



# MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 05/01/2019

Version 2019.6

Updated: 06-13-2019

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

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	EPIDUO (adapalene/benzoyl peroxide) erythromycin/benzoyl peroxide sodium sulfacetamide/sulfur cream/foam/gel	ACANYA (benzoyl peroxide/clindamycin) adapalene/benzoyl peroxide AKTIPAK ( erythromycin/benzoyl peroxide) BENZACLIN GEL (benzoyl peroxide/clindamycin) BENZACLIN KIT (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) benzoyl peroxide/clindamycin DUAC (benzoyl peroxide/clindamycin) EPIDUO FORTEO (adapalene/benzoyl peroxide) INOVA 4/1 (benzoyl peroxide/salicylic acid) INOVA 8/2 (benzoyl peroxide/salicylic acid) NEUAC (benzoyl peroxide/clindamycin) 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) isotretinoin	

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## ALPHA-1 PROTEINASE INHIBITORS

ARALAST (alpha-1 proteinase inhibitor)  
GLASSIA (alpha-1 proteinase inhibitor)  
PROLASTIN C (alpha-1 proteinase inhibitor)  
ZEMAIRA (alpha-1 proteinase inhibitor)

## ALZHEIMER'S AGENTS SmartPA

### CHOLINESTERASE INHIBITORS

donepezil (Tablets and ODT) 5mg, 10mg  
galantamine  
galantamine ER  
rivastigmine capsules  
rivastigmine patches

ARICEPT (donepezil)  
ARICEPT 23 MG (donepezil)  
ARICEPT ODT (donepezil)  
donepezil 23mg  
EXELON Capsules (rivastigmine)  
EXELON Patches (rivastigmine)  
EXELON Solution (rivastigmine)  
RAZADYNE (galantamine)  
RAZADYNE ER (galantamine)

#### All Agents

- Documented diagnosis for both preferred and Non-Preferred

#### Non-Preferred Criteria

- Have tried 2 different preferred agents in the past 6 months

### NMDA RECEPTOR ANTAGONIST

memantine

NAMENDA TABS (memantine)  
NAMENDA SOLUTION(memantine)  
NAMENDA XR (memantine)  
memantine XR

### COMBINATION AGENTS

NAMZARIC (memantine/donepezil)

#### Namzaric

- Documented diagnosis **AND**
- 30 days of concurrent therapy with donepezil + memantine in the past 6 months

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## ANALGESICS, NARCOTIC - SHORT ACTING

acetaminophen/codeine codeine dihydrocodeine/ APAP/caffeine hydrocodone/APAP hydromorphone meperidine morphine oxycodone capsules oxycodone liquid oxycodone tablets oxycodone/APAP oxycodone/aspirin oxycodone/ibuprofen pentazocine/APAP tramadol tramadol/APAP	ABSTRAL (fentanyl) ACTIQ (fentanyl) APADAZ (benzhydrocodone/APAP) <sup>NR</sup> butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine butorphanol tartrate (nasal) DEMEROL (meperidine) DILAUDID (hydromorphone) fentanyl FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine) hydrocodone/ibuprofen IBUDONE (hydrocodone/ibuprofen) LAZANDA NASAL SPRAY (fentanyl) levorphanol LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAGNACET (oxycodone/APAP) NORCO (hydrocodone/APAP) NUCYNTA (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXAYDO (oxycodone) pentazocine/naloxone PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) REPRESAINE (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) ROXICODONE (oxycodone) ROXYBOND (oxycodone)	<p><b>Minimum Age Limit</b>  <b>18 years</b> – tramadol and codeine products</p> <p><b>Quantity Limits</b>          Applicable <u>quantity limit</u> in 31 rolling days.</p> <ul style="list-style-type: none"> <li>• <b>62 tablets</b> – butalbital/codeine combinations, codeine, dihydrocodeine combinations, fentanyl, hydromorphone, levorphanol, meperidine, morphine, oxycodone, oxycodone/ibuprofen, oxymorphone, pentazocine, tapentadol, tramadol</li> <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> </ul>
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RYBIX (tramadol)  
SUBSYS (fentanyl)  
SYNALGOS-DC (dihydrocodeine/ aspirin/caffeine)  
TYLENOL W/CODEINE (APAP/codeine)  
TYLOX (oxycodone/APAP)  
ULTRACET (tramadol/APAP)  
ULTRAM (tramadol)  
VICODIN (hydrocodone/APAP)  
VICOPROFEN (hydrocodone/ibuprofen)  
XODOL (hydrocodone/acetaminophen)  
ZAMICET (hydrocodone/APAP)  
ZOLVIT (hydrocodone/APAP)  
ZYDONE (hydrocodone/acetaminophen)

## ANALGESICS, NARCOTIC - LONG ACTING SmartPA

EMBEDA (morphine/naltrexone)  
fentanyl patches  
morphine ER tablets

ARYMO ER (morphine)  
BELBUCA (buprenorphine)  
buprenorphine patch  
BUTRANS (buprenorphine)  
CONZIP ER (tramadol)  
DOLOPHINE (methadone)  
DURAGESIC (fentanyl)  
EXALGO (hydromorphone)  
hydromorphone ER  
HYSINGLA ER (hydrocodone)  
KADIAN (morphine)  
methadone  
MORPHABOND (morphine)  
morphine ER capsules  
MS CONTIN (morphine)  
NUCYNTA ER (tapentadol)

### Minimum Age Limit

- **18 years** – Xartemis XR, Zohydro ER, tramadol products

### Quantity Limits

Applicable quantity limit per rolling days

- **31 tablets/31 days** - Conzip ER, Exalgo ER, Hysingla ER, Ryzolt, Ultram ER
- **62 tablets/31 days** – Arymo ER, Belbuca, Embeda, Kadian, methadone, Morphabond, morphine ER, Nucynta ER, Opana ER, oxycodone ER, Oxycontin, Xtampza ER, Zohydro ER
- **10 patches/31 days** – Duragesic
- **4 patches/31 days** – Butrans

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OPANA ER (oxymorphone)  
oxycodone ER  
OXYCONTIN (oxycodone)  
oxymorphone ER  
RYZOLT (tramadol)  
tramadol ER  
ULTRAM ER (tramadol)  
XARTEMIS XR (oxycodone/APAP)  
XTAMPZA (oxycodone myristate)  
ZOHYDRO ER (hydrocodone bitartrate)

• **40 tablets/10 days** – Xartemis XR

## Non-Preferred Criteria

- Have tried 2 different preferred agents in the past 6 months **OR**
- Documented diagnosis of cancer **OR** Antineoplastic therapy **AND** 90 consecutive days on the requested agent in the past 105 days

## ANALGESICS/ANESTHETICS (Topical)

PENNSAID Solution (diclofenac sodium) <sup>SmartPA</sup>  
VOLTAREN Gel (diclofenac sodium) <sup>SmartPA</sup>

capsaicin  
DICLO GEL KIT(diclofenac sodium)  
diclofenac sodium 1% gel  
diclofenac sodium solution  
FLECTOR (diclofenac epolamine) <sup>SmartPA</sup>  
FROTEK (ketoprofen)  
LIDAMANTLE HC (lidocaine/hydrocortisone)  
LIDO TRANS PAK (lidocaine)  
lidocaine  
lidocaine/prilocaine  
LIDODERM (lidocaine) <sup>SmartPA</sup>  
LIDTOPIC MAX (lidocaine)  
xylocaine  
SYNERA (lidocaine/tetracaine)  
TRANZAREL (lidocaine)  
XRYLIDERM (lidocaine)  
ZOSTRIX (capsaicin)  
ZTlido (lidocaine)

## Non-Preferred Criteria

- Have tried 1 preferred agent in the past 6 months

## Lidoderm

- Documented diagnosis of Herpetic Neuralgia **OR**
- Documented diagnosis of Diabetic Neuropathy

## ZTlido

- Documented diagnosis of Herpetic Neuralgia

## ANDROGENIC AGENTS <sup>SmartPA</sup>

ANDRODERM (testosterone patch)  
testosterone gel packets

ANDROGEL (testosterone gel)  
ANDROXY (fluoxymesterone)

## All Agents

- Limited to male gender

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		AXIRON (testosterone gel) FORTESTSA (testosterone gel) NATESTO (testosterone) STRIANT (testosterone) TESTIM (testosterone gel) testosterone pump VOGELXO (testosterone) XYOSTED (testosterone enanthate)	<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>ANGIOTENSIN MODULATORS</b> <small>SmartPA</small>			
	<b>ACE INHIBITORS</b>		
	benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril	ACCUPRIL (quinapril) ACEON (perindopril) ALTACE (ramipril) EPANED (enalapril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril perindopril PRINIVIL (lisinopril) QBRELIS (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	<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 entity</u> 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>ACE INHIBITOR COMBINATIONS</b>		
	benazepril/amlodipine benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ	ACCURETIC (quinapril/HCTZ) CAPOZIDE (captopril/HCTZ) LOTENSIN HCT (benazepril/HCTZ) LOTREL (benazepril/amlodipine) moexipril/HCTZ	<b>Non-Preferred Criteria</b> <b>ACE Inhibitor/CCB</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred <u>ACEI/CCB</u> agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested</li> </ul>

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	lisinopril/HCTZ quinapril/HCTZ trandolapril/verapamil	PRESTALIA (perindopril/amlodipine) PRINZIDE (lisinopril/HCTZ) TARKA (trandolapril/verapamil) UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	agent in the past 105 days  <b>ACE Inhibitor/Diuretic</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred <u>ACEI/Diuretic</u> 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>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)</b>			
	irbesartan losartan MICARDIS (telmisartan) telmisartan valsartan	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) candesartan COZAAR (losartan) DIOVAN (valsartan) EDARBI (azilsartan) eprosartan olmesartan TEVETEN (eprosartan)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred <u>single entity</u> 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>ARB COMBINATIONS</b>			
	ENTRESTO (valsartan/sacubitril) <sup>Smart PA</sup> irbesartan/HCTZ losartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ) olmesartan/amlodipine telmisartan/HCTZ valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/HCTZ	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) BYVALSON (nebivolol/valsartan) candesartan/HCTZ DIOVAN-HCT (valsartan/HCTZ) EDARBYCLOR (azilsartan/chlorthalidone) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) olmesartan/amlodipine/HCTZ	<b>Entresto</b> <ul style="list-style-type: none"> <li>Age ≥ 18 years <b>AND</b></li> <li>Documented diagnosis of heart failure</li> </ul> <b>Non-Preferred Criteria ARB/Beta Blocker, ARB/CCB or ARB/CCB/Diuretic</b> <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>

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		olmesartan/HCTZ telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWINSTA (telmisartan/amlodipine)	<b>ARB/Diuretic</b> <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>
DIRECT RENIN INHIBITORS			
		TEKTURNA (aliskiren)	<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>ACEI or ARB single-entity</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>
DIRECT RENIN INHIBITOR COMBINATIONS			
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-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>ACEI 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>
ANTIBIOTICS (GI)			
	FIRVANQ (vancomycin) metronidazole neomycin tinidazole	DIFICID (fidaxomicin) FLAGYL (metronidazole) FLAGYL ER (metronidazole) paromomycin SOLOSEC (secnidazole) TINDAMAX (tinidazole)	

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<b>ANTIBIOTICS (MISCELLANEOUS)</b>			
	<b>KETOLIDES</b>		
		KETEK (telithromycin)	
	<b>LINCOSAMIDE ANTIBIOTICS</b>		
	clindamycin capsules clindamycin solution	CLEOCIN (clindamycin) CLEOCIN SOLUTION (clindamycin)	
	<b>MACROLIDES</b>		
	azithromycin clarithromycin ER clarithromycin IR clarithromycin suspension E.E.S. Suspension 200 (erythromycin ethylsuccinate) ERY-TAB (erythromycin) erythromycin	BIAXIN (clarithromycin) BIAXIN SUSPENSION (clarithromycin) BIAXIN XL (clarithromycin) E.E.S. (erythromycin ethylsuccinate) E.E.S. Suspension 400 (erythromycin ethylsuccinate) E-MYCIN (erythromycin) ERYC (erythromycin) ERYPED Suspension (erythromycin ethylsuccinate) ERYTHROCIN (erythromycin stearate) erythromycin estolate PCE (erythromycin) ZITHROMAX (azithromycin) ZMAX (azithromycin)	
	<b>NITROFURAN DERIVATIVES</b>		
	nitrofurantoin nitrofurantoin monohydrate macrocrystals	FURADANTIN (nitrofurantoin) MACROBID (nitrofurantoin monohydrate macrocrystals)	

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		MACRODANTIN (nitrofurantoin)	
OXAZOLIDINONES			
		SIVEXTRO (tedizolid) ZYVOX (linezolid)	<b>Sivextro, Zyvox - <a href="#">MANUAL PA</a></b>  <b>Quantity Limit</b> • 6 tablets/month – Sivextro
ANTIBIOTICS (Topical)			
	bacitracin bacitracin/polymixin gentamicin sulfate mupirocin ointment	ALTABAX (retapamulin) CORTISPORIN (bacitracin/neomycin/ polymyxin/Hc) mupirocin cream	
ANTIBIOTICS (VAGINAL)			
	CLEOCIN OVULES (clindamycin) CLINDESSE (clindamycin) metronidazole vaginal	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) clindamycin cream METROGEL (metronidazole) NUVESSA (metronidazole) VANDAZOLE (metronidazole)	
ANTICOAGULANTS <small>SmartPA</small>			
ORAL			
	COUMADIN (warfarin) ELIQUIS (apixaban) PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban)	BEVYXXA (betrixaban) SAVAYSA (edoxaban tosylate)	<b><u>DVT Prophylaxis - following hip replacement</u></b> <b>XARELTO 10MG, ELIQUIS, PRADAXA 110MG</b> • 70 total days of therapy per calendar year • Documented diagnosis of hip replacement <b>AND</b> duration of therapy limited to 35 days

