



# MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 11/01/2019  
Version 2019.2  
Updated: 11-27-2019

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
<b>ACNE AGENTS</b>			
	<b>ANTI-INFECTIVE</b>		<p><b>Maximum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>21 years</b> – all agents</li> </ul>
	clindamycin (gel, lotion, solution) erythromycin	ACZONE (dapsons) AKNE-MYCIN (erythromycin) azelaic acid AZELEX (azelaic acid) CLEOCIN-T (clindamycin) CLINDAMYCIN PAC (clindamycin) CLINDAGEL (clindamycin) clindamycin foam dapsons ERY (erythromycin) ERYGEL (erythromycin) EVOCLIN (clindamycin) KLARON (sulfacetamide) sulfacetamide	
	<b>RETINOIDS</b>		
	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	
<b>COMBINATION DRUGS/OTHERS</b>			
	EPIDUO (adapalene/benzoyl peroxide) erythromycin/benzoyl peroxide sodium sulfacetamide/sulfur cream/foam/gel	ACANYA (benzoyl peroxide/clindamycin) adapalene/benzoyl peroxide AKTIPAK ( erythromycin/benzoyl peroxide) BENZACLIN GEL (benzoyl peroxide/clindamycin) BENZACLIN KIT (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) benzoyl peroxide/clindamycin DUAC (benzoyl peroxide/clindamycin) EPIDUO FORTEO (adapalene/benzoyl peroxide) INOVA 4/1 (benzoyl peroxide/salicylic acid) INOVA 8/2 (benzoyl peroxide/salicylic acid) NEUAC (benzoyl peroxide/clindamycin) ONEXTON (benzoyl peroxide/clindamycin) PRASCION (sulfacetamide sodium/sulfur) ROSANIL (sulfacetamide sodium/sulfur) SE BPO (benzoyl peroxide) sodium sulfacetamide/sulfur lotion/suspension/cleanser/pads sodium sulfacetamide/sulfur/meratan sulfacetamide sodium/sulfur/urea VELTIN (clindamycin/tretinoin) ZENCIA WASH (sulfacetamide sodium/sulfur) ZIANA (clindamycin/tretinoin)	
<b>KERATOLYTICS (BENZOYL PEROXIDES)</b>			
	benzoyl peroxide	BPO (benzoyl peroxide) INOVA (benzoyl peroxide)	

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		LAVOCLEN (benzoyl peroxide)	
	<b>ISOTRETINOIN</b>		
	AMNESTEEM (isotretinoin) CLARAVIS (isotretinoin) MYORISAN(isotretinoin) ZENATANE (isotretinoin)	ABSORICA (isotretinoin) isotretinoin	
<b>ALPHA-1 PROTEINASE INHIBITORS</b>			
	ARALAST (alpha-1 proteinase inhibitor) GLASSIA (alpha-1 proteinase inhibitor) PROLASTIN C (alpha-1 proteinase inhibitor) ZEMAIRA (alpha-1 proteinase inhibitor)		
<b>ALZHEIMER'S AGENTS</b> <span style="float: right;">SmartPA</span>			
	<b>CHOLINESTERASE INHIBITORS</b>		
	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)	<p><b>All Agents</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis for both preferred and Non-Preferred</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul>
	<b>NMDA RECEPTOR ANTAGONIST</b>		
	memantine	NAMENDA TABS (memantine)	

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

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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)  
 REPRESAINE (hydrocodone/ibuprofen)  
 ROXICET (oxycodone/acetaminophen)  
 ROXICODONE (oxycodone)  
 ROXYBOND (oxycodone)  
 RYBIX (tramadol)  
 SUBSYS (fentanyl)  
 SYNALGOS-DC (dihydrocodeine/ aspirin/caffeine)  
 TYLENOL W/CODEINE (APAP/codeine)  
 TYLOX (oxycodone/APAP)  
 ULTRACET (tramadol/APAP)  
 ULTRAM (tramadol)  
 VICODIN (hydrocodone/APAP)  
 VICOPROFEN (hydrocodone/ibuprofen)  
 XODOL (hydrocodone/acetaminophen)  
 ZAMICET (hydrocodone/APAP)  
 ZOLVIT (hydrocodone/APAP)  
 ZYDONE (hydrocodone/acetaminophen)

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 (oxycodone)  
oxycodone ER  
OXYCONTIN (oxycodone)  
oxycodone 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) <sup>SmartPA</sup>  
VOLTAREN Gel (diclofenac sodium) <sup>SmartPA</sup>

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

**Non-Preferred Criteria**

- Have tried 1 preferred agent in the past 6 months

**Lidoderm**

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

**ZTlido**

- Documented diagnosis of Herpetic Neuralgia

**ANDROGENIC AGENTS** <sup>SmartPA</sup>

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ANDRODERM (testosterone patch)  
testosterone gel packets

