

MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2019

Version 2019.4

Updated: 09-30-2019

Conduent's SmartPA Pharmacy Application (SmartPA) is a proprietary electronic prior authorization system used for Medicaid fee for service claims. MSCAN plans may/may not have electronic PA functionality. However, they must adhere to Medicaid's PA criteria.

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ACNE AGENTS			
	ANTI-INFECTIVE		Maximum Age Limit • 21 years – all agents
	clindamycin (gel, lotion, solution) erythromycin	ACZONE (dapson) AKNE-MYCIN (erythromycin) azelaic acid AZELEX (azelaic acid) CLEOCIN-T (clindamycin) CLINDAMYCIN PAC (clindamycin) CLINDAGEL (clindamycin) clindamycin foam dapson 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)	

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		tretinoin gel tretinoin micro	
	COMBINATION DRUGS/OTHERS		
	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)	
	KERATOLYTICS (BENZOYL PEROXIDES)		
	benzoyl peroxide	BPO (benzoyl peroxide) INOVA (benzoyl peroxide)	

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	LAVOCLEN (benzoyl peroxide)	
	ISOTRETINOIN	
	AMNESTEEM (isotretinoin) CLARAVIS (isotretinoin) MYORISAN(isotretinoin) ZENATANE (isotretinoin)	ABSORICA (isotretinoin) isotretinoin
ALPHA-1 PROTEINASE INHIBITORS		
	ARALAST (alpha-1 proteinase inhibitor) GLASSIA (alpha-1 proteinase inhibitor) PROLASTIN C (alpha-1 proteinase inhibitor) ZEMAIRA (alpha-1 proteinase inhibitor)	
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)
	NMDA RECEPTOR ANTAGONIST	
	memantine	NAMENDA TABS (memantine)

All Agents

- Documented diagnosis for both preferred and Non-Preferred

Non-Preferred Criteria

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

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		NAMENDA SOLUTION(memantine) NAMENDA XR (memantine) memantine XR	
COMBINATION AGENTS			
		NAMZARIC (memantine/donepezil)	Namzaric <ul style="list-style-type: none">• Documented diagnosis AND• 30 days of concurrent therapy with donepezil + memantine in the past 6 months
ANALGESICS, NARCOTIC - SHORT ACTING			
	acetaminophen/codeine codeine dihydrocodeine/ APAP/caffeine ENDOCET (oxycodone/APAP) 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) benzhydrocodone/APAP butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine butorphanol tartrate (nasal) DEMEROL (meperidine) DILAUDID (hydromorphone) DVORAH (dihydrocodeine/ APAP/caffeine) 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	MS DOM Opioid Initiative <ul style="list-style-type: none">• Short-Acting Opioids• Long-Acting Opioids• Morphine Equivalent Daily Dose• Concomitant use of Opioids and Benzodiazepines Criteria details found here Minimum Age Limit 18 years – tramadol and codeine products Quantity Limits Applicable <u>quantity limit</u> in 31 rolling days. <ul style="list-style-type: none">• 62 tablets – buprenorphine/codeine combinations, codeine, dihydrocodeine combinations, fentanyl, hydromorphone, levorphanol, meperidine, morphine, oxycodone, oxycodone/ibuprofen,

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LORCET (hydrocodone/APAP)
LORTAB (hydrocodone/APAP)
MAGNACET (oxycodone/APAP)
NALOCET (oxycodone/APAP)
NORCO (hydrocodone/APAP)
NUCYNTA (tapentadol)
ONSOLIS (fentanyl)
OPANA (oxymorphone)
OXAYDO (oxycodone)
pentazocine/naloxone
PERCOCET (oxycodone/APAP)
PERCODAN (oxycodone/ASA)
PRIMLEV (oxycodone/APAP)
REPREXAIN (hydrocodone/ibuprofen)
ROXICET (oxycodone/acetaminophen)
ROXICODONE (oxycodone)
ROXYBOND (oxycodone)
RYBIX (tramadol)
SUBSYS (fentanyl)
SYNALGOS-DC (dihydrocodeine/ aspirin/cafeine)
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)

oxymorphone, pentazocine,
tapentadol, tramadol

- **62 tablets CUMULATIVE** – hydrocodone combinations, oxycodone combinations
- **124 tablets** – butalbital/APAP 750
- **145 tablets** – butalbital/APAP 650
- **186 tablets** – butalbital/APAP 325, butalbital/ASA 325
- **5mL (2 x 2.5 bottles)** – butorphanol nasal
- **180 mL CUMULATIVE** – oxycodone liquids

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ANALGESICS, NARCOTIC - LONG ACTING SmartPA

BUTRANS (buprenorphine)
EMBEDA (morphine/naltrexone)
fentanyl patches
morphine ER tablets

ARYMO ER (morphine)
BELBUCA (buprenorphine)
buprenorphine patch
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)
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)

MS DOM Opioid Initiative

- Short-Acting Opioids
- Long-Acting Opioids
- Morphine Equivalent Daily Dose
- Concomitant use of Opioids and Benzodiazepines

[Criteria details found here](#)

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

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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) ^{SmartPA}
VOLTAREN Gel (diclofenac sodium) ^{SmartPA}

capsaicin
DICLO GEL KIT(diclofenac sodium)
diclofenac sodium 1% gel
diclofenac sodium solution
FLECTOR (diclofenac epolamine) ^{SmartPA}
FROTEK (ketoprofen)
LIDAMANTLE HC (lidocaine/hydrocortisone)
LIDO TRANS PAK (lidocaine)
lidocaine
lidocaine/prilocaine
LIDODERM (lidocaine) ^{SmartPA}
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 ^{SmartPA}

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ANDRODERM (testosterone patch)
testosterone gel packets

ANDROGEL (testosterone gel)
ANDROXY (fluoxymesterone)
AXIRON (testosterone gel)
FORTESTA (testosterone gel)
NATESTO (testosterone)
STRIANT (testosterone)
TESTIM (testosterone gel)
testosterone pump
VOGELXO (testosterone)
XYOSTED (testosterone enanthate)

All Agents

- Limited to male gender

Non-Preferred Criteria

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

ANGIOTENSIN MODULATORS SmartPA

ACE INHIBITORS

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)

Minimum Age Limit

- ≤ 6 years – Epaned *Smart PA will automatically be issued for this age*

Non-Preferred Criteria

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

ACE INHIBITOR COMBINATIONS

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benazepril/amlodipine benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ quinapril/HCTZ trandolapril/verapamil	ACCURETIC (quinapril/HCTZ) CAPOZIDE (captopril/HCTZ) LOTENSIN HCT (benazepril/HCTZ) LOTREL (benazepril/amlodipine) moexipril/HCTZ PRESTALIA (perindopril/amlodipine) PRINZIDE (lisinopril/HCTZ) TARKA (trandolapril/verapamil) UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	Non-Preferred Criteria ACE Inhibitor/CCB <ul style="list-style-type: none"> Have tried 2 different preferred <u>ACEI/CCB</u> agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days ACE Inhibitor/Diuretic <ul style="list-style-type: none"> Have tried 2 different preferred <u>ACEI/Diuretic</u> agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)		
irbesartan losartan MICARDIS (telmisartan) telmisartan valsartan	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) candesartan COZAAR (losartan) DIOVAN (valsartan) EDARBI (azilsartan) eprosartan olmesartan TEVETEN (eprosartan)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred <u>single entity</u> agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
ARB COMBINATIONS		
ENTRESTO (valsartan/sacubitril) ^{Smart PA} irbesartan/HCTZ losartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ)	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ)	Entresto <ul style="list-style-type: none"> Age ≥ 18 years AND Documented diagnosis of heart failure

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	olmesartan/amlodipine telmisartan/HCTZ valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/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 olmesartan/HCTZ telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine)	<p>Non-Preferred Criteria ARB/Beta Blocker, ARB/CCB or ARB/CCB/Diuretic</p> <ul style="list-style-type: none"> Have tried 1 preferred <u>ARB/CCB</u> agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days <p>ARB/Diuretic</p> <ul style="list-style-type: none"> Have tried 2 different preferred <u>ARB/Diuretic</u> products in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
DIRECT RENIN INHIBITORS			
		TEKTURNA (aliskiren)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Documented diagnosis of hypertension AND Have tried 2 different preferred <u>ACE/ or ARB single-entity</u> products in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
DIRECT RENIN INHIBITOR COMBINATIONS			
		AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Documented diagnosis of hypertension AND

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VALTURNA (aliskiren/valsartan)

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

ANTIBIOTICS (GI)

FIRVANQ (vancomycin)
metronidazole
neomycin
tinidazole

DIFICID (fidaxomicin)
FLAGYL (metronidazole)
FLAGYL ER (metronidazole)
paromomycin
SOLOSEC (secnidazole)
TINDAMAX (tinidazole)
VANCOCIN (vancomycin)
vancomycin
XIFAXAN (rifaximin)

ANTIBIOTICS (MISCELLANEOUS)

KETOLIDES

KETEK (telithromycin)

LINCOSAMIDE ANTIBIOTICS

clindamycin capsules
clindamycin solution

CLEOCIN (clindamycin)
CLEOCIN SOLUTION (clindamycin)

MACROLIDES

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	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)	
	NITROFURAN DERIVATIVES		
	nitrofurantoin nitrofurantoin monohydrate macrocrystals	FURADANTIN (nitrofurantoin) MACROBID (nitrofurantoin monohydrate macrocrystals) MACRODANTIN (nitrofurantoin)	
	OXAZOLIDINONES		
		SIVEXTRO (tedizolid) ZYVOX (linezolid)	Sivextro, Zyvox - MANUAL PA Quantity Limit • 6 tablets/month – Sivextro
ANTIBIOTICS (Topical)			