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			<b>DVT Prophylaxis - following knee replacement</b> <b>XARELTO 10MG &amp; ELIQUIS</b> <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> <b>Eliquis 5mg Starter Pack - ONLY</b> approved for treatment of DVT/PE  <b>XARELTO 2.5MG</b> <ul style="list-style-type: none"><li>Documented diagnosis of coronary artery disease <b>OR</b></li><li>Documented diagnosis of peripheral artery disease <b>AND</b></li><li>History of therapy with aspirin in the past 30 days <b>AND</b></li><li>History of 90 days therapy with anti-platelet agent in the past year <b>OR</b></li><li>History of 30 days therapy with warfarin in the past year</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>1 claim with the same agent in the past 90 days</li></ul>
	<b>LOW MOLECULAR WEIGHT HEPARIN (LMWH)</b>		
	enoxaparin	ARIXTRA (fondaparinux) fondaparinux	<b>LMWH – All Agents</b> <ul style="list-style-type: none"><li>LMWH therapy in the past 3 months</li></ul>

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FRAGMIN (dalteparin)  
LOVENOX (enoxaparin) Prefilled Syringe

**AND**

- o Documented diagnosis of cancer **OR**
- o Female and age 8 to 51 years

**OR**

- NO LMWH therapy in the past 3 months **AND**
  - o Duration of therapy is < 17 days **OR**
  - o Documented diagnosis of cancer **OR**
  - o Female and age 8 to 51 years **OR**
  - o Total hip/knee replacement or hip fracture surgery in the past 6 months **AND** duration of therapy < 35 days

**LMWH Non-Preferred Criteria**

- Have tried 1 different preferred agent in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days

## ANTICONVULSANTS SmartPA

### ADJUVANTS

carbamazepine  
carbamazepine ER  
DEPAKOTE ER (divalproex)  
DEPAKOTE SPRINKLE (divalproex)  
divalproex  
divalproex ER  
divalproex sprinkle  
EPITOL (carbamazepine)  
gabapentin  
GABITRIL (tiagabine)

APTiom (eslicarbazepine)  
BANZEL (rufinamide)  
BRIVIACT (brivaracetam)  
carbamazepine XR  
CARBATROL (carbamazepine)  
DEPAKENE (valproic acid)  
DEPAKOTE (divalproex)  
DIACOMIT (stiripentol)<sup>NR</sup>  
EPIDIOLEX (cannabidiol)  
EQUETRO (carbamazepine)

**Minimum Age Limit**

- **1 year** - Banzel
- **2 years** – Diacomit, Epidiolex, Onfi, Sympazan

**Quantity Limit**

- **3 Twin Packs/31 days** - Diastat

**Non-Preferred Criteria**

- Have tried 2 different preferred agents in the past 6 months **OR**

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lamotrigine levetiracetam levetiracetam ER oxcarbazepine oxcarbazepine suspension topiramate tablet topiramate sprinkle capsule valproic acid VIMPAT (lacosamide) zonisamide	felbamate FELBATOL (felbamate) FYCOMPA (perampanel) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) LAMICTAL XR (lamotrigine) lamotrigine ER/XR lamotrigine ODT NEURONTIN (gabapentin) OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine) QUDEXY XR (topiramate) ROWEEPR (levetiracetam) SABRIL (vigabatrin) SPRITAM (levetiracetam) SYMPAZAN (clobazam) STAVZOR (valproic acid) SUBVENITE (lamotrigine) TEGRETOL (carbamazepine) TEGRETOL XR (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate) topiramate ER (generic Qudexy XR) <span style="color: red;">Step Edit</span> TRILEPTAL Tablets (oxcarbazepine) TRILEPTAL Suspension (oxcarbazepine) TROKENDI XR (topiramate) vigabatrin ZONEGRAN (zonisamide)	<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</li> </ul> <p><b>Banzel/Onfi/Sympazan</b></p> <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> <p><b>Diacomit</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Dravet syndrome <b>AND</b></li> <li>• Active claim for clobazam</li> </ul> <p><b>Epidiolex</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Dravet syndrome <b>OR</b></li> <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>• 1 claim for the requested agent in the past 30 days</li> </ul> <p><b>Sabril Powder for Oral Solution</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of infantile spasms <b>OR</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 AND documented diagnosis of seizure</li></ul> <p><b>Topiramate ER – Step Edit</b></p> <ul style="list-style-type: none"><li>• 90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure OR</li><li>• 30 day trial with topiramate IR in the past 6 months</li></ul>
	<b>SELECTED BENZODIAZEPINES</b>		
	DIASTAT (diazepam rectal)	clobazam diazepam rectal gel ONFI (clobazam) ONFI SUSPENSION (clobazam)	
	<b>HYDANTOINS</b>		
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
	<b>SUCCINIMIDES</b>		
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
<b>ANTIDEPRESSANTS, OTHER</b> SmartPA			
	bupropion bupropion SR bupropion XL TRINTELLIX (vortioxetine)	APLENZIN (bupropion HBr) desvenlafaxine ER desvenlafaxine fumarate ER DESYREL (trazodone)	<p><b>Minimum Age Limit</b></p> <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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	mirtazapine trazodone venlafaxine venlafaxine ER capsules VIIBRYD (vilazodone)	EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion) KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) PARNATE (tranylcypromine) phenelzine PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine venlafaxine XR venlafaxine ER tablets WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion HCl)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred '<u>Antidepressants, Other</u>' Class in the past 6 months <b>OR</b></li> <li>Have tried BOTH a preferred '<u>Antidepressant, SSRI</u>' and '<u>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> <p><b>Cymbalta (see Fibromyalgia Agents)</b></p>
<b>ANTIDEPRESSANTS, SSRIs</b> <small>SmartPA</small>			
	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)	<p><b>Minimum Age Limits</b></p> <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>12 years</b> - Lexapro</li> <li><b>18 years</b> – Celexa, Luvox CR, Paxil, Pexeva, Prozac 90 mg</li> </ul> <p><b>Citalopram Criteria</b></p> <ul style="list-style-type: none"> <li>&lt;18 years and 90 consecutive days on citalopram in the past 105 days <b>OR</b></li> </ul>

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SARAFEM (fluoxetine)  
ZOLOFT (sertraline)

- < 60 years **AND** max daily dose  $\leq$  40 mg/day **OR**
- $\geq$  60 years **AND** max daily dose  $\leq$  20 mg/day

### Non-Preferred Criteria

- Have tried 2 different preferred agents in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days

## ANTIEMETICS SmartPA

### 5HT3 RECEPTOR BLOCKERS

ondansetron  
ondansetron ODT  
ondansetron solution

ANZEMET (dolasetron)  
granisetron  
SANCUSO (granisetron)  
ZOFTRAN (ondansetron)  
ZOFTRAN ODT (ondansetron)  
ZUPLENZ (ondansetron)

### Quantity Limits

- **4 tablets/28 days** - Varubi
- **6 tablets/31 days** - Akynzeo
- **30 tablets/31 days** - Zofran tablets/ODT
- **100 ml/31 days** - Zofran solution

### Non-Preferred Agents

- Have tried 1 preferred agent in the past 6 months

Injectables in this class closed to point of sale. PA required if not administered in clinic/hospital

### ANTIEMETIC COMBINATIONS

AKYNZEO (netupitant/palonosetron)  
BONJESTA (doxylamine/pyridoxine)  
DICLEGIS (doxylamine/pyridoxine)

### CANNABINOIDS

CESAMET (nabilone)  
MARINOL (dronabinol)

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		dronabinol SYNDROS (dronabinol)	
		<b>NMDA RECEPTOR ANTAGONIST</b>	
	EMEND (aprepitant)	aprepitant VARUBI (rolapitant)	<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 and 5-HT3 per PI</li> </ul>
<b>ANTIFUNGALS (Oral)</b>	<b>SmartPA</b>		
	clotrimazole fluconazole griseofulvin microsize suspension nystatin terbinafine	ANCOBON (flucytosine) ^ CRESEMBA (isavuconazonium) DIFLUCAN (fluconazole) flucytosine 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) TOLSURA (itraconazole) <sup>NR</sup> VFEND (voriconazole) ^ voriconazole ^	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li><b>4-12 years</b> – Lamisil Granules <i>Smart PA will automatically be issued for this age range</i></li> <li><b>12-17 years</b> – griseofulvin tablets <i>Smart PA will automatically be issued for this age range</i></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>Cresemba - <a href="#">MANUAL PA</a></b> <ul style="list-style-type: none"> <li>Minimum age limit ≥ 18 years <b>AND</b></li> <li>Documented diagnosis of invasive</li> </ul>

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- aspergillosis **OR** invasive mucormycosis **AND**
- Prescriber is an oncologist/hematologist or infectious disease specialist

### Sporanox

- HIV opportunistic infection criteria **OR**
- Documented diagnosis of a transplant **OR**
- History of an immunosuppressant in the past 6 months **OR**
- Have tried 2 different preferred agents in the past 6 months

## ANTIFUNGALS (Topical) SmartPA

### ANTIFUNGALS

ciclopirox cream/gel/solution/suspension  
clotrimazole  
ketoconazole shampoo  
nystatin

BENSAL HP (benzoic acid/salicylic acid)  
CICLODAN KIT (ciclopirox kit)  
ciclopirox kit/shampoo  
CNL 8 (ciclopirox)  
econazole  
ERTACZO (sertaconazole)  
EXELDERM (sulconazole)  
EXTINA (ketoconazole)  
JUBLIA (efinaconazole)  
KERYDIN (tavaborole)  
ketoconazole cream  
ketoconazole foam  
LAMISIL (terbinafine) solution  
LOPROX (ciclopirox)  
LUZU (luliconazole)  
MENTAX (butenafine)  
naftifine

### Non-Preferred Criteria

- Have tried 2 different preferred agents in the past 6 months

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		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, 7cream TERAZOL 3 Cream (terconazole) – currently unavailable from manufacturer tioconazole VAGISTAT 3 (miconazole) VAGISTAT 1 (tioconazole)	GYNAZOLE 1 (butoconazole) miconazole 3 vaginal cream, suppository TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole	
<b>ANTIHISTAMINES, MINIMALLY SEDATING AND COMBINATIONS</b>			
<b>MINIMALLY SEDATING ANTIHISTAMINES</b>			
	cetirizine loratadine	CLARINEX (desloratadine) levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of allergy or urticaria <b>AND</b></li> <li>• Have tried 2 different preferred agents in the past 12 months</li> </ul>
<b>MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS</b>			

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cetirizine/pseudoephedrine  
loratadine/pseudoephedrine

ALLEGRA-D (fexofenadine/ pseudoephedrine)  
CLARITIN-D (loratadine/pseudoephedrine)  
CLARINEX-D (desloratadine/ pseudoephedrine)  
fexofenadine/pseudoephedrine  
ZYRTEC-D (cetirizine/pseudoephedrine)

## ANTIMIGRAINE AGENTS, CALCITONIN GENE RELATED PEPTIDE INHIBITOR

AIMOVIG (erenumab-aooe)  
AJOVY (fremanezumab-vfrm)  
EMGALITY (galcanezumab-gnlm)

## ANTIMIGRAINE AGENTS, TRIPTANS SmartPA

### ORAL

rizatriptan  
rizatriptan ODT  
sumatriptan tablets

almotriptan  
AMERGE (naratriptan)  
AXERT (almotriptan)  
eletriptan  
FROVA (frovatriptan)  
frovatriptan  
IMITREX (sumatriptan)  
MAXALT (rizatriptan)  
MAXALT MLT(rizatriptan)  
naratriptan  
RELPAK (eletriptan)  
TREMIMET (sumatriptan/naproxen)  
zolmitriptan  
zolmitriptan ODT  
ZOMIG (zolmitriptan)

### Minimum Age Limit – ALL FORMULATIONS

- **6 years** – Maxalt
- **12-17 years** – Axert, Treximet, Zomig nasal spray *Smart PA will automatically be issued for this age range*
- **18 years** – Amerge, Frova, Imitrex, Onzetra Xsail, Relpax, Zembrace Symtouch, Zomig tablets

### Quantity Limit - ORAL

- **6 tablets/31 days** - Axert, Relpax Zomig
- **9 tablets/31 days** - Amerge, Frova, Imitrex, Treximet
- **12 tablets/31 days** – Maxalt

### Non-Preferred Criteria - ORAL

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			<ul style="list-style-type: none"> <li>Have tried 2 preferred preferred oral agents in the past 90 days</li> </ul>
	<b>NASAL</b>		
	sumatriptan	IMITREX (sumatriptan) ONZETRA Xsail (sumatriptan) ZOMIG (zolmitriptan)	<b>Quantity Limit - NASAL</b> <ul style="list-style-type: none"> <li>1 box/31 days</li> </ul> <b>Non-Preferred Criteria - NASAL</b> <ul style="list-style-type: none"> <li>Have tried 2 preferred oral agents in the past 90 days <b>AND</b></li> <li>Have tried either a preferred nasal sumatriptan or injectable sumatriptan in the past 90 days</li> </ul>
	<b>INJECTABLES</b>		
	sumatriptan	IMITREX (sumatriptan) SUMAVEL (sumatriptan) ZEMBRACE (sumatriptan)	<b>CUMULATIVE Quantity Limit - INJECTION</b> 4 injections/31 days
	<b>OTHER</b>		
		ZECUITY PATCH (sumatriptan)	<b>Quantity Limit</b> <ul style="list-style-type: none"> <li>4 patches/31 days</li> </ul> <b>Zecuity</b> <ul style="list-style-type: none"> <li>Have tried 2 preferred agents (oral, nasal, or injectable) in the past 90 days</li> </ul>
<b>*ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS</b>			
	AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib)	ALECENSA (alectinib) ALUNBRIG (brigatnib) BALVERSA (erdafitinib) <sup>NR</sup> BRAFTOVI (encorafenib)	<b>Farydak - <a href="#">MANUAL PA</a></b> <ul style="list-style-type: none"> <li>Documented diagnosis of multiple myeloma <b>AND</b></li> </ul>

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COTELLIC (cobimetinib)  
GILOTRIF (afatinib)  
GLEEVEC (imatinib mesylate)  
ICLUSIG (ponatinib)  
IMBRUVICA (ibrutinib)  
INLYTA (axitinib)  
IRESSA (gefitinib)  
JAKAFI (ruxolitinib)  
MEKINIST (trametinib dimethyl sulfoxide)  
NEXAVAR (sorafenib)  
SPRYCEL (dasatinib)  
STIVARGA (regorafenib)  
SUTENT (sunitinib)  
TAFINLAR (dabrafenib)  
TARCEVA (erlotinib)  
TASIGNA (nilotinib)  
TYKERB (lapatinib ditosylate)  
vandetanib  
VOTRIENT (pazopanib)  
XALKORI (crizotinib)  
ZELBORAF (vemurafenib)  
ZYDELIG (idelalisib)  
ZYKADIA (ceritinib)