ANDROGEL (testosterone gel)  
ANDROXY (fluoxymesterone)  
AXIRON (testosterone gel)  
FORTESTSA (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

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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)	<b>Non-Preferred Criteria ACE Inhibitor/CCB</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred <u>ACEI/CCB</u> agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul> <b>ACE Inhibitor/Diuretic</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred <u>ACEI/Diuretic</u> agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)</b>		
irbesartan losartan MICARDIS (telmisartan) telmisartan valsartan	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) candesartan COZAAR (losartan) DIOVAN (valsartan) EDARBI (azilsartan) eprosartan olmesartan TEVETEN (eprosartan)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred <u>single entity</u> agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>ARB COMBINATIONS</b>		
ENTRESTO (valsartan/sacubitril) <sup>Smart PA</sup> irbesartan/HCTZ losartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ)	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ)	<b>Entresto</b> <ul style="list-style-type: none"> <li>• Age ≥ 18 years <b>AND</b></li> <li>• Documented diagnosis of heart failure</li> </ul>

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

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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)	
<b>NITROFURAN DERIVATIVES</b>			
	nitrofurantoin nitrofurantoin monohydrate macrocrystals	FURADANTIN (nitrofurantoin) MACROBID (nitrofurantoin monohydrate macrocrystals) MACRODANTIN (nitrofurantoin)	
<b>OXAZOLIDINONES</b>			
		SIVEXTRO (tedizolid) ZYVOX (linezolid)	<b>Sivextro, Zyvox - <a href="#">MANUAL PA</a></b>  <b>Quantity Limit</b> • 6 tablets/month – Sivextro

## ANTIBIOTICS (Topical)

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bacitracin  
bacitracin/polymixin  
gentamicin sulfate  
mupirocin ointment

ALTABAX (retapamulin)  
CORTISPORIN (bacitracin/neomycin/  
polymyxin/HC)  
mupirocin cream

## ANTIBIOTICS (VAGINAL)

CLEOCIN OVULES (clindamycin)  
CLINDESSE (clindamycin)  
metronidazole vaginal

AVC (sulfanilamide)  
CLEOCIN CREAM (clindamycin)  
clindamycin cream  
METROGEL (metronidazole)  
NUVESSA (metronidazole)  
VANDAZOLE (metronidazole)

## ANTICOAGULANTS SmartPA

### ORAL

COUMADIN (warfarin)  
ELIQUIS (apixaban)  
PRADAXA (dabigatran)  
warfarin  
XARELTO (rivaroxaban)

BEVYXXA (betrixaban)  
SAVAYSA (edoxaban tosylate)

**DVT Prophylaxis - following hip replacement**  
XARELTO 10MG, ELIQUIS,  
PRADAXA 110MG

- 70 total days of therapy per calendar year
- Documented diagnosis of hip replacement **AND** duration of therapy limited to 35 days

**DVT Prophylaxis - following knee replacement**  
XARELTO 10MG & ELIQUIS

- 70 total days of therapy per calendar year
- Documented diagnosis of knee

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

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

**LMWH Non-Preferred Criteria**

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

**ANTICONVULSANTS** SmartPA

**ADJUVANTS**

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

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) ROWEEPRA (levetiracetam) SABRIL (vigabatrin) SPRITAM (levetiracetam) SYMPAZAN (clobazam) STAVZOR (valproic acid) SUBVENITE (lamotrigine) TEGRETOL (carbamazepine) TEGRETOL XR (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate) topiramate ER (generic Qudexy XR) <span style="color: red;">Step Edit</span> TRILEPTAL Tablets (oxcarbazepine) TRILEPTAL Suspension (oxcarbazepine)</p>	<ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days <b>AND</b> documented diagnosis of seizure</li> </ul> <p><b>Banzel/Onfi/Sympazan</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Lennox-Gastaut <b>AND</b></li> <li>• Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days <b>AND</b> documented diagnosis of seizure</li> </ul> <p><b>Diacomit</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Dravet syndrome <b>AND</b></li> <li>• Active claim for clobazam</li> </ul> <p><b>Epidiolex</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Dravet syndrome <b>OR</b></li> <li>• Documented diagnosis of Lennox-Gastaut <b>AND</b></li> <li>• Have tried 1 different preferred agent for Lennox-Gastaut in the past 6 months <b>OR</b></li> <li>• 1 claim for the requested agent in the</li> </ul>
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		TROKENDI XR (topiramate) vigabatrin ZONEGRAN (zonisamide)	past 30 days  <b>Sabril Powder for Oral Solution</b> <ul style="list-style-type: none"> <li>Documented diagnosis of infantile spasms <b>OR</b></li> <li>Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days <b>AND</b> documented diagnosis of seizure</li> </ul> <b>Topiramate ER – Step Edit</b> <ul style="list-style-type: none"> <li>90 consecutive days on the requested agent in the past 105 days <b>AND</b> documented diagnosis of seizure <b>OR</b></li> <li>30 day trial with topiramate IR in the past 6 months</li> </ul>
<b>SELECTED BENZODIAZEPINES</b>			
	DIASTAT (diazepam rectal)	clobazam diazepam rectal gel ONFI (clobazam) ONFI SUSPENSION (clobazam)	
<b>HYDANTOINS</b>			