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	bacitracin bacitracin/polymyxin 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)	<p><u>DVT Prophylaxis - following hip replacement</u> XARELTO 10MG, ELIQUIS, PRADAXA 110MG</p> <ul style="list-style-type: none"> 70 total days of therapy per calendar year Documented diagnosis of hip replacement AND duration of therapy limited to 35 days <p><u>DVT Prophylaxis - following knee replacement</u> XARELTO 10MG & ELIQUIS</p> <ul style="list-style-type: none"> 70 total days of therapy per calendar year Documented diagnosis of knee

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			<p>replacement AND duration of therapy limited to 12 days</p> <p>Eliquis 5mg Starter Pack - ONLY approved for treatment of DVT/PE</p> <p>XARELTO 2.5MG</p> <ul style="list-style-type: none"> • Documented diagnosis of coronary artery disease OR • Documented diagnosis of peripheral artery disease AND • History of therapy with aspirin in the past 30 days AND • History of 90 days therapy with anti-platelet agent in the past year OR • History of 30 days therapy with warfarin in the past year <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR • 1 claim with the same agent in the past 90 days
	LOW MOLECULAR WEIGHT HEPARIN (LMWH)		
	enoxaparin	ARIXTRA (fondaparinux) fondaparinux FRAGMIN (dalteparin) LOVENOX (enoxaparin) Prefilled Syringe	<p>LMWH – All Agents</p> <ul style="list-style-type: none"> • LMWH therapy in the past 3 months AND <ul style="list-style-type: none"> ◦ Documented diagnosis of cancer OR

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

LMWH Non-Preferred Criteria

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

ANTICONVULSANTS SmartPA

ADJUVANTS

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

APTiom (eslicarbazepine)
BANZEL (rufinamide)
BRIVIACT (brivaracetam)
carbamazepine XR
CARBATROL (carbamazepine)
DEPAKENE (valproic acid)
DEPAKOTE (divalproex)
DIACOMIT (stiripentol)
EPIDIOLEX (cannabidiol)

Minimum Age Limit

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

Quantity Limit

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

Non-Preferred Criteria

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<p>GABITRIL (tiagabine) lamotrigine levetiracetam levetiracetam ER oxcarbazepine oxcarbazepine suspension topiramate tablet topiramate sprinkle capsule valproic acid VIMPAT (lacosamide) zonisamide</p>	<p>EQUETRO (carbamazepine) 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) ROWEEPPRA (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) Step Edit TRILEPTAL Tablets (oxcarbazepine) TRILEPTAL Suspension (oxcarbazepine)</p>	<ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure <p>Banzel/Onfi/Sympazan</p> <ul style="list-style-type: none"> • Documented diagnosis of Lennox-Gastaut AND • Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure <p>Diacomit</p> <ul style="list-style-type: none"> • Documented diagnosis of Dravet syndrome AND • Active claim for clobazam <p>Epidiolex</p> <ul style="list-style-type: none"> • Documented diagnosis of Dravet syndrome OR • Documented diagnosis of Lennox-Gastaut AND • Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months OR • 1 claim for the requested agent in the
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		TROKENDI XR (topiramate) vigabatrin ZONEGRAN (zonisamide)	past 30 days Sabril Powder for Oral Solution <ul style="list-style-type: none"> Documented diagnosis of infantile spasms OR Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure Topiramate ER – Step Edit <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days AND documented diagnosis of seizure OR 30 day trial with topiramate IR in the past 6 months
SELECTED BENZODIAZEPINES			
	DIASTAT (diazepam rectal)	clobazam diazepam rectal gel ONFI (clobazam) ONFI SUSPENSION (clobazam)	
HYDANTOINS			

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	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
	SUCCINIMIDES		
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
ANTIDEPRESSANTS, OTHER ^{SmartPA}			
	bupropion bupropion SR bupropion XL TRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules VIIBRYD (vilazodone)	APLENZIN (bupropion HBr) desvenlafaxine ER desvenlafaxine fumarate ER DESYREL (trazodone) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion) KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) PARNATE (tranylcypromine) phenelzine PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine venlafaxine XR	Minimum Age Limit <ul style="list-style-type: none"> • 18 years - all drugs • Cymbalta – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder) Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 2 different preferred <u>'Antidepressants, Other' Class</u> in the past 6 months OR • Have tried BOTH a preferred <u>'Antidepressant, SSRI' and 'Antidepressants, Other'</u> in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days Cymbalta (see Fibromyalgia Agents)

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		venlafaxine ER tablets WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion HCl)	
ANTIDEPRESSANTS, SSRIs SmartPA			
	citalopram escitalopram fluoxetine fluvoxamine paroxetine CR paroxetine IR sertraline	CELEXA (citalopram) fluoxetine DR fluvoxamine ER LEXAPRO (escitalopram) LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine suspension PAXIL CR (paroxetine) PAXIL SUPENSION (paroxetine) PAXIL Tablets (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	Minimum Age Limits <ul style="list-style-type: none">• 6 years - Zoloft• 7 years – Prozac• 8 years - Luvox• 12 years - Lexapro• 18 years – Celexa, Luvox CR, Paxil, Pexeva, Prozac 90 mg Citalopram Criteria <ul style="list-style-type: none">• <18 years and 90 consecutive days on citalopram in the past 105 days OR• < 60 years AND max daily dose ≤ 40 mg/day OR• ≥ 60 years AND max daily dose ≤ 20 mg/day Non-Preferred Criteria <ul style="list-style-type: none">• Have tried 2 different preferred agents in the past 6 months OR• 90 consecutive days on the requested agent in the past 105 days
ANTIEMETICS SmartPA			
	5HT3 RECEPTOR BLOCKERS		
	ondansetron	ANZEMET (dolasetron)	Quantity Limits

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ondansetron ODT ondansetron solution	granisetron SANCUSO (granisetron) ZOFTRAN (ondansetron) ZOFTRAN ODT (ondansetron) ZUPLENZ (ondansetron)	<ul style="list-style-type: none"> • 4 tablets/28 days - Varubi • 6 tablets/31 days – Akynzeo • 30 tablets/31 days – Zofran tablets/ODT • 100 ml/31 days – Zofran solution <p>Non-Preferred Agents</p> <ul style="list-style-type: none"> • Have tried 1 preferred agent in the past 6 months <p>Injectables in this class closed to point of sale. PA required if not administered in clinic/hospital</p>
ANTIEMETIC COMBINATIONS		
	AKYNZEO (netupitant/palonosetron) BONJESTA (doxylamine/pyridoxine) DICLEGIS (doxylamine/pyridoxine)	
CANNABINOIDS		
	CESAMET (nabilone) MARINOL (dronabinol) dronabinol SYNDROS (dronabinol)	
NMDA RECEPTOR ANTAGONIST		
EMEND (aprepitant)	aprepitant VARUBI (rolapitant)	<p>Varubi - MANUAL PA</p> <ul style="list-style-type: none"> • Documented diagnosis of cancer OR Antineoplastic history AND • Chemotherapy regimen includes use of a highly or moderately emetogenic chemotherapeutic agent AND

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- History of prior use of preferred combination antiemetic therapy **AND** Concurrent use of dexamethasone and 5-HT3 per PI

ANTIFUNGALS (Oral) SmartPA

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)
VFEND (voriconazole) ^
voriconazole ^

Minimum Age Limit

- **4-12 years** – Lamisil Granules
Smart PA will automatically be issued for this age range
- **12-17 years** – griseofulvin tablets
Smart PA will automatically be issued for this age range

Non-Preferred Criteria

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

HIV opportunistic infection

- Non-Preferred agent indicated for treatment (^) **AND**
- Documented diagnosis of HIV

Cresemba - MANUAL PA

- Minimum age limit \geq 18 years **AND**
- Documented diagnosis of invasive aspergillosis **OR** invasive mucormycosis **AND**
- Prescriber is an oncologist/hematologist or infectious disease specialist

Sporanox

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- 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
NAFTIN (naftifine)
NIZORAL (ketoconazole)
oxiconazole

Non-Preferred Criteria

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

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		OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide)	
ANTIFUNGAL/STEROID COMBINATIONS			
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)	
ANTIFUNGALS (VAGINAL)			
	clotrimazole vaginal cream miconazole 1, 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	
ANTI-HISTAMINES, MINIMALLY SEDATING AND COMBINATIONS SmartPA			
MINIMALLY SEDATING ANTI-HISTAMINES			
	cetirizine loratadine	CLARINEX (desloratadine) levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	Non-Preferred Criteria <ul style="list-style-type: none">• Documented diagnosis of allergy or urticaria AND• Have tried 2 different preferred agents in the past 12 months
MINIMALLY SEDATING ANTI-HISTAMINE/DECONGESTANT COMBINATIONS			

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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)
TREXIMET (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

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			<ul style="list-style-type: none"> • 12 tablets/31 days – Maxalt
			Non-Preferred Criteria - ORAL <ul style="list-style-type: none"> • Have tried 2 preferred preferred oral agents in the past 90 days
		NASAL	
	sumatriptan	IMITREX (sumatriptan) ONZETRA Xsail (sumatriptan) ZOMIG (zolmitriptan)	Quantity Limit - NASAL <ul style="list-style-type: none"> • 1 box/31 days Non-Preferred Criteria - NASAL <ul style="list-style-type: none"> • Have tried 2 preferred oral agents in the past 90 days AND • Have tried either a preferred nasal sumatriptan or injectable sumatriptan in the past 90 days
		INJECTABLES	
	sumatriptan	IMITREX (sumatriptan) SUMAVEL (sumatriptan) ZEMBRACE (sumatriptan)	CUMULATIVE Quantity Limit - INJECTION <ul style="list-style-type: none"> • 4 injections/31 days
		OTHER	
		ZECUITY PATCH (sumatriptan)	Quantity Limit <ul style="list-style-type: none"> • 4 patches/31 days Zecuity <ul style="list-style-type: none"> • Have tried 2 preferred agents (oral, nasal, or injectable) in the past 90 days

