

# MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 07/01/2016

Version 2016.13e

Updated: 7-28-2016

‘Smart PA’ is Xerox’s proprietary electronic prior authorization system used for Medicaid fee for service claims. MSCAN plans may/may not have electronic PA functionality.

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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 (dapson) 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) 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) benzoyl peroxide/clindamycin	

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		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)	
	<b>KERATOLYTICS (BENZOYL PEROXIDES)</b>		
	benzoyl peroxide	BPO (benzoyl peroxide) INOVA (benzoyl peroxide) LAVOCLEN (benzoyl peroxide)	
	<b>ISOTRETINOIN</b>		
	Amnesteem (isotretinoin) Claravis (isotretinoin) Myorisan (isotretinoin) Zenatane (isotretinoin)	ABSORICA (isotretinoin)	
<b>ALPHA-1 PROTEINASE INHIBITORS</b>			
	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		<b>All Agents</b> <ul style="list-style-type: none"><li>Documented diagnosis for both preferred and non-preferred</li></ul> <b>Non Preferred Criteria</b> <ul style="list-style-type: none"><li>Have tried 2 different preferred agents in the past 6 months</li></ul>
	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	
	NMDA RECEPTOR ANTAGONIST		
	memantine	NAMENDA TABS (memantine) NAMENDA SOLUTION(memantine) NAMENDA XR (memantine)	<b>Namzaric</b> <ul style="list-style-type: none"><li>Documented diagnosis <b>AND</b></li><li>30 days of concurrent therapy with donepezil + memantine</li></ul>
	COMBINATION AGENTS		
		NAMZARIC (memantine/donepezil)	
ANALGESICS, NARCOTIC - SHORT ACTING			
	acetaminophen/codeine codeine dihydrocodeine/ APAP/caffeine hydrocodone/APAP hydromorphone IBUDONE (hydrocodone/ibuprofen) meperidine morphine	ABSTRAL (fentanyl) ACTIQ (fentanyl) butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine butorphanol tartrate (nasal) DEMEROL (meperidine) DILAUDID (hydromorphone) fentanyl	<b>Quantity Limits</b> Applicable <u>quantity limit</u> in 31 rolling days. <ul style="list-style-type: none"><li><b>62 tablets</b> – codeine, oxycodone/ibuprofen, meperidine, hydromorphone, fentanyl, bultalbit/codeine combinations, morphine, tapentadol, dihydrocodeine combinations, tramadol, pentazocine</li></ul>

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	oxycodone capsules oxycodone/APAP oxycodone/aspirin oxycodone/ibuprofen pentazocine/APAP tramadol tramadol/APAP	FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine) hydrocodone/ibuprofen levorphanol LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAGNACET (oxycodone/APAP) NORCO (hydrocodone/APAP) NUCYNTA (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXECTA (oxycodone) oxycodone tablets pentazocine/naloxone PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) REPREXAIN (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) RYBIX (tramadol) SUBSYS (fentanyl) SYNALGOS-DC (dihydrocodeine/ aspirin/caffeine) TYLENOL W/CODEINE (APAP/codeine) TYLOX (oxycodone/APAP) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) VICOPROFEN (hydrocodone/ibuprofen) XODOL (hydrocodone/acetaminophen) ZAMICET (hydrocodone/APAP) ZOLVIT (hydrocodone/APAP)	<ul style="list-style-type: none"> <li>• <b>62 tablets CUMULATIVE</b> – hydrocodone combinations, oxycodone combinations</li> <li>• <b>124 tablets</b> – butalbital/APAP 750</li> <li>• <b>145 tablets</b> – butalbital/APAP 650</li> <li>• <b>186 tablets</b> – butalbital/APAP 325, butalbital/ASA 325</li> <li>• <b>5mL (2 x 2.5 bottles)</b> – butorphanol nasal</li> <li>• <b>180 mL CUMULATIVE</b> – oxycodone liquids</li> <li>• <b>480 mL CUMULATIVE</b> – hydrocodone liquids</li> </ul>

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		ZYDONE (hydrocodone/acetaminophen)	
<b>ANALGESICS, NARCOTIC - LONG ACTING</b> <small>SmartPA</small>			
	BUTRANS (buprenorphine) EMBEDA (morphine/naltrexone) fentanyl patches morphine ER tablets	<b>BELBUCA (buprenorphine)</b> CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EXALGO (hydromorphone) hydromorphone ER HYSINGLA ER (hydrocodone) KADIAN (morphine) Methadone MS CONTIN (morphine) morphine ER capsules NUCYNTA ER (tapentadol) OPANA ER (oxymorphone) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol) XARTEMIS XR (oxycodone/APAP) XTAMPZA ER (oxycodone) <sup>NR</sup> ZOHYDRO ER (hydrocodone bitartrate)	<b>Minimum Age Limit</b> • <b>18 years</b> – Xartemis XR, Zohydro ER  <b>Quantity Limits</b> Applicable <u>quantity limit</u> per rolling days • <b>31 tablets/31 days</b> - Conzip ER, Exalgo ER, Hysingla ER, Ryzolt , Ultram ER • <b>62 tablets/31 days</b> – Embeda, Kadian, Methadone, Morphine ER, Opana ER, oxycodone ER, Oxycontin, Xtampza ER, Zohydro ER • <b>10 patches/31 days</b> – Duragesic • <b>4 patches/31 days</b> – Butrans • <b>40 tablets/10 days</b> – Xartemis XR  <b>Non-Preferred Criteria</b> • Have tried 2 different preferred agents in the past 6 months <b>OR</b> • Documented diagnosis of cancer <b>OR</b> Antineoplastic therapy <b>AND</b> 90 consecutive days on the requested agent in the past 105 days  <b>Xartemis XR – <u>MANUAL PA</u></b> • Have tried 2 different preferred agents in the past 30 days • Maximum duration of therapy = 20 days per calendar year

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<b>ANALGESICS/ANAESTHETICS (Topical)</b>			
	VOLTAREN Gel (diclofenac sodium) <b>SmartPA</b>	capsaicin diclofenac sodium 1% gel <sup>NR</sup> diclofenac sodium solution FLECTOR (diclofenac epolamine) <b>SmartPA</b> LIDAMANTLE HC (lidocaine/hydrocortisone) lidocaine lidocaine/prilocaine LIDODERM (lidocaine) <b>SmartPA</b> PENNSAID Solution (diclofenac sodium ) <b>SmartPA</b> xylocaine SYNERA (lidocaine/tetracaine) ZOSTRIX (capsaicin)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 1 preferred agent in the past 6 months</li> </ul> <b>Lidoderm</b> <ul style="list-style-type: none"> <li>Documented diagnosis of Herpetic Neuralgia <b>OR</b></li> <li>Documented diagnosis of Diabetic Neuropathy</li> </ul>
<b>ANDROGENIC AGENTS</b> <b>SmartPA</b>			
	ANDROGEL (testosterone gel) TESTIM (testosterone gel)	ANDRODERM (testosterone patch) AXIRON (testosterone gel) FORTESTSA (testosterone gel) NATESTO (testosterone) STRIANT (testosterone) testosterone gel testosterone pump VOGELXO (testosterone)	<b>All Agents</b> <ul style="list-style-type: none"> <li>Limited to male gender</li> </ul> <b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 preferred agents in the past 6 months</li> </ul>
<b>ANGIOTENSIN MODULATORS</b> <b>SmartPA</b>			
<b>ACE INHIBITORS</b>			
	benazepril captopril enalapril fosinopril lisinopril	ACCUPRIL (quinapril) ALTACE (ramipril) EPANED (epalapril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>≤ 6 years – Epaned <i>Smart PA will automatically be issued for this age</i></li> </ul> <b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred <u>single</u></li> </ul>

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	quinapril ramipril trandolapril	perindopril PRINIVIL (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	<u>entity</u> agents in the past 6 months <b>OR</b> • 90 consecutive days on the requested agent in the past 105 days
<b>ACE INHIBITOR COMBINATIONS</b>			
	benazepril/amlodipine benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ quinapril/HCTZ TARKA (trandolapril/verapamil)	ACCURETIC (quinapril/HCTZ) LOTENSIN HCT (benazepril/HCTZ) LOTREL(benazepril/amlodipine) moexipril/HCTZ <b>PRESTALIA (perindopril/amlodipine)</b> trandolapril/verapamil UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	<b>Non Preferred Criteria</b> <b>ACE Inhibitor/CCB</b> • Have tried 2 different preferred <u>ACEI/CCB</u> agents in the past 6 months <b>OR</b> • 90 consecutive days on the requested agent in the past 105 days  <b>ACE Inhibitor/Diuretic</b> • Have tried 2 different preferred <u>ACEI/Diuretic</u> agents in the past 6 months <b>OR</b> • 90 consecutive days on the requested agent in the past 105 days
<b>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)</b>			
	DIOVAN (valsartan) irbesartan losartan MICARDIS (telmisartan) telmisartan	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) candesartan COZAAR (losartan) EDARBI (azilsartan) eprosartan	<b>Non Preferred Criteria</b> • Have tried 2 different preferred <u>single entity</u> agents in the past 6 months <b>OR</b> • 90 consecutive days on the requested agent in the past 105 days

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		TEVETEN (eprosartan) valsartan	
	<b>ARB COMBINATIONS</b>		
	EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) <b>irbesartan/HCTZ</b> losartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ) telmisartan/HCTZ <b>valsartan/HCTZ</b>	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) candesartan/HCTZ <b>DIOVAN-HCT (valsartan/HCTZ)</b> EDARBYCLOR (azilsartan/chlorthalidone) ENTRESTO (valsartan/sacubitril) HYZAAR (losartan/HCTZ) telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWINSTA (telmisartan/amlodipine) valsartan/amlodipine valsartan/amlodipine/HCTZ	<p><b>Non Preferred Criteria</b> <b>ARB/CCB or ARB/CCB/Diuretic</b></p> <ul style="list-style-type: none"> <li>Have tried 1 preferred <u>ARB/CCB</u> agent in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul> <p><b>ARB/Diuretic</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred <u>ARB/Diuretic</u> products in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul> <p><b>Entresto – <u>MANUAL PA</u></b></p> <ul style="list-style-type: none"> <li>Age ≥ 18 years</li> <li>HF (NYHA Class II-IV)</li> <li>EF ≤ 40%</li> <li>No concurrent therapy with an ACEI or ARB</li> </ul>
	<b>DIRECT RENIN INHIBITORS</b>		
		TEKTURN (aliskiren)	<p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of hypertension <b>AND</b></li> <li>Have tried 2 different preferred <u>ACEI or ARB single-entity</u> products in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested</li> </ul>

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			agent in the past 105 days
	<b>DIRECT RENIN INHIBITOR COMBINATIONS</b>		
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURN-HCT (aliskiren/hctz) VALTURN (aliskiren/valsartan)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Documented diagnosis of hypertension <b>AND</b></li> <li>Have tried 2 different preferred <u>ACE/ or ARB diuretic agents</u> in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>ANTIBIOTICS (GI)</b>			
	ALINIA (nitazoxanide) metronidazole neomycin tinidazole	DIFICID (fidaxomicin) FLAGYL ER (metronidazole) TINDAMAX (tinidazole) VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)	<b>Xifaxan – MANUAL PA</b> <ul style="list-style-type: none"> <li>Documented diagnosis of Hepatic Encephalopathy <b>AND</b></li> <li>One trial of Lactulose <b>OR</b></li> <li>Failure or intolerance to lactulose <b>OR</b></li> <li>Hospital discharge on Xifaxan <b>OR</b></li> <li>One claim in the past 365 days</li> </ul>
<b>ANTIBIOTICS (MISCELLANEOUS)</b>			
	<b>KETOLIDES</b>		
		KETEK (telithromycin)	
	<b>LINCOSAMIDE ANTIBIOTICS</b>		
	clindamycin capsules clindamycin solution	CLEOCIN (clindamycin) CLEOCIN SOLUTION (clindamycin)	