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	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
<b>SUCCINIMIDES</b>			
	ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)	
<b>ANTIDEPRESSANTS, OTHER <small>SmartPA</small></b>			
	bupropion bupropion SR bupropion XL 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	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>18 years</b> - all drugs</li> <li>• <b>Cymbalta</b> – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder)</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred '<u>Antidepressants, Other</u>' Class in the past 6 months <b>OR</b></li> <li>• Have tried BOTH a preferred '<u>Antidepressant, SSRI</u>' and '<u>Antidepressants, Other</u>' in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul> <p><b>Cymbalta (see Fibromyalgia Agents)</b></p>

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	venlafaxine ER tablets WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion HCl)	
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**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)	<p><b>Minimum Age Limits</b></p> <ul style="list-style-type: none"> <li>• <b>6 years</b> - Zoloft</li> <li>• <b>7 years</b> – Prozac</li> <li>• <b>8 years</b> - Luvox</li> <li>• <b>12 years</b> - Lexapro</li> <li>• <b>18 years</b> – Celexa, Luvox CR, Paxil, Pexeva, Prozac 90 mg</li> </ul> <p><b>Citalopram Criteria</b></p> <ul style="list-style-type: none"> <li>• &lt;18 years and 90 consecutive days on citalopram in the past 105 days <b>OR</b></li> <li>• &lt; 60 years <b>AND</b> max daily dose ≤ 40 mg/day <b>OR</b></li> <li>• ≥ 60 years <b>AND</b> max daily dose ≤ 20 mg/day</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
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**ANTIEMETICS** SmartPA

<b>5HT3 RECEPTOR BLOCKERS</b>		
	ondansetron	ANZEMET (dolasetron)
		<b>Quantity Limits</b>

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

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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

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		OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide)	
<b>ANTIFUNGAL/STEROID COMBINATIONS</b>			
	clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)	
<b>ANTIFUNGALS (VAGINAL)</b>			
	clotrimazole vaginal cream miconazole 1, 7cream TERAZOL 3 Cream (terconazole) – currently unavailable from manufacturer tioconazole VAGISTAT 3 (miconazole) VAGISTAT 1 (tioconazole)	GYNAZOLE 1 (butoconazole) miconazole 3 vaginal cream, suppository TERAZOL 3 Suppository (terconazole) TERAZOL 7 (terconazole) terconazole	
<b>ANTI-HISTAMINES, MINIMALLY SEDATING AND COMBINATIONS <span style="float: right;">SmartPA</span></b>			
<b>MINIMALLY SEDATING ANTI-HISTAMINES</b>			
	cetirizine loratadine	<b>cetirizine chewable tablets</b> CLARINEX (desloratadine) levocetirizine XYZAL Solution (levocetirizine) XYZAL Tablets (levocetirizine)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of allergy or urticaria <b>AND</b></li> <li>• Have tried 2 different preferred agents in the past 12 months</li> </ul>
<b>MINIMALLY SEDATING ANTI-HISTAMINE/DECONGESTANT COMBINATIONS</b>			

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cetirizine/pseudoephedrine loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)	
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## ANTIMIGRAINE AGENTS, CALCITONIN GENE RELATED PEPTIDE INHIBITOR

	AIMOVIG (erenumab-aooe) AJOVY (fremanezumab-vfrm) EMGALITY (galcanezumab-gnlm)	
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## 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 RELPAX (eletriptan) TOSYMRA (sumatriptan) TREXIMET (sumatriptan/naproxen) zolmitriptan zolmitriptan ODT	<p style="color: red; margin: 0;"><b>Minimum Age Limit – ALL FORMULATIONS</b></p> <ul style="list-style-type: none"> <li><b>6 years</b> – Maxalt</li> <li><b>12-17 years</b> – Axert, Treximet, Zomig nasal spray <i>Smart PA will automatically be issued for this age range</i></li> <li><b>18 years</b> – Amerge, Frova, Imitrex, Onzetra Xsail, Relpax, Tosymra, Zembrace Symtouch, Zomig tablets</li> </ul> <p style="color: red; margin: 10px 0 0 0;"><b>Quantity Limit - ORAL</b></p> <ul style="list-style-type: none"> <li><b>6 tablets/31 days</b> - Axert, Relpax Zomig</li> <li><b>9 tablets/31 days</b> - Amerge, Frova, Imitrex, Treximet</li> </ul>