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*ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS

AFINITOR (everolimus)
BOSULIF (bosutinib)
CAPRELSA (vandetanib)
COMETRIQ (cabozantinib)
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)

ALECENSA (alectinib)
ALUNBRIG (brigatinib)
BALVERSA (erdafitinib)
BRAFTOVI (encorafenib)
COPIKTRA (duvelisib)
CABOMETYX (cabozantinib s-malate)
CALQUENCE (acalabrutinib)
DAURISMO (glasdegib)
ERLEADA (apalutamide)
FARYDAK (panobinostat)
GLEOSTINE (lomustine)
IBRANCE (palbociclib) *SmartPA*
IDHIFA (enasidenib)
imatinib
KISQALI (ribociclib) *SmartPA*
LENVIMA (lenvatinib)
LORBRENA (lorlatinib)
LYNPARZA (olaparib) *SmartPA*
NERLYNX (neratinib maleate)
MEKTOVI (binimetinib)
PIQRAY (alpelisib)^{NR}
RUBRACA (rucaparib)
RYDAPT (midostaurin)
TAGRISSO (osimertinib)
TALZENNA (talazoparib)
TIBSOVO (ivosidenib)
VERZENIO (abemaciclib)
VITRAKVI (larotrectinib)
VIZIMPRO (dacomitinib)
XATMEP (methotrexate)

Farydak - [MANUAL PA](#)

- Documented diagnosis of multiple myeloma **AND**
- Used in combination with bortezomib and dexamethasone per PI **AND**
- History of 2 prior regimens including 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

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XOSPATA (gilteritinib)
XPOVIO (selinexor)^{NR}
ZEJULA (niraparib)

- 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

- 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) ^{SmartPA}

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

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

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	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)	Xadago: <ul style="list-style-type: none"> 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 the past 45 days
OTHERS			
	amantadine bromocriptine carbidopa levodopa/carbidopa	DUOPA (levodopa/carbidopa) GOCOVRI (amantadine) INBRIJA (levodopa) levodopa/carbidopa ODT levodopa/carbidopa/entacapone LODOSYN (carbidopa) OSMOLEX ER (amantadine) PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine)	Lodosyn and Inbrija <ul style="list-style-type: none"> Documented diagnosis of Parkinson's disease AND History of a carbidopa/levodopa combination product in the past 45 days

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RYTARY ER (levodopa/carbidopa)
SINEMET (levodopa/carbidopa)
SINEMET CR (levodopa/carbidopa)
STALEVO (levodopa/carbidopa/entacapone)

ANTIPSYCHOTICS SmartPA

ORAL

amitriptyline/perphenazine
aripiprazole
clozapine
fluphenazine
haloperidol
olanzapine
olanzapine ODT
perphenazine
quetiapine
quetiapine XR
risperidone
SAPHRIS (asenapine)
thioridazine
thiothixene
trifluoperazine
ziprasidone

ABILIFY (aripiprazole)
ABILIFY MYCITE (aripiprazole)
ADASUVE (lozapine)
aripiprazole solution
aripiprazole ODT
chlorpromazine
clozapine ODT
CLOZARIL (clozapine)
FANAPT (iloperidone)
FAZACLO (clozapine)
GEODON (ziprasidone)
HALDOL (haloperidol)
INVEGA ER(paliperidone)
LATUDA (lurasidone)
NAVANE (thiothixene)
NUPLAZID (pimavanserin)
olanzapine/fluoxetine
paliperidone ER
REXULTI (brexpiprazole)
RISPERDAL (risperidone)
SEROQUEL (quetiapine)
SEROQUEL XR (quetiapine)

Minimum Age Limits

- **2 years**- Droperidol
- **3 years** - Haldol
- **5 years** – Risperdal, thioridazine
- **6 years** – Abilify, trifluoperazine
- **10 years** – Latuda, Saphris, Seroquel, Symbyax
- **12 years**- Molidone, perphenazine, pimozole, thiothixene
- **13 years** – Zyprexa
- **18 years** – Abilify Mycite, Amitriptyline/perphenazine, Clozaril, Fanapt, fluphenazine, Geodon, Invega, lozapine, Nuplazid, Rexulti, Vraylar,

Concurrent Therapy Limits – Ages 0-17 years

- 90 days with >2 antipsychotics in the last 120 days will require a manual PA

Non-Preferred Criteria- Atypical Agents

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		SYMBYAX (olanzapine/fluoxetine) VERSACLOZ (clonazpine) VRAYLAR (cariprazine) ZYPREXA (olanzapine)	<ul style="list-style-type: none"> Have tried 2 preferred atypical antipsychotic agents in the past 12 months OR 30 consecutive days on the requested atypical agent in the past 180 days <p>Nuplazid</p> <ul style="list-style-type: none"> Documented diagnosis of Parkinson's disease
INJECTABLE, ATYPICALS SmartPA			
	ABILIFY MAINTENA (aripirazole) 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)	<p>Minimum Age Limits</p> <ul style="list-style-type: none"> 18 years – all injectable agents <p>Quantity Limits</p> <ul style="list-style-type: none"> 3 syringes/year – Aristada Initio <p>Long Acting Injectable Agents All Agents</p> <ul style="list-style-type: none"> Documented diagnosis of schizophrenia or schizoaffective disorder <p>Abilify Maintena or Risperdal Consta</p> <ul style="list-style-type: none"> Documented diagnosis of schizophrenia or schizoaffective disorder OR

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- 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)
DOVATO (dolutegravir/lamivudine)
JULUCA (dolutegravir/rilpivirine)
STRIBILD
(elvitegravir/cobicistat/emtricitabine/tenofovir)
SYMTUZA (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 - MANUAL PA
	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		

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		SELZENTRY (maraviroc)	
	ENTRY INHIBITORS – FUSION INHIBITORS		
		FUZEON (enfuvirtide)	
	COMBINATION PRODUCTS - NRTIs		
	abacavir/lamivudine lamivudine/zidovudine	abacavir/lamivudine/zidovudine COMBIVIR (lamivudine/zidovudine) DOVATO (dolutegravir/lamivudine) EPZICOM (abacavir/lamivudine) JULUCA (dolutegravir/rilpivirine) TRIZIVIR (abacavir/lamivudine/zidovudine)	
	COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOG RTIs		
	DESCOVY (emtricitabine/tenofovir alafenam) TRUVADA (emtricitabine/tenofovir)		
	COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & NON-NUCLEOSIDE RTIs		
	CIMDUO (lamivudine/tenofovir) ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)	ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir) DELSTRIGO (doravirine/lamivudine/tenofovir)	
	COMBINATION PRODUCTS – PROTEASE INHIBITORS		
	KALETRA (lopinavir/ritonavir)	lopinavir/ritonavir	

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CD4 DIRECTED HIV-1 INHIBITOR

TROGARZO (ibalizumab)

ANTIVIRALS (Oral)

ANTI-CYTOMEGALOVIRUS AGENTS

valganciclovir tablets

PREVYMIS (letermovir)
VALCYTE (valganciclovir)
valganciclovir solution

valganciclovir solution – automatic approval for age <12 years

ANTI-CYTOMEGALOVIRUS AGENTS

acyclovir
valacyclovir

famciclovir
FAMVIR (famciclovir)
SITAVIG (acyclovir)
VALTREX (valacyclovir)
ZOVIRAX (acyclovir)

ANTI-INFLUENZA AGENTS

oseltamivir
TAMIFLU (oseltamivir)

FLUMADINE (rimantadine)
RAPIVAB (peramivir)
RELENZA (zanamivir)
rimantadine
XOFLUZA (baloxavir marboxil)

ANTIVIRALS (Topical)

ZOVIRAX Cream (acyclovir)

acyclovir ointment
DENAVER (penciclovir)
XERESE (acyclovir/hydrocortisone)
ZOVIRAX Ointment (acyclovir)

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AROMATASE INHIBITORS

anastrozole
ARIMIDEX (anastrozole)
exemestane
letrozole

AROMASIN (exemestane)
FEMARA (letrozole)

ATOPIC DERMATITIS SmartPA

ELIDEL (pimecrolimus)

DUPIXENT (dupilumab)
EUCRISA (crisaborole)
pimecrolimus
PROTOPIC (tacrolimus)
tacrolimus

Minimum Age Limit

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

Non-Preferred Criteria

- Have tried 1 preferred agent in the past 6 months

Eucrisa- MANUAL PA

Dupixent- MANUAL PA

BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS SmartPA

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	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)	<b style="color: red;">Bystolic – Step Edit <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days OR Have tried 1 preferred agent in the past 6 months <b style="color: red;">Non-Preferred Criteria – All Agents <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
	BETA- AND ALPHA-BLOCKERS		
	carvedilol labetalol	carvedilol CR COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	<b style="color: red;">Coreg CR <ul style="list-style-type: none"> Documented diagnosis for hypertension AND Have tried generic carvedilol AND 1 preferred agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
	BETA BLOCKER/DIURETIC COMBINATIONS		
	atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)	