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	<b>MACROLIDES</b>		
	azithromycin clarithromycin ER clarithromycin IR E.E.S. Suspension 200 (erythromycin ethylsuccinate) ERY-TAB (erythromycin)	BIAXIN (clarithromycin) BIAXIN XL (clarithromycin) E.E.S. (erythromycin ethylsuccinate) E.E.S. Suspension 400 (erythromycin ethylsuccinate) E-MYCIN (erythromycin) ERYC (erythromycin) ERYPED Suspension (erythromycin ethylsuccinate) ERYTHROCIN (erythromycin stearate) erythromycin erythromycin estolate PCE (erythromycin) ZITHROMAX (azithromycin) ZMAX (azithromycin)	
	<b>NITROFURAN DERIVATIVES</b>		
	nitrofurantoin nitrofurantoin monohydrate macrocrystals	FURADANTIN (nitrofurantoin) MACROBID (nitrofurantoin monohydrate macrocrystals) MACRODANTIN (nitrofurantoin)	
	<b>Oxazolidinones</b>		
		SIVEXTRO (tedizolid) ZYVOX (linezolid)	<b>Sivextro, Zyvox - <a href="#">MANUAL PA</a></b>  <b>Quantity Limit</b> • 6 tablets/month - Sivextro
<b>ANTIBIOTICS (Topical)</b>			

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	bacitracin bacitracin/polymixin BACTROBAN cream (mupirocin) gentamicin sulfate mupirocin ointment	ALTABAX (retapamulin) BACTROBAN OINTMENT (mupirocin) CORTISPORIN (bacitracin/neomycin/ polymyxin/Hc) mupirocin cream	
<b>ANTIBIOTICS (VAGINAL)</b>			
	CLEOCIN OVULES (clindamycin) clindamycin CLINDESSE (clindamycin) metronidazole vaginal VANDAZOLE (metronidazole)	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) METROGEL (metronidazole) NUVESSA (metronidazole)	
<b>ANTICOAGULANTS</b> <small>SmartPA</small>			
	<b>ORAL</b>		
	COUMADIN (warfarin) warfarin XARELTO 10mg (rivaroxaban) <small>Clinical Edit</small>	ELIQUIS (apixaban) PRADAXA (dabigatran) SAVAYSA (edoxaban tosylate) XARELTO 15 & 20mg (rivaroxaban)	<p><b><u>DVT Prophylaxis - following hip replacement</u></b>  <b>XARELTO 10MG, ELIQUIS, PRADAXA 110MG</b></p> <ul style="list-style-type: none"> <li>70 total days of therapy per calendar year</li> <li>Documented diagnosis of hip replacement <b>AND</b> duration of therapy limited to 35 days</li> </ul> <p><b><u>DVT Prophylaxis - following knee replacement</u></b>  <b>XARELTO 10MG &amp; ELIQUIS</b></p> <ul style="list-style-type: none"> <li>70 total days of therapy per calendar year</li> <li>Documented diagnosis of knee replacement <b>AND</b> duration of therapy limited to 12 days</li> </ul>

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			<p><b>DVT and PE Treatment</b> ELIQUIS, PRADAXA 75 &amp; 150MG, SAVAYSA, XARELTO 15 &amp; 20MG</p> <ul style="list-style-type: none"> <li>Documented diagnosis of DVT or PE</li> </ul> <p><b>Nonvalvular Atrial Fibrillation</b> ELIQUIS, PRADAXA 75 &amp; 150MG, SAVAYSA, XARELTO 15 &amp; 20MG</p> <ul style="list-style-type: none"> <li>Documented diagnosis of atrial fibrillation <b>AND</b></li> <li>NO contraindication of cardiac valve disease <b>AND</b></li> <li>60 days prior therapy with warfarin in the past 6 months <b>OR</b> 1 claim with the requested agent in the past 90 days</li> </ul>
	<b>LOW MOLECULAR WEIGHT HEPARIN (LMWH)</b>		
	LOVENOX (enoxaparin) Prefilled Syringe	ARIXTRA (fondaparinux) enoxaparin FRAGMIN (dalteparin) fondaparinux	<p><b>LMWH – All Agents</b></p> <ul style="list-style-type: none"> <li>LMWH therapy in the past 3months <b>AND</b> <ul style="list-style-type: none"> <li>Documented diagnosis of cancer <b>OR</b></li> <li>Pregnant female</li> </ul> </li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>NO LMWH therapy in the past 3months <b>AND</b> <ul style="list-style-type: none"> <li>Duration of therapy is &lt; 17 days <b>OR</b></li> <li>Documented diagnosis of cancer <b>OR</b></li> <li>Pregnant female <b>OR</b></li> <li>Total hip/knee replacement or hip fracture surgery in the past 6</li> </ul> </li> </ul>

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			months <b>AND</b> duration of therapy < 35 days  <b>LMWH Non Preferred Criteria</b> <ul style="list-style-type: none"><li>Have tried 1 different preferred agent in the past 6 months <b>OR</b></li><li>90 consecutive days on the requested agent in the past 105 days</li></ul>
<b>ANTICONVULSANTS</b> SmartPA			
	<b>ADJUVANTS</b>		
	carbamazepine carbamazepine XR CARBATROL (carbamazepine) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EPITOL (carbamazepine) FYCOMPA (perampanel) gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam oxcarbazepine oxcarbazepine suspension TEGRETOL XR (carbamazepine) TOPAMAX Sprinkle (topiramate) topiramate tablet topiramate ER (generic Qudexy XR) <b>Step Edit</b> topiramate sprinkle capsule	APTiom (eslicarbazepine) BANZEL (rufinamide) DEPAKENE (valproic acid) DEPAKOTE (divalproex) EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) GRALISE (gabapentin) HORIZANT (gabapentin) LAMICTAL XR (lamotrigine) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) levetiracetam ER NEURONTIN (gabapentin) OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine) QUDEXY XR (topiramate) SABRIL (vigabatrin)	<b>Minimum Age Limit</b> <ul style="list-style-type: none"><li>1 year - Banzel</li><li>2 years – Onfi</li></ul> <b>Quantity Limit</b> <ul style="list-style-type: none"><li>3 Twin Packs/31 days - Diastat</li></ul> <b>Topiramate ER – Step Edit</b> <ul style="list-style-type: none"><li>90 consecutive days on the requested agent in the past 105 days <b>AND</b> documented diagnosis of seizure <b>OR</b></li><li>30 day trial with topiramate IR in the past 6 months</li></ul> <b>Non Preferred Criteria</b> <ul style="list-style-type: none"><li>Have tried 2 different preferred agents in the past 6 months <b>OR</b></li><li>90 consecutive days on the requested agent in the past 105 days <b>AND</b></li></ul>

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	valproic acid VIMPAT (lacosamide) zonisamide	SPRITAM (levetiracetam) <sup>NR</sup> STAVZOR (valproic acid) TEGRETOL (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) TRILEPTAL Suspension (oxcarbazepine) TRILEPTAL Tablets (oxcarbazepine) TROKENDI XR (topiramate) ZONEGRAN (zonisamide)	documented diagnosis of seizure  <b>Banzel/Onfi</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of Lennox-Gastaut <b>AND</b></li> <li>• Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days <b>AND</b> documented diagnosis of seizure</li> </ul>
<b>SELECTED BENZODIAZEPINES</b>			
	DIASTAT (diazepam rectal)	diazepam rectal gel ONFI (clobazam)	
<b>HYDANTOINS</b>			
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
<b>SUCCINIMIDES</b>			
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
<b>ANTIDEPRESSANTS, OTHER <small>SmartPA</small></b>			
	bupropion bupropion SR bupropion XL BRINTELLIX (vortioxetine) mirtazapine trazodone	APLENZIN (bupropion HBr) desvenlafaxine DESYREL (trazodone) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal)	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>• <b>18 years</b> - all drugs</li> <li>• <b>Cymbalta</b> – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder)</li> </ul>

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	venlafaxine venlafaxine ER capsules VIIBRYD (vilazodone)	FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion) IRENKA (duloxetine) KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) PRISTIQ (desvenlafaxine) REMERNON (mirtazapine) tranylcypromine venlafaxine XR venlafaxine ER tablets WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion HCl)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred <u>‘Antidepressants, Other’ Class</u> in the past 6 months <b>OR</b></li> <li>Have tried BOTH a preferred <u>‘Antidepressant, SSRI’ and ‘Antidepressants, Other’</u> in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul> <b>Cymbalta (see Fibromyalgia Agents)</b>
<b>ANTIDEPRESSANTS, SSRIs SmartPA</b>			
	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 SUSPENSION (paroxetine) PAXIL Tablets (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	<b>Minimum Age Limits</b> <ul style="list-style-type: none"> <li><b>6 years</b> - Zoloft</li> <li><b>7 years</b> – Prozac</li> <li><b>8 years</b> - Luvox</li> <li><b>9 years</b> - Celexa</li> <li><b>12 years</b> - Lexapro</li> <li><b>18 years</b> - Luvox CR, Paxil, Prozac 90 mg</li> </ul> <b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>

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ANTIEMETICS <small>SmartPA</small>			
	5HT3 RECEPTOR BLOCKERS		<b>Quantity Limits</b> <ul style="list-style-type: none"><li>• <b>4 tablets/31 days</b> - Varubi</li><li>• <b>6 tablets/31 days</b> – Akynzeo</li><li>• <b>30 tablets/31 days</b> – Zofran tablets/ODT</li><li>• <b>100 ml/31 days</b> – Zofran solution</li></ul> <b>Non Preferred Agents</b> <ul style="list-style-type: none"><li>• Have tried 1 preferred agent in the past 6 months</li></ul> <p>Injectables in this class closed to point of sale. PA required if not administered in clinic/hospital</p>
	ondansetron ondansetron ODT ondansetron solution	ANZEMET (dolasetron) granisetron SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) ZUPLENZ (ondansetron)	
	ANTIEMETIC COMBINATIONS		<b>Akynzeo - <u>MANUAL PA</u></b> <ul style="list-style-type: none"><li>• Documented diagnosis of cancer OR Antineoplastic history <b>AND</b></li><li>• Chemotherapy regimen includes use of a highly or moderately emetogenic chemotherapeutic agent <b>AND</b></li><li>• History of prior use of preferred combination antiemetic therapy <b>AND</b></li><li>• Concurrent use of dexamethasone per PI</li></ul>
		AKYNZEO (netupitant/palonosetron) DICLEGIS (doxylamine/pyridoxine)	
	CANNABINOIDS		
		CESAMET (nabilone)	