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

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days

## \*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) <sup>SmartPA</sup>  
IDHIFA (enasidenib)  
imatinib  
KISQALI (ribociclib) <sup>SmartPA</sup>  
LENVIMA (lenvatinib) <sup>SmartPA</sup>  
LORBRENA (lorlatinib) <sup>SmartPA</sup>  
LYNPARZA (olaparib) <sup>SmartPA</sup>  
NERLYNX (neratinib maleate)  
MEKTOVI (binimetnib)  
PIQRAY (alpelisib)<sup>NR</sup>  
RUBRACA (rucaparib)  
RYDAPT (midostaurin)  
TAGRISSO (osimertinib)  
TALZENNA (talazoparib)  
TIBSOVO (ivosidenib)  
VERZENIO (abemaciclib)  
VITRAKVI (larotrectinib)  
VIZIMPRO (dacomitinib)

**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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XATMEP (methotrexate)  
XOSPATA (gilteritinib)  
XPOVIO (selinexor)<sup>NR</sup>  
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) <sup>SmartPA</sup>

### PEDICULICIDES

permethrin 1%  
NATROBA (spinosad)  
SKLICE (ivermectin)

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

**Minimum Age/Weight Limit for Pediculicides**

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

**Non-Preferred Criteria**

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

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

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	ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole pramipexole ER REQUIP (ropinirole) REQUIP XL (ropinirole) ropinirole ER	
<b>MAO-B INHIBITORS</b>			
	selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) rasagiline XADAGO (safinamide) ZELAPAR (selegiline)	<b>Xadago:</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of Parkinson's disease <b>AND</b></li> <li>• History of a preferred carbidopa/levodopa combination product in the past 30 days <b>AND</b></li> <li>• History of selegiline product in the past 45 days</li> </ul>
<b>OTHERS</b>			
	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)	<b>Lodosyn and Inbrija</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of Parkinson's disease <b>AND</b></li> <li>• History of a carbidopa/levodopa combination product in the past 45 days</li> </ul>

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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 (loxapine)  
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, loxapine, 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"> <li>• Have tried 2 preferred atypical antipsychotic agents in the past 12 months <b>OR</b></li> <li>• 30 consecutive days on the requested atypical agent in the past 180 days</li> </ul> <p><b>Nuplazid</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Parkinson's disease</li> </ul>
<b>INJECTABLE, ATYPICALS <span style="float: right;">SmartPA</span></b>			
	ABILIFY MAINTENA (aripirazole) ARISTADA ER (aripirazole lauroxil) ARISTADA INITIO (aripirazole lauroxil) INVEGA SUSTENNA (paliperidone palmitate) INVEGA TRINZA (paliperidone) PERSERIS (risperidone) RISPERDAL CONSTA (risperidone) ZYPREXA RELPREVV (olanzapine)	ABILIFY (aripirazole) GEODON (ziprasidone) olanzapine ZYPREXA (olanzapine)	<p><b>Minimum Age Limits</b></p> <ul style="list-style-type: none"> <li>• <b>18 years</b> – all injectable agents</li> </ul> <p><b>Quantity Limits</b></p> <ul style="list-style-type: none"> <li>• <b>3 syringes/year</b> – Aristada Initio</li> </ul> <p><b>Long Acting Injectable Agents All Agents</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of schizophrenia or schizoaffective disorder</li> </ul> <p><b>Abilify Maintena or Risperdal Consta</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of schizophrenia or schizoaffective disorder <b>OR</b></li> </ul>

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

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

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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  
DENA VIR (penciclovir)  
XERESE (acyclovir/hydrocortisone)  
ZOVIRAX Ointment (acyclovir)

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**AROMATASE INHIBITORS**

	anastrozole ARIMIDEX (anastrozole) exemestane letrozole	AROMASIN (exemestane) FEMARA (letrozole)	
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**ATOPIC DERMATITIS** SmartPA

	ELIDEL (pimecrolimus)	DUPIXENT (dupilumab) EUCRISA (crisaborole) pimecrolimus PROTOPIC (tacrolimus) tacrolimus	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>2 years</b> – <a href="#">Elidel, Protopic 0.03%</a></li> <li>• <b>6 years</b> – <a href="#">Protopic 0.1%</a></li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Have tried 1 preferred agent in the past 6 months</a></li> </ul> <p><b>Eucrisa- <a href="#">MANUAL PA</a></b></p> <p><b>Dupixent- <a href="#">MANUAL PA</a></b></p>
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**BETA BLOCKERS, ANTIANGINALS & SINUS NODE AGENTS** SmartPA

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

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

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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