COPIKTRA (duvelisib)<sup>NR</sup>  
CABOMETYX (cabozantinib s-malate)  
CALQUENCE (acalabrutinib)  
DAURISMO (glasdegib)<sup>NR</sup>  
ERLEADA (apalutamide)  
FARYDAK (panobinostat)  
GLEOSTINE (lomustine)  
IBRANCE (palbociclib) <sup>SmartPA</sup>  
IDHIFA (enasidenib)  
imatinib  
KISQALI (ribociclib) <sup>SmartPA</sup>  
LENVIMA (lenvatinib) <sup>SmartPA</sup>  
LORBRENA (lorlatinib) <sup>SmartPA</sup>  
LYNPARZA (olaparib)  
NERLYNX (neratinib maleate)  
MEKTOVI (binimetinib)  
RUBRACA (rucaparib)  
RYDAPT (midostaurin)  
TAGRISSO (osimertinib)  
TALZENNA (talazoparib)  
TIBSOVO (ivosidenib)  
VERZENIO (abemaciclib)  
VITRAKVI (loratrectinib)<sup>NR</sup>  
VIZIMPRO (dacomitinib)  
XATMEP (methotrexate)  
XOSPATA (gilteritinib)<sup>NR</sup>  
ZEJULA (niraparib)

- Used in combination with bortezomib and dexamethasone per PI **AND**
- History of 2 prior regimens including bortezomib and an immunomodulatory agent

## Ibrance

- Documented diagnosis of WD-DDLS for retroperitoneal sarcoma
- Documented diagnosis of breast cancer **AND**
- Concurrent therapy with letrozole **OR**
- History of therapy with fulvestrant in the past 60 days **AND**
- History of endocrine therapy in the past 720 days

## Lenvima

- Documented diagnosis of thyroid cancer **OR**
- Documented diagnosis of hepatocellular carcinoma **OR**
- Documented diagnosis of renal cell carcinoma **AND**
- History of 1 claim for everolimus in the past 30 days **AND**
- History of 1 anti-angiogenic agent in the past 2 years.

**Lynparza Capsules - [MANUAL PA](#)**

**Lynparza Tablets**

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- Documented diagnosis of ovarian cancer, fallopian tube or peritoneal cancer **AND** history of platinum-based chemotherapy in the past 2 years **OR**
- [MANUAL PA](#)

## ANTIPARASITICS (Topical) <sup>SmartPA</sup>

### PEDICULICIDES

permethrin 1%  
NATROBA (spinosad)  
SKLICE (ivermectin)

lindane  
malathion  
OVIDE (malathion)  
spinosad  
ULESFIA (benzyl alcohol)

#### Minimum Age/Weight Limit for Pediculicides

- **50 kg** - lindane shampoo
- **2 months** – permethrin 1%(OTC)
- **6 months** – Natroba, SKLICE, Ulesfia
- **2 years** – piperonyl/pyrethrins (OTC)
- **6 years** – Ovide

#### Non-Preferred Criteria

- History of 2 preferred topical lice agents in the past 90 days

#### Ulesfia

Ulesfia is no longer covered due to no longer being rebated.

### SCABICIDES

permethrin 5%  
STROMEKTOL Tablet (ivermectin)

ELIMITE (permethrin)  
EURAX CREAM (crotamiton)  
EURAX LOTION (crotamiton)

#### Minimum Age/Weight Limit for Topical Scabicides

- **50 kg** - lindane lotion
- **2 months** – permethrin 5%
- **18 years** – Eurax

#### Non-Preferred Criteria

- History of permethrin 5% in the past 90 days

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## ANTIPARKINSON'S AGENTS (Oral) <sup>SmartPA</sup>

ANTICHOLINERGICS		
	benztropine trihexyphenidyl	COGENTIN (benztropine)
COMT INHIBITORS		
		COMTAN (entacapone) entacapone TASMAR (tolcapone) tolcapone
DOPAMINE AGONISTS		
	ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole pramipexole ER REQUIP (ropinirole) REQUIP XL (ropinirole) ropinirole ER
MAO-B INHIBITORS		
	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) rasagiline XADAGO (safinamide) ZELAPAR (selegiline)

**Non-Preferred Criteria**

- Documented diagnosis of Parkinson’s disease **AND**
- Have tried 2 different preferred agents in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days

**Xadago:**

- Documented diagnosis of Parkinson’s disease **AND**
- History of a preferred carbidopa/levodopa combination product in the past 30 days **AND**
- History of selegiline product in

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			the past 45 days
	<b>OTHERS</b>		
	amantadine bromocriptine carbidopa levodopa/carbidopa	DUOPA (levodopa/carbidopa) GOCOVRI (amantadine) INBRIJA (levodopa) <sup>NR</sup> levodopa/carbidopa ODT levodopa/carbidopa/entacapone LODOSYN (carbidopa) OSMOLEX ER (amantadine) PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine) RYTARY ER (levodopa/carbidopa) SINEMET (levodopa/carbidopa) SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)	<b>Lodosyn and Inbrija</b> <ul style="list-style-type: none"> <li>Documented diagnosis of Parkinson's disease <b>AND</b></li> <li>History of a carbidopa/levodopa combination product in the past 45 days</li> </ul>
<b>ANTIPSYCHOTICS</b> SmartPA			
	<b>ORAL</b>		
	amitriptyline/perphenazine aripiprazole clozapine fluphenazine haloperidol olanzapine olanzapine ODT perphenazine quetiapine quetiapine XR risperidone SAPHRIS (asenapine) thioridazine	ABILIFY (aripiprazole) ABILIFY MYCITE (aripiprazole) <sup>NR</sup> ADASUVE (loxapine) aripiprazole solution aripiprazole ODT chlorpromazine clozapine ODT CLOZARIL (clozapine) FANAPT (iloperidone) FAZACLO (clozapine) GEODON (ziprasidone) HALDOL (haloperidol) INVEGA ER (paliperidone)	<b>Minimum Age Limits</b> <ul style="list-style-type: none"> <li><b>2 years</b>- Droperidol</li> <li><b>3 years</b> - Haldol</li> <li><b>5 years</b> – Risperdal, thioridazine</li> <li><b>6 years</b> – Abilify, trifluoperazine</li> <li><b>10 years</b> – Latuda, Saphris, Seroquel, Symbyax</li> <li><b>12 years</b>- Molidone, perphenazine, pimozole, thiothixene</li> <li><b>13 years</b> – Zyprexa</li> <li><b>18 years</b> – Abilify Mycite, Amitriptyline/perphenazine, Clozaril, Fanapt, fluphenazine, Geodon, Invega, loxapine, Nuplazid, Rexulti,</li> </ul>

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thiothixene trifluoperazine ziprasidone	LATUDA (lurasidone) NAVANE (thiothixene) NUPLAZID (pimavanserin) olanzapine/fluoxetine paliperidone ER REXULTI (brexpiprazole) RISPERDAL (risperidone) SEROQUEL (quetiapine) SEROQUEL XR (quetiapine) SYMBYAX (olanzapine/fluoxetine) VERSACLOZ (clonazepam) VRAYLAR (cariprazine) ZYPREXA (olanzapine)	Vraylar,  <b>Concurrent Therapy Limits – Ages 0-17 years</b> • 90 days with >2 antipsychotics in the last 120 days will require a manual PA  <b>Non-Preferred Criteria- Atypical Agents</b> • Have tried 2 preferred atypical antipsychotic agents in the past 12 months <b>OR</b> • 30 consecutive days on the requested atypical agent in the past 180 days  <b>Nuplazid</b> • Documented diagnosis of Parkinson's disease
<b>INJECTABLE, ATYPICALS</b> <small>SmartPA</small>		
ABILIFY MAINTENA (aripiprazole) ARISTADA ER (aripiprazole lauroxil) ARISTADA INITIO (aripiprazole lauroxil) INVEGA SUSTENNA (paliperidone palmitate) INVEGA TRINZA (paliperidone) PERSERIS (risperidone) RISPERDAL CONSTA (risperidone) ZYPREXA RELPREVV (olanzapine)	ABILIFY (aripiprazole) GEODON (ziprasidone) olanzapine ZYPREXA (olanzapine)	<b>Minimum Age Limits</b> • <b>18 years</b> – all injectable agents  <b>Quantity Limits</b> • <b>3 syringes/year</b> – Aristada Initio  <b>Long Acting Injectable Agents All Agents</b> • Documented diagnosis of schizophrenia or schizoaffective disorder

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## Abilify Maintena or Risperdal Consta

- Documented diagnosis of schizophrenia or schizoaffective disorder **OR**
- Documented diagnosis of bipolar disorder

## ANTIRETROVIRALS SmartPA

### SINGLE TABLET REGIMENS

BIKTARVY (bictegravir/emtricitabine/tenofovir)  
GENVOYA  
(elvitegravir/cobicistat/emtricitabine/tenofovir)  
ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)  
SYMFI (efavirenz/lamivudine/tenofovir)  
SYMFI-LO (efavirenz/lamivudine/tenofovir)

ATRIPLA (efavirenz/emtricitabine/tenofovir)  
COMPLERA (emtricitabine/rilpivirine/tenofovir)  
DELSTRIGO (doravirine/lamivudine/tenofovir)  
JULUCA (dolutegravir/rilpivirine)  
STRIBILD  
(elvitegravir/cobicistat/emtricitabine/tenofovir)  
SYM TUZA (darunavir/cobicistat/  
emtricitabine/tenofovir)  
TRIUMEQ (abacavir/lamivudine/ dolutegravir)

## Stribild – MANUAL PA

- Genotype testing supporting resistance to other regimens **OR**
- Intolerance or contraindication to preferred combination of drugs **AND**
- Medical reasoning beyond convenience or enhanced compliance over preferred agents **AND**
- CrCl > 70mL/min to initiate therapy **OR** CrCl >50mL/min to continue therapy

### INTEGRASE STRAND TRANSFER INHIBITORS

ISENTRESS (raltegravir potassium)  
TIVICAY (dolutegravir sodium)

ISENTRESS HD (raltegravir potassium)  
VITEKTA (elvitegravir)

## Non-Preferred Criteria

- 1 claim with the requested agent in the past 105 days

### NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

abacavir sulfate  
EMTRIVA (emtricitabine)  
lamivudine  
tenofovir disoproxil fumarate  
ZIAGEN Solution (abacavir sulfate)  
zidovudine

didanosine DR capsule  
EPIVIR (lamivudine)  
RETROVIR (zidovudine)  
stavudine  
VIDEX EC (didanosine)  
VIDEX SOLUTION (didanosine)  
VIREAD (tenofovir disoproxil fumarate)

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		ZERIT (stavudine) ZIAGEN Tablet (abacavir sulfate)	Tybost - <a href="#">MANUAL PA</a>
	NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)		
	EDURANT (rilpivirine) SUSTIVA (efavirenz)	efavirenz INTELENCE (etravirine) nevirapine nevirapine ER PIFELTRO (doravirine) RESCRIPTOR (delavirdine mesylate) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)	
	PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR		
		TYBOST (cobicistat)	
	PROTEASE INHIBITORS (PEPTIDIC)		
	atazanavir EVOTAZ (atazanavir/cobicistat) NORVIR (ritonavir)	CRIXIVAN (indinavir) fosamprenavir INVIRASE (saquinavir mesylate) LEXIVA (fosamprenavir) REYATAZ (atazanavir) ritonavir VIRACEPT (nelfinavir mesylate)	
	PROTEASE INHIBITORS (NON-PEPTIDIC)		
	PREZCOBIX (darunavir/cobicistat) PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir)	
	ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS		
		SELZENTRY (maraviroc)	
	ENTRY INHIBITORS – FUSION INHIBITORS		

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 05/01/2019

Version 2019.6

Updated: 06-13-2019

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		FUZEON (enfuvirtide)	
	<b>COMBINATION PRODUCTS - NRTIs</b>		
	abacavir/lamivudine lamivudine/zidovudine	abacavir/lamivudine/zidovudine COMBIVIR (lamivudine/zidovudine) EPZICOM (abacavir/lamivudine) JULUCA (dolutegravir/rilpivirine) TRIZIVIR (abacavir/lamivudine/zidovudine)	
	<b>COMBINATION PRODUCTS – NUCLEOSIDE &amp; NUCLEOTIDE ANALOG RTIs</b>		
	DESCOVY (emtricitabine/tenofovir alafenam) TRUVADA (emtricitabine/tenofovir)		
	<b>COMBINATION PRODUCTS – NUCLEOSIDE &amp; NUCLEOTIDE ANALOGS &amp; NON-NUCLEOSIDE RTIs</b>		
	CIMDUO (lamivudine/tenofovir) ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)	ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir) DELSTRIGO (doravirine/lamivudine/tenofovir)	
	<b>COMBINATION PRODUCTS – PROTEASE INHIBITORS</b>		
	KALETRA (lopinavir/ritonavir)	lopinavir/ritonavir	
	<b>CD4 DIRECTED HIV-1 INHIBITOR</b>		
	TROGARZO (ibalizumab)		
<b>ANTIVIRALS (Oral)</b>			
	<b>ANTI-CYTOMEGALOVIRUS AGENTS</b>		
	valganciclovir tablets	PREVYMIS (letermovir) VALCYTE (valganciclovir)	<b>valganciclovir solution</b> – automatic approval for age <12 years

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		valganciclovir solution	
<b>ANTI-CYTOMEGALOVIRUS AGENTS</b>			
	acyclovir valacyclovir	famciclovir FAMVIR (famciclovir) SITAVIG (acyclovir) VALTREX (valacyclovir) ZOVIRAX (acyclovir)	
<b>ANTI-INFLUENZA AGENTS</b>			
	oseltamivir TAMIFLU (oseltamivir)	FLUMADINE (rimantadine) RAPIVAB (peramivir) RELENZA (zanamivir) rimantadine XOFLUZA (baloxavir marboxil)	
<b>ANTIVIRALS (Topical)</b>			
	ZOVIRAX Cream (acyclovir)	acyclovir ointment 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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ELIDEL (pimecrolimus)  
EUCRISA (crisaborole)