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	timolol/HCTZ		
ANTIANGINALS			
		RANEXA (ranolazine) ranolazine	Ranexa <ul style="list-style-type: none"> Documented diagnosis of angina AND 1 claim for a calcium channel blocker, beta-blocker, nitrate, or combination agent in the past 30 days OR 90 consecutive days on the requested agent in the past 105 days
SINUS NODE AGENTS			
		CORLANOR (ivabradine)	Corlanor - MANUAL PA
BILE SALTS			
	ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) CHOLBAM (cholic acid) OCALIVA (obeticholic acid) URSO (ursodiol) URSO FORTE (ursodiol)	
BLADDER RELAXANT PREPARATIONS <small>SmartPA</small>			
	oxybutynin ER oxybutynin IR TOVIAZ (fesoterodine fumarate)	darifenacin DETROL (tolterodine) DETROL LA (tolterodine)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months

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		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)	
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) FOSAMAX PLUS D (alendronate/vitamin D) ibandronate	Non-Preferred Criteria <ul style="list-style-type: none"> Documented diagnosis for osteoporosis or osteopenia AND Have tried 2 different preferred agents in the past 6 months
OTHERS			
	calcitonin salmon FORTICAL (calcitonin)	EVENITY (romosozumab-aqqg) EVISTA (raloxifene)	

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		FORTEO (teriparatide) MIACALCIN (calcitonin) PROLIA (denosumab) raloxifene TYMLOS (abaloparatide) XGEVA (denosumab)	
BPH AGENTS <small>SmartPA</small>			
	ALPHA BLOCKERS		
	alfuzosin doxazosin tamsulosin terazosin	CARDURA (doxazosin) CARDURA XL (doxazosin) dutasteride/tamsulosin FLOMAX (tamsulosin) HYTRIN (terazosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) silodosin UROXATRAL (alfuzosin)	Female <ul style="list-style-type: none"> Cardura, Flomax, Proscar, terazosin, or Uroxatral AND a documented diagnosis based on a state accepted diagnosis Non-Preferred Criteria - MALE <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
	5-ALPHA-REDUCTASE (5AR) INHIBITORS		
	finasteride	AVODART (dutasteride) dutasteride PROSCAR (finasteride)	
	PDE5 INHIBITORS		
		CIALIS (tadalafil)	

BRONCHODILATORS & COPD AGENTS

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ANTICHOLINERGICS & COPD AGENTS		
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA HANDIHALER (tiotropium) TUDORZA PRESSAIR (aclidinium)	DALIRESP (roflumilast) INCRUSE ELLIPTA (umeclidinium) LONHALA MAGNAIR (glycopyrrolate) SEEBRI (glycopyrrolate) SPIRIVA RESPIMAT (tiotropium) YUPELRI (revefenacin)
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS		
	albuterol/ipratropium BEVESPI (glycopyrrolate/formoterol)	ANORO ELLIPTA (umeclidinium/vilanterol) COMBIVENT RESPIMAT (albuterol/ipratropium)* SmartPA STIOLTO RESPIMAT (tiotropium/olodaterol) TRELEGY ELLIPTA (fluticasone furoate/ umeclidinium/vilanterol) UTIBRON (indacaterol/glycopyrrolate)
BRONCHODILATORS, BETA AGONIST		
INHALERS, SHORT-ACTING		
	PROAIR HFA (albuterol) PROAIR RESPICLICK (albuterol) PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol)	XOPENEX HFA (levalbuterol) SmartPA
		Minimum Age Limit • 4 years - Xopenex HFA Xopenex HFA Criteria • 1 claim for a preferred albuterol inhaler in the past 30 days
INHALERS, LONG ACTING SmartPA		
	SEREVENT (salmeterol)	ARCAPTA (indacaterol) STRIVERDI RESPIMAT (olodaterol)
		Minimum Age Limit • 4 years – Serevent • 18 years – Arcapta, Striverdi

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			<p>Respimat</p> <p>Arcapta & Striverdi Respimat</p> <ul style="list-style-type: none"> Documented diagnosis of COPD AND Have tried 1 preferred agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
	INHALATION SOLUTION		SmartPA
	albuterol	<p>BROVANA (arformoterol)</p> <p>levalbuterol</p> <p>metaproterenol</p> <p>PERFOROMIST (formoterol)</p> <p>XOPENEX (levalbuterol)</p>	<p>Minimum Age Limit</p> <ul style="list-style-type: none"> 6 years – Xopenex 18 years – Brovana, Perforomist <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> 1 claim for a different preferred agent in the past 6 months OR 3 claims with the requested agent in the past 105 days <p>Xopenex</p> <ul style="list-style-type: none"> 1 claim for a preferred albuterol in the past 30 days
	ORAL		
	albuterol ER albuterol IR	VOSPIRE ER (albuterol)	

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metaproterenol
terbutaline

CALCIUM CHANNEL BLOCKERS SmartPA

SHORT-ACTING

diltiazem
nicardipine
nifedipine
verapamil

CALAN (verapamil)
CARDIZEM (diltiazem)
isradipine
nimodipine
NYMALIZE SOLUTION (nimodipine)
PROCARDIA (nifedipine)

Quantity Limit - nimodipine

- 252 tablets/ 21 days
- 2520 mL/21 days

Non-Preferred Criteria

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

nimodipine

- Documented diagnosis of subarachnoid hemorrhage in the past 45 days **AND**
- Duration of therapy = 21 days

LONG-ACTING

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

Non-Preferred Criteria

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

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KATERZIA (amlodipine)
nisoldipine
NORVASC (amlodipine)
PROCARDIA XL (nifedipine)
SULAR (nisoldipine)
TIAZAC (diltiazem)
verapamil ER PM
VERELAN/VERELAN PM (verapamil)

CALORIC AGENTS

BOOST (includes all Boost)
BREAKFAST ESSENTIALS
BRIGHT BEGINNINGS
DUOCAL
ENSURE
GLUCERNA
NUTREN (includes all Nutren)
OSMOLITE
PEDIASURE
PROMOD
RESOURCE
SCANDISHAKE
TWOAL HN

All other products (caloric /nutritional agents) not listed as preferred will require a manual prior authorization.

Non-Preferred Agents - [MANUAL PA](#)

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

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		AUGMENTIN XR (amoxicillin/clavulanate) MOXATAG (amoxicillin)	
	CEPHALOSPORINS – First Generation SmartPA		Non-Preferred Criteria – all generations <ul style="list-style-type: none">Have tried 2 different preferred agents in the past 6 months
	cefadroxil cephalexin capsules cephalexin suspension	cephalexin tablets DAXBIA (cephalexin) KEFLEX (cephalexin)	
	CEPHALOSPORINS – Second Generation SmartPA		
	cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)	Maximum Age Limit <ul style="list-style-type: none">18 years – cefdinir suspension
	CEPHALOSPORINS – Third Generation SmartPA		
	cefdinir suspension cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	
COLONY STIMULATING FACTORS SmartPA			
	GRANIX (tbo-filgrastim) NEUPOGEN Vial (filgrastim)	FULPHILA (pegfilgrastim) LEUKINE (sargramostim) NEUPOGEN Syringe (filgrastim) NEULASTA (pegfilgrastim) NIVESTYM (filgrastim-aafi) UDENYCA (pegfilgrastim-cbqv) ^{NR} ZARXIO (filgrastim)	Non-Preferred Criteria <ul style="list-style-type: none">MANUAL PA Neupogen Syringe – use preferred Neupogen Vial

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CYSTIC FIBROSIS AGENTS SmartPA

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

Minimum Age Limits

- **3 months** – Pulmozyme
- **6 months** – Kalydeco Granules
- **2 years** – Coly-Mycin M, Orkambi Granules
- **6 years** – Bethkis, Kalydeco Tablet, Kitabis, Orkambi 100/125mg Tablet, Symdeko, TOBI, TOBI Podhaler
- **7 years** – Cayston
- **12 years** – Orkambi 200/125mg Tablet

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

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CYTOKINE & CAM ANTAGONISTS

COSENTYX (secukinumab) ^{SmartPA}
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)
REMICADE (infliximab)
RENFLEXIS (infliximab-abda)
RHEUMATREX (methotrexate)
RINVOQ (upadacitinib)^{NR}
SILIQ (brodalumab)
SIMPONI (golimumab)
SKYRIZI (risankizumab)
STELARA (ustekinumab)
TALTZ (ixekizumab)
TREMIFYA (guselkumab)
TREXALL (methotrexate)
XELJANZ (tofacitinib)
XELJANZ XR (tofacitinib)

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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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

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ERYTHROPOIESIS STIMULATING PROTEINS SmartPA

EPOGEN (rHuEPO)
MIRCERA (methoxy polyethylene glycol-epoetin-beta)
PROCRIT (rHuEPO)

ARANESP (darbepoetin)
RETACRIT (rHuEPO)

Mircera

- Documented diagnosis chronic renal failure in the past 2 years

Non Preferred Criteria

- Documented diagnosis of cancer or chronic renal failure OR Antineoplastic therapy in the past 6 months **AND**
- Trial of a preferred agent in the past 6 months **OR** 1 claim for the requested agent in the past 105 days

FACTOR DEFICIENCY PRODUCTS

FACTOR VIII

ADVATE
ALPHANATE
FEIBA NF
HEMOFIL M
HUMATE-P
KOATE
KOATE-DVI
MONOCLATE-P
NOVOEIGHT
NUWIQ

ADYNOVATE
AFSTYLA
ELOCTATE
JIVI
KCENTRA
KOGENATE FS
KOVALTRY
NOVOSEVEN RT
OBIZUR
VONVENDI

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	RECOMBINATE WILATE	XYNTHA XYNTHA SOLOFUSE	
	FACTOR IX		
	ALPHANINE SD ALPROLIX BEBULIN BENEFIX IXINITY MONONINE PROFILNINE RIXUBIS	IDELVION REBINYN	
	OTHER FACTOR PRODUCTS		
	COAGADEX FIBRYGA HEMLIBRA RIASTAP	CORIFACT TRETEN	
FIBROMYALGIA/NEUROPATHIC PAIN AGENTS			
	duloxetine gabapentin LYRICA (pregabalin) pregabalin SAVELLA (milnacipran)	CYMBALTA (duloxetine) SmartPA duloxetine DR GRALISE (gabapentin) HORIZANT (gabapentin) IRENKA (duloxetine) LYRICA CR (pregabalin) NEURONTIN (gabapentin)	Cymbalta (see Antidepressant, Other) Minimum Age Limit – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder)