- 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** SmartPA

**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**
- Cardura, Flomax, Proscar, terazosin, or Uroxatral **AND** a documented diagnosis based on a state accepted diagnosis
- Non-Preferred Criteria - MALE**
- Have tried 2 different preferred agents 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)* <sup>SmartPA</sup> STIOLTO RESPIMAT (tiotropium/olodaterol) TRELEGY ELLIPTA (fluticasone furoate/ umeclidinium/vilanterol) UTIBRON (indacaterol/glycopyrrolate)	<b>Combivent Respimat</b> <ul style="list-style-type: none"> <li>• 1 claim for a Combivent Respimat in the past 90 days</li> </ul>
BRONCHODILATORS, BETA AGONIST			
INHALERS, SHORT-ACTING			
	PROAIR HFA (albuterol) PROAIR RESPICLICK (albuterol) PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol)	XOPENEX HFA (levalbuterol) <sup>SmartPA</sup>	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>• 4 years - Xopenex HFA</li> </ul> <b>Xopenex HFA Criteria</b> <ul style="list-style-type: none"> <li>• 1 claim for a preferred albuterol inhaler in the past 30 days</li> </ul>
INHALERS, LONG ACTING <sup>SmartPA</sup>			
	SEREVENT (salmeterol)	ARCAPTA (indacaterol) STRIVERDI RESPIMAT (olodaterol)	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>• 4 years – Serevent</li> <li>• 18 years – Arcapta, Striverdi</li> </ul>

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			Respimat  <b>Arcapta &amp; Striverdi Respimat</b> <ul style="list-style-type: none"> <li>Documented diagnosis of COPD <b>AND</b></li> <li>Have tried 1 preferred agent in the past 6 months <b>OR</b></li> <li>90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>INHALATION SOLUTION</b>			<small>SmartPA</small>
	albuterol	BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li><b>6 years</b> – Xopenex</li> <li><b>18 years</b> – Brovana, Performist</li> </ul> <b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>1 claim for a different preferred agent in the past 6 months <b>OR</b></li> <li>3 claims with the requested agent in the past 105 days</li> </ul> <b>Xopenex</b> <ul style="list-style-type: none"> <li>1 claim for a preferred albuterol in the past 30 days</li> </ul>
<b>ORAL</b>			
	albuterol ER albuterol IR	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  
TWOOCAL 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)	
<b>SmartPA</b>			
<b>CEPHALOSPORINS – First Generation</b>			
	cefadroxil cephalexin capsules cephalexin suspension	cephalexin tablets DAXBIA (cephalexin) KEFLEX (cephalexin)	<b>Non-Preferred Criteria – all generations</b> • Have tried 2 different preferred agents in the past 6 months
<b>SmartPA</b>			
<b>CEPHALOSPORINS – Second Generation</b>			
	cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)	
<b>SmartPA</b>			
<b>CEPHALOSPORINS – Third Generation</b>			
	cefdinir suspension cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)	<b>Maximum Age Limit</b> • <b>18 years</b> – cefdinir suspension
<b>COLONY STIMULATING FACTORS</b> <small>SmartPA</small>			
	GRANIX (tbo-filgrastim) NEUPOGEN Vial (filgrastim)	FULPHILA (pegfilgrastim) LEUKINE (sargramostim) NEUPOGEN Syringe (filgrastim) NEULASTA (pegfilgrastim) NIVESTYM (filgrastim-aafi) UDENYCA (pegfilgrastim-cbqv) <sup>NR</sup> ZARXIO (filgrastim)	<b>Non-Preferred Criteria</b> • <b>MANUAL PA</b>  <b>Neupogen Syringe – use preferred Neupogen Vial</b>

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**CYSTIC FIBROSIS AGENTS** SmartPA

<p>tobramycin(generic TOB I) labeler 00093,00781, 65162, 17478</p>	<p>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 TRIKAFTA (elexacaftor/ tezacaftor/ivacaftor)<sup>NR</sup></p>	<p><b>Minimum Age Limits</b></p> <ul style="list-style-type: none"> <li>• <b>3 months</b> – Pulmozyme</li> <li>• <b>6 months</b> – Kalydeco Granules</li> <li>• <b>2 years</b> – Coly-Mycin M, Orkambi Granules</li> <li>• <b>6 years</b> – Bethkis, Kalydeco Tablet, Kitabis, Orkambi 100/125mg Tablet, Symdeko, TOBI, TOBI Podhaler</li> <li>• <b>7 years</b> – Cayston</li> <li>• <b>12 years</b> – Orkambi 200/125mg Tablet, Trikafta</li> </ul> <p><b>Maximum Age Limits</b></p> <ul style="list-style-type: none"> <li>• <b>5 years</b> – Kalydeco and Orkambi Granules</li> </ul> <p><b>All Agents</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis Cystic Fibrosis</li> </ul> <p><u><b>Kalydeco, Orkambi, Symdeko &amp; Trikafta</b></u></p> <ul style="list-style-type: none"> <li>• <a href="#">MANUAL PA</a></li> </ul> <p><u><b>TOBI Podhaler – MANUAL PA</b></u></p> <ul style="list-style-type: none"> <li>• Therapy with a preferred tobramycin nebulizer solution in the past 90 days <b>AND</b></li> <li>• Documented significant impairment with valid clinical reasoning the</li> </ul>
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preferred agent cannot be used