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		MARINOL (dronabinol) dronabinol	
	<b>NMDA RECEPTOR ANTAGONIST</b>		
	EMEND (aprepitant)	<b>VARUBI (rolapitant)</b>	<b>Varubi - <a href="#">MANUAL PA</a></b> <ul style="list-style-type: none"> <li>• Documented diagnosis of cancer OR Antineoplastic history <b>AND</b></li> <li>• Chemotherapy regimen includes use of a highly or moderately emetogenic chemotherapeutic agent <b>AND</b></li> <li>• History of prior use of preferred combination antiemetic therapy <b>AND</b> Concurrent use of dexamethasone per PI</li> </ul>
<b>ANTIFUNGALS (Oral)</b>	<b>SmartPA</b>		
	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) ^ TERBINEX Kit (terbinafine/ciclopirox) VFEND (voriconazole) ^ voriconazole ^	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>• <b>4-12 years</b> – Lamisil Granules <u>Smart PA will automatically be issued for this age range</u></li> <li>• <b>12-17 years</b> – griseofulvin tablets <u>Smart PA will automatically be issued for this age range</u></li> </ul> <b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul> <b>HIV opportunistic infection</b> <ul style="list-style-type: none"> <li>• Non Preferred agent indicated for treatment (^) <b>AND</b></li> <li>• Documented diagnosis of HIV</li> </ul> <b>Cresamba - <a href="#">MANUAL PA</a></b>

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			<ul style="list-style-type: none"> <li>• Minimum age limit <math>\geq</math> 18 years <b>AND</b></li> <li>• Documented diagnosis of invasive aspergillosis <b>OR</b> invasive mucormycosis <b>AND</b></li> <li>• Prescriber is an oncologist/hematologist or infectious disease specialist</li> </ul> <p><b>Sporanox</b></p> <ul style="list-style-type: none"> <li>• HIV opportunistic infection criteria <b>OR</b></li> <li>• Documented diagnosis of a transplant <b>OR</b></li> <li>• History of an immunosuppressant in the past 6 months <b>OR</b></li> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>
<b>ANTIFUNGALS (Topical)</b> SmartPA			
	<b>ANTIFUNGALS</b>		
	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) <b>econazole</b> ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) JUBLIA (efinaconazole) KERYDIN (tavaborole) <b>ketoconazole cream</b> ketoconazole foam LAMISIL (terbinafine) solution LOPROX (ciclopirox)	<p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>

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		LUZU (luliconazole) MENTAX (butenafine) NAFTIN (naftifine) NIZORAL (ketoconazole) oxiconazole OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide)	
<b>ANTIFUNGAL/STEROID COMBINATIONS</b>			
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)	
<b>ANTIFUNGALS (VAGINAL)</b>			
	clotrimazole vaginal cream miconazole 1, 3 cream, 7cream, TERAZOL 3 Cream (terconazole) – currently unavailable from manufacturer tioconazole VAGISTAT 3 (miconazole) VAGISTAT 1 (tioconazole)	GYNAZOLE 1 (butoconazole) miconazole 3 vaginal suppository TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole	
<b>ANTI-HISTAMINES, MINIMALLY SEDATING AND COMBINATIONS <small>SmartPA</small></b>			
<b>MINIMALLY SEDATING ANTI-HISTAMINES</b>			
	cetirizine loratadine	ALLEGRA (fexofenadine) CLARINEX (desloratadine)	<b>Non Preferred Criteria</b> • Documented diagnosis of allergy or urticaria <b>AND</b>

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		fexofenadine RX levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	<ul style="list-style-type: none"><li>Have tried 2 different preferred agents in the past 12 months</li></ul>
	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 ONZETRA Xsail (sumatriptan) <sup>NR</sup> TREXIMET (sumatriptan/naproxen) zolmitriptan ZOMIG (zolmitriptan)	<p><b>Minimum Age Limit – ALL FORMULATIONS</b></p> <ul style="list-style-type: none"><li><b>6 years</b> – Maxalt</li><li><b>12-17 years</b> – Axert, Treximet, Zomig nasal spray <i>Smart PA will automatically be issued for this age range</i></li><li><b>18 years</b> – Amerge, Frova, Imitrex, Onzetra Xsail, Relpax, Zembrace Symtouch, Zomig tablets</li></ul> <p><b>Quantity Limit - ORAL</b></p> <ul style="list-style-type: none"><li><b>6 tablets/31 days</b> - Axert, Relpax Zomig</li><li><b>9 tablets/31 days</b> - Amerge, Frova, Imitrex, Treximet</li><li><b>12 tablets/31 days</b> – Maxalt</li></ul> <p><b>Non Preferred Criteria - ORAL</b></p> <ul style="list-style-type: none"><li>Have tried 2 preferred preferred oral agents in the past 90 days</li></ul>

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 07/01/2016

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Updated: 7-28-2016

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	<b>NASAL</b>		
	IMITREX (sumatriptan)	sumatriptan ZOMIG (zolmitriptan)	<b>Quantity Limit - NASAL</b> • 1 box/31 days  <b>Non Preferred Criteria - NASAL</b> • Have tried 1 preferred nasal agent in the past 90 days
	<b>INJECTABLES</b>		
	IMITREX (sumatriptan)	sumatriptan SUMAVEL (sumatriptan)	<b>CUMULATIVE Quantity Limit - INJECTION</b> • 4 injections/31 days
	<b>OTHER</b>		
		ZECUITY PATCH (sumatriptan)	<b>Quantity Limit</b> • 4 patches/31 days  <b>Zecuity</b> • Have tried 2 preferred agents (oral, nasal, or injectable) in the past 90 days
<b>ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS</b>			
	AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) <b>COTELLIC (cobimetinib)</b> GILOTRIF (afatinib) GLEEVEC (imatinib mesylate) ICLUSIG (ponatinib) IMBRUVICA (ibrutinib) INLYTA (axitinib)	<b>ALECENSA (alectinib)</b> FARYDAK (panobinostat) GLEOSTINE (lomustine) IBRANCE (palbociclib) <small>SmartPA</small> LENVIMA (lenvatinib) <small>SmartPA</small> LYNPARZA (olaparib) <small>SmartPA</small> <b>TAGRISSO (osimertinib)</b>	<b>Farydak - MANUAL PA</b> • Documented diagnosis of multiple myeloma <b>AND</b> • Used in combination with bortezomib and dexamethasone per PI <b>AND</b> • History of 2 prior regimens including bortezomib and an immunomodulatory agent

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	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 (ceritinib)		<b>Ibrance</b> <ul style="list-style-type: none"> <li>Documented diagnosis of breast cancer <b>AND</b></li> <li>Concurrent therapy with letrozole</li> </ul> <b>Lenvima</b> <ul style="list-style-type: none"> <li>Documented diagnosis of thyroid cancer</li> </ul> <b>Lynparza</b> <ul style="list-style-type: none"> <li>Documented diagnosis of ovarian cancer <b>AND</b></li> <li>History of 3 prior chemotherapy agents in the past 2 years</li> </ul>
<b>ANTIPARASITICS (Topical) <sup>SmartPA</sup></b>			
	<b>PEDICULICIDES</b>		
	permethrin 1% NATROBA (spinosad)	lindane malathion OVIDE (malathion) SKLICE (ivermectin) ULESFIA (benzyl alcohol)	<b>Minimum Age/Weight Limit for Pediculicides</b> <ul style="list-style-type: none"> <li><b>50 kg</b> - lindane shampoo</li> <li><b>2 months</b> – permethrin 1%(OTC)</li> <li><b>6 months</b> – Natroba, SKLICE, Ulesfia</li> <li><b>2 years</b> – piperonyl/pyrethrins (OTC)</li> <li><b>6 years</b> – Ovide</li> </ul> <b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>History of permethrin 1% topical lotion <b>OR</b> piperonyl/pyrethrin in the past 90 days <b>AND</b></li> <li>History of Natroba in the past 90 days</li> </ul> <b>Ulesfia</b>

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			Ulesfia is no longer covered due to no longer being rebated.
<b>SCABICIDES</b>			
	permethrin 5% STROMEKTOL Tablet (ivermectin)	ELIMITE (permethrin) EURAX CREAM (crotamiton) EURAX LOTION (crotamiton)	<b>Minimum Age/Weight Limit for Topical Scabicides</b> <ul style="list-style-type: none"> <li>• <b>50 kg</b> - lindane lotion</li> <li>• <b>2 months</b> – permethrin 5%</li> <li>• <b>18 years</b> – Eurax</li> </ul> <b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>• History of permethrin 5% in the past 90 days</li> </ul>
<b>ANTIPARKINSON’S AGENTS (Oral)</b> <small>SmartPA</small>			
<b>ANTICHOLINERGICS</b>			
	benztropine trihexyphenidyl	COGENTIN (benztropine)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of Parkinson’s disease <b>AND</b></li> <li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>COMT INHIBITORS</b>			
		COMTAN (entacapone) TASMAR (tolcapone) tolcapone	

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	<b>DOPAMINE AGONISTS</b>		
	ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole pramipexole ER REQUIP (ropinirole) REQUIP XL (ropinirole) ropinerole ER	
	<b>MAO-B INHIBITORS</b>		
	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) ZELAPAR (selegiline)	
	<b>OTHERS</b>		
	amantadine bromocriptine levodopa/carbidopa	levodopa/carbidopa ODT levodopa/carbidopa/entacapone LODOSYN (carbidopa) PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine) RYTARY ER (levodopa/carbidopa) SINEMET (levodopa/carbidopa) SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)	<b>Lodosyn</b> • Documented diagnosis of Parkinson’s disease <b>AND</b> • History of a carbidopa/levodopa combination product in the past 45 days
<b>ANTIPSYCHOTICS</b> SmartPA			
	<b>ORAL</b>		

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	ABILIFY (aripiprazole) <sup>SmartPA</sup> amitriptyline/perphenazine aripiprazole chlorpromazine clozapine <sup>SmartPA</sup> fluphenazine haloperidol <sup>SmartPA</sup> olanzapine <sup>SmartPA</sup> perphenazine risperidone <sup>SmartPA</sup> quetiapine <sup>SmartPA</sup> thioridazine thiothixene trifluoperazine ziprasidone <sup>SmartPA</sup>	CLOZARIL (clozapine) <sup>SmartPA</sup> FANAPT (iloperidone) <sup>SmartPA</sup> FAZACLO (clozapine) <sup>SmartPA</sup> GEODON (ziprasidone) <sup>SmartPA</sup> HALDOL (haloperidol) <sup>SmartPA</sup> INVEGA (paliperidone) <sup>SmartPA</sup> LATUDA (lurasidone) <sup>SmartPA</sup> NAVANE (thiothixene) NUPLAZID (pimavanserin) <sup>NR</sup> olanzapine/fluoxetine <sup>SmartPA</sup> paliperidone <sup>SmartPA</sup> SEROQUEL (quetiapine) <sup>SmartPA</sup> REXULTI (brexpiprazole) RISPERDAL (risperidone) <sup>SmartPA</sup> SAPHRIS (asenapine) <sup>SmartPA</sup> <b>SEROQUEL XR (quetiapine)* <sup>SmartPA</sup></b> SYMBYAX (olanzapine/fluoxetine) <sup>SmartPA</sup> ZYPREXA (olanzapine) <sup>SmartPA</sup> VRAYLAR (cariprazine) <sup>NR</sup>	<p><b>Minimum Age Limits</b></p> <ul style="list-style-type: none"> <li>• <b>3 years</b> - Haldol</li> <li>• <b>5 years</b> – Risperdal</li> <li>• <b>6 years</b> – Abilify</li> <li>• <b>10 years</b> – Saphris, Seroquel, Symbyax</li> <li>• <b>13 years</b> – Zyprexa</li> <li>• <b>18 years</b> – Clozaril, Fanapt, Geodon, Invega, Latuda, Nuplazid, Rexulti, Vraylar</li> </ul> <p><b>Abilify Tablets (excluding ODT)</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Detailed Abilify Tablet Splitting found here:</a></li> <li>• Use ½ tablet of the higher strength.</li> <li>• 1 tablet splitter/ year</li> </ul> <p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 preferred atypical antipsychotic agents in the past 12 months <b>OR</b></li> <li>• 30 consecutive days on the requested agent in the past 180 days</li> </ul> <p><b>Latuda</b></p> <ul style="list-style-type: none"> <li>• Females of childbearing age               <ul style="list-style-type: none"> <li>◦ ≥ 18 years will approve automatically</li> <li>◦ &lt; 18 years will need an age waiver by <a href="#">manual PA</a> <b>OR</b></li> </ul> </li> <li>• Males see Non Preferred Criteria noted above</li> </ul> <p><b>Nuplazid</b></p>