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FLUOROQUINOLONES (Oral) ^{SmartPA}

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

Non-Preferred Criteria

- 1 claim for a preferred agent in past 30 days

Cipro Suspension for age < 12 years

- Anthrax infection or exposure **OR**
- Cystic Fibrosis **OR**
- Pneumonic plague **OR** tularemia **AND** history of doxycycline in the past 3 months **OR**
- 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months
 - Penicillin, 2nd or 3rd generation cephalosporin, or macrolide

Levaquin solution for age < 12 years

- Anthrax infection or exposure **OR**
- 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months **AND**
 - Penicillin, 2nd or 3rd generation cephalosporin, or macrolide
- Cipro suspension in the past 3 months

GAUCHER'S DISEASE

ELELYSO (taliglucerase alfa)
ZAVESCA (miglustat)

CERDELGA (eliglustat)
CEREZYME (imiglucerase)
VPRIV (velaglucerase alfa)

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GENITAL WARTS & ACTINIC KERATOSIS AGENTS

ALDARA (imiquimod) ^{Age Edit}
CONDYLOX (podofilox) ^{Age Edit}
podofilox ^{Age Edit}

CARAC (fluorouracil)
diclofenac 3% gel
imiquimod ^{Age Edit}
EFUDEX (fluorouracil)
fluorouracil 0.5% cream
fluorouracil 5% cream
PICATO (ingenol) ^{Age Edit}
SOLARAZE (diclofenac)
TOLAK (fluorouracil)
VEREGEN (sinecatechins) ^{Age Edit}
ZYCLARA (imiquimod) ^{Age Edit}

Minimum Age Limit

- **12 years** – Aldara
- **18 years** – Condylox, Picato, Veregen

GLUCOCORTICOIDS (Inhaled) ^{SmartPA}

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)

Non-Preferred Criteria

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

Flovent HFA 44 & 110 mcg – automatic approval for age <12 years

NOTE: Institutional sized products are Non-Preferred

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GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS

ADVAIR DISKUS (fluticasone/salmeterol)
ADVAIR HFA (fluticasone/salmeterol)
DULERA (mometasone/formoterol)
SYMBICORT (budesonide/formoterol)

AIRDUO Respiclick (fluticasone/salmeterol)
BREO ELLIPTA (fluticasone/vilanterol)
fluticasone/salmeterol
WIXELA INHUB (fluticasone/salmeterol)

Non-Preferred Criteria

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

GI ULCER THERAPIES

H2 RECEPTOR ANTAGONISTS

cimetidine
famotidine tablet
PEPCID (famotidine)
ranitidine syrup
ranitidine tablet
ZANTAC (ranitidine)

AXID (nizatidine)
famotidine suspension
nizatidine
ranitidine capsule

PROTON PUMP INHIBITORS

NEXIUM Rx(esomeprazole)
esomeprazole DR
omeprazole Rx
pantoprazole
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

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OTHER			
	CARAFATE SUSPENSION (sucralfate) misoprostol sucralfate tablet	CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) sucralfate suspension	
GROWTH HORMONE <small>SmartPA</small>			
	NORDITROPIN (somatropin) NUTROPIN AQ (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) ZOMACTON (somatropin) ZORBTIVE (somatropin)	All Agents for Age ≥ 18 years <ul style="list-style-type: none"> Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome or an approvable indication OR Documented procedure of cranial irradiation Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 1 preferred agent in the past 6 months OR 84 consecutive days on 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 <ul style="list-style-type: none"> 1 treatment course/year
HEPATITIS B TREATMENTS			
	entecavir	adefovir dipivoxil	

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	EPIVIR HBV SOLUTION (lamivudine) lamivudine HBV tenofovir disoproxil fumarate	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 sofosbuvir/velpatasvir∞ ZEPATIER (elbasvir/grazoprevir)∞	COPEGUS (ribavirin) DAKLINZA (daclatasvir) ∞ HARVONI (ledipasvir/sofosbuvir)∞ MODERIBA (ribavirin) 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)∞	∞ Daklinza, Epclusa, Harvoni, Mavyret, Sovaldi, Vosevi, Zepatier – MANUAL PA
HEREDITARY ANGIOEDEMA			
	FIRAZYR SYRINGE (icatibant acetate)	BERINERT (C1 esterase inhibitor) CINRYZE VIAL (C1 esterase inhibitor) HAEGARDA (C1 esterase inhibitor) icatibant KALBITOR VIAL (ecallantide) RUCONEST VIAL (C1 esterase inhibitor,	

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		recombinant) TAKHZYRO (lanadelumab-flyo)	
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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 <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months Zurampic Criteria <ul style="list-style-type: none"> Have tried a xanthine oxidase inhibitor in the past 6 months AND Concurrent use with a xanthine oxidase inhibitor per PI
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HYPOGLYCEMICS, BIGUANIDES SmartPA

	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)	MANUAL PA <ul style="list-style-type: none"> Addition of a fourth concurrent oral agent in a different drug class <ul style="list-style-type: none"> 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 Riomet Solution <ul style="list-style-type: none"> 90 consecutive days on the requested agent in the past 105 days
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HYPOGLYCEMICS, DPP4s and COMBINATON SmartPA

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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) *
OSEN (alogliptin/pioglitazone)

MANUAL PA

- Required with concomitant use of GLP-1 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

Kombiglyze XR and Onglyza Criteria

- 90 consecutive days on the requested agent in the past 105 days

HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS SmartPA

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

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HYPOGLYCEMICS, INSULINS AND RELATED AGENTS SmartPA

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

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

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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)
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

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			<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Documented diagnosis Idiopathic Pulmonary Fibrosis Esbriet & OFEV <ul style="list-style-type: none"> No concurrent therapy with either agent
IMMUNOSUPPRESSIVE (ORAL) SmartPA			
	AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine) IMURAN (azathioprine) mycophenolate mofetil	ASTAGRAF XL (tacrolimus) ENVARSUS XR (tacrolimus) HECORIA (tacrolimus) mycophenolic acid PROGRAF (tacrolimus)	Minimum Age Limit <ul style="list-style-type: none"> 13 years - Rapamune 18 years - Zortress Astagraf, Cellcept, Envarsus XR, Hecoria, Prograf <ul style="list-style-type: none"> Documented diagnosis for heart transplant, kidney transplant, liver

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MYFORTIC (mycophenolic acid)
NEORAL (cyclosporine)
RAPAMUNE (sirolimus)
SANDIMMUNE (cyclosporine)
sirolimus
tacrolimus
ZORTRESS (everolimus)

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

CARIMUNE NF
FLEBOGAMMA DIF
GAMASTAN SD

BIVIGAM
CABLIVI
CUTAQUIG

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GAMMAGARD
GAMMAKED
GAMUNEX-C
HIZENTRA
HYQVIA
OCTAGAM
PANZYGA

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)

Non-Preferred Criteria

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

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

Budesonide
Smart PA will be issued for pregnant 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)
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

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		<p>Non Preferred CIC Agents</p> <ul style="list-style-type: none">• Above CIC criteria AND• 30 days of therapy with 2 preferred agent in the past 6 months OR• 1 claim with the same agent in the past 105 days <p><u>Irritable Bowel Syndrome – Constipation Dominant (IBS-C)</u> AMITIZA 8MCG, LINZESS 290 MCG</p> <ul style="list-style-type: none">• Documented diagnosis of IBS-C in the past year AND• No history of GI or bowel obstruction <p><u>Opioid Induced Constipation (OIC)</u> AMITIZA 24MCG, MOVANTIK, RELISTOR, SYMPROIC</p> <p>All OIC Agents:</p> <ul style="list-style-type: none">• Documented diagnosis of OIC in the past year AND• 1 claim for an opioid in the past 30 days AND• No history of GI or bowel obstruction AND• Documented diagnosis of chronic pain in the past year <p>Non Preferred OIC Agents</p> <ul style="list-style-type: none">• Above OIC criteria AND• 30 days of therapy with 1 preferred
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			<p>agent in the past 6 months OR</p> <ul style="list-style-type: none"> • 1 claim with the same agent in the past 105 days <p>Relistor Injection</p> <ul style="list-style-type: none"> • Above OIC criteria AND • Documented diagnosis of active cancer in the past year AND • Documented diagnosis of palliative care in the past 6 months
	IRRITABLE BOWEL SYNDROME DIARRHEA		
	dicyclomine hyoscyamine VIBERZI (eluxadoline)	alosetron BENTYL (dicyclomine) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LOTROXEX (alosetron)	<p>Viberzi</p> <ul style="list-style-type: none"> • Documented diagnosis of Irritable Bowel Syndrome – Diarrhea Dominant (IBS-D) in the past year <p>Lotronex</p> <ul style="list-style-type: none"> • 1 claim for the same agent in the past 105 days OR • MANUAL PA - All new patients require manual review. <p>Xifaxan - (see Antibiotics, GI)</p>
	SHORT BOWEL SYNDROME AND SELECTED GI AGENTS		
		FULYZAQ (crofelemer) GATTEX (teduglutide) MYTESI (crofelemer) NUTRESTORE POWDER PACK (glutamine)	<p>Carcinoid Syndrome Agent XERMELO</p>