## CYTOKINE & CAM ANTAGONISTS

<p>COSENTYX (secukinumab) <sup>SmartPA</sup> ENBREL (etanercept) HUMIRA (adalimumab) methotrexate</p>	<p>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)<sup>NR</sup> SILIQ (brodalumab) SIMPONI (golimumab) SKYRIZI (risankizumab) STELARA (ustekinumab) TALTZ (ixekizumab) TREMIFYA (guselkumab) TREXALL (methotrexate) XELJANZ (tofacitinib)</p>	<p>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.</p> <p><b>Cosentyx</b></p> <ul style="list-style-type: none"> <li>• <b>≥ 18 years</b> = Minimum Age</li> <li>• Documented diagnosis of plaque psoriasis, psoriatic arthritis or ankylosing spondylitis in the past 2 years <b>AND</b></li> <li>• 90 consecutive days of Humira in the past year</li> </ul>
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XELJANZ XR (tofacitinib)

## 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
<b>FACTOR IX</b>	
ALPHANINE SD ALPROLIX BEBULIN BENEFIX IXINITY MONONINE PROFILNINE RIXUBIS	IDELVION REBINYN
<b>OTHER FACTOR PRODUCTS</b>	
COAGADEX FIBRYGA HEMLIBRA RIASTAP	CORIFACT TRETEN

**FIBROMYALGIA/NEUROPATHIC PAIN AGENTS**

duloxetine gabapentin pregabalin SAVELLA (milnacipran)	CYMBALTA (duloxetine) <sup>SmartPA</sup> duloxetine DR GRALISE (gabapentin) HORIZANT (gabapentin) IRENKA (duloxetine) <b>LYRICA (pregabalin)</b> LYRICA CR (pregabalin) NEURONTIN (gabapentin)	<p><b>Cymbalta (see Antidepressant, Other)</b></p> <p><b>Minimum Age Limit</b> – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder)</p>
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**FLUOROQUINOLONES (Oral) SmartPA**

	ciprofloxacin tablets levofloxacin tablets	AVELOX (moxifloxacin) BAXDELA (delaflozacin) CIPRO (ciprofloxacin) CIPRO SUSPENSION (ciprofloxacin) CIPRO XR (ciprofloxacin) ciprofloxacin ER ciprofloxacin suspension FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin solution moxifloxacin NOROXIN (norfloxacin) ofloxacin	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• 1 claim for a preferred agent in past 30 days</li> </ul> <p><b>Cipro Suspension for age &lt; 12 years</b></p> <ul style="list-style-type: none"> <li>• Anthrax infection or exposure <b>OR</b></li> <li>• Cystic Fibrosis <b>OR</b></li> <li>• Pneumonic plague <b>OR</b> tularemia <b>AND</b> history of doxycycline in the past 3 months <b>OR</b></li> <li>• 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months                         <ul style="list-style-type: none"> <li>○ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide</li> </ul> </li> </ul> <p><b>Levaquin solution for age &lt; 12 years</b></p> <ul style="list-style-type: none"> <li>• Anthrax infection or exposure <b>OR</b></li> <li>• 7 days of therapy with a preferred agent from 2 of the classes below in the past 3 months <b>AND</b> <ul style="list-style-type: none"> <li>○ Penicillin, 2nd or 3rd generation cephalosporin, or macrolide</li> </ul> </li> <li>• Cipro suspension in the past 3 months</li> </ul>
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**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) <sup>Age Edit</sup> CONDYLOX (podofilox) <sup>Age Edit</sup> podofilox <sup>Age Edit</sup>	CARAC (fluorouracil) diclofenac 3% gel imiquimod <sup>Age Edit</sup> EFUDEX (fluorouracil) fluorouracil 0.5% cream fluorouracil 5% cream PICATO (ingenol) <sup>Age Edit</sup> SOLARAZE (diclofenac) TOLAK (fluorouracil) VEREGEN (sinecatechins) <sup>Age Edit</sup> ZYCLARA (imiquimod) <sup>Age Edit</sup>	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>• <b>12 years</b> – Aldara</li> <li>• <b>18 years</b> – Condylox, Picato, Veregen</li> </ul>
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## GLUCOCORTICOIDS (Inhaled) <sup>SmartPA</sup>