DUPIXENT (dupilumab)  
pimecrolimus  
PROTOPIC (tacrolimus)  
tacrolimus

## Minimum Age Limit

- **2 years** – Elidel, Eucrisa, Protopic 0.03%
- **6 years** – Protopic 0.1%

## Eucrisa

- 1 claim for topical steroid or Elidel in the past year

## Non-Preferred Criteria

- Have tried 1 preferred agent in the past 6 months

Dupixent- [MANUAL PA](#)

## BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS SmartPA

acebutolol  
atenolol  
bisoprolol  
BYSTOLIC (nebivolol) Step Edit  
metoprolol  
metoprolol ER  
nadolol  
pindolol  
propranolol  
propranolol ER  
sotalol

BETAPACE (sotalol)  
betaxolol  
CORGARD (nadolol)  
HEMANGEOL (propranolol)  
INDERAL LA (propranolol)  
INDERAL XL (propranolol)  
INNOPRAN XL (propranolol)  
KAPSPARGO SPRINKLES (metoprolol)  
KERLONE (bextaxolol)  
LEVATOL (penbutolol)  
LOPRESSOR (metoprolol)  
SECTRAL (acebutolol)  
SOTYLIZE (sotalol)  
TENORMIN (atenolol)  
TOPROL XL (metoprolol)  
ZEBETA (bisoprolol)

## Bystolic – Step Edit

- 90 consecutive days on the requested agent in the past 105 days **OR**
- Have tried 1 preferred agent in the past 6 months

## Non-Preferred Criteria – All Agents

- Have tried 2 different preferred agents in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days

## BETA- AND ALPHA-BLOCKERS

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	carvedilol labetalol	carvedilol CR 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>			
	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 - <a href="#">MANUAL PA</a></b>
<b>BILE SALTS</b>			
	ursodiol	ACTIGALL (ursodiol)	

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CHENODAL (chenodiol)  
CHOLBAM (cholic acid)  
OCALIVA (obeticholic acid)  
URSO (ursodiol)  
URSO FORTE (ursodiol)

## BLADDER RELAXANT PREPARATIONS SmartPA

oxybutynin ER  
oxybutynin IR  
TOVIAZ (fesoterodine fumarate)

darifenacin  
DETROL (tolterodine)  
DETROL LA (tolterodine)  
DITROPAN XL (oxybutynin)  
ENABLEX (darifenacin)  
GELNIQUE (oxybutynin)  
MYRBETRIQ (mirabegron)  
OXYTROL (oxybutynin)  
SANCTURA (trospium)  
SANCTURA XR (trospium)  
solifenacin  
tolterodine  
tolterodine ER  
trospium  
trospium ER  
VESICARE (solifenacin)

### Non-Preferred Criteria

- Have tried 2 different preferred agents in the past 6 months

## BONE RESORPTION SUPPRESSION AND RELATED AGENTS SmartPA

### BISPHOSPHONATES

alendronate  
BINOSTO (alendronate)  
risedronate

ACTONEL (risedronate)  
ACTONEL WITH CALCIUM (risedronate/calcium)  
alendronate solution  
ATELVIA (risedronate)  
BONIVA (ibandronate)  
DIDRONEL (etidronate)  
FOSAMAX (alendronate)

### Non-Preferred Criteria

- Documented diagnosis for osteoporosis or osteopenia **AND**
- Have tried 2 different preferred agents in the past 6 months

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		FOSAMAX PLUS D (alendronate/vitamin D) ibandronate PROLIA (denosumab) XGEVA (denosumab)	
		<b>OTHERS</b>	
	calcitonin salmon FORTICAL (calcitonin)	EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) raloxifene TYMLOS (abaloparatide)	
<b>BPH AGENTS</b> <small>SmartPA</small>			
		<b>ALPHA BLOCKERS</b>	
	alfuzosin doxazosin tamsulosin terazosin	CARDURA (doxazosin) CARDURA XL (doxazosin) dutasteride/tamsulosin FLOMAX (tamsulosin) HYTRIN (terazosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) silodosin UROXATRAL (alfuzosin)	<b>Female</b> <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> <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>
		<b>5-ALPHA-REDUCTASE (5AR) INHIBITORS</b>	
	finasteride	AVODART (dutasteride) dutasteride PROSCAR (finasteride)	
		<b>PDE5 INHIBITORS</b>	
		CIALIS (tadalafil)	

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## BRONCHODILATORS & COPD AGENTS

### ANTICHOLINERGICS & COPD AGENTS

ATROVENT HFA (ipratropium)  
ipratropium  
SPIRIVA HANDIHALER (tiotropium)  
TUDORZA PRESSAIR (aclidinium)

DALIRESP (roflumilast)  
INCRUSE ELLIPTA (umeclidinium)  
SEEBRI (glycopyrrolate)  
SPIRIVA RESPIMAT (tiotropium)  
YUPELRI (revefenacin)<sup>NR</sup>

### ANTICHOLINERGIC-BETA AGONIST COMBINATIONS

albuterol/ipratropium  
BEVESPI (glycopyrrolate/formoterol)

ANORO ELLIPTA (umeclidinium/vilanterol)  
COMBIVENT RESPIMAT (albuterol/ipratropium)<sup>\* SmartPA</sup>  
STIOLTO RESPIMAT (tiotropium/olodaterol)  
TRELEGY ELLIPTA (fluticasone furoate/  
umeclidinium/vilanterol)  
UTIBRON (indacaterol/glycopyrrolate)

#### Combivent Respimat

- 1 claim for a Combivent Respimat in the past 90 days

## BRONCHODILATORS, BETA AGONIST

### INHALERS, SHORT-ACTING

PROAIR HFA (albuterol)  
PROAIR RESPICLICK (albuterol)  
PROVENTIL HFA (albuterol)  
VENTOLIN HFA (albuterol)

XOPENEX HFA (levalbuterol) <sup>SmartPA</sup>

#### Minimum Age Limit

- **4 years** - Xopenex HFA

#### Xopenex HFA Criteria

- 1 claim for a preferred albuterol inhaler in the past 30 days

### INHALERS, LONG ACTING <sup>SmartPA</sup>

SEREVENT (salmeterol)

ARCAPTA (indacaterol)  
STRIVERDI RESPIMAT (olodaterol)

#### Minimum Age Limit

- **4 years** – Serevent
- **18 years** – Arcapta, Striverdi Respimat

#### Arcapta & Striverdi Respimat

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			<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>SmartPA</b> <b>INHALATION SOLUTION</b>		
	albuterol	BROVANA (arformoterol) levalbuterol LONHALA MAGNAIR (glycopyrrolate) metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	<b>Minimum Age Limit</b> <ul style="list-style-type: none"><li>• <b>6 years</b> – Xopenex</li><li>• <b>18 years</b> – Brovana, Perforomist</li></ul> <b>Non-Preferred Criteria</b> <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> <b>Xopenex</b> <ul style="list-style-type: none"><li>• 1 claim for a preferred albuterol in the past 30 days</li></ul>
	<b>ORAL</b>		
	albuterol ER albuterol IR metaproterenol terbutaline	VOSPIRE ER (albuterol)	
<b>SmartPA</b> <b>CALCIUM CHANNEL BLOCKERS</b>			
	<b>SHORT-ACTING</b>		

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diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine NYMALIZE SOLUTION (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>
<b>LONG-ACTING</b>		
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)	<p><b>Non-Preferred Criteria</b></p> <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>

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## CALORIC AGENTS

BOOST (includes all Boost) BREAKFAST ESSENTIALS BRIGHT BEGINNINGS DUOCAL ENSURE GLUCERNA NUTREN (includes all Nutren) OSMOLITE PEDIASURE PROMOD RESOURCE SCANDISHAKE TWOOCAL HN	All other products (caloric /nutritional agents) not listed as preferred will require a manual prior authorization.	<b>Non-Preferred Agents - <a href="#">MANUAL PA</a></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 Suspension (amoxicillin/clavulanate) AUGMENTIN (amoxicillin/clavulanate) Tablets AUGMENTIN XR (amoxicillin/clavulanate) MOXATAG (amoxicillin)	
CEPHALOSPORINS – First Generation <span>SmartPA</span>		
cefadroxil cephalixin capsules cephalixin suspension	cephalixin tablets DAXBIA (cephalexin) KEFLEX (cephalexin)	<b>Non-Preferred Criteria – all generations</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul>
CEPHALOSPORINS – Second Generation <span>SmartPA</span>		

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	cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)	
<b>SmartPA</b> <b>CEPHALOSPORINS – Third Generation</b>			
	cefdinir suspension cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	<b>Maximum Age Limit</b> • <b>18 years</b> – cefdinir suspension
<b>SmartPA</b> <b>COLONY STIMULATING FACTORS</b>			
	GRANIX (tbo-filgrastim) NEUPOGEN Vial (filgrastim)	FULPHILA (pegfilgrastim) LEUKINE (sargramostim) NEUPOGEN Syringe (filgrastim) NEULASTA (pegfilgrastim) NIVESTYM (filgrastim-aafi) UDENYCA (pegfilgrastim-cbqv) <sup>NR</sup> ZARXIO (filgrastim)	<b>Non-Preferred Criteria</b> • <b>MANUAL PA</b>  <b>Neupogen Syringe – use preferred Neupogen Vial</b>
<b>SmartPA</b> <b>CYSTIC FIBROSIS AGENTS</b>			
	tobramycin(generic TOB I) labeler 00093,00781, 65162, 17478	BETHKIS (tobramycin) CAYSTON (aztreonam) COLY-MYCIN M (colistimethate sodium) KALYDECO (ivacaftor) KITABIS (tobramycin) ORKAMBI (lumacaftor/ivacaftor) PULMOZYME (dornase alfa) SYMDEKO (tezacaftor/ivacaftor) TOBI (tobramycin) TOBI PODHALER (tobramycin) tobramycin (generic Kitabis) labeler 70644	<b>Minimum Age Limits</b> • <b>3 months</b> – Pulmozyme • <b>6 months</b> – Kalydeco Granules • <b>2 years</b> – Coly-Mycin M, Orkambi Granules • <b>6 years</b> – Bethkis, Kalydeco Tablet, Kitabis, Orkambi 100/125mg Tablet, TOBI, TOBI Podhaler • <b>7 years</b> – Cayston • <b>12 years</b> – Orkambi 200/125mg Tablet, Symdeko

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 05/01/2019

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## Maximum Age Limits

- **5 years** – Kalydeco and Orkambi Granules

## All Agents

- Documented diagnosis Cystic Fibrosis

## Kalydeco, Orkambi & Symdeko

- [MANUAL PA](#)

## TOBI Podhaler – [MANUAL PA](#)

- Therapy with a preferred tobramycin nebulizer solution in the past 90 days **AND**
- Documented significant impairment with valid clinical reasoning the preferred agent cannot be used

## CYTOKINE & CAM ANTAGONISTS

COSENTYX (secukinumab) <sup>SmartPA</sup>  
ENBREL (etanercept)  
HUMIRA (adalimumab)  
methotrexate

ACTEMRA (tocilizumab)  
CIMZIA (certolizumab)  
ENTYVIO (vedolizumab)  
ILARIS (canakinumab)  
ILUMYA (tildrakizumab)  
INFLECTRA (infliximab)  
KEVZARA (sarilumab)  
KINERET (anakinra)  
OLUMIANT (baricitinib)  
ORENCIA (abatacept)  
OTEZLA (apremilast)  
OTREXUP (methotrexate)  
RASUVO (methotrexate)

Orencia IV Infusion, Remicade IV Infusion, Renflexis and Stelara (first dose) are for administration in hospital or clinic setting. PA will not be issued at Point of Sale without justification.

## Cosentyx

- **≥ 18 years** = Minimum Age
- Documented diagnosis of plaque psoriasis, psoriatic arthritis or ankylosing spondylitis in the past 2 years **AND**
- 90 consecutive days of Humira in the past year

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	<b>HUMATE-P</b> <b>KOATE</b> <b>KOATE-DVI</b> <b>MONOCLATE-P</b> <b>NOVOEIGHT</b> <b>NUWIQ</b> <b>RECOMBINATE</b> <b>WILATE</b>	<b>KOGENATE FS</b> <b>KOVALTRY</b> <b>NOVOSEVEN RT</b> <b>OBIZUR</b> <b>VONVENDI</b> <b>XYNTHA</b> <b>XYNTHA SOLOFUSE</b>	
<b>FACTOR IX</b>			
	<b>ALPHANINE SD</b> <b>ALPROLIX</b> <b>BEBULIN</b> <b>BENEFIX</b> <b>IXINITY</b> <b>MONONINE</b> <b>PROFILNINE</b> <b>RIXUBIS</b>	<b>IDELVION</b> <b>REBINYN</b>	
<b>OTHER FACTOR PRODUCTS</b>			
	<b>COAGADEX</b> <b>FIBRYGA</b> <b>HEMLIBRA</b> <b>RIASTAP</b>	<b>CORIFACT</b> <b>TRETTEN</b>	
<b>FIBROMYALGIA/NEUROPATHIC PAIN AGENTS</b>			
	duloxetine gabapentin LYRICA (pregabalin) SAVELLA (milnacipran)	CYMBALTA (duloxetine) <sup>SmartPA</sup> duloxetine DR GRALISE (gabapentin) HORIZANT (gabapentin) IRENKA (duloxetine) LYRICA CR (pregabalin)	<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)

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		NEURONTIN (gabapentin)	
<b>FLUOROQUINOLONES (Oral)</b> <small>SmartPA</small>			
	ciprofloxacin tablets levofloxacin tablets	AVELOX (moxifloxacin) BAXDELA (delafloxacin) CIPRO (ciprofloxacin) CIPRO SUSPENSION (ciprofloxacin) CIPRO XR (ciprofloxacin) ciprofloxacin ER ciprofloxacin suspension FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin solution moxifloxacin NOROXIN (norfloxacin) ofloxacin	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>1 claim for a preferred agent in past 30 days</li> </ul> <p><b>Cipro Suspension for age &lt; 12 years</b></p> <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 cephalosporin, or macrolide</li> </ul> </li> </ul> <p><b>Levaquin solution for age &lt; 12 years</b></p> <ul style="list-style-type: none"> <li>Anthrax infection or exposure <b>OR</b></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)	

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## GENITAL WARTS & ACTINIC KERATOSIS AGENTS

ALDARA (imiquimod) <sup>Age Edit</sup> CONDYLOX (podofilox) <sup>Age Edit</sup> podofilox <sup>Age Edit</sup>	CARAC (fluorouracil) diclofenac 3% gel imiquimod <sup>Age Edit</sup> EFUDEX (fluorouracil) fluorouracil 0.5% cream fluorouracil 5% cream PICATO (ingenol) <sup>Age Edit</sup> SOLARAZE (diclofenac) TOLAK (fluorouracil) VEREGEN (sinecatechins) <sup>Age Edit</sup> ZYCLARA (imiquimod) <sup>Age Edit</sup>	<b>Minimum Age Limit</b> • <b>12 years</b> – Aldara • <b>18 years</b> – Condylox, Picato, Veregen
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## GLUCOCORTICOIDS (Inhaled) <sup>SmartPA</sup>

GLUCOCORTICOIDS		
budesonide 0.25mg and 0.5mg PULMICORT FLEXHALER (budesonide) QVAR REDIHALER (beclomethasone dipropionate)	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ARMONAIR RESPICLICK (fluticasone) ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) ASMANEX TWISTHALER (mometasone) budesonide 1mg FLOVENT DISKUS(fluticasone) FLOVENT HFA (fluticasone) PULMICORT (budesonide) Respules QVAR (beclomethasone dipropionate)	<b>Non-Preferred Criteria</b> • 90 consecutive days on the requested agent in the past 105 days <b>OR</b> • Have tried 1 preferred agent in the past 6 months  <b>Flovent HFA 44 &amp; 110 mcg</b> – automatic approval for age <12 years  <u>NOTE:</u> Institutional sized products are Non-Preferred
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS		
ADVAIR DISKUS (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol)	AIRDUO Resplick (fluticasone/salmeterol) BREO ELLIPTA (fluticasone/vilanterol) fluticasone/salmeterol WIXELA INHUB (fluticasone/salmeterol) <sup>NR</sup>	<b>Non-Preferred Criteria</b> • 90 consecutive days on the requested agent in the past 105 days <b>OR</b> • Have tried 2 different preferred

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	SYMBICORT (budesonide/formoterol)		agents in the past 6 months
<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	
	<b>PROTON PUMP INHIBITORS</b>		
	NEXIUM Rx(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) PRILOSEC SUSPENSION (omeprazole) PROTONIX DR (pantoprazole) rabeprazole	
	<b>OTHER</b>		
	CARAFATE SUSPENSION (sucralfate) misoprostol sucralfate tablet	CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) sucralfate suspension	
<b>GROWTH HORMONE</b> SmartPA			
	NORDITROPIN (somatropin) NUTROPIN AQ (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin)	<b>All Agents for Age ≥ 18 years</b> • Documented diagnosis of

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OMNITROPE (somatropin)  
SAIZEN (somatropin)  
SEROSTIM (somatropin)  
ZOMACTON (somatropin)  
ZORBTIVE (somatropin)

craniopharyngioma,  
panhypopituitarism, Prader-Willi  
Syndrome, Turner Syndrome or an  
approvable indication **OR**  
• Documented procedure of cranial  
irradiation

## Non-Preferred Criteria

- Have tried 1 preferred agent in the past 6 months **OR**
- 84 consecutive days on the requested agent in the past 105 days

## H. PYLORI COMBINATION TREATMENTS

PYLERA (bismuth subcitrate potassium,  
metronidazole, tetracycline)

lansoprazole, amoxicillin, clarithromycin  
OMECLAMOX (omeprazole, clarithromycin,  
amoxicillin)  
PREVPAC (lansoprazole, amoxicillin,  
clarithromycin)

## Quantity Limit

- 1 treatment course/year

## HEPATITIS B TREATMENTS

entecavir  
EPIVIR HBV SOLUTION (lamivudine)  
lamivudine HBV  
tenofovir disoproxil fumarate

adefovir dipivoxil  
BARACLUDE (entecavir)  
EPIVIR HBV TABLET (lamivudine)  
HEPSERA (adefovir dipivoxil)  
TYZEKA (telbivudine)  
VEMLIDY (tenofovir alafenamide fumarate)  
VIREAD (tenofovir disoproxil fumarate)

## HEPATITIS C TREATMENTS

EPCLUSA (sofosbuvir/velpatasvir) ∞  
MAVYRET (glecaprevir/pibrentasvir)∞  
PEGASYS (peginterferon alfa-2a)  
PEG-INTRON (peginterferon alfa-2b)  
ribavirin tablets

COPEGUS (ribavirin)  
DAKLINZA (daclatasvir) ∞  
HARVONI (ledipasvir/sofosbuvir)∞  
MODERIBA (ribavirin)

∞ **Daklinza, Epcclusa, Harvoni,  
Mavyret, Sovaldi, Vosevi, Zepatier –  
[MANUAL PA](#)**

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sofosbuvir/velpatasvir∞  
ZEPATIER (elbasvir/grazoprevir)∞

OLYSIO (simeprevir)  
REBETOL (ribavirin)  
RIBASPHERE (ribavirin)  
RIBASPHERE RIBAPAK DOSEPACK (ribavirin)  
ribavirin capsules  
SOVALDI (sofosbuvir)∞  
TECHNIVIE (ombitasvir/paritaprevir/ritonavir)  
VIEKIRA (ombitasvir/paritaprevir/ritonavir)  
VIEKIRA XR (ombitasvir/paritaprevir/ritonavir)  
VOSEVI (sofosbuvir/velpatasvir/voxilaprevir)∞

## HEREDITARY ANGIOEDEMA

FIRAZYR SYRINGE (icatibant acetate)

BERINERT (C1 esterase inhibitor)  
CINRYZE VIAL (C1 esterase inhibitor)  
HAEGARDA (C1 esterase inhibitor)  
KALBITOR VIAL (ecallantide)  
RUCONEST VIAL (C1 esterase inhibitor,  
recombinant)  
TAKHZYRO (lanadelumab-flyo)

## HYPERURICEMIA & GOUT SmartPA

allopurinol  
colchicine capsule  
probenecid  
probenecid/colchicine

colchicine tablet  
COLCRYS (colchicine)  
DUZALLO (lesinurad/allopurinol)  
MITIGARE (colchicine)  
ULORIC (febuxostat)  
ZURAMPIC (lesinurad)  
ZYLOPRIM (allopurinol)

### Non-Preferred Criteria

- Have tried 2 different preferred agents in the past 6 months

### Zurampic Criteria

- Have tried a xanthine oxidase inhibitor in the past 6 months **AND**
- Concurrent use with a xanthine oxidase inhibitor per PI

## HYPOGLYCEMICS, BIGUANIDES SmartPA

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	metformin HCL tablet metformin HCL ER 24HR tablet (generic GlucophageXR)	FORTAMET ER GLUCOPHAGE (metformin) GLUCOPHAGE XR (metformin ER) GLUMETZA (metformin ER) metformin 24HR (generic Fortamet) metformin 24 HR(generic Glumetza) RIOMET SOLUTION* (metformin)	<p><b><u>MANUAL PA</u></b></p> <ul style="list-style-type: none"> <li>• Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> <li>◦ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days</li> <li>◦ Combination agents count as 2 classes</li> </ul> </li> </ul> <p><b>Riomet Solution</b></p> <ul style="list-style-type: none"> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
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## HYPOGLYCEMICS, DPP4s and COMBINATON SmartPA

	JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) TRADJENTA (linagliptin)	alogliptin alogliptin/metformin alogliptin/pioglitazone JENTADUETO XR (linagliptin/metformin) KAZANO (alogliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin)* NESINA (alogliptin) ONGLYZA (saxagliptin) * OSENi (alogliptin/pioglitazone)	<p><b><u>MANUAL PA</u></b></p> <ul style="list-style-type: none"> <li>• Required with concomitant use of GLP-1 product in the past 30 days <b>OR</b></li> <li>• Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> <li>◦ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days</li> <li>◦ Combination agents count as 2 classes</li> </ul> </li> </ul> <p><b>Kombiglyze XR and Onglyza Criteria</b></p> <ul style="list-style-type: none"> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
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## HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS SmartPA

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BYDUREON (exenatide)  
BYETTA (exenatide)  
VICTOZA (liraglutide)

ADLYXIN (lixisenatide)  
BYDUREON BCISE (exenatide)  
OZEMPIC (semaglutide)  
SOLIQUA (insulin glargine/lixisenatide)  
SYMLIN (pramlintide)  
TRULICITY (dulaglutide)  
XULTOPHY (insulin degludec/ liraglutide)

## MANUAL PA

- Required with concomitant use of DPP-4 product in the past 30 days  
**OR**
- Addition of a fourth concurrent oral agent in a different drug class
  - Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days
  - Combination agents count as 2 classes

**Symlin is excluded from all criteria**

## HYPOGLYCEMICS, INSULINS AND RELATED AGENTS SmartPA

HUMALOG VIAL (insulin lispro)  
HUMALOG MIX VIAL (insulin lispro/ lispro protamine)  
HUMULIN VIAL (insulin)  
LANTUS SOLOSTAR & VIAL (insulin glargine)  
LEVEMIR FLEXPEN & VIAL (insulin detemir)  
NOVOLOG FLEXPEN & VIAL (insulin aspart)  
NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine)

AFREZZA (insulin)  
ADMELOG (insulin lispro)  
APIDRA (insulin glulisine)  
BASAGLAR (insulin glargine)  
FIASP (insulin aspart)  
HUMALOG JR (insulin lispro)  
HUMALOG KWIKPEN (insulin lispro)  
HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine)  
HUMULIN KWIKPEN (insulin)  
NOVOLIN FLEXPEN (insulin)  
NOVOLIN VIAL (insulin)  
TOUJEO (insulin glargine)  
TRESIBA (insulin degludec)

Insulin pen formulations are not covered for Long Term Care (LTC) beneficiaries.

## Non-Preferred Criteria

- Documented diagnosis of Diabetes Mellitus **AND**
- Have tried 1 preferred product in the past 6 months

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 05/01/2019

Version 2019.6

Updated: 06-13-2019

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## HYPOGLYCEMICS, MEGLITINIDES SmartPA

nateglinide  
repaglinide

PRANDIMET (repaglinide/metformin)  
PRANDIN (repaglinide)  
repaglinide/metformin  
STARLIX (nateglinide)

### MANUAL PA

- Addition of a fourth concurrent oral agent in a different drug class
  - Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days
  - Combination agents count as 2 classes

## HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS SmartPA

### HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS

FARXIGA (dapagliflozin)  
JARDIANCE (empagliflozin)

INVOKANA (canagliflozin)  
STEGLATRO (ertugliflozin)

### MANUAL PA

- Addition of a fourth concurrent oral agent in a different drug class
  - Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days
  - Combination agents count as 2 classes

### HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS

SYNJARDY (empagliflozin/metformin)

GLYXAMBI (empagliflozin/linagliptin)  
INVOKAMET (canagliflozin/metformin)  
INVOKAMET XR (canagliflozin/metformin)  
QTERN (dapagliflozin/saxagliptin)  
SEGLUROMET (ertugliflozin/metformin)  
STEGLUJAN (ertugliflozin/sitagliptin)

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SYNJARDY XR (empagliflozin/metformin)  
XIGDUO XR (dapagliflozin/metformin)

## HYPOGLYCEMICS, TZDS

### THIAZOLIDINEDIONES

pioglitazone

ACTOS (pioglitazone)  
AVANDIA (rosiglitazone)

### MANUAL PA

- Addition of a fourth concurrent oral agent in a different drug class
  - Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days
  - Combination agents count as 2 classes

### TZD COMBINATIONS

pioglitazone/metformin

ACTOPLUS MET (pioglitazone/metformin)  
ACTOPLUSMET XR (pioglitazone/metformin)  
AVANDAMET (rosiglitazone/metformin)  
AVANDARYL (rosiglitazone/glipizide)  
DUETACT (pioglitazone/glimepiride)  
pioglitazone/glimepiride

## IDIOPATHIC PULMONARY FIBROSIS SmartPA

ESBRIET (pirfenidone)  
OFEV (nintedanib)

### All Agents

- Documented diagnosis Idiopathic Pulmonary Fibrosis
- Esbriet & OFEV**
- No concurrent therapy with either agent

## IMMUNOSUPPRESSIVE (ORAL) SmartPA

AZASAN (azathioprine)  
azathioprine  
CELLCEPT (mycophenolate)

ASTAGRAF XL (tacrolimus)  
ENVARUS XR (tacrolimus)  
HECORIA (tacrolimus)

### Minimum Age Limit

- **13 years** - Rapamune
- **18 years** - Zortress

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cyclosporine  
cyclosporine modified  
GENGRAF (cyclosporine)  
IMURAN (azathioprine)  
mycophenolate mofetil  
MYFORTIC (mycophenolic acid)  
NEORAL (cyclosporine)  
RAPAMUNE (sirolimus)  
SANDIMMUNE (cyclosporine)  
sirolimus  
tacrolimus  
ZORTRESS (everolimus)

mycophenolic acid  
PROGRAF (tacrolimus)

## **Astagraf, Cellcept, Envarsus XR, Hecoria, Prograf**

- Documented diagnosis for heart transplant, kidney transplant, liver transplant, or a State accepted diagnosis

## **Azasan**

- Documented diagnosis of kidney transplant, RA, or a State accepted diagnosis

## **Gengraf, Neoral, Sandimmune**

- Documented diagnosis of heart transplant, kidney transplant, liver transplant, psoriasis, RA, or a State – accepted diagnosis **OR**
- A **MANUAL PA** review for a diagnosis of Kimura's disease or multifocal motor neuropathy

## **Myfortic**

- Documented diagnosis of kidney transplant or psoriasis

## **Rapamune**

- Documented diagnosis of kidney transplant

## **Zortress**

- Documented diagnosis of kidney transplant or liver transplant

## IMMUNE GLOBULINS

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CARIMUNE NF  
FLEBOGAMMA DIF  
GAMASTAN SD  
GAMMAGARD  
GAMMAKED  
GAMUNEX-C  
HIZENTRA  
HYQVIA  
OCTAGAM

BIVIGAM  
CUVITRU  
GAMMAGARD SD  
GAMMAPLEX  
PRIVIGEN

## INTRANASAL RHINITIS AGENTS

### ANTICHOLINERGICS

ipratropium

ATROVENT (ipratropium)

### ANTIHISTAMINES

PATANASE (olopatadine)

ASTEPRO (azelastine)  
azelastine  
olopatadine

### ANTIHISTAMINE/CORTICOSTEROID COMBINATION SmartPA

DYMISTA (azelastine/fluticasone)  
TICALAST (azelastine/fluticasone)

### CORTICOSTEROIDS SmartPA

FLONASE (fluticasone)  
fluticasone  
QNASL (beclomethasone)

BECONASE AQ (beclomethasone)  
budesonide  
flunisolide  
mometasone  
NASONEX (mometasone)  
OMNARIS (ciclesonide)  
RHINOCORT AQUA (budesonide)

#### Non-Preferred Criteria

- Documented diagnosis for allergic rhinitis **AND**
- Have tried 2 different preferred agents in the past 6 months

#### Budesonide

*Smart PA will be issued for pregnant*

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TICANASE KIT (flonase kit)  
triamcinolone  
VERAMYST (fluticasone)  
XHANCE (fluticasone)  
ZETONNA (ciclesonide)

women.

- A documented diagnosis of pregnancy **OR** a pregnancy indicator submitted on the pharmacy claim at Point of Sale

## IRON CHELATING AGENTS

FERRIPROX (deferiprone)  
EXJADE (deferasirox)

deferasirox  
JADENU (deferasirox)  
JADENU SPRINKLES (deferasirox)

## IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS SmartPA

### IRRITABLE BOWEL SYNDROME CONSTIPATION

AMITIZA (lubiprostone)  
LINZESS (linaclotide)  
MOVANTIK (naloxegol)

MOTEGRITY (prucalopride)<sup>NR</sup>  
RELISTOR (methylnaltrexone)  
SYMPROIC (naldemedine)  
TRULANCE (plecanatide)

#### Minimum Age Limit All Subclasses

- **18 years** –except *Bentyl*, *Gattex*, *Levsin*

#### Gender Limits

- **Female** - Amitiza 8mcg

#### Chronic Idiopathic Constipation (CIC)

AMITIZA 24MCG, LINZESS 72MCG, LINZESS 145 MCG, MOTEGRITY, TRULANCE

#### All CIC Agents:

- Documented diagnosis of CIC in the past year **AND**
- No history of GI or bowel obstruction

#### Non Preferred CIC Agents

- Above CIC criteria **AND**
- 30 days of therapy with 2 preferred agent in the past 6 months **OR**

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		<ul style="list-style-type: none"><li>• 1 claim with the same agent in the past 105 days</li></ul> <p><b><u>Irritable Bowel Syndrome – Constipation Dominant (IBS-C)</u></b> AMITIZA 8MCG, LINZESS 290 MCG</p> <ul style="list-style-type: none"><li>• Documented diagnosis of IBS-C in the past year <b>AND</b></li><li>• No history of GI or bowel obstruction</li></ul> <p><b><u>Opioid Induced Constipation (OIC)</u></b> AMITIZA 24MCG, MOVANTIK, RELISTOR, SYMPROIC</p> <p><b>All OIC Agents:</b></p> <ul style="list-style-type: none"><li>• Documented diagnosis of OIC in the past year <b>AND</b></li><li>• 1 claim for an opioid in the past 30 days <b>AND</b></li><li>• No history of GI or bowel obstruction <b>AND</b></li><li>• Documented diagnosis of chronic pain in the past year</li></ul> <p><b>Non Preferred OIC Agents</b></p> <ul style="list-style-type: none"><li>• Above OIC criteria <b>AND</b></li><li>• 30 days of therapy with 1 preferred agent in the past 6 months <b>OR</b></li><li>• 1 claim with the same agent in the past 105 days</li></ul> <p><b>Relistor Injection</b></p> <ul style="list-style-type: none"><li>• Above OIC criteria <b>AND</b></li><li>• Documented diagnosis of active cancer in the past year <b>AND</b></li></ul>
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			<ul style="list-style-type: none"> <li>Documented diagnosis of palliative care in the past 6 months</li> </ul>
	<b>IRRITABLE BOWEL SYNDROME DIARRHEA</b>		
	dicyclomine hyoscyamine VIBERZI (eluxadoline)	alosetron BENTYL (dicyclomine) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LOTRONEX (alosetron)	<p><b>Viberzi</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of Irritable Bowel Syndrome – Diarrhea Dominant (IBS-D) in the past year</li> </ul> <p><b>Lotronex</b></p> <ul style="list-style-type: none"> <li>1 claim for the same agent in the past 105 days <b>OR</b></li> <li><b>MANUAL PA</b> - All new patients require manual review.</li> </ul> <p><b>Xifaxan - (see Antibiotics, GI)</b></p>
	<b>SHORT BOWEL SYNDROME AND SELECTED GI AGENTS</b>		
		FULYZAQ (crofelemer) GATTEX (teduglutide) MYTESI (crofelemer) NUTRESTORE POWDER PACK (glutamine) XERMELO (telotristat ethyl) ZORBTIVE (somatropin)	<p><b>Carcinoid Syndrome Agent</b> <b>XERMELO</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of carcinoid syndrome in the past year <b>AND</b></li> <li>1 claim for a somatostatin analog in the past 30 days</li> </ul> <p><b>HIV/AIDS Non-infectious Diarrhea</b> <b>FULYZAQ, MYTESI</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of HIV/AIDS in the past year <b>AND</b></li> <li>Documented diagnosis of non-infectious diarrhea in the past year <b>AND</b></li> </ul>

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- 1 claim for an antiretroviral in the past 30 days

**Short Bowel Syndrome (SBS)**  
GATTEX, NUTRESTORE, ZORBTIVE

**Gattex or Zorbtive**

- 1 claim for the same agent in the past 105 days **OR**
- **MANUAL PA** - All new patients require manual review.

**Nutrestore - MANUAL PA**

## LEUKOTRIENE MODIFIERS SmartPA

ACCOLATE (zafirlukast)  
montelukast granules  
montelukast tablets

SINGULAIR Tablets (montelukast)  
SINGULAR GRANULES (montelukast granules)  
zafirlukast  
zileuton  
ZYFLO CR (zileuton)

**Minimum Age Limit**

- **12 years** – Zylfo & Zylfo CR

**Non-Preferred Criteria**

- Have tried 2 different preferred agents in the past 6 months

## LIPOTROPICS, OTHER (NON-STATINS) SmartPA

### BILE ACID SEQUESTRANTS

cholestyramine  
colestipol

colesevelam  
COLESTID (colestipol)  
QUESTRAN (cholestyramine)  
WELCHOL (colesevelam)

**All Agents, All Sub-Classes both Preferred (exception is Zetia) and Non-Preferred**

- 90 consecutive days on the requested agent in the past 105 days **OR**
- Have tried 1 statin or statin combination agent in the past year **OR**
- One of the following exceptions:
  - Welchol **AND** Type 2 diabetes

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			<p><b>AND 1 preferred oral antidiabetic agent in the past 180 days OR</b></p> <ul style="list-style-type: none"> <li>o Pregnant female <b>OR</b></li> <li>o Documented diagnosis of liver disease <b>OR</b></li> <li>o Documented diagnosis for hypertriglyceridemia <b>OR</b></li> <li>o Clinical justification a statin or statin combination product cannot be used</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>
<b>CHOLESTEROL ABSORPTION INHIBITORS</b>			
	ZETIA (ezetimibe)	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)	<p><b>Fibric Acid Derivative Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different fibric acid derivatives in the past 6 months</li> </ul>

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		LOPID (gemfibrozil) TRICOR (fenofibrate nanocrystallized) TRIGLIDE (fenofibrate) TRILIPIX (fenofibric acid)	
		<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)	NIASPAN (niacin)	<b>Non-Preferred Criteria</b> • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
		<b>PCSK-9 INHIBITOR</b>	
		PRALUENT (alirocumab) REPATHA (evolocumab)	<a href="#">MANUAL PA</a>
<b>LIPOTROPICS, STATINS</b> <small>SmartPA</small>			
		<b>STATINS</b>	
	atorvastatin fluvastatin LESCOL (fluvastatin) LESCOL XL (fluvastatin) lovastatin pravastatin rosuvastatin	ALTOPREV (lovastatin) CRESTOR (rosuvastatin) FLOLIPID (simvastatin) fluvastatin ER LIPITOR (atorvastatin) LIVALO (pitavastatin) MEVACOR (lovastatin)	<b>Simvastatin 80mg</b> • 12 months of therapy with simvastatin 80mg <b>AND</b> • NO myopathy contraindication  <b>Non-Preferred Criteria</b> • Have tried 2 different preferred statin or statin combination agents in the

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	simvastatin	PRAVACHOL (pravastatin) ZOCOR (simvastatin) ZYPITAMAG (pitavastatin)	past 6 months <b>OR</b> • 90 consecutive days on the requested agent in the past 105 days
	<b>STATIN COMBINATIONS</b>		
	SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)	ADVICOR (lovastatin/niacin) atorvastatin/amlodipine CADUET (atorvastatin/amlodipine) ezetimibe/simvastatin LIPTRUZET (atorvastatin/ezetimibe)	<b>Non-Preferred Criteria</b> • Have tried 2 different preferred statin or statin combination agents in the past 6 months <b>OR</b> • 90 consecutive days on the requested agent in the past 105 days
<b>MISCELLANEOUS BRAND/GENERIC</b>			
	<b>CLONIDINE</b>		
	CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)	
	<b>EPINEPHRINE</b>		
	epinephrine autoinject pens (labeler 49502)	ADRENALIN (epinephrine) AUVI-Q (epinephrine) EPINEPHRINE SNAP EMS KIT (epinephrine) <sup>NR</sup> EPIPEN (epinephrine) EPIPEN JR (epinephrine) SYMJEPI (epinephrine) <sup>NR</sup>	<b>Quantity Limits</b> • 2 kits/31 days
	<b>MISCELLANEOUS</b>		
	alprazolam hydroxyurea hydroxyzine hcl syrup hydroxyzine pamoate MAKENA (hydroxyprogesterone caproate) megestrol suspension 625mg/5mL	alprazolam ER ENDARI (glutamine) hydroxyprogesterone caproate hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) SIKLOS (hydroxyurea) VISTARIL (hydroxyzine pamoate)	<b>Alprazolam ER CUMULATIVE quantity limit</b> • 31 tablets/31 days  <b>Hydroxyzine hcl 10mg tablets</b> • 6-12 years - <u>Smart PA will automatically be issued for this age range</u>

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# MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 05/01/2019

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## SUBLINGUAL ALLERGEN EXTRACT IMMUNOTHERAPY

GRASTEK  
ORALAIR  
RAGWITEK

## SUBLINGUAL NITROGLYCERIN

nitroglycerin lingual 12gm  
nitroglycerin sublingual  
NITROLINGUAL PUMPSPRAY (nitroglycerin)  
12gm  
NITROSTAT SUBLINGUAL (nitroglycerin)

nitroglycerin lingual 4.9gm  
NITROLINGUAL (nitroglycerin) 4.9gm  
NITROMIST (nitroglycerin)

## MOVEMENT DISORDER AGENTS SmartPA

INGREZZA (valbenazine)  
tetrabenazine

AUSTEDO (deutetrabenazine)  
XENAZINE (tetrabenazine)

### Ingrezza:

- **MANUAL PA**

### tetrabenazine:

- Documented diagnosis of Huntington's Chorea

### Non-Preferred Criteria

#### Austedo:

- **MANUAL PA** for diagnosis of tardive dyskinesia **OR**
- Documented diagnosis of Huntington's Chorea **AND**
- 30 days of therapy with preferred tetrabenazine in the past 6 months

## MULTIPLE SCLEROSIS AGENTS SmartPA

AUBAGIO (teriflunomide)  
AVONEX (interferon beta-1a)  
AVONEX PEN (interferon beta-1a)  
BETASERON (interferon beta-1b)

AMPYRA (dalfampridine)  
COPAXONE 40mg (glatiramer)  
dalfampridine  
EXTAVIA (interferon beta-1b)

### All Agents

- Documented diagnosis of multiple sclerosis

### Non-Preferred Criteria

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COPAXONE 20mg (glatiramer)  
GILENYA (fingolimod)  
REBIF (interferon beta-1a)  
REBIF REBIDOSE (interferon beta-1a)

glatiramer  
GLATOPA (glatiramer)  
MAYZENT (sipinimod)<sup>NR</sup>  
MAVENCLAD (cladribine)<sup>nr</sup>  
OCREVUS (ocrelizumab)  
PLEGRIDY (interferon beta-1a)  
TECFIDERA (dimethyl fumarate)  
ZINBRYTA (daclizumab)

- Have tried 2 different preferred agents in the past 6 months **OR**
- 3 claims with the requested agent in the last 105 days

**Ampyra – [MANUAL PA](#)**

- **18 years** – minimum age limit **AND**
- **60 tablets/30 days (2 tablets/day)** – quantity limit **AND**
- Documented gait disorder associated with MS **AND**
- NO seizure diagnosis or moderate to severe renal impairment **AND**
- Initial authorization – requires a baseline Timed 25-foot Walk (T25FW) assessment and will be approved for 12 weeks **OR**
- Additional prior authorizations - requires a benefit assessment measured by a 20% improvement in the T25FW from baseline. Renewal will not be approved if the 20% improvement is not maintained. A renewal will be issued in a 6 month interval

**Mavenclad- [MANUAL PA](#)**

## MUSCULAR DYSTROPHY AGENTS

EMFLAZA (deflazacort)  
EXONDYS (eteplirsen)

**Exondys-[MANUAL PA](#)**

## NSAIDS SmartPA

### NON-SELECTIVE

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diclofenac EC diclofenac IR diclofenac SR etodolac IR tab flurbiprofen ibuprofen indomethacin ketoprofen ketorolac nabumetone naproxen 250mg and 500mg piroxicam sulindac	ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac) CATAFLAM (diclofenac) DAYPRO (oxaprozin) etodolac cap etodolac tab SR FELDENE (piroxicam) FENORTHO (fenoprofen) fenoprofen INDOCIN capsules, suspension & suppositories (indomethacin) indomethacin cap ER ketoprofen ER meclofenamate mefenamic acid NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) naproxen 275mg and 550mg NUPRIN (ibuprofen) oxaprozin PONSTEL (mefenamic acid) PROFENO (fenoprofen) 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>
NSAID/GI PROTECTANT COMBINATIONS		

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		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	<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>
<b>COX II SELECTIVE</b>			
	meloxicam	CELEBREX (celecoxib) celecoxib MOBIC (meloxicam) NULOX (meloxicam) VIVLODEX (meloxicam)	<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>
<b>OPHTHALMIC ANTIBIOTICS</b>			
	bacitracin/neomycin/gramicidin bacitracin/polymyxin ciprofloxacin erythromycin GENTAK Ointment (gentamicin) gentamicin ILOTYCIN (erythromycin) moxifloxacin ofloxacin polymyxin/trimethoprim	AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) CILOXAN Ointment (ciprofloxacin) CILOXAN Solution (ciprofloxacin) GARAMYCIN (gentamicin) gatifloxacin levofloxacin MOXEZA (moxifloxacin)	

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	tobramycin	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) sulfacetamide TOBREX drops (tobramycin) TOBREX ointment (tobramycin) VIGAMOX (moxifloxacin) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	
<b>ANTIBIOTIC STEROID COMBINATIONS</b>			
	neomycin/bacitracin/polymyxin/hc ointment neomycin/polymyxin/dexamethasone PRED-G (gentamicin/prednisolone) sulfacetamide/prednisolone TOBRADEX SUSPENSION/OINTMENT (tobramycin/dexamethasone) ZYLET (loteprednol/tobramycin)	BLEPHAMIDE (sulfacetamide/prednisolone) gatifloxacin/prednisolone MAXITROL(neomycin/polymyxin/dexamethasone) neomycin/polymyxin/gramicidin neomycin/polymyxin/hydrocortisone TOBRADEX ST SUSPENSION (tobramycin/dexamethasone) tobramycin/dexamethasone	

## OPHTHALMIC ANTI-INFLAMMATORIES SmartPA

	dexamethasone diclofenac DUREZOL (difluprednate) FLAREX (fluorometholone) fluorometholone flurbiprofen FML (fluorometholone) FML FORTE (fluorometholone)	ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac BROMSITE (bromfenac) ILEVRO (nepafenac) INVELTYS (loteprednol etabonate) LOTEMAX (loteprednol)	<b>Non-Preferred Criteria</b> • Have tried 2 different preferred agents in the past 6 months
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FML SOP (fluorometholone)  
ketorolac  
MAXIDEX (dexamethasone)  
NEVANAC (nepafenac)  
prednisolone acetate  
prednisolone NA phosphate  
PRED MILD (prednisolone)  
VEXOL (rimexolone)

OCUFEN (flurbiprofen)  
OMNIPRED (prednisolone)  
PRED FORTE (prednisolone)  
PROLENSA (bromfenac)  
VOLTAREN (diclofenac)

## OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS SmartPA

ALREX (loteprednol)  
azelastine  
cromolyn  
olopatadine 0.1%

ALAMAST (pemirolast)  
ALOCRIL (nedocromil)  
ALOMIDE (lodoxamide)  
BEPREVE (bepotastine)  
ELESTAT (epinastine)  
EMADINE (emedastine)  
epinastine  
LASTACFT (alcaftadine)  
olopatadine 0.2%  
OPTIVAR (azelastine)  
PATADAY (olopatadine)  
PATANOL (olopatadine)  
PAZEO (olopatadine)

### Non-Preferred Criteria

- Have tried 2 different preferred agents in the past 6 months

## OPHTHALMIC, DRY EYE AGENTS

RESTASIS droperette (cyclosporine)

CEQUA (cyclosporine 0.09%)<sup>NR</sup>  
RESTASIS Multidose (cyclosporine)  
XIIDRA (lifitegrast)<sup>Smart PA</sup>

### Minimum Age Limit

- 16 years – Restasis
- 17 years – Xiidra
- 18 years – Cequa

### Quantity Limits

- 5.5 mL/31 days – Restasis Multidose
- 60 units/31 days – Cequa, Restasis droperette, Xiidra

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			<b>Non-Preferred Criteria:</b> <ul style="list-style-type: none"><li>History of 4 claims for Restasis in the past 6 months</li></ul>
<b>OPHTHALMIC, GLAUCOMA AGENTS</b> <small>SmartPA</small>			
	<b>BETA BLOCKERS</b>		<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"><li>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>
	BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol drops 0.25%, 0.5%	BETAGAN (levobunolol) betaxolol BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel timolol daily drop 0.5% (generic Istalol) TIMOPTIC (timolol) TIMOPTIC XE (timolol)	
	<b>CARBONIC ANHYDRASE INHIBITORS</b>		
	dorzolamide	AZOPT (brinzolamide) TRUSOPT (dorzolamide)	
	<b>COMBINATION AGENTS</b>		
	COMBIGAN (brimonidine/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine)	COSOPT (dorzolamide/timolol) COSOPT PF(dorzolamide/timolol)	
	<b>PARASYMPATHOMIMETICS</b>		
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide)	

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		PILOPINE HS (pilocarpine)	
	<b>PROSTAGLANDIN ANALOGS</b>		
	latanoprost	bimatoprost LUMIGAN (bimatoprost) RESCULA (unoprostone) TRAVATAN Z (travoprost) travoprost XALATAN (latanoprost) XELPROS (latanoprost) VYZULTA (latanoprostene bunod) ZIOPTAN (tafluprost)	
	<b>RHO KINASE INHIBITORS/COMBINATIONS</b>		
	RHOPRESSA (netarsudil)	ROCKLATAN (netarsudil/latanoprost) <sup>NR</sup>	
	<b>SYMPATHOMIMETICS</b>		
	ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine 0.2%	brimonidine 0.15% dipivefrin PROPINE (dipivefrin)	
<b>OPIATE DEPENDENCE TREATMENTS</b>			
	<b>DEPENDENCE</b>		
	naltrexone tablets SUBOXONE FILM (buprenorphine/naloxone) <sup>SmartPA</sup>	buprenorphine tablets buprenorphine/naloxone film buprenorphine/naloxone tablets BUNAVAIL (buprenorphine/naloxone) LUCEMYRA (lofexidine) PROBUPHINE (buprenorphine) SUBLOCADE (buprenorphine) VIVITROL (naltrexone)	<b><u>Buprenorphine/Naloxone and buprenorphine:</u></b> <b><u>Suboxone</u></b> • <a href="#">Detailed buprenorphine/naloxone and buprenorphine provider summary found here</a>

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		ZUBSOLV (buprenorphine/naloxone)	<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> <i>NOTE: Bunavail is not indicated for induction therapy</i> <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 provider summary found <a href="#">here</a></li> </ul> <b>Probuphine, Sublocade, Vivitrol - <u>MANUAL PA</u></b>
TREATMENT			
	naloxone injection NARCAN NASAL SPRAY (naloxone)	EVZIO (naloxone)	

## OTIC ANTIBIOTICS

	CIPRODEX (ciprofloxacin/dexamethasone) CIPRO HC (ciprofloxacin/hydrocortisone) <small>Age Edit</small> COLY-MYCIN S (colistin/neomycin/hydrocortisone) ofloxacin	ciprofloxacin CORTISPORIN-TC (colistin/neomycin/hydrocortisone) DERMOTIC (fluocinolone) neomycin/polymyxin/hydrocortisone OTIPRIO (ciprofloxacin) OTOVEL (ciprofloxacin/fluocinolone)	<b>Maximum Age Limit</b> <ul style="list-style-type: none"> <li><b>9 years</b> - Cipro HC</li> </ul>
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## PANCREATIC ENZYMES SmartPA

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	CREON (pancreatin) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) pancrelipase PERTZYE (pancrelipase) ULTRESA (pancrelipase) VIOKACE (pancrelipase)	<b>Non-Preferred Criteria</b> • Have tried 2 different preferred agents in the past 6 months
<b>PARATHYROID AGENTS</b>			
	calcitriol ergocalciferol paricalcitol ROCALtrol (calcitriol) ZEMPLAR (paricalcitol)	cinacalcet doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone) RAYALDEE (calcifediol) SENSIPAR (cinacalcet)	
<b>PHOSPHATE BINDERS</b>			
	calcium acetate ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) sevelamer carbonate tablets	AURYXIA (ferric citrate) FOSRENOL (lanthanum) lanthanum PHOSLO (calcium acetate) RENAGEL (sevelamer HCl) REVELA (sevelamer carbonate) sevelamer carbonate powder packets VELPHORO (sucroferric oxyhydroxide)	
<b>PLATELET AGGREGATION INHIBITORS</b> <small>SmartPA</small>			
	AGGRENOX (dipyridamole/aspirin) BRILINTA (ticagrelor) cilostazol clopidogrel dipyridamole pentoxifylline prasugrel	dipyridamole/aspirin DURLAZA ER (aspirin) EFFIENT (prasugrel) PERSANTINE (dipyridamole) PLAVIX (clopidogrel) PLETAL (cilostazol) ticlopidine	<b>Zontivity – MANUAL PA</b> • Documented diagnosis of myocardial infarction or peripheral artery disease <b>AND</b> • No diagnosis of stroke, transient ischemic attack or intracranial hemorrhage <b>AND</b> • Concurrent therapy with aspirin

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EFFECTIVE 05/01/2019

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YOSPRALA (aspirin/omeprazole)  
ZONTIVITY (vorapaxar)<sup>Clinical Edit</sup>

and/or clopidogrel

## Non-Preferred Criteria

- Documented diagnosis **AND**
- Have tried 2 different preferred agents in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days

## PLATELET STIMULATING AGENTS

PROMACTA (eltrombopag olamine)

DOPTELET (avatrombopag maleate)  
MULPLETA (lusutrombopag)  
NPLATE (romiplostim)  
RITUXAN (rituximab)  
TAVALISSE (fostamatinib disodium)

## PRENATAL VITAMINS

COMPLETE NATAL DHA  
CONCEPT DHA Capsule  
PRENATA CHEWABLE Tablet  
PRENATAL PLUS Tablet  
PRENATAL VITAMIN PLUS LOW IRON Tablet  
PREPLUS Ca/Fe27/FA 1 Tablet  
TARON-C DHA Capsule  
TRICARE PRENATAL Tablet  
TRINATAL Rx 1 Tablet  
TRIVEEN-DUO DHA COMBO PACK

Products not listed here are assumed to be Non-Preferred.

## PSEUDOBULBAR AFFECT AGENTS

NUDEXTA (dextromethorphan/quinidine)

## Non-Preferred Criteria

- 90 consecutive days on the requested agent in the past 105 days **OR**
- Documented diagnosis for

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Pseudobulbar Affect

## PULMONARY ANTIHYPERTENSIVES<sup>SmartPA</sup>

### ENDOTHELIN RECEPTOR ANTAGONIST

TRACLEER (bosentan) Tablets

bosebtan  
LETAIRIS (ambrisentan)\*  
OPSUMIT (macitentan)  
TRACLEER (bosentan) Suspension

**All PAH Agents – Preferred and Non-Preferred**

- Documented diagnosis of pulmonary hypertension

#### Non-Preferred Criteria

- Have tried 1 preferred PAH agent in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days

### PDE5's

sildenafil (generic Revatio)

ADCIRCA (tadalafil)  
REVATIO (sildenafil)

#### Non-Preferred Criteria

- Have tried 1 preferred PAH agent in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days

#### Revatio suspension

- **< 12 years** of age **AND** documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation **OR** history of heart transplant **OR** 90 consecutive days on the requested agent in the past 105 days

#### Revatio tablets

- **< 1 year** of age **AND** documented

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			diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation <b>OR</b> 90 consecutive days on the requested agent in the past 105 days • <b>&gt; 1 years</b> of age <b>AND</b> Non-Preferred Criteria
	<b>PROSTACYCLINS</b>		
	ORENITRAM ER (treprostinil)	TYVASO (treprostinil) VENTAVIS (iloprost)	<b>Non-Preferred Criteria</b> • 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
	<b>SELECTIVE PROSTACYCLIN RECEPTOR AGONISTS</b>		
		UPTRA VI (selexipag)	<b>Non-Preferred Criteria</b> • 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
	<b>SOLUBLE GUANYLATE CYCLASE STIMULATORS</b>		
		ADEMPAS (riociguat)	<b>Adempas</b> • 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 <b>OR</b> • <b>MANUAL PA</b> for PAH WHO Group 4
<b>ROSACEA TREATMENTS</b>			
	metronidazole (cream, gel, lotion)	AVAR (sulfacetamide sodium/sulfur)	Topical Sulfonamides used for Rosacea will require a manual PA for $\geq 21$ years.

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		FINACEA (azelaic acid) METROCREAM (metronidazole cream) METROGEL (metronidazole gel) METROLOTION (metronidazole lotion) MIRVASO (brimonidine) NORITATE (metronidazole) OVACE (sulfacetamide sodium) RHOFAD (oxymetazoline HCl) ROSULA (sodium sulfacetamide/sulfur) sodium sulfacetamide/sulfur (cleanser, pads, suspension) SOOLANTRA (ivermectin) SUMADAN(sodium sulfacetamide/sulfur wash) SUMAXIN(sodium sulfacetamide/sulfur pads) SUMAXIN TS(sodium sulfacetamide/sulfur suspension)	Other labeled indications are limited to <21 years.
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## SEDATIVE HYPNOTICS

### BENZODIAZEPINES SmartPA

	estazolam flurazepam temazepam (15mg and 30mg)	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) quazepam 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> • <b>31 units/31 days</b> - all strengths  <b>Triazolam – CUMULATIVE</b> Quantity limit per rolling days for all strengths
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		SmartPA	<ul style="list-style-type: none"><li>• 10 units/31 days</li><li>• 60 units/365 days</li></ul>
OTHERS			
	zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (sovorexant) EDLUAR (zolpidem) eszopiclone HETLIOZ (tasimelteon) INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER zolpidem SL ZOLPIMIST (zolpidem)	<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>• 31 units/31 days</li><li>• 1 canister/31 days – Zolpimist &amp; male</li><li>• 1 canister/62 days – Zolpimist &amp; female</li></ul> <b>Gender and Dose Limits for zolpidem</b> <ul style="list-style-type: none"><li>• <b>Female</b> - Ambien 5mg, Ambien CR 6.25mg, Intermezzo 1.75 mg</li><li>• <b>Male</b> – all zolpidem strengths</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>Hetlitz</b> <ul style="list-style-type: none"><li>• Circadian rhythm sleep disorder <b>AND</b></li><li>• Diagnosis indicating total blindness of the patient</li></ul>

## SELECT CONTRACEPTIVE PRODUCTS

### INJECTABLE CONTRACEPTIVES

	medroxyprogesterone acetate IM	DEPO-PROVERA IM (medroxyprogesterone acetate) DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)
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ORAL CONTRACEPTIVES <small>SmartPA</small>		
	<p>ALL CONTRACEPTIVES ARE PREFERRED EXCEPT FOR THOSE SPECIFICALLY INDICATED AS NON-PREFERRED</p>	<p>AMETHIA (levonorgestrel/ethinyl estradiol) AMETHYST (levonorgestrel/ethinyl estradiol) BEYAZ (ethinyl estradiol/drospirenone/levomefolate) BRIELLYN (norethindrone/ethinyl estradiol) CAMRESE (levonorgestrel/ethinyl estradiol) CAMRESE LO (levonorgestrel/ethinyl estradiol) ethinyl estradiol/drospirenone GENERESS FE (norethindrone/ethinyl estradiol/fe) Gianvi (ethinyl estradiol/drospirenone) GILDAGIA (norethindrone/ethinyl estradiol) INTROVALE (levonorgestrel/ethinyl estradiol) JOLESSA (levonorgestrel/ethinyl estradiol) LOESTRIN 24 FE (norethindrone/ethinyl estradiol) LO LOESTRIN FE (norethindrone/ethinyl estradiol) LORYNA (ethinyl estradiol/drospirenone) NATAZIA (estradiol valerate/dienogest) norethindrone/ethinyl estradiol/fe chew tab OCELLA (ethinyl estradiol/drospirenone) OVCON-35 (norethindrone/ethinyl estradiol) PHILITH (norethindrone/ethinyl estradiol) QUASENSE (levonorgestrel/ethinyl estradiol) SAFYRAL (ethinyl estradiol/drospirenone/levomefolate) SYEDA (ethinyl estradiol/drospirenone) TILIA FE (norethindrone/ethinyl estradiol/fe) TRI-LEGEST FE (norethindrone/ethinyl estradiol/fe) VESTURA (ethinyl estradiol/drospirenone) WYMZYA FE (norethindrone/ethinyl estradiol/fe)</p>

## Non-Preferred Criteria

- 1 claim with the requested agent in the past 105 days

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ZARAH (ethinyl estradiol/drospirenone)  
ZENCHENT FE (norethindrone/ethinyl estradiol/fe)  
ZEOSA (norethindrone/ethinyl estradiol/fe)

## SKELETAL MUSCLE RELAXANTS SmartPA

baclofen  
chlorzoxazone  
cyclobenzaprine 5mg, 10mg  
methocarbamol  
tizanidine tablets

AMRIX (cyclobenzaprine ER)  
carisoprodol  
carisoprodol compound  
cyclobenzaprine 7.5mg, 15mg  
cyclobenzaprine ER  
DANTRIUM (dantrolene)  
dantrolene  
FEXMID (cyclobenzaprine)  
FLEXERIL (cyclobenzaprine)  
LORZONE (chlorzoxazone)  
metaxalone  
NORGESIC FORTE (orphenadrine)<sup>NR</sup>  
orphenadrine  
orphenadrine compound  
orphenadrine ER  
PARAFON FORTE DSC (chlorzoxazone)  
ROBAXIN (methocarbamol)  
SKELAXIN (metaxalone)  
SOMA (carisoprodol)  
tizanidine capsules  
ZANAFLEX (tizanidine)

### Non-Preferred Agents

- Documented diagnosis for an approvable indication **AND**
- Have tried 2 different preferred agents in the past 6 months

### Carisoprodol

- Documented diagnosis of acute musculoskeletal condition **AND**
- NO history with meprobamate in the past 90 days **AND**
- 1 claim for cyclobenzaprine in the past 21 days **OR** a documented intolerance to cyclobenzaprine **AND**

### Quantity Limits

- 18 tablets - to allow tapering off
- 84 tablets/6 months

Carisoprodol with codeine  
[MANUAL PA](#)

## SMOKING DETERRENT

### NICOTINE TYPE

nicotine gum  
nicotine lozenge  
nicotine patch

NICODERM CQ PATCH  
NICORETTE LOZENGE  
NICORETTE GUM

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		NICOTROL INHALER NICOTROL NASAL SPRAY	
	<b>NON-NICOTINE TYPE</b>		
	bupropion ER CHANTIX (varenicline)	ZYBAN (bupropion)	<b>Minimum Age Limit - Chantix</b> • 18 years  <b>Quantity Limits</b> • Chantix 0.5 mg, 1mg tablets and continuing pack – 336 tablets/year • Chantix Starter – 2 treatment courses/year
<b>STERIODS (Topical)</b> <small>SmartPA</small>			
	<b>LOW POTENCY</b>		
	CAPEX (fluocinolone) desonide hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTH-ES (fluocinolone) DESONATE (desonide) DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)	<b>Non-Preferred Criteria</b> • Have tried 2 different preferred low potency agents in the past 6 months
	<b>MEDIUM POTENCY</b>		
	fluocinolone hydrocortisone mometasone cr, oint. prednicarbate cr PANDEL (hydrocortisone probutate)	betamethasone valerate foam CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate) ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone)	<b>Non-Preferred Criteria</b> • Have tried 2 different preferred medium potency agents in the past 6 months

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

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OLUX-E (clobetasol)  
ULTRAVATE Cream, Lotion (halobetasol)  
ULTRAVATE Ointment (halobetasol)

## STIMULANTS AND RELATED AGENTS SmartPA

### SHORT-ACTING

amphetamine salt combination  
dexamethylphenidate IR  
dextroamphetamine IR  
METHYLIN chewable tablets (methylphenidate)  
METHYLIN solution (methylphenidate)  
methylphenidate IR  
PROCENTRA (dextroamphetamine)

ADDERALL (amphetamine salt combination)  
DESOXYN (methamphetamine)  
dextroamphetamine solution  
EVEKEO (amphetamine)  
FOCALIN (dexamethylphenidate)  
methamphetamine  
methylphenidate chewable  
methylphenidate solution  
ZENZEDI (dextroamphetamine)

#### Minimum Age Limit

- **3 years** - Adderall, Evekeo, Procentra, Zenzedi
- **6 years** – Desoxyn, Focalin, Methylin

#### Quantity Limits

Applicable quantity limit per rolling days

- **62 tablets/31 days** – Adderall, Desoxyn, Evekeo, Focalin, Methylin, Zenzedi
- **310 mL/31 days** – Methylin solution, Procentra

#### Documented diagnosis of:

**ADHD** – ALL SA AGENTS

**Narcolepsy** – ADDERALL, DESOXYN, EVEKEO, METHYLIN, PROCENTRA, RITALIN, ZENZEDI

#### Non-Preferred Criteria

- Have tried 2 different preferred Short Acting agents in the past 6 months  
**OR**
- 1 claim for a 30 day supply with the requested agent in the past 105 days

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LONG-ACTING			
	amphetamine salt combination ER APTENSIO XR (methylphenidate) armodafinil FOCALIN XR (dexamethylphenidate) methylphenidate CD (generic Metadate CD) methylphenidate ER (generic Concerta) modafinil QUILLICHEW (methylphenidate) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine) VYVANSE CHEWABLE (lisdexamfetamine)	ADDERALL XR (amphetamine salt combination) ADZENYS XR ODT (amphetamine) ADZENYS ER SUSPENSION (amphetamine) CONCERTA (methylphenidate) COTEMPLA XR-ODT (methylphenidate) DAYTRANA (methylphenidate) DEXEDRINE (dextroamphetamine) dexamethylphenidate ER dextroamphetamine ER DYANAVEL XR (amphetamine) methylphenidate ER Caps (generic Ritalin LA) methylphenidate ER Tabs (generic Ritalin SR) MYDAYIS (amphetamine salt combination) NUVIGIL (armodafinil) PROVIGIL (modafinil) RELEXXI (methylphenidate) RITALIN LA (methylphenidate) RITALIN SR (methylphenidate)	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>6 years</b> – Adderall XR, Adzenys ER Suspension, Adzenys XR ODT, Aptensio XR, Concerta, Cotempla XR ODT, Daytrana, Dexedrine, Dyanavel XR Focalin XR, Metadate, CD, methylphenidate ER 72mg, Quillichew, Quillivant XR, Ritalin LA, Vyvanse</li> <li>• <b>13 years</b> – Mydayis</li> <li>• <b>16 years</b> – Provigil</li> <li>• <b>18 years</b> – Nuvigil</li> </ul> <p><b>Maximum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>18 years</b> – Cotempla XR ODT, Daytrana</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 XR ODT, Aptensio XR, Concerta 18, 27, &amp; 54 mg, Cotempla XR-ODT 8.6 mg, Daytrana, Dexedrine Spansule, Focalin XR, Metadate CD, Methylin ER, methylphenidate ER 72mg, 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, Cotempla XR-ODT 17.3 &amp; 25.9 mg, Nuvigil 50mg</li> <li>• <b>248 mL/31 days</b> – Dyanavel XR</li> <li>• <b>372 mL/31 days</b> – Quillivant XR</li> </ul>

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To search the PDL, press CTRL + F



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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 05/01/2019

Version 2019.6

Updated: 06-13-2019

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		<p><b>Documented diagnosis of:</b> <b>ADHD</b> – ALL LA AGENTS <i>excluding Nuvigil</i> <b>Narcolepsy</b> – ADDERALL, APTENSIO XR, CONCERTA, DEXEDRINE, METADATE, METHYLIN ER, MYDAYIS, NUVIGIL, PROVIGIL, QUILLICHEW, QUILLIVANT, RITALIN <b>Obstructive Sleep Apnea or Shift Work Disorder</b> – NUVIGIL, PROVIGIL <b>Bipolar Depression</b> – NUVIGIL <b>Depression, Sleep Deprivation, Steinert Myotonic Dystrophy Syndrome</b> - PROVIGIL</p> <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 <b>OR</b></li><li>• 1 claim for a 30 day supply with the requested agent in the past 105 days</li></ul>
NON-STIMULANTS		
atomoxetine guanfacine ER <span>Step Edit</span>	clonidine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release) STRATTERA (atomoxetine)	<p><b>Minimum Age Limit</b> <b>6 years</b> – Intuniv, Kapvay, Strattera</p> <p><b>Maximum Age Limit</b></p> <ul style="list-style-type: none"><li>• <b>18 years</b> – Intuniv, Kapvay</li><li>• <b>21 years</b> – diagnosis of ADD/ADHD is required for Strattera</li></ul> <p><b>Quantity Limits</b> Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"><li>• <b>31 tablets/31 days</b> – Intuniv,</li></ul>

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Strattera

- 124 tablets/31 days – Kapvay

**Intuniv**

- Have tried the short acting guanfacine in the past 6 months **OR**
- 1 claim for a 30 day supply with guanfacine ER in the past 105 days

**Kapvay**

- Diagnosis for ADD or ADHD **AND**
- Have tried 1 Short or Long Acting stimulant in the past 6 months **OR**
- Have tried 1 preferred Non-Stimulant in the past 6 months **OR**
- Have tried the short acting product in the past 6 months

## TETRACYCLINES SmartPA

doxycycline hyclate caps/tabs  
doxycycline monohydrate caps (50mg & 100mg)  
minocycline caps IR  
tetracycline

ACTICLATE (doxycycline)  
ADOXA (doxycycline monohydrate)  
demeclocycline  
doxycycline hyclate (generic Doryx)  
doxycycline monohydrate caps (75mg & 150mg)  
doxycycline monohydrate tabs  
DORYX (doxycycline hyclate)  
DYNACIN (minocycline)  
MINOCIN (minocycline)  
minocycline ER  
minocycline tabs  
MONODOX (doxycycline monohydrate)  
NUZYRA (omadacycline tosylate)<sup>NR</sup>  
OKEBO (doxycycline)

**Non-Preferred Agents**

- Have tried 2 different preferred agents in the past 6 months

**Demeclocycline**

- Documented diagnosis of Diabetes Insipidus or SIADH will allow automatic approval.

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ORACEA (doxycycline)  
SEYSARA (saracycline)<sup>NR</sup>  
SOLODYN (minocycline)  
TARGADOX (doxycycline)  
VIBRAMYCIN cap/susp/syrup  
XIMINO (minocycline)

## ULCERATIVE COLITIS and CROHN'S AGENTS <sup>SmartPA</sup> \*See Cytokine & CAM Antagonists Class for additional agents

### ORAL

APRISO (mesalamine)  
balsalazide  
DELZICOL (mesalamine)  
sulfasalazine

ASACOL HD (mesalamine)  
AZULFIDINE (sulfasalazine)  
AZULFIDINE ER (sulfasalazine)  
budesonide EC  
COLAZAL (balsalazide)  
DIPENTUM (olsalazine)  
ENTOCORT EC (budesonide)  
GIAZO (balsalazide)  
LIALDA (mesalamine)  
mesalamine tablet  
PENTASA 250mg (mesalamine)  
PENTASA 500mg (mesalamine)  
UCERIS (budesonide)

### Gender Limits

- **Male** - Giazio

### Non-Preferred Criteria

- Documented diagnosis for Ulcerative Colitis **AND**
- 2 different preferred agents in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days

### budesonide EC

- Documented diagnosis for Crohn's disease **OR**
- Documented diagnosis for Ulcerative Colitis **AND**
- 2 different preferred agents in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days

### RECTAL

CANASA (mesalamine)

mesalamine  
ROWASA (mesalamine)  
SF-ROWASA (mesalamine)  
UCERIS Foam (budesonide)

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