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			<ul style="list-style-type: none"> <li>Documented diagnosis of Parkinson’s disease</li> </ul>
	<b>INJECTABLE, ATYPICALS</b> <i>SmartPA</i>		
		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.  <b>LTC Long Acting Injectable Criteria</b> <ul style="list-style-type: none"> <li>Minimum Age <b>AND</b></li> <li>Documented diagnosis <b>AND</b></li> <li>Non-Compliant with the oral formulation <b>OR</b></li> <li>History of the requested injectable agent in the past 90 days               <ul style="list-style-type: none"> <li><b>3 claims</b> - Abilify Maintena, Aristada, Invega Sustenna, Zyprexa Relprevv</li> <li><b>6 claims</b> - Risperdal Consta</li> </ul> </li> </ul> <b>Invega Trinza</b> <ul style="list-style-type: none"> <li>Minimum Age <b>AND</b></li> <li>Documented diagnosis <b>AND</b></li> <li>History of 4 claims of Invega Sustenna in the past 180 days</li> </ul>
<b>ANTIRETROVIRALS</b> <i>SmartPA</i>			
	<b>INTEGRASE STRAND TRANSFER INHIBITORS</b>		
	ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium)	VITEKTA (elvitegravir)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>1 claim with the requested agent in the past 105 days</li> </ul>
	<b>NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>		

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	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 (butransine) ZERIT (stavudine)	Tybost - <a href="#">MANUAL PA</a>
	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)	
	PROTEASE INHIBITORS (PEPTIDIC)		
	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)	

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	<b>COMBINATION PRODUCTS - NRTIs</b>		
	abacavir/lamivudine/zidovudine EPZICOM (abacavir/lamivudine) lamivudine/zidovudine TRIZIVIR (abacavir/lamivudine/zidovudine)	COMBIVIR (lamivudine/zidovudine)	
	<b>COMBINATION PRODUCTS – NUCLEOSIDE &amp; NUCLEOTIDE ANALOG RTIs</b>		
	TRUVADA (emtricitabine/tenofovir)		
	<b>COMBINATION PRODUCTS – NUCLEOSIDE &amp; NUCLEOTIDE ANALOGS &amp; INTEGRASE INHIBITORS</b>		
	GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir)	STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) TRIUMEQ (abacavir/lamivudine/ dolutegravir)	<p><b>Stribild – <a href="#">MANUAL PA</a></b></p> <ul style="list-style-type: none"> <li>Genotype testing supporting resistance to other regimens <b>OR</b></li> <li>Intolerance or contraindication to preferred combination of drugs <b>AND</b></li> <li>Medical reasoning beyond convenience or enhanced compliance over preferred agents <b>AND</b></li> <li>CrCl &gt; 70mL/min to initiate therapy <b>OR</b> CrCl &gt;50mL/min to continue therapy</li> </ul> <p><b>Triumeq – <a href="#">MANUAL PA</a></b></p> <ul style="list-style-type: none"> <li>Medical reasoning beyond convenience or enhanced compliance over the preferred agents (Epzicom + Tivicay)</li> </ul>
	<b>COMBINATION PRODUCTS – NUCLEOSIDE &amp; NUCLEOTIDE ANALOGS &amp; NON-NUCLEOSIDE RTIs</b>		
	ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir)	ODEFSEY (emtricitabine/rilpivirine/tenofovir AF) <sup>NR</sup>	

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<b>COMBINATION PRODUCTS – PROTEASE INHIBITORS</b>			
	KALETRA (lopinavir/ritonavir)		
<b>ANTIVIRALS (Oral) – ANTIHERPETIC AGENTS</b>			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) SITAVIG (acyclovir) VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
<b>ANTIVIRALS (Topical)</b>			
	ZOVIRAX Cream (acyclovir)	DENAVIR (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Ointment (acyclovir)	
<b>AROMATASE INHIBITORS</b>			
	anastrozole ARIMIDEX (anastrozole) exemestane letrozole	AROMASIN (exemestane) FEMARA (letrozole)	
<b>ATOPIC DERMATITIS</b> SmartPA			

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 07/01/2016

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	ELIDEL (pimecrolimus)	PROTOPIC (tacrolimus) tacrolimus	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>• <b>2 years</b> – Elidel, Protopic 0.03%</li> <li>• <b>6 years</b> – Protopic 0.1%</li> </ul> <b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 1 preferred agent in the past 6 months</li> </ul>
<b>BETA BLOCKERS, ANTIANGINALS &amp; SINUS NODE AGENTS</b> <small>SmartPA</small>			
	acebutolol atenolol bisoprolol BYSTOLIC (nebivolol) <small>Step Edit</small> 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)	<b>Bystolic – Step Edit</b> <ul style="list-style-type: none"> <li>• 90 consecutive days on the requested agent in the past 105 days <b>OR</b></li> <li>• Have tried 1 preferred agent in the past 6 months</li> </ul> <b>Non Preferred Criteria – All Agents</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>BETA- AND ALPHA-BLOCKERS</b>			
	carvedilol labetalol	COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	<b>Coreg CR</b> <ul style="list-style-type: none"> <li>• Documented diagnosis for hypertension <b>AND</b></li> <li>• Have tried generic carvedilol <b>AND</b> 1 preferred agent in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>BETA BLOCKER/DIURETIC COMBINATIONS</b>			

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	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)	
<b>ANTIANGINALS</b>			
		RANEXA (ranolazine)	<b>Ranexa</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of angina <b>AND</b></li> <li>• 1 claim for a calcium channel blocker, beta-blocker, nitrate, or combination agent in the past 30 days <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>SINUS NODE AGENTS</b>			
		CORLANOR (ivabradine)	<b>Corlanor</b> - <a href="#">MANUAL PA</a>
<b>BILE SALTS</b>			
	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) URSO (ursodiol) URSO FORTE (ursodiol)	
<b>BLADDER RELAXANT PREPARATIONS</b> <small>SmartPA</small>			
	oxybutynin ER, IR VESICARE (solifenacin)	DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN XL (oxybutynin) ENABLEX (darifenacin) GELNIQUE (oxybutynin) MYRBETRIQ (mirabegron)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>

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		OXYTROL (oxybutynin) SANCTURA (trospium) SANCTURA XR (trospium) tolterodine tolterodine ER TOVIAZ (fesoterodine fumarate) Trospium	
BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA			
	BISPHOSPHONATES		Non Preferred Criteria <ul style="list-style-type: none"><li>Documented diagnosis for osteoporosis or osteopenia <b>AND</b></li><li>Have tried 2 different preferred agents in the past 6 months</li></ul>
	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)	
	OTHERS		
	calcitonin salmon FORTICAL (calcitonin)	EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) raloxifene	
BPH AGENTS SmartPA			
	ALPHA BLOCKERS		Female <ul style="list-style-type: none"><li>Cardura, Flomax, Proscar, terazosin, or Uroxatral <b>AND</b> a documented diagnosis based on a state accepted diagnosis</li></ul>
	alfuzosin doxazosin tamsulosin terazosin	CARDURA (doxazosin) CARDURA XL (doxazosin) dutasteride/tamsulosin FLOMAX (tamsulosin)	

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		JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) UROXATRAL (alfuzosin)	<b>Non Preferred Criteria - MALE</b> <ul style="list-style-type: none"><li>Have tried 2 different preferred agents in the past 6 months <b>OR</b></li><li>90 consecutive days on the requested agent in the past 105 days</li></ul>
	5-ALPHA-REDUCTASE (5AR) INHIBITORS		
	finasteride	AVODART (dutasteride) PROSCAR (finasteride)	
	PDE5 INHIBITORS		<b>Cialis – <u>MANUAL PA</u></b> <ul style="list-style-type: none"><li>Male gender <b>AND</b></li><li>Documented diagnosis for Benign Prostatic Hypertrophy <b>AND</b></li><li>NO history of Erectile Dysfunction <b>AND</b></li><li>Signed waiver stating treatment is NOT for Erectile Dysfunction <b>AND</b></li><li>Have tried 2 different preferred agents in the past 6 months</li></ul>
		CIALIS (tadalafil)	
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		

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	albuterol/ipratropium COMBIVENT RESPIMAT (albuterol/ipratropium)	ANORO ELLIPTA (umeclidinium/vilanterol) STIOLTO RESPIMAT (tiotropium/olodaterol)	
<b>BRONCHODILATORS, BETA AGONIST</b>			
	<b>INHALERS, SHORT-ACTING</b>		
	PROAIR HFA (albuterol) PROAIR RESPICLICK (albuterol) PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol)	XOPENEX HFA (levalbuterol) <b>SmartPA</b>	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>4 years</b> - Xopenex HFA</li> </ul> <p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• 1 claim for a preferred agent in the past 6 months</li> </ul>
	<b>INHALERS, LONG ACTING <b>SmartPA</b></b>		
	SEREVENT (salmeterol)	ARCAPTA (indacaterol) STRIVERDI RESPIMAT (olodaterol)	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>4 years</b> – Serevent</li> <li>• <b>18 years</b> – Arcapta, Striverdi Respimat</li> </ul> <p><b>Arcapta &amp; Striverdi Respimat</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of COPD <b>AND</b></li> <li>• Have tried 1 preferred agent in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
	<b>INHALATION SOLUTION <b>SmartPA</b></b>		
	albuterol	ACCUNEB (albuterol) BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol)	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>6 years</b> – Xopenex</li> <li>• <b>18 years</b> – Brovana, Perforomist</li> </ul> <p><b>Non Preferred Criteria</b></p>

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		XOPENEX (levalbuterol)	<ul style="list-style-type: none"> <li>1 claim for a different preferred agent in the past 6 months <b>OR</b></li> <li>3 claims with the requested agent in the past 105 days</li> </ul> <p><b>Xopenex</b></p> <ul style="list-style-type: none"> <li>1 claim for a albuterol in the past 30 days</li> </ul>
	ORAL		
	albuterol metaproterenol terbutaline	VOSPIRE ER (albuterol)	
<b>CALCIUM CHANNEL BLOCKERS</b> SmartPA			
	SHORT-ACTING		
	diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine PROCARDIA (nifedipine)	<p><b>Quantity Limit - nimodipine</b></p> <ul style="list-style-type: none"> <li>252 tablets/ 21 days</li> <li>2520 mL/21 days</li> </ul> <p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred <u>Short Acting</u> CCB agents in the past 6 months OR</li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul> <p><b>nimodipine</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of subarachnoid hemorrhage in the past 45 days <b>AND</b></li> <li>Duration of therapy = 21 days</li> </ul>
	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)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred <u>Long Acting</u> CCB agents in the past 6 months OR</li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>CALORIC AGENTS</b>			
	BOOST (includes all Boost) BRIGHT BEGINNINGS CARNATION INSTANT BREAKFAST DUOCAL ENSURE JUVEN GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE PROMOD RESOURCE SCANDISHAKE SOLCARB TWOCAL HN	COMPLEAT EO28 SPLASH FIBERSOURCE ISOSOURCE JEVITY KINDERCAL PEPTAMEN PROMOTE SIMPLY THICK TOLEREX VITAL VIVONEX	<b>Non Preferred Agents - <u>MANUAL PA</u></b>