GLUCOCORTICOIDS			
	budesonide 0.25mg and 0.5mg PULMICORT FLEXHALER (budesonide) QVAR REDHALER (beclomethasone dipropionate)	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ARMONAIR RESPICLICK (fluticasone) ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) ASMANEX TWISTHALER (mometasone) budesonide 1mg FLOVENT DISKUS(fluticasone) FLOVENT HFA (fluticasone) PULMICORT (budesonide) Respules QVAR (beclomethasone dipropionate)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• 90 consecutive days on the requested agent in the past 105 days</li> <li>• <b>OR</b></li> <li>• Have tried 1 preferred agent in the past 6 months</li> </ul> <b>Flovent HFA 44 &amp; 110 mcg</b> – automatic approval for age <12 years  <u>NOTE:</u> 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 Resplick (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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# MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 11/01/2019  
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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)	<p><b>All Agents for Age ≥ 18 years</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of craniopharyngioma, panhypopituitarism, Prader-Willi Syndrome, Turner Syndrome or an approvable indication <b>OR</b></li> <li>Documented procedure of cranial irradiation</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>Have tried 1 preferred agent in the past 6 months <b>OR</b></li> <li>84 consecutive days on the requested agent in the past 105 days</li> </ul>
H. PYLORI COMBINATION TREATMENTS			
	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)	lansoprazole, amoxicillin, clarithromycin OMECLAMOX (omeprazole, clarithromycin, amoxicillin) PREVPAC (lansoprazole, amoxicillin, clarithromycin)	<p><b>Quantity Limit</b></p> <ul style="list-style-type: none"> <li>1 treatment course/year</li> </ul>
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)	
<b>HEPATITIS C TREATMENTS</b>			
	MAVYRET (glecaprevir/pibrentasvir) <sup>∞</sup> PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets sofosbuvir/velpatasvir <sup>∞</sup> ZEPATIER (elbasvir/grazoprevir) <sup>∞</sup>	COPEGUS (ribavirin) DAKLINZA (daclatasvir) <sup>∞</sup> <b>EPCLUSA (sofosbuvir/velpatasvir) <sup>∞</sup></b> HARVONI (ledipasvir/sofosbuvir) <sup>∞</sup> MODERIBA (ribavirin) OLYSIO (simeprevir) REBETOL (ribavirin) RIBASPHERE (ribavirin) RIBASPHERE RIBAPAK DOSEPACK (ribavirin) ribavirin capsules SOVALDI (sofosbuvir) <sup>∞</sup> TECHNIVIE (ombitasvir/paritaprevir/ritonavir) VIEKIRA (ombitasvir/paritaprevir/ritonavir) VIEKIRA XR (ombitasvir/paritaprevir/ritonavir) VOSEVI (sofosbuvir/velpatasvir/voxilaprevir) <sup>∞</sup>	<sup>∞</sup> <b>Daklinza, Epclusa, Harvoni, Mavyret, Sovaldi, Vosevi, Zepatier – <a href="#">MANUAL PA</a></b>
<b>HEREDITARY ANGIOEDEMA</b>			
	FIRAZYR SYRINGE (icatibant acetate)	BERINERT (C1 esterase inhibitor) CINRYZE VIAL (C1 esterase inhibitor) HAEGARDA (C1 esterase inhibitor) icatibant KALBITOR VIAL (ecallantide)	

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		RUCONEST VIAL (C1 esterase inhibitor, 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)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul> <p><b>Zurampic Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried a xanthine oxidase inhibitor in the past 6 months <b>AND</b></li> <li>• Concurrent use with a xanthine oxidase inhibitor per PI</li> </ul>
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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)	<p><b>MANUAL PA</b></p> <ul style="list-style-type: none"> <li>• Addition of a fourth concurrent oral agent in a different drug class             <ul style="list-style-type: none"> <li>○ Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days</li> <li>○ Combination agents count as 2 classes</li> </ul> </li> </ul> <p><b>Riomet Solution</b></p> <ul style="list-style-type: none"> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
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**HYPOGLYCEMICS, DPP4s and COMBINATON** SmartPA

JANUMET (sitagliptin/metformin)  
JANUMET XR (sitagliptin/metformin)  
JANUVIA (sitagliptin)  
JENTADUETO (linagliptin/metformin)  
TRADJENTA (linagliptin)

alogliptin  
alogliptin/metformin  
alogliptin/pioglitazone  
JENTADUETO XR (linagliptin/metformin)  
KAZANO (alogliptin/metformin)  
KOMBIGLYZE XR (saxagliptin/metformin)\*  
NESINA (alogliptin)  
ONGLYZA (saxagliptin) \*  
OSENI (alogliptin/pioglitazone)

**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
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**Symlin is excluded from all criteria**

## HYPOGLYCEMICS, INSULINS AND RELATED AGENTS SmartPA

<p>HUMALOG VIAL (insulin lispro) HUMALOG MIX VIAL (insulin lispro/ lispro protamine) HUMULIN VIAL (insulin) LANTUS SOLOSTAR &amp; VIAL (insulin glargine) LEVEMIR FLEXPEN &amp; VIAL (insulin detemir) NOVOLOG FLEXPEN &amp; VIAL (insulin aspart) NOVOLOG MIX FLEXPEN &amp; VIAL (insulin aspart/ aspart protamine)</p>	<p>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)</p>
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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

<p>nateglinide repaglinide</p>	<p>PRANDIMET (repaglinide/metformin) PRANDIN (repaglinide) repaglinide/metformin STARLIX (nateglinide)</p>
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**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