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XERMELO (telotristat ethyl)
ZORBTIVE (somatropin)

- Documented diagnosis of carcinoid syndrome in the past year **AND**
- 1 claim for a somatostatin analog in the past 30 days

HIV/AIDS Non-infectious Diarrhea FULYZAQ, MYTESI

- Documented diagnosis of HIV/AIDS in the past year **AND**
- Documented diagnosis of non-infectious diarrhea in the past year **AND**
- 1 claim for an antiretroviral in the past 30 days

Short Bowel Syndrome (SBS) GATTEX, NUTRESTORE, ZORBTIVE

Gattex or Zorbative

- 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

Minimum Age Limit

- **12 years** – Zyflo & Zyflo CR

Non-Preferred Criteria

- Have tried 2 different preferred

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ZYFLO CR (zileuton)

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 **AND** 1 preferred oral antidiabetic agent in the past 180 days **OR**
 - Pregnant female **OR**
 - Documented diagnosis of liver disease **OR**
 - Documented diagnosis for hypertriglyceridemia **OR**
 - Clinical justification a statin or statin combination product cannot be used

Non-Preferred Criteria

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

OMEGA-3 FATTY ACIDS

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	LOVAZA (omega-3-acid ethyl esters)	VASCEPA (icosapent ethyl)	Non-Preferred Criteria • Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
	CHOLESTEROL ABSORPTION INHIBITORS		
	ZETIA (ezetimibe)	ezetimibe	Zetia does not have to meet the trial of 1 statin or statin combination agent in the past year
	FIBRIC ACID DERIVATIVES		
	fenofibrate nanocrystallized gemfibrozil	ANTARA (fenofibrate, micronized) fenofibrate 40mg tablet fenofibrate, micronized fenofibric acid FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRICOR (fenofibrate nanocrystallized) TRIGLIDE (fenofibrate) TRILIPIX (fenofibric acid)	Fibric Acid Derivative Non-Preferred Criteria • Have tried 2 different fibric acid derivatives in the past 6 months
	MTP INHIBITOR		
		JUXTAPID (lomitapide)	MANUAL PA
	APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR		
		KYNAMRO (mipomersen)	MANUAL PA

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	NIACIN		
	niacin ER NIACOR (niacin)	NIASPAN (niacin)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months
	PCSK-9 INHIBITOR		
		PRALUENT (alirocumab) REPATHA (evolocumab)	<u>MANUAL PA</u>
LIPOTROPICS, STATINS <small>SmartPA</small>			
	STATINS		
	atorvastatin fluvastatin LESCOL (fluvastatin) LESCOL XL (fluvastatin) lovastatin pravastatin rosuvastatin simvastatin	ALTOPREV (lovastatin) CRESTOR (rosuvastatin) EZALLOR SPRINKLE (rosuvastatin) ^{NR} FLOLIPID (simvastatin) fluvastatin ER LIPITOR (atorvastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin) ZYPITAMAG (pitavastatin)	Simvastatin 80mg <ul style="list-style-type: none"> 12 months of therapy with simvastatin 80mg AND NO myopathy contraindication Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred statin or statin combination agents in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days
	STATIN COMBINATIONS		
	SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)	ADVICOR (lovastatin/niacin) atorvastatin/amlodipine CADUET (atorvastatin/amlodipine)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred statin or statin combination agents in the past 6 months OR

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ezetimibe/simvastatin
LIPTRUZET (atorvastatin/ezetimibe)

- 90 consecutive days on the requested agent in the past 105 days

MISCELLANEOUS BRAND/GENERIC

CLONIDINE

CATAPRES-TTS (clonidine)
clonidine tablets

clonidine patches
CATAPRES (clonidine)

EPINEPHRINE

epinephrine autoinject pens (labeler 49502)

ADRENALICK (epinephrine)
AUVI-Q (epinephrine)
EPINEPHRINE SNAP EMS KIT (epinephrine)
EPIPEN (epinephrine)
EPIPEN JR (epinephrine)
SYMJEPI (epinephrine)

- Quantity Limits**
• 2 kits/31 days

MISCELLANEOUS

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)

- Alprazolam ER CUMULATIVE quantity limit**
• 31 tablets/31 days

- Hydroxyzine hcl 10mg tablets**
• 6-12 years - *Smart PA will automatically be issued for this age range*

SUBLINGUAL ALLERGEN EXTRACT IMMUNOTHERAPY

GRASTEK
ORALAIR
RAGWITEK

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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 <small>SmartPA</small>			
	INGREZZA (valbenazine) tetrabenazine	AUSTEDO (deutetrabenazine) XENAZINE (tetrabenazine)	Ingrezza: <ul style="list-style-type: none"> • MANUAL PA tetrabenazine: <ul style="list-style-type: none"> • Documented diagnosis of Huntington's Chorea Non-Preferred Criteria Austedo: <ul style="list-style-type: none"> • 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 <small>SmartPA</small>			
	AUBAGIO (teriflunomide) AVONEX (interferon beta-1a) AVONEX PEN (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE 20mg (glatiramer) GILENYA (fingolimod)	AMPYRA (dalfampridine) COPAXONE 40mg (glatiramer) dalfampridine EXTAVIA (interferon beta-1b) glatiramer GLATOPA (glatiramer)	All Agents <ul style="list-style-type: none"> • Documented diagnosis of multiple sclerosis Non-Preferred Criteria <ul style="list-style-type: none"> • Have tried 2 different preferred agents in the past 6 months OR

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

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REBIF (interferon beta-1a)
REBIF REBIDOSE (interferon beta-1a)

MAVENCLAD (cladribine)
MAYZENT (siponimod)
OCREVUS (ocrelizumab)
PLEGRIDY (interferon beta-1a)
TECFIDERA (dimethyl fumarate)
ZINBRYTA (daclizumab)

- 3 claims with the requested agent in the last 105 days

Mavenclad – [MANUAL PA](#)

Mayzent – [MANUAL PA](#)

MUSCULAR DYSTROPHY AGENTS

EMFLAZA (deflazacort)
EXONDYS (eteplirsen)

Exondys- [MANUAL PA](#)

NSAIDS SmartPA

NON-SELECTIVE

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

Non-Preferred Criteria

- Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months

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		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)	
	NSAID/GI PROTECTANT COMBINATIONS		
		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months
	COX II SELECTIVE		
	meloxicam	CELEBREX (celecoxib) celecoxib MOBIC (meloxicam) NULOX (meloxicam) QMIIZ ODT (meloxicam) VIVLODEX (meloxicam)	Non-Preferred Criteria – COX II <ul style="list-style-type: none"> Documented diagnosis of Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or Ankylosing Spondylitis AND 90 consecutive days on the requested agent in the past 105 days

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OR

- Have tried 1 preferred COX-II Selective and 1 preferred Non-Selective Agent **OR**
- Have tried 1 preferred COX-II Selective agent and a documented diagnosis of GI Bleed, GERD, PUD, GI Perforation, or Coagulation Disorder

OPHTHALMIC ANTIBIOTICS

bacitracin/neomycin/gramicidin
bacitracin/polymyxin
ciprofloxacin
erythromycin
GENTAK Ointment (gentamicin)
gentamicin
ILOTYCIN (erythromycin)
moxifloxacin
ofloxacin
polymyxin/trimethoprim
tobramycin

AZASITE (azithromycin)
bacitracin
BESIVANCE (besifloxacin)
BLEPH-10 (sulfacetamide)
CILOXAN Ointment (ciprofloxacin)
CILOXAN Solution (ciprofloxacin)
GARAMYCIN (gentamicin)
gatifloxacin
levofloxacin
MOXEZA (moxifloxacin)
NATACYN (natamycin)
neomycin/bacitracin/polymyxin b
NEO-POLYCIN (neomy/baci/polymyxin b)
NEOSPORIN (bacitracin/neomycin/gramicidin)
(oxy-tcn/polymyx sul)
OCUFLOX (ofloxacin)
POLYTRIM (polymyxin/trimethoprim)
sulfacetamide

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		TOBREX drops (tobramycin) TOBREX ointment (tobramycin) VIGAMOX (moxifloxacin) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	
ANTIBIOTIC STEROID COMBINATIONS			
	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 <small>SmartPA</small>			
	dexamethasone diclofenac DUREZOL (difluprednate) FLAREX (fluorometholone) fluorometholone flurbiprofen FML (fluorometholone) FML FORTE (fluorometholone) FML SOP (fluorometholone) ketorolac MAXIDEX (dexamethasone) NEVANAC (nepafenac) prednisolone acetate	ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac BROMSITE (bromfenac) ILEVRO (nepafenac) INVELTYS (loteprednol etabonate) LOTEMAX (loteprednol) LOTEMAX SM (loteprednol) ^{NR} OCUFEN (flurbiprofen) OMNIPRED (prednisolone) PRED FORTE (prednisolone) PROLENSA (bromfenac)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred agents in the past 6 months

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prednisolone NA phosphate
PRED MILD (prednisolone)
VEXOL (rimexolone)

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%)
RESTASIS Multidose (cyclosporine)
XIIDRA (lifitegrast) ^{Smart PA}

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

Non-Preferred Criteria:

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			<ul style="list-style-type: none">History of 4 claims for Restasis in the past 6 months
OPHTHALMIC, GLAUCOMA AGENTS <small>SmartPA</small>			
	BETA BLOCKERS		Non-Preferred Criteria <ul style="list-style-type: none">2 different preferred agents in the past 6 months OR90 consecutive days on the requested agent in the past 105 days
	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)	
	CARBONIC ANHYDRASE INHIBITORS		
	dorzolamide	AZOPT (brinzolamide) TRUSOPT (dorzolamide)	
	COMBINATION AGENTS		
	COMBIGAN (brimonidine/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine)	COSOPT (dorzolamide/timolol) COSOPT PF(dorzolamide/timolol)	
	PARASYMPATHOMIMETICS		
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine)	

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		PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)	
	PROSTAGLANDIN ANALOGS		
	latanoprost	bimatoprost LUMIGAN (bimatoprost) RESCULA (unoprostone) TRAVATAN Z (travoprost) travoprost XALATAN (latanoprost) XELPROS (latanoprost) VYZULTA (latanoprostene bunod) ZIOPTAN (tafluprost)	
	RHO KINASE INHIBITORS/COMBINATIONS		
	RHOPRESSA (netarsudil) ROCKLATAN (netarsudil/latanoprost)		
	SYMPATHOMIMETICS		
	ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine 0.2%	brimonidine 0.15% dipivefrin PROPINE (dipivefrin)	
OPIATE DEPENDENCE TREATMENTS			
	DEPENDENCE		
	naltrexone tablets SUBOXONE FILM (buprenorphine/naloxone) ^{SmartPA}	buprenorphine tablets buprenorphine/naloxone film buprenorphine/naloxone tablets BUNAVAIL (buprenorphine/naloxone)	<u>Buprenorphine/Naloxone and buprenorphine:</u> Suboxone

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		LUCEMYRA (lofexidine) PROBUPHINE (buprenorphine) SUBLOCADE (buprenorphine) VIVITROL (naltrexone) ZUBSOLV (buprenorphine/naloxone)	<ul style="list-style-type: none"> Detailed buprenorphine/naloxone and buprenorphine provider summary found here <p>Non-Preferred Criteria:</p> <ul style="list-style-type: none"> Bunavail is preferred over Zubsolv and other generic forms of buprenorphine/naloxone <p>Bunavail <i>NOTE: Bunavail is not indicated for induction therapy</i></p> <ul style="list-style-type: none"> History of Suboxone therapy within the past 6 months OR History of Bunavail therapy within the past 3 months AND All other buprenorphine/naloxone provider summary found here <p>Probuphine, Sublocade, Vivitrol - MANUAL PA</p>
	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/	ciprofloxacin CORTISPORIN-TC (colistin/neomycin/hydrocortisone)	<p>Maximum Age Limit</p> <ul style="list-style-type: none"> 9 years - Cipro HC

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	hydrocortisone) ofloxacin	DERMOTIC (fluocinolone) neomycin/polymyxin/hydrocortisone OTIPRIO (ciprofloxacin) OTOVEL (ciprofloxacin/fluocinolone)	
PANCREATIC ENZYMES SmartPA			
	CREON (pancreatin) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) pancrelipase PERTZYE (pancrelipase) ULTRESA (pancrelipase) VIOKACE (pancrelipase)	Non-Preferred Criteria • Have tried 2 different preferred agents in the past 6 months
PARATHYROID AGENTS			
	calcitriol ergocalciferol paricalcitol ROCALTROL (calcitriol) ZEMPLAR (paricalcitol)	cinacalcet doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone) RAYALDEE (calcifediol) SENSIPAR (cinacalcet)	
PHOSPHATE BINDERS			
	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)	

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PLATELET AGGREGATION INHIBITORS SmartPA

AGGRENEX (dipyridamole/aspirin)
BRILINTA (ticagrelor)
cilostazol
clopidogrel
dipyridamole
pentoxifylline
prasugrel

dipyridamole/aspirin
DURLAZA ER (aspirin)
EFFIENT (prasugrel)
omeprazole/aspirin
PERSANTINE (dipyridamole)
PLAVIX (clopidogrel)
PLETAL (cilostazol)
ticlopidine
YOSPRALA (aspirin/omeprazole)
ZONTIVITY (vorapaxar) Clinical Edit

Zontivity – **MANUAL PA**

- Documented diagnosis of myocardial infarction or peripheral artery disease **AND**
- No diagnosis of stroke, transient ischemic attack or intracranial hemorrhage **AND**
- Concurrent therapy with aspirin and/or clopidogrel

Non-Preferred Criteria

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

PLATELET STIMULATING AGENTS

PROMACTA (eltrombopag olamine)

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

PRENATAL VITAMINS

COMPLETE NATAL DHA
CONCEPT DHA Capsule
PRENATA CHEWABLE Tablet

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

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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

PSEUDOBULBAR AFFECT AGENTS

NUEDEXTA (dextromethorphan/quinidine)

Non-Preferred Criteria

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

PULMONARY ANTIHYPERTENSIVES^{SmartPA}

ENDOTHELIN RECEPTOR ANTAGONIST

TRACLEER (bosentan) Tablets

bosentan
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)

Non-Preferred Criteria

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(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2019

Version 2019.4

Updated: 09-30-2019

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		REVATIO (sildenafil)	<ul style="list-style-type: none"> Have tried 1 preferred PAH agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days <p>Revatio suspension</p> <ul style="list-style-type: none"> < 12 years of age AND documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation OR history of heart transplant OR 90 consecutive days on the requested agent in the past 105 days <p>Revatio tablets</p> <ul style="list-style-type: none"> < 1 year of age AND documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation OR 90 consecutive days on the requested agent in the past 105 days > 1 years of age AND Non-Preferred Criteria
	PROSTACYCLINS		
	ORENITRAM ER (treprostinil)	TYVASO (treprostinil) VENTAVIS (iloprost)	<p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> Have tried 1 preferred PAH agent in the past 6 months OR 90 consecutive days on the requested agent in the past 105 days

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SELECTIVE PROSTACYCLIN RECEPTOR AGONISTS

UPTRAVI (selexipag)

Non-Preferred Criteria

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

SOLUBLE GUANYLATE CYCLASE STIMULATORS

ADEMPAS (riociguat)

Adempas

- Have tried 1 preferred PAH agent in the past 6 months **OR**
- 90 consecutive days on the requested agent in the past 105 days **OR**
- [MANUAL PA](#) for PAH WHO Group 4

ROSACEA TREATMENTS

metronidazole (cream, gel, lotion)

AVAR (sulfacetamide sodium/sulfur)
FINACEA (azelaic acid)
METROCREAM (metronidazole cream)
METROGEL (metronidazole gel)
METROLOTION (metronidazole lotion)
MIRVASO (brimonidine)
NORITATE (metronidazole)
OVACE (sulfacetamide sodium)
RHOFADE (oxymetazoline HCl)
ROSULA (sodium sulfacetamide/sulfur)

Topical Sulfonamides used for Rosacea will require a manual PA for ≥ 21 years. Other labeled indications are limited to < 21 years.

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		sodium sulfacetamide/sulfur (cleanser, pads, suspension) SOOLANTRA (ivermectin) SUMADAN(sodium sulfacetamide/sulfur wash) SUMAXIN(sodium sulfacetamide/sulfur pads) SUMAXIN TS(sodium sulfacetamide/sulfur suspension)	
SEDATIVE HYPNOTICS			
	BENZODIAZEPINES <small>SmartPA</small>		
	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. MS DOM Opioid Initiative • Concomitant use of Opioids and Benzodiazepines Criteria details found here Quantity Limits – CUMULATIVE 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> • 31 units/31 days - all strengths Triazolam – CUMULATIVE Quantity limit per rolling days for all strengths • 10 units/31 days • 60 units/365 days

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SmartPA		
OTHERS		
zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (sovorexant) EDLUAR (zolpidem) eszopiclone HETLIOZ (tasimelteon) INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ramelteon ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER zolpidem SL ZOLPIMIST (zolpidem)	Quantity Limits – CUMULATIVE 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">• 31 units/31 days• 1 canister/31 days – Zolpimist & male• 1 canister/62 days – Zolpimist & female Gender and Dose Limits for zolpidem <ul style="list-style-type: none">• Female - Ambien 5mg, Ambien CR 6.25mg, Intermezzo 1.75 mg• Male – all zolpidem strengths Non-Preferred Criteria <ul style="list-style-type: none">• Have tried 2 different preferred agents in the past 6 months Hetlloz <ul style="list-style-type: none">• Circadian rhythm sleep disorder AND• Diagnosis indicating total blindness of the patient
SELECT CONTRACEPTIVE PRODUCTS		
INJECTABLE CONTRACEPTIVES		
medroxyprogesterone acetate IM	DEPO-PROVERA IM (medroxyprogesterone acetate) DEPO-SUBQ PROVERA 104	

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		(medroxyprogesterone acetate)	
	ORAL CONTRACEPTIVES SmartPA		
	ALL CONTRACEPTIVES ARE PREFERRED EXCEPT FOR THOSE SPECIFICALLY INDICATED AS NON-PREFERRED	AMETHIA (levonorgestrel/ethinyl estradiol) AMETHYST (levonorgestrel/ethinyl estradiol) BEYAZ (ethinyl estradiol/drospirenone/levomefolate) BRIELLYN (norethindrone/ethinyl estradiol) CAMRESE (levonorgestrel/ethinyl estradiol) CAMRESE LO (levonorgestrel/ethinyl estradiol) ethinyl estradiol/drospirenone GENERESS FE (norethindrone/ethinyl estradiol/fe) Gianvi (ethinyl estradiol/drospirenone) GILDAGIA (norethindrone/ethinyl estradiol) INTROVALE (levonorgestrel/ethinyl estradiol) 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	Non-Preferred Criteria <ul style="list-style-type: none"> • 1 claim with the requested agent in the past 105 days

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

SKELETAL MUSCLE RELAXANTS SmartPA

baclofen
chlorzoxazone
cyclobenzaprine 5mg, 10mg
methocarbamol
tizanidine tablets

AMRIX (cyclobenzaprine ER)
carisoprodol
carisoprodol compound
cyclobenzaprine 7.5mg, 15mg
cyclobenzaprine ER
DANTRIUM (dantrolene)
dantrolene
FEXMID (cyclobenzaprine)
FLEXERIL (cyclobenzaprine)
LORZONE (chlorzoxazone)
metaxalone
NORGESIC FORTE (orphenadrine)^{NR}
orphenadrine
orphenadrine compound
orphenadrine ER
PARAFON FORTE DSC (chlorzoxazone)
ROBAXIN (methocarbamol)
SKELAXIN (metaxalone)
SOMA (carisoprodol)
tizanidine capsules

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

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ZANAFLEX (tizanidine)

SMOKING DETERRENT

NICOTINE TYPE

nicotine gum
nicotine lozenge
nicotine patch

NICODERM CQ PATCH
NICORETTE LOZENGE
NICORETTE GUM
NICOTROL INHALER
NICOTROL NASAL SPRAY

NON-NICOTINE TYPE

bupropion ER
CHANTIX (varenicline)

ZYBAN (bupropion)

Minimum Age Limit – Chantix

- 18 years

Quantity Limits

- Chantix 0.5 mg, 1mg tablets and continuing pack – 336 tablets/year
- Chantix Starter – 2 treatment courses/year

STEROIDS (Topical) ^{SmartPA}

LOW POTENCY

CAPEX (fluocinolone)
desonide
hydrocortisone cr, oint, soln.

alclometasone
DERMA-SMOOTH-FS (fluocinolone)
DESONATE (desonide)
DESOWEN (desonide)
fluocinolone oil
hydrocortisone lotion
PEDIACARE HC (hydrocortisone)
PEDIADERM (hydrocortisone)
VERDESO (desonide)

Non-Preferred Criteria

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

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MEDIUM POTENCY			
	fluocinolone hydrocortisone mometasone cr, oint. prednicarbate cr PANDEL (hydrocortisone probutate)	betamethasone valerate foam CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate) ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint SYNALAR (fluocinolone)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred medium potency agents in the past 6 months
HIGH POTENCY			
	amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. 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)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred high potency agents in the past 6 months

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VERY HIGH POTENCY			
	CLOBEX (clobetasol) clobetasol shampoo clobetasol propionate cream clobetasol propionate ointment halobetasol cream halobetasol ointment	BRYHALI (halobetasol) clobetasol emollient clobetasol propionate foam, gel, sol DIPROLENE (betamethasone diprop/prop gly) DUOBRII LOTION (halobetasol prop/tazarotene) halobetasol foam HALONATE (halobetasol/ammonium lactate) HALAC (halobetasol/ammonium lac) LEXETTE (halobetasol propionate) TEMOVATE Cream (clobetasol propionate) TEMOVATE Ointment (clobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) ULTRAVATE Cream, Lotion (halobetasol) ULTRAVATE Ointment (halobetasol)	Non-Preferred Criteria <ul style="list-style-type: none"> Have tried 2 different preferred very high potency agents in the past 6 months
STIMULANTS AND RELATED AGENTS <small>SmartPA</small>			
SHORT-ACTING			
	amphetamine salt combination dexamethylphenidate IR dextroamphetamine IR METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) dextroamphetamine solution EVEKEO (amphetamine) EVEKEO ODT (amphetamine) FOCALIN (dexamethylphenidate)	Minimum Age Limit <ul style="list-style-type: none"> 3 years - Adderall, Evekeo, Procentra, Zenzedi 6 years – Desoxyn, Evekeo ODT, Focalin, Methylin Maximum Age Limit

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PROCENTRA (dextroamphetamine)

methamphetamine
methylphenidate chewable
methylphenidate solution
ZENZEDI (dextroamphetamine)

• **18 years** – Evekeo ODT

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

Non-Preferred Criteria ADD/ADHD:

- Documented diagnosis of ADD/ADHD **AND**
- 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

Documented diagnosis of narcolepsy – ADDERALL, EVEKEO, METHYLIN, PROCENTRA, RITALIN, ZENZEDI

Non-Preferred Criteria narcolepsy:

- Documented diagnosis of narcolepsy **AND**
- 30 days of therapy with preferred

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			modafinil or armodafinil AND <ul style="list-style-type: none">• 1 different preferred Short Acting agent indicated for narcolepsy in the past 6 months OR• 1 claim for a 30 day supply with the requested agent in the past 105 day
	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) JORNAY PM (methylphenidate) ^{NR} 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) SUNOSI (solriamfetol) ^{NR}	Minimum Age Limit <ul style="list-style-type: none">• 6 years – Adderall XR, Adhansia XR, Adzenys ER Suspension, Adzenys XR ODT, Aptensio XR, Concerta, Cotempla XR ODT, Daytrana, Dexedrine, Dyanavel XR Focalin XR, Jornay PM, Metadate, CD, methylphenidate ER 72mg, Quillichew, Quillivant XR, Ritalin LA, Vyvanse• 13 years – Mydayis• 16 years – Provigil• 18 years – Nuvigil, Sunosi Maximum Age Limit <ul style="list-style-type: none">• 18 years – Cotempla XR ODT, Daytrana Quantity Limits <p>Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none">• 31 tablets/31 days – Adderall XR, Adhansia XR, Adzenys XR ODT,

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- Aptensio XR, Concerta 18, 27, & 54 mg, Cotelma XR-ODT 8.6 mg, Daytrana, Dexedrine Spansule, Focalin XR, Jornay PM, Metadate CD, Methylphenidate ER, methylphenidate ER 72mg, Nuvigil 150, 200 & 250 mg, Provigil 200mg, Quillichew, Ritalin LA & SR, Vyvanse, Sunosi
- **46.5 tablets/31 days** – Provigil 100 mg
 - **62 tablets/31 days** – Concerta 36mg, Cotelma XR-ODT 17.3 & 25.9 mg, Nuvigil 50mg
 - **248 mL/31 days** – Dyanavel XR
 - **372 mL/31 days** – Quilivant XR

Documented diagnosis of ADHD – ALL LA AGENTS *excluding Nuvigil and Sunosi*

Documented diagnosis of binge eating disorder – VYVANSE

Non-Preferred Criteria ADD/ADHD:

- Documented diagnosis of ADD/ADHD **AND**
- Have tried 2 different preferred Long Acting agents in the past 6 months **OR**
- 1 claim for a 30 day supply with the requested agent in the past 105 days

Documented diagnosis of narcolepsy – ADDERALL XR,

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MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 10/01/2019

Version 2019.4

Updated: 09-30-2019

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APTENSIO XR, CONCERTA ER, DEXEDRINE, METADATE CD, METHYLIN ER, MYDAYIS, NUVIGIL, PROVIGIL, QUILLICHEW, QUILLIVANT XR, RITALIN LA, SUNOSI

Non-Preferred Criteria narcolepsy:

- Documented diagnosis of narcolepsy **AND**
- 30 days of therapy with preferred modafinil or armodafinil in the past 6 months **AND**
- 1 different preferred Long Acting agent indicated for narcolepsy in the past 6 months **OR**
- 1 claim for a 30 day supply with the requested agent in the past 105 days

Nuvigil

- Documented diagnosis of narcolepsy, obstructive sleep apnea, shift work sleep disorder or bipolar depression

Provigil

- Documented diagnosis of narcolepsy, obstructive sleep apnea, shift work sleep disorder, depression, sleep deprivation or Steinert Myotonic Dystrophy Syndrome

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		<p>Sunosi</p> <ul style="list-style-type: none"> Documented diagnosis of narcolepsy or obstructive sleep apnea AND 30 days of therapy with preferred modafinil or armodafinil in the past 6 months
NON-STIMULANTS		
atomoxetine	clonidine ER	<p>Minimum Age Limit 6 years – Intuniv, Kapvay, Strattera</p> <p>Maximum Age Limit</p> <ul style="list-style-type: none"> 18 years – Intuniv, Kapvay 21 years – diagnosis of ADD/ADHD is required for Strattera <p>Quantity Limits Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> 31 tablets/31 days – Intuniv, Strattera 124 tablets/31 days – Kapvay <p>Intuniv</p> <ul style="list-style-type: none"> 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 <p>Kapvay</p> <ul style="list-style-type: none"> Diagnosis for ADD or ADHD AND
guanfacine ER Step Edit	INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release) STRATTERA (atomoxetine)	

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- 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)^{NR}
OKEBO (doxycycline)
ORACEA (doxycycline)
SEYSARA (sarecycline)
SOLODYN (minocycline)
TARGADOX (doxycycline)
VIBRAMYCIN cap/susp/syrup
XIMINO (minocycline)

Non-Preferred Agents

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

Demeclocycline

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

ULCERATIVE COLITIS and CROHN'S AGENTS SmartPA *See Cytokine & CAM Antagonists Class for additional agents

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ORAL		<p>Gender Limits</p> <ul style="list-style-type: none"> • Male - Giazio <p>Non-Preferred Criteria</p> <ul style="list-style-type: none"> • Documented diagnosis for Ulcerative Colitis AND • 2 different preferred agents in the past 6 months OR • 90 consecutive days on the requested agent in the past 105 days <p>budesonide EC</p> <ul style="list-style-type: none"> • 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
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)	
RECTAL		
CANASA (mesalamine)	mesalamine ROWASA (mesalamine) SF-ROWASA (mesalamine) UCERIS Foam (budesonide)	

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