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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 <span>SmartPA</span>		Non Preferred Criteria – all generations <ul style="list-style-type: none"><li>Have tried 2 different preferred agents in the past 6 months</li></ul>
	cefadroxil cephalexin capsules	cephalexin tablets KEFLEX (cephalexin)	
	CEPHALOSPORINS – Second Generation <span>SmartPA</span>		
	cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)	Maximum Age Limit <ul style="list-style-type: none"><li>18 years – cefdinir suspension</li></ul>
	CEPHALOSPORINS – Third Generation <span>SmartPA</span>		
	cefdinir suspension cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	

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<b>COLONY STIMULATING FACTORS</b> <small>SmartPA</small>			
	LEUKINE (sargramostim) <b>NEUPOGEN Syringe (filgrastim)</b>	GRANIX (tbo-filgrastim) NEULASTA (pegfilgrastim) <b>NEUPOGEN Vial (filgrastim)</b> ZARXIO (filgrastim)	<b>Neulasta - <u>MANUAL PA</u></b>
<b>CYSTIC FIBROSIS AGENTS</b> <small>SmartPA</small>			
	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	<p><b>Age Limits</b></p> <ul style="list-style-type: none"> <li>• <b>3 months</b> - Pulmozyme</li> <li>• <b>2 years</b> – Coly-Mycin M, Kalydeco</li> <li>• <b>6 years</b> – Bethkis, Kitabis, TOBI, TOBI Podhaler</li> <li>• <b>7 years</b> – Cayston</li> <li>• <b>12 years</b> - Orkambi</li> </ul> <p><b>All Agents</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis Cystic Fibrosis</li> </ul> <p><b>Kalydeco</b></p> <ul style="list-style-type: none"> <li>• Requires 1 claim with Kalydeco in the past 105 days <b>OR</b></li> <li>• <b><u>NEW STARTS – MANUAL PA</u></b> <ul style="list-style-type: none"> <li>○ Diagnosis of cystic fibrosis with a <i>G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, or S549R</i> mutation in the CFTR gene <b>AND</b></li> <li>○ Prescriber is a CF specialist or pulmonologist <b>AND</b></li> <li>○ Negative for one of the following infections: Burkholderia</li> </ul> </li> </ul>

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			<p>cenocepacia, dolosa, or Mycobacterium abcessus</p> <p><b>Orkambi – <a href="#">MANUAL PA</a></b></p> <p><b>TOBI Podhaler – <a href="#">MANUAL PA</a></b></p> <ul style="list-style-type: none"> <li>• Therapy with a preferred tobramycin nebulizer solution in the past 90 days <b>AND</b></li> <li>• Documented significant impairment with valid clinical reasoning the preferred agent cannot be used</li> </ul>
<b>CYTOKINE &amp; CAM ANTAGONISTS</b>			
	<p>COSENTYX (secukinumab) <sup>SmartPA</sup></p> <p>ENBREL (etanercept)</p> <p>HUMIRA (adalimumab)</p> <p>methotrexate</p>	<p>ACTEMRA (tocilizumab)</p> <p>CIMZIA (certolizumab)</p> <p>ENTYVIO (vedolizumab)</p> <p>ILARIS (canakinumab)</p> <p>KINERET (anakinra)</p> <p>ORENCIA (abatacept)</p> <p>OTEZLA (apremilast)</p> <p>OTREXUP (methotrexate)</p> <p>RASUVO (methotrexate)</p> <p>REMICADE (infliximab)</p> <p>RHEUMATREX (methotrexate)</p> <p>SIMPONI (golimumab)</p> <p>STELARA (ustekinumab)</p> <p>TALTZ (ixekizumab)<sup>NR</sup></p> <p>TREXALL (methotrexate)</p> <p>XELJANZ (tofacitinib)</p> <p>XELJANZ XR (tofacitinib)<sup>NR</sup></p>	<p>Orencia, Remicade and Stelara are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification.</p> <p><b>Cosentyx</b></p> <ul style="list-style-type: none"> <li>• <b>≥ 18 years</b> = Minimum Age</li> <li>• Documented diagnosis of plaque psoriasis, psoriatic arthritis or ankylosing spondylitis in the past 2 years <b>AND</b></li> <li>• 90 consecutive days of Humira in the past year</li> </ul>

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 07/01/2016

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<b>ERYTHROPOIESIS STIMULATING PROTEINS</b> <small>SmartPA</small>			
	ARANESP (darbepoetin) EPOGEN (rHuEPO) PROCRIT (rHuEPO)	MIRCERA (methoxy polyethylene glycol-epoetin-beta)	<b>Mircera</b> <ul style="list-style-type: none"> <li>Documented diagnosis chronic renal failure in the past 2 years <b>AND</b></li> <li>Trial of a preferred agent in the past 6 months <b>OR</b></li> <li>1 claim for the requested agent in past 105 days</li> </ul>
<b>FIBROMYALGIA AGENTS</b>			
	duloxetine LYRICA (pregabalin) SAVELLA (milnacipran)	CYMBALTA (duloxetine) <small>SmartPA</small>	<b>Cymbalta (see Antidepressant, Other)</b>  <b>Minimum Age Limit</b> – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder)
<b>FLUOROQUINOLONES (Oral)</b> <small>SmartPA</small>			
	ciprofloxacin tablets levofloxacin tablets	<b>AVELOX (moxifloxacin)</b> ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin suspension moxifloxacin NOROXIN (norfloxacin) ofloxacin	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>1 claim for a preferred agent in past 30 days</li> </ul> <b>Cipro Suspension for age &lt; 12 years</b> <ul style="list-style-type: none"> <li>Anthrax infection or exposure <b>OR</b></li> <li>Cystic Fibrosis <b>OR</b></li> <li>Pneumonic plague <b>OR</b> tularemia <b>AND</b> history of doxycycline in the past 3 months <b>OR</b></li> <li>7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months <ul style="list-style-type: none"> <li>Penicillin, 2nd or 3rd generation</li> </ul> </li> </ul>

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			cephalosporin, or macrolide  <b>Levaquin solution for age &lt; 12 years</b> <ul style="list-style-type: none"> <li>• Anthrax infection or exposure OR</li> <li>• 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months <b>AND</b> <ul style="list-style-type: none"> <li>◦ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide</li> </ul> </li> <li>• Cipro suspension in the past 3 months</li> </ul>
<b>GAUCHER’S DISEASE</b>			
	ELELYSO (taliglucerase alfa) ZAVESCA (miglustat)	CERDELGA (eliglustat) CEREZYME (imiglucerase) VPRIV (velaglucerase alfa)	
<b>GENITAL WARTS &amp; ACTINIC KERATOSIS AGENTS</b>			
	ALDARA (imiquimod) <a href="#">Age Edit</a> CONDYLOX (podofilox) <a href="#">Age Edit</a> podofilox <a href="#">Age Edit</a>	CARAC (fluorouracil) diclofenac 3% gel imiquimod <a href="#">Age Edit</a> EFUDEX (fluorouracil) fluorouracil 0.5% cream fluorouracil 5% cream PICATO (ingenol) <a href="#">Age Edit</a> SOLARAZE (diclofenac) VEREGEN (sinecatechins) <a href="#">Age Edit</a> ZYCLARA (imiquimod) <a href="#">Age Edit</a>	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>• <b>12 years</b> – Aldara</li> <li>• <b>18 years</b> – Condylox, Picato, Veregen</li> </ul>

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<b>GLUCOCORTICOIDS (Inhaled)</b>			
	<b>GLUCOCORTICOIDS</b> <small>SmartPA</small>		
	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	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>90 consecutive days on the requested agent in the past 105 days <b>OR</b></li> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul> <p><u>NOTE:</u> Institutional sized products are Non Preferred</p>
	<b>GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS</b>		
	ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	ADVAIR Diskus (fluticasone/salmeterol) BREO ELLIPTA (fluticasone/vilanterol)	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li><b>4-11 years</b> – Advair 100-50 Diskus - <u>Smart PA will automatically be issued for this age range</u></li> </ul> <b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>90 consecutive days on the requested agent in the past 105 days <b>OR</b></li> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul>
<b>GI ULCER THERAPIES</b>			
	<b>H2 RECEPTOR ANTAGONISTS</b>		
	cimetidine famotidine tablet PEPCID (famotidine) ranitidine syrup ranitidine tablet ZANTAC (ranitidine)	AXID (nizatidine) famotidine suspension nizatidine ranitidine capsule	

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	<b>PROTON PUMP INHIBITORS</b>		
	NEXIUM (esomeprazole) esomeprazole DR omeprazole Rx pantoprazole PROTONIX PACKET (pantoprazole)	ACIPHEX SPRINKLE (rabeprazole) ACIPHEX Tablet (rabeprazole) DEXILANT (dexlansoprazole) lansoprazole Rx omeprazole sod. bicarb. PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole) PROTONIX (pantoprazole) Rabeprazole	
	<b>OTHER</b>		
	CARAFATE SUSPENSION (sucralfate) misoprostol sucralfate tablet	CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) sucralfate suspension	
<b>GROWTH HORMONE</b>	<b>SmartPA</b>		
	NORDITROPIN (somatropin) NUTROPIN AQ (somatropin) OMNITROPE (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin)	<p><b>All Agents for Age &gt; 18 years</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome or an approvable indication <b>OR</b></li> <li>Documented procedure of cranial irradiation</li> </ul> <p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 1 preferred agent in the past 6 months <b>OR</b></li> <li>84 consecutive days on the requested agent in the past 105 days</li> </ul>

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<b>H. PYLORI COMBINATION TREATMENTS</b>			
	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)	OMECLAMOX (omeprazole, clarithromycin, amoxicillin) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	<b>Quantity Limit</b> • 1 treatment course/ year
<b>HEPATITIS C TREATMENTS</b>			
	HARVONI (ledipasvir/sofosbuvir) <sup>∞</sup> PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets SOVALDI (sofosbuvir) <sup>∞</sup> TECHNIVIE (ombitasvir/paritaprevir/ritonavir) <sup>∞</sup> VIEKIRA (ombitasvir/paritaprevir/ritonavir) <sup>∞</sup> <b>ZEPATIER (elbasvir/grazoprevir)<sup>∞</sup></b>	DAKLINZA (daclatasvir) <sup>∞</sup> EPCLUSA (sofosbuvir/velpatasvir) <sup>NR ∞</sup> OLYSIO (simeprevir) <sup>∞</sup> REBETOL (ribavirin) RIBAPAK DOSEPACK (ribavirin) ribavirin capsules RIBASPHERE (ribavirin)	<sup>∞</sup> <b>Daklinza, Epclusa, Harvoni, Olysio, Sovaldi, Technivie, Viekira, Zepatier</b> – <b><u>MANUAL PA</u></b>
<b>HYPERURICEMIA &amp; GOUT <small>SmartPA</small></b>			
	allopurinol colchicine probenecid probenecid/colchicines	COLCRYS (colchicine) MITIGARE (colchicines) ULORIC (febuxostat) ZYLOPRIM (allopurinol)	<b>Non Preferred Criteria</b> • Have tried 2 different preferred agents in the past 6 months
<b>HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS</b>			
	BYDUREON (exenatide) JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin)	alogliptin <sup>NR</sup> alogliptin/metformin <sup>NR</sup> alogliptin/pioglitazone <sup>NR</sup> BYETTA (exenatide) KAZANO (alogliptin/metformin) NESINA (alogliptin)	

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	TANZEUM (albiglutide) TRADJENTA (linagliptin) ONGLYZA (saxagliptin)	OSENI (alogliptin/pioglitazone) SYMLIN (pramlintide) TRULICITY (dulaglutide) VICTOZA (liraglutide)	
<b>HYPOGLYCEMICS, INSULINS AND RELATED AGENTS</b> 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) HUMALOG KWIKPEN (insulin lispro) HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine) HUMULIN KWIKPEN (insulin) NOVOLIN FLEXPEN (insulin) NOVOLIN VIAL (insulin) TOUJEO (insulin glargine) <b>TRESIBA (insulin degludec)</b>	Insulin pen formulations are not covered for Long Term Care (LTC) beneficiaries.  <b>Non Preferred Criteria</b> <ul style="list-style-type: none"><li>• Documented diagnosis of Diabetes Mellitus <b>AND</b></li><li>• Have tried 1 preferred product in the past 6 months</li></ul>
<b>HYPOGLYCEMICS, MEGLITINIDES</b>			
	repaglinide	nateglinide PRANDIMET (repaglinide/metformin) PRANDIN (repaglinide) repaglinide/metformin STARLIX (nateglinide)	
<b>HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS</b>			
	<b>HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS</b>		
		FARXIGA (dapagliflozin) INVOKANA (canagliflozin) JARDIACE (empagliflozin)	
	<b>HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS</b>		
		GLYXAMBI (empagliflozin/linagliptin)	

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		INVOKAMET (canagliflozin/metformin) SYNJARDY (empagliflozin/meformin) XIGDUO (dapagliflozin/metformin)	
<b>HYPOGLYCEMICS, TZDS</b>			
	<b>THIAZOLIDINEDIONES</b>		
	pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	
	<b>TZD COMBINATIONS</b>		
	pioglitazone/metformin	ACTOPLUS MET (pioglitazone/metformin) ACTOPLUSMET XR (pioglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) AVANDAMET (rosiglitazone/metformin) DUETACT (pioglitazone/glimepiride)	
<b>IDIOPATHIC PULMONARY FIBROSIS</b> SmartPA			
	ESBRIET (pirfenidone) OFEV (nintedanib)		<b>Esbriet &amp; OFEV</b> • No concurrent therapy with either agent
<b>IMMUNOSUPPRESSIVE (ORAL)</b> SmartPA			
	AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine)	ASTAGRAF XL (tacrolimus) ENVARUSUS XR (tacrolimus) HECORIA (tacrolimus) PROGRAF (tacrolimus)*	<b>Minimum Age Limit</b> • 13 years - Rapamune • 18 years - Zortress  <b>Astagraf, Cellcept, Envarsus XR, Hecoria, Prograf</b>

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	mycophenolate mofetil MYFORTIC (mycophenolic acid) NEORAL (cyclosporine) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) sirolimus tacrolimus ZORTRESS (everolimus)		<ul style="list-style-type: none"> <li>Documented diagnosis for heart transplant, kidney transplant, liver transplant, or a State accepted diagnosis</li> </ul> <p><b>Azasan</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of kidney transplant, RA, or a State accepted diagnosis</li> </ul> <p><b>Gengraf, Neoral, Sandimmune</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA, or a State – accepted diagnosis <b>OR</b></li> <li>A <a href="#">MANUAL PA</a> review for a diagnosis of Kimura’s disease or multifocal motor neuropathy</li> </ul> <p><b>Myfortic</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of kidney transplant or psoriasis</li> </ul> <p><b>Rapamune &amp; Zortress</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of kidney transplant</li> </ul>
<b>IMMUNE GLOBULINS</b>			
	CARIMUNE NF FLEBOGAMMA DIF GAMASTAN SD GAMMAGARD	BIVIGAM GAMMAGARD SD GAMMAPLEX PRIVIGEN	

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	GAMMAKED GAMUNEX-C HIZENTRA HYQVIA OCTAGAM		
<b>INTRANASAL RHINITIS AGENTS</b>			
	<b>ANTICHOLINERGICS</b>		
	ipratropium	ATROVENT (ipratropium)	
	<b>ANTIHISTAMINES</b>		
	PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine olopatadine	
	<b>ANTIHISTAMINE/CORTICOSTEROID COMBINATION <i>SmartPA</i></b>		
		DYMISTA (azelastine/fluticasone)	
	<b>CORTICOSTEROIDS <i>SmartPA</i></b>		
	FLONASE (fluticasone) fluticasone QNASL (beclomethasone)	BECONASE AQ (beclomethasone) budesonide FLONASE ALLERGY OTC (fluticasone) flunisolide NASONEX (mometasone) OMNARIS (ciclesonide) TICANASE KIT (flonase kit) triamcinolone VERAMYST (fluticasone) ZETONNA (ciclesonide)	<p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis for allergic rhinitis <b>AND</b></li> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul> <p><b>Budesonide</b> <i>Smart PA will be issued for pregnant women.</i></p> <ul style="list-style-type: none"> <li>• A documented diagnosis of pregnancy <b>OR</b> a pregnancy indicator submitted on the pharmacy claim at Point of Sale</li> </ul>

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EFFECTIVE 07/01/2016

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<b>IRON CHELATING AGENTS</b>			
	FERRIPROX (deferiprone) EXJADE (deferasirox)	JADENU (deferasirox)	
<b>IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS</b> SmartPA			
	<b>IRRITABLE BOWL SYNDROME/SHORT BOWEL SYNDROME AGENTS</b>		
	dicyclomine hyoscyamine	alosetron <sup>∞</sup> AMITIZA (lubiprostone) <sup>∞</sup> BENTYL (dicyclomine) GATTEX (teduglutide) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LINZESS (linaclotide) <sup>∞</sup> LOTRONEX (alosetron) <sup>∞</sup> NUTRESTORE POWDER PACK (glutamine) RELISTOR (methylnaltrexone) ZORBTIVE (somatropin) <sup>∞</sup>	<sup>∞</sup> <b>Amitiza, Fulyzaq, Gattex, Linzess, Lotronex, Relistor, or Zorbtive</b> <ul style="list-style-type: none"> <li>1 claim for the requested agent in the past 105 days <b>OR</b></li> <li><b>MANUAL PA</b> - All new patients require manual review.</li> </ul>
	<b>SELECTED GI AGENTS</b>		
		FULYZAQ (crofelemer) <sup>∞</sup> MOVANTIK (naloxegol) VIBERZI (eluxadoline) <sup>NR</sup>	<b>Movantik &amp; Viberzi - <u>MANUAL PA</u></b>
<b>LEUKOTRIENE MODIFIERS</b> SmartPA			
	ACCOLATE (zafirlukast) montelukast granules montelukast tablets	SINGULAIR Tablets (montelukast) SINGULAR GRANULES (montelukast granules) ZYFLO CR (zileuton) zafirlukast	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li><b>12 years</b> – Zyflo &amp; Zyflo CR</li> </ul> <b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul>

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<b>LIPOTROPICS, OTHER (Non-statins)</b> <small>SmartPA</small>			
	<b>BILE ACID SEQUESTRANTS</b>		
	cholestyramine colestipol	COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)	<p><b>All Agents, All Sub-Classes both Preferred (exception is Zetia) and Non Preferred</b></p> <ul style="list-style-type: none"> <li>90 consecutive days on the requested agent in the past 105 days <b>OR</b></li> <li>Have tried 1 statin or statin combination agent in the past year <b>OR</b></li> <li>One of the following exceptions: <ul style="list-style-type: none"> <li>Welchol <b>AND</b> Type 2 diabetes <b>AND</b> 1 preferred oral antidiabetic agent in the past 180 days <b>OR</b></li> <li>Pregnant female <b>OR</b></li> <li>Documented diagnosis of liver disease <b>OR</b></li> <li>Documented diagnosis for hypertriglyceridemia <b>OR</b></li> <li>Clinical justification a statin or statin combination product cannot be used</li> </ul> </li> </ul> <p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months</li> </ul>
	<b>OMEGA-3 FATTY ACIDS</b>		
	LOVAZA (omega-3-acid ethyl esters)	VASCEPA (icosapent ethyl)	<p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months</li> </ul>

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<b>CHOLESTEROL ABSORPTION INHIBITORS</b>			
	ZETIA (ezetimibe)		Zetia does not have to meet the trial of 1 statin or statin combination agent in the past year
<b>FIBRIC ACID DERIVATIVES</b>			
	fenofibrate nanocrystallized gemfibrozil	ANTARA (fenofibrate, micronized) fenofibrate 40mg tablet fenofibrate, micronized fenofibric acid FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) <b>TRICOR (fenofibrate nanocrystallized)</b> TRIGLIDE (fenofibrate) <b>TRILIPIX (fenofibric acid)</b>	<b>Fibric Acid Derivative Non Preferred Criteria</b> • Have tried 2 different fibric acid derivatives in the past 6 months
<b>MTP INHIBITOR</b>			
		JUXTAPID (lomitapide)	<a href="#">MANUAL PA</a>
<b>APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR</b>			
		KYNAMRO (mipomersen)	<a href="#">MANUAL PA</a>
<b>NIACIN</b>			
	niacin ER NIACOR (niacin)	<b>NIASPAN (niacin)</b>	<b>Non Preferred Criteria</b> • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months

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<b>PCSK-9 INHIBITOR</b>			
		PRALUENT (alirocumab) REPATHA (evolocumab)	<a href="#">MANUAL PA</a>
<b>LIPOTROPICS, STATINS</b> SmartPA			
<b>STATINS</b>			
	atorvastatin CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin) lovastatin pravastatin simvastatin	ALTOPREV (lovastatin) fluvastatin ER LIPITOR (atorvastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin)	<b>Simvastatin 80mg</b> <ul style="list-style-type: none"> <li>12 months of therapy with simvastatin 80mg <b>AND</b></li> <li>NO myopathy contraindication</li> </ul> <b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred statin or statin combination agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>STATIN COMBINATIONS</b>			
	SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)	<b>atorvastatin/amlodipine</b> ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine) LIPTRUZET (atorvastatin/ezetimibe)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred statin or statin combination agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>MISCELLANEOUS BRAND/GENERIC</b>			
<b>CLONIDINE</b>			
	CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)	

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	<b>EPINEPHRINE</b>		
	EPIPEN (epinephrine) EPIPEN JR (epinephrine)	ADRENALICK (epinephrine) AUVI-Q (epinephrine)	
	<b>MISCELLANEOUS</b>		
	alprazolam hydroxyzine hcl syrup hydroxyzine pamoate megestrol suspension 625mg/5mL	alprazolam ER <sup>SmartPA</sup> hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) VISTARIL (hydroxyzine pamoate)	<b>Alprazolam ER CUMULATIVE quantity limit</b> • <b>31 tablets/31 days</b> • <b>Exception</b> –previously stable on 2 tablets/day in the past 90 days  <b>Hydroxyzine hcl 10mg tablets</b> • <b>6-12 years</b> - <i>Smart PA will automatically be issued for this age range</i>
	<b>SUBLINGUAL ALLERGEN EXTRACT IMMUNOTHERAPY</b>		
		GRASTEK ORALAIR RAGWITEK	
	<b>SUBLINGUAL NITROGLYCERIN</b>		
	nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)	
<b>MOVEMENT DISORDER AGENTS</b> <sup>SmartPA</sup>			
		tetrabenazine XENAZINE (tetrabenazine)	<b>Xenazine</b> • Documented diagnosis of Huntington's Chorea

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<b>MULTIPLE SCLEROSIS AGENTS</b> <small>SmartPA</small>			
	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)	<p><b>All Agents</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of multiple sclerosis</li> </ul> <p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>3 claims with the requested agent</li> </ul> <p><b>Ampyra – MANUAL PA</b></p> <ul style="list-style-type: none"> <li><b>18 years</b> – minimum age limit <b>AND</b></li> <li><b>60 tablets/30 days (2 tablets/day)</b> – quantity limit <b>AND</b></li> <li>Documented gait disorder associated with MS <b>AND</b></li> <li>NO seizure diagnosis or moderate to severe renal impairment <b>AND</b></li> <li><u>Initial authorization</u> – requires a baseline Timed 25-foot Walk (T25FW) assessment and will be approved for 12 weeks <b>OR</b></li> <li><u>Additional prior authorizations</u> - requires a benefit assessment measured by a 20% improvement in the T25FW from baseline. Renewal will not be approved if the 20% improvement is not maintained. A renewal will be issued in a 6 month intervals</li> </ul>

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<b>NSAIDS</b> <small>SmartPA</small>			
	<b>NON-SELECTIVE</b>		
	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) tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac) ZORVOLEX (diclofenac)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months</li> </ul>

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

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

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OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS SmartPA			
	cromolyn ketotifen OTC PATADAY (olopatadine)	ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (Iodoxamide) ALREX (loteprednol) azelastine BEPREVE (bepotastine) ELESTAT (epinastine) EMADINE (emedastine) epinastine LASTACRAFT (alcaftadine) OPTIVAR (azelastine) PATANOL (olopatadine) PAZEO (olopatadine)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"><li>Have tried 2 different preferred agents in the past 6 months</li></ul>
OPHTHALMICS, GLAUCOMA AGENTS SmartPA			
	BETA BLOCKERS		<b>Non Preferred Criteria</b> <ul style="list-style-type: none"><li>Documented diagnosis of glaucoma <b>AND</b></li><li>Have tried 2 different preferred agents in the past 6 months <b>OR</b></li><li>90 consecutive days on the requested agent in the past 105 days</li></ul>
	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)		

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# MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 07/01/2016

Version 2016.13e

Updated: 7-28-2016

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	COMBINATION AGENTS		
	COMBIGAN (brimonidine/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine)	COSOPT (dorzolamide/timolol) COSOPT PF(dorzolamide/timolol)	
	PARASYMPATHOMIMETICS		
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)	
	PROSTAGLANDIN ANALOGS		
	latanoprost TRAVATAN Z (travoprost)	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		<b><u>Buprenorphine/Naloxone and buprenorphine:</u></b> <b>Suboxone</b> <ul style="list-style-type: none"><li>Detailed buprenorphine/naloxone and</li></ul>
	naltrexone tablets SUBOXONE FILM (buprenorphine/naloxone) <sup>SmartPA</sup>	buprenorphine tablets buprenorphine/naloxone tablets BUNAVAIL (buprenorphine/naloxone) ZUBSOLV (buprenorphine/naloxone)	

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			<a href="#">buprenorphine criteria found here</a>  <b>Non Preferred Criteria:</b> <ul style="list-style-type: none"> <li>Bunavail is preferred over Zubsolv and other generic forms of buprenorphine/naloxone</li> </ul> <b>Bunavail</b> <ul style="list-style-type: none"> <li>History of Suboxone therapy within the past 6 months <b>OR</b></li> <li>History of Bunavail therapy within the past 3 months <b>AND</b></li> <li>All other buprenorphine/naloxone criteria found <a href="#">here</a></li> </ul>
<b>TREATMENT</b>			
	naloxone injection NARCAN NASAL SPRAY (naloxone)	EVZIO (naloxone)	
<b>OTIC ANTIBIOTICS</b>			
	CIPRODEX (ciprofloxacin/dexamethasone) <small>Age Edit</small> neomycin/polymyxin/hydrocortisone ofloxacin	CIPRO HC (ciprofloxacin/hydrocortisone) <small>Age Edit</small> ciprofloxacin COLY-MYCIN S (colistin/neomycin/ hydrocortisone) CORTISPORIN-TC (colistin/neomycin/ hydrocortisone) DERMOTIC (fluocinolone)	<b>Maximum Age Limit</b> <ul style="list-style-type: none"> <li><b>8 years</b> - Cipro HC</li> <li><b>14 years</b> - Ciprodex</li> </ul>
<b>PANCREATIC ENZYMES</b> <small>SmartPA</small>			
	CREON (pancreatin) pancrelipase ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) PERTZYE (pancrelipase) ULTRESA (pancrelipase) VIOKACE (pancrelipase)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 3 different preferred agents in the past 6 months</li> </ul>

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<b>PARATHYROID AGENTS</b>			
	calcitriol ergocalciferol paricalcitol ZEMPLAR (paricalcitol)	doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone) ROCALTRON (calcitriol) SENSIPAR (cinacalcet)	
<b>PHOSPHATE BINDERS</b>			
	calcium acetate ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) RENAGEL (sevelamer HCl)	AURYXIA (ferric citrate) FOSRENOL (lanthanum) PHOSLO (calcium acetate) REVELA (sevelamer carbonate) sevelamer carbonate VELPHORO (sucroferric oxyhydroxide)	
<b>PLATELET AGGREGATION INHIBITORS</b> <small>SmartPA</small>			
	AGGRENOX (dipyridamole/aspirin) cilostazol clopidogrel dipyridamole pentoxifylline ZONTIVITY (vorapaxar) <small>Clinical Edit</small>	BRILINTA (ticagrelor) <b>DURLAZA (aspirin)</b> EFFIENT (prasugrel) PERSANTINE (dipyridamole) PLAVIX (clopidogrel) PLETAL (cilostazol) ticlopidine	<b>Zontivity – MANUAL PA</b> <ul style="list-style-type: none"> <li>Documented diagnosis of myocardial infarction or peripheral artery disease <b>AND</b></li> <li>No diagnosis of stroke, transient ischemic attack or intracranial hemorrhage <b>AND</b></li> <li>Concurrent therapy with aspirin and/or clopidogrel</li> </ul> <b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Documented diagnosis <b>AND</b></li> <li>Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> </ul>

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			<ul style="list-style-type: none"> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul> <p><b>Brilinta</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis for Acute Coronary Syndrome or Percutaneous Coronary Intervention <b>OR</b></li> <li>Therapy with Brilinta in the past 60 days</li> </ul> <p><b>Effient</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis for Acute Coronary Syndrome or Percutaneous Coronary Intervention</li> </ul>
<b>PRENATAL VITAMINS</b>			
	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	Products not listed here are assumed to be non-preferred.

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

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		TARON-BC Tablet TARON-PREX PRENATAL DHA CAP	
<b>PSEUDOBULBAR AFFECT AGENTS</b>			
		NUEDEXTA (dextromethorphan/quinidine)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>90 consecutive days on the requested agent in the past 105 days <b>OR</b></li> <li>Documented diagnosis for Pseudobulbar Affect, Multiple Sclerosis, or Amyotrophic Lateral Sclerosis</li> </ul>
<b>PULMONARY ANTIHYPERTENSIVES<sup>SmartPA</sup></b>			
	<b>ENDOTHELIN RECEPTOR ANTAGONIST</b>		
	LETAIRIS (ambrisentan) TRACLEER (bosentan)	OPSUMIT (macitentan)	<b>All PAH Agents – Preferred and Non Preferred</b> <ul style="list-style-type: none"> <li>Documented diagnosis of pulmonary hypertension</li> </ul> <b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
	<b>PDE5's</b>		
	sildenafil	ADCIRCA (tadalafil) REVATIO (sildenafil)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul> <b>Revatio</b>

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			<ul style="list-style-type: none"> <li>• <b>&lt; 1 year</b> of age <b>AND</b> documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation <b>OR</b> 90 consecutive days on the requested agent in the past 105 days</li> <li>• <b>&gt; 18 years</b> of age <b>AND</b> Non Preferred Criteria</li> </ul> <p><b>Sildenafil 25mg, 50mg, or 100mg</b></p> <ul style="list-style-type: none"> <li>• <b>&lt; 12 years</b> of age <b>AND</b> documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation <b>OR</b> history of heart transplant <b>OR</b> 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>PROSTACYCLINS</b>			
	ORENITRAM ER (treprostinil)	TYVASO (treprostinil) VENTAVIS (iloprost)	<p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>SELECTIVE PROSTACYCLIN RECEPTOR AGONISTS</b>			
		UPTRAVI (selexipag)	<p><b>Non Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 1 preferred PAH agent in the past 6 months <b>OR</b> 90 consecutive days on the requested agent in the past 105 days</li> </ul>

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<b>SOLUBLE GUANYLATE CYCLASE STIMULATORS</b>			
		ADEMPAS (riociguat)	<b>Adempas</b> <ul style="list-style-type: none"> <li>Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days <b>OR</b></li> <li><b>MANUAL PA</b> for PAH WHO Group 4</li> </ul>
<b>SEDATIVE HYPNOTICS</b>			
<b>BENZODIAZEPINES</b>			
	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.  <b>Quantity Limits – CUMULATIVE</b> Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i> <ul style="list-style-type: none"> <li><b>31 units/31 days</b> - all strengths</li> </ul> <b>Triazolam – CUMULATIVE</b> Quantity limit per rolling days for all strengths <ul style="list-style-type: none"> <li><b>10 units/31 days</b></li> <li><b>60 units/365 days</b></li> </ul>
<b>OTHERS SmartPA</b>			
	zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem)	<b>Quantity Limits – CUMULATIVE</b> Quantity limit per rolling days for all

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		BELSOMRA (sovorexant) EDLUAR (zolpidem) HETLIOZ (tasimelteon) INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER zolpidem SL <sup>NR</sup> ZOLPIMIST (zolpidem)	strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i> • <b>31 units/31 days</b> • <b>1 canister/31 days</b> – Zolpimist & male • <b>1 canister/62 days</b> – Zolpimist & female  <b>Gender and Dose Limits for zolpidem</b> • <b>Female</b> - Ambien 5mg, Ambien CR 6.25mg, Intermezzo 1.75 mg • <b>Male</b> – all zolpidem strengths  <b>Non Preferred Criteria</b> • Have tried 2 different preferred agents in the past 6 months  <b>Hetlioz</b> • Circadian rhythm sleep disorder <b>AND</b> • Diagnosis indicating total blindness of the patient
<b>SELECT CONTRACEPTIVE PRODUCTS</b>			
	<b>INJECTABLE CONTRACEPTIVES</b>		
	medroxyprogesterone acetate IM	DEPO-PROVERA IM (medroxyprogesterone acetate) DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)	
	<b>ORAL CONTRACEPTIVES <i>SmartPA</i></b>		
	ALL CONTRACEPTIVES ARE PREFERRED EXCEPT FOR THOSE SPECIFICALLY INDICATED AS NON-PREFERRED	AMETHIA (levonorgestrel/ethinyl estradiol) AMETHYST (levonorgestrel/ethinyl estradiol) BEYAZ (ethinyl	<b>Non Preferred Criteria</b> • 1 claim with the requested agent in the past 105 days