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- o Combination agents count as 2 classes

## HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS SmartPA

### HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS

FARXIGA (dapagliflozin)  
JARDIANCE (empagliflozin)

INVOKANA (canagliflozin)  
STEGLATRO (ertugliflozin)

#### MANUAL PA

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

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			<ul style="list-style-type: none"> <li>agent in a different drug class               <ul style="list-style-type: none"> <li>o Concurrent therapy with the incoming claim is defined as 20 or more days' supply of the drug in the past 30 days</li> <li>o Combination agents count as 2 classes</li> </ul> </li> </ul>
<b>TZD COMBINATIONS</b>			
	pioglitazone/metformin	ACTOPLUS MET (pioglitazone/metformin) ACTOPLUSMET XR (pioglitazone/metformin) AVANDAMET (rosiglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) DUETACT (pioglitazone/glimepiride) pioglitazone/glimepiride	
<b>IDIOPATHIC PULMONARY FIBROSIS</b> <small>SmartPA</small>			
	ESBRIET (pirfenidone) OFEV (nintedanib)		<b>All Agents</b> <ul style="list-style-type: none"> <li>• Documented diagnosis Idiopathic Pulmonary Fibrosis</li> </ul> <b>Esbriet &amp; OFEV</b> <ul style="list-style-type: none"> <li>• No concurrent therapy with either agent</li> </ul>
<b>IMMUNOSUPPRESSIVE (ORAL)</b> <small>SmartPA</small>			
	AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine) IMURAN (azathioprine)	ASTAGRAF XL (tacrolimus) ENVARSUS XR (tacrolimus) HECORIA (tacrolimus) mycophenolic acid PROGRAF (tacrolimus)	<b>Minimum Age Limit</b> <ul style="list-style-type: none"> <li>• 13 years - Rapamune</li> <li>• 18 years - Zortress</li> </ul> <b>Astagraf, Cellcept, Envarsus XR, Hecoria, Prograf</b> <ul style="list-style-type: none"> <li>• Documented diagnosis for heart</li> </ul>

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

transplant, kidney transplant, liver transplant, or a State accepted diagnosis

### Azasan

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

### Gengraf, Neoral, Sandimmune

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

### Myfortic

- Documented diagnosis of kidney transplant or psoriasis

### Rapamune

- Documented diagnosis of kidney transplant

### Zortress

- Documented diagnosis of kidney transplant or liver transplant

## IMMUNE GLOBULINS

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CARIMUNE NF FLEBOGAMMA DIF GAMASTAN SD GAMMAGARD GAMMAKED GAMUNEX-C HIZENTRA HYQVIA OCTAGAM PANZYGA	BIVIGAM CABLVI CUTAQUIG CUVITRU GAMMAGARD SD GAMMAPLEX PRIVIGEN
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## INTRANASAL RHINITIS AGENTS

ANTICHOLINERGICS		
ipratropium	ATROVENT (ipratropium)	
ANTIHISTAMINES		
PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine olopatadine	
ANTIHISTAMINE/CORTICOSTEROID COMBINATION <span style="color: blue;">SmartPA</span>		
	DYMISTA (azelastine/fluticasone) TICALAST (azelastine/fluticasone)	
CORTICOSTEROIDS <span style="color: blue;">SmartPA</span>		
FLONASE (fluticasone) fluticasone	BECONASE AQ (beclomethasone) budesonide	<b>Non-Preferred Criteria</b> • Documented diagnosis for allergic

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QNASL (beclomethasone)	flunisolide mometasone NASONEX (mometasone) OMNARIS (ciclesonide) TICANASE KIT (flonase kit) triamcinolone VERAMYST (fluticasone) XHANCE (fluticasone) ZETONNA (ciclesonide)	rhinitis <b>AND</b> • Have tried 2 different preferred agents in the past 6 months  <b>Budesonide</b> <u>Smart PA will be issued for pregnant women.</u> • A documented diagnosis of pregnancy <b>OR</b> a pregnancy indicator submitted on the pharmacy claim at Point of Sale
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## IRON CHELATING AGENTS

FERRIPROX (deferiprone) EXJADE (deferasirox)	deferasirox JADENU (deferasirox) JADENU SPRINKLES (deferasirox)	
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## 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)	<p><b>Minimum Age Limit All Subclasses</b></p> <ul style="list-style-type: none"> <li>• <b>18 years</b> –<i>except Bentyl, Gattex, Levsin</i></li> </ul> <p><b>Gender Limits</b></p> <ul style="list-style-type: none"> <li>• <b>Female</b> - Amitiza 8mcg</li> </ul> <p><b>Chronic Idiopathic Constipation (CIC)</b> AMITIZA 24MCG, LINZESS 72MCG, LINZESS 145 MCG, MOTEGRITY, TRULANCE</p> <p><b>All CIC Agents:</b></p>
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			<ul style="list-style-type: none"> <li>• Documented diagnