeclocycline** • Documented diagnosis of Diabetes Insipidus or SIADH will allow automatic approval.
ULCERATIVE COLITIS and CROHN'S AGENTS SmartPA ***See Cytokine & CAM Antagonists Class for additional agents**			
	ORAL		
	APRISO (mesalamine) ASACOL (mesalamine) balsalazide PENTASA 250mg (mesalamine) sulfasalazine	ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) budesonide EC COLAZAL (balsalazide) DELZICOL (mesalamine) DIPENTUM (olsalazine) ENTOCORT EC (budesonide) GIAZO (balsalazide) LIALDA (mesalamine) mesalamine tablet	**Gender Limits** • **Male** - Giazo **Non Preferred Criteria** • 90 consecutive days on the requested agent in the past 105 days **OR** • Documented diagnosis for Ulcerative Colitis **AND** • 2 different preferred agents in the past 6 months

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		PENTASA 500mg (mesalamine) UCERIS (budesonide)	
	RECTAL		
	CANASA (mesalamine) mesalamine	SFROWASA (mesalamine) UCERIS Foam (budesonide)	