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		estradiol/drospirenone/levomefolate) BRIELLYN (norethindrone/ethinyl estradiol) CAMRESE (levonorgestrel/ethinyl estradiol) CAMRESE LO (levonorgestrel/ethinyl estradiol) ethinyl estradiol/drospirenone GENERESS FE (norethindrone/ethinyl estradiol/fe) Gianvi (ethinyl estradiol/drospirenone) GILDAGIA (norethindrone/ethinyl estradiol) INTROVALE (levonorgestrel/ethinyl estradiol) JOLESSA (levonorgestrel/ethinyl estradiol) LOESTRIN 24 FE (norethindrone/ethinyl estradiol) LO LOESTRIN FE (norethindrone/ethinyl estradiol) LORYNA (ethinyl estradiol/drospirenone) NATAZIA (estradiol valerate/dienogest) norethindrone/ethinyl estradiol/fe chew tab OCELLA (ethinyl estradiol/drospirenone) OVCON-35 (norethindrone/ethinyl estradiol) PHILITH (norethindrone/ethinyl estradiol) QUASENSE (levonorgestrel/ethinyl estradiol) SAFYRAL (ethinyl estradiol/drospirenone/levomefolate) SYEDA (ethinyl estradiol/drospirenone) TILIA FE (norethindrone/ethinyl estradiol/fe) TRI-LEGEST FE (norethindrone/ethinyl estradiol/fe) VESTURA (ethinyl estradiol/drospirenone) WYMZYA FE (norethindrone/ethinyl estradiol/fe) ZARAH (ethinyl estradiol/drospirenone) ZENCHENT FE (norethindrone/ethinyl estradiol/fe) ZEOSA (norethindrone/ethinyl estradiol/fe)	

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
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) LORZONE (chlorzoxazone) metaxalone orphenadrine orphenadrine compound PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)	<b>Non Preferred Agents</b> <ul style="list-style-type: none"><li>Documented diagnosis for an approvable indication <b>AND</b></li><li>Have tried 2 different preferred agents in the past 6 months</li></ul> <b>Carisoprodol</b> <ul style="list-style-type: none"><li>Documented diagnosis of acute musculoskeletal condition <b>AND</b></li><li>NO history with meprobamate in the past 90 days <b>AND</b></li><li>1 claim for cyclobenzaprine in the past 21 days <b>OR</b> a documented intolerance to cyclobenzaprine <b>AND</b></li><li><b>Quantity Limits</b><ul style="list-style-type: none"><li>18 tablets - to allow tapering off</li><li>84 tablets/6 months</li></ul></li></ul>
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)	<b>Minimum Age Limit - Chantix</b> <ul style="list-style-type: none"><li>18 years</li></ul> <b>Quantity Limits</b>

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			<ul style="list-style-type: none"> <li>• <b>Chantix 0.5 mg, 1mg tablets and continuing pack</b> – 336 tablets/year</li> <li>• <b>Chantix Starter</b> – 2 treatment courses/year</li> </ul>
<b>STERIODS (Topical)</b> <small>SmartPA</small>			
	<b>LOW POTENCY</b>		
	CAPEX (fluocinolone) desonide hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTH-FS (fluocinolone) DESONATE (desonide) DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred low potency agents in the past 6 months</li> </ul>
	<b>MEDIUM POTENCY</b>		
	fluocinolone hydrocortisone mometasone cr, oint. prednicarbate cr PANDEL (hydrocortisone probutate)	CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate) ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint SYNALAR (fluocinolone)	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred medium potency agents in the past 6 months</li> </ul>
	<b>HIGH POTENCY</b>		
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion	amcinonide oint betameth diprop/prop gly cr, lot, oint	<b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred high</li> </ul>

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	betamethasone valerate cr, lotion, oint. CAPEX (fluocinolone) fluocinolone triamcinolone	betamethasone dipropionate oint. BETA-VAL (betamethasone valerate) desoximetasone diflorasone DIPROLENE AF (betamethasone diprop/prop gly) ELOCON (mometasone) fluocinonide HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide)	potency agents in the past 6 months
<b>VERY HIGH POTENCY</b>			
	CLOBEX (clobetasol) clobetasol shampoo clobetasol propionate ointment halobetasol ointment TEMOVATE Cream (clobetasol propionate) ULTRAVATE Cream, Lotion (halobetasol)	clobetasol emollient clobetasol propionate cr, foam, gel, oint, sol DIPROLENE (betamethasone diprop/prop gly) halobetasol cream HALONATE (halobetasol/ammonium lactate) HALAC (halobetasol/ammonium lac) TEMOVATE Ointment (clobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) ULTRAVATE Ointment (halobetasol)	<b>Non Preferred Criteria</b> • Have tried 2 different preferred very high potency agents in the past 6 months

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<b>STIMULANTS AND RELATED AGENTS</b> <small>SmartPA</small>			
	<b>SHORT-ACTING</b>		
	amphetamine salt combination dexamethylphenidate IR dextroamphetamine IR FOCALIN (dexamethylphenidate) METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) dextroamphetamine solution methamphetamine methylphenidate chewable methylphenidate solution ZENZEDI (dextroamphetamine)	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>3 years</b> - Adderall, Procentra, Zenzedi</li> <li>• <b>6 years</b> – Desoxyn, Focalin, Methylin</li> </ul> <p><b>Maximum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>21 years</b> – diagnosis of ADD/ADHD is required</li> </ul> <p><b>Quantity Limits</b> Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> <li>• <b>62 tablets/ 31 days</b> –Adderall, Desoxyn, Focalin, Methylin, Zenzedi</li> <li>• <b>310 mL/ 31 days</b> – Methylin solution, Procentra</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred Short Acting agents in the past 6 months</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• 1 claim for a 30 day supply with the requested agent in the past 180 days</li> </ul>
	<b>LONG-ACTING</b>		
	ADDERALL XR (amphetamine salt combination) DAYTRANA (methylphenidate) dexamethylphenidate XR FOCALIN XR (dexamethylphenidate) METADATE CD (methylphenidate) methylphenidate CD (generic Metadate CD) methylphenidate ER Caps (generic Ritalin LA)	ADZENYS XT ODT (amphetamine) <sup>NR</sup> amphetamine salt combination ER APTENSIO XR (methylphenidate) CONCERTA (methylphenidate) DEXEDRINE (dextroamphetamine) dextroamphetamine ER DYANAVEL XR (amphetamine)	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>6 years</b> – Adderall XR, Adzenys XT ODT, Aptensio XR, Concerta, Daytrana, Dexedrine, Dyanavel XR, Focalin XR, Metadate, CD, Quillichew, Quillivant XR, Ritalin LA, Vyvanse</li> <li>• <b>16 years</b> – Provigil</li> </ul>

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	methylphenidate ER Tabs(generic Ritalin SR) PROVIGIL (modafinil) <b>QUILLICHEW (methylphenidate)</b> QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine)	<b>methylphenidate ER (generic Concerta)*</b> NUVIGIL (armodafinil) RITALIN LA (methylphenidate) RITALIN SR (methylphenidate)	<ul style="list-style-type: none"> <li>• <b>18 years</b> – Nuvigil</li> </ul> <p><b>Maximum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>21 years</b> – diagnosis of ADD/ADHD is required</li> </ul> <p><b>Quantity Limits</b></p> <p>Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> <li>• <b>31 tablets/ 31 days</b> – Adderall XR, Adzenys XT ODT, Aptensio XR, Concerta 18, 27, &amp; 54 mg, Daytrana, Dexedrine Spansule, Focalin XR 5 &amp; 10mg, Metadate CD, Methylin ER, Nuvigil 150 &amp; 200 mg, Provigil 200mg, Quillichew, Ritalin LA &amp; SR, Vyvanse</li> <li>• <b>46.5 tablets/ 31 days</b> – Provigil 100 mg</li> <li>• <b>62 tablets/ 31 days</b> – Concerta 36mg, Focalin XR 15 &amp; 20mg, Nuvigil 50mg</li> <li>• <b>248 mL/31 days</b> – Dyanavel XR</li> <li>• <b>372 mL/ 31 days</b> – Quillivant XR</li> </ul> <p><b>Provigil</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred Long Acting agents in the past 6 months</li> <li><b>OR</b></li> <li>• 1 claim for a 30 day supply with the</li> </ul>

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			<p>requested agent in the past 180 days</p> <p><b>Nuvigil</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder <b>AND</b></li> <li>1 claim for a 30 day supply with the requested agent in the past 180 days <b>OR</b></li> <li>30 days of therapy with Provigil in the past 6 months <b>AND</b> 30 days of therapy in the past 6 months with a preferred stimulant that is indicated for the treatment of Narcolepsy, Obstructive Sleep Apnea, or Shift Work Disorder</li> </ul>
	<b>NON-STIMULANTS</b>		
	STRATTERA (atomoxetine)	<p>clonidine ER</p> <p>guanfacine ER</p> <p>INTUNIV (guanfacine ER)</p> <p>KAPVAY (clonidine extended-release)</p>	<p><b>Minimum Age Limit</b></p> <p><b>6 years</b> – Intuniv, Kapvay, Strattera</p> <p><b>Maximum Age Limit</b></p> <ul style="list-style-type: none"> <li><b>17 years</b> – Intuniv, Kapvay</li> <li><b>21 years</b> – diagnosis of ADD/ADHD is required</li> </ul> <p><b>Quantity Limits</b></p> <p>Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> <li><b>31 tablets/ 31 days</b> – Intuniv, Strattera</li> <li><b>124 tablets/ 31 days</b> – Kapvay</li> </ul> <p><b>Kapvay &amp; Intuniv</b></p> <ul style="list-style-type: none"> <li>1 claim for a 30 day supply with the requested agent in the past 180 days</li> </ul>

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			<b>OR</b> <ul style="list-style-type: none"> <li>• Diagnosis for ADD or ADHD <b>AND</b></li> <li>• Have tried 1 Short or Long Acting stimulant in the past 6 months <b>OR</b></li> <li>• Have tried Strattera in the past 6 months <b>OR</b></li> <li>• Have tried the short acting product in the past 6 months</li> </ul>
<b>TETRACYCLINES</b> SmartPA			
	doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR tetracycline	ACTICLATE (doxycycline) ADOXA (doxycycline monohydrate) demeclocycline doxycycline monohydrate caps (75mg & 150mg) doxycycline monohydrate tabs DYNACIN (minocycline) minocycline ER minocycline tabs ORACEA (doxycycline) SOLODYN (minocycline) VIBRAMYCIN cap/susp/syrup	<b>Non Preferred Agents</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul> <b>Demeclocycline</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of Diabetes Insipidus or SIADH will allow automatic approval.</li> </ul>
<b>ULCERATIVE COLITIS and CROHN'S AGENTS</b> SmartPA *See Cytokine & CAM Antagonists Class for additional agents			
	<b>ORAL</b>		
	APRISO (mesalamine) ASACOL (mesalamine) balsalazide DIPENTUM (olsalazine) PENTASA 250mg (mesalamine)	ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) budesonide EC COLAZAL (balsalazide)	<b>Gender Limits</b> <ul style="list-style-type: none"> <li>• <b>Male</b> - Giazio</li> </ul> <b>Non Preferred Criteria</b> <ul style="list-style-type: none"> <li>• 90 consecutive days on the requested agent in the past 105 days <b>OR</b></li> </ul>

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	sulfasalazine	DELZICOL (mesalamine) ENTOCORT EC (budesonide) GIAZO (balsalazide) LIALDA (mesalamine) PENTASA 500mg (mesalamine) UCERIS (budesonide)	<ul style="list-style-type: none"><li>• Documented diagnosis for Ulcerative Colitis <b>AND</b></li><li>• 2 different preferred agents in the past 6 months</li></ul>
	RECTAL		
	CANASA (mesalamine) mesalamine	SFROWASA (mesalamine) UCERIS Foam (budesonide)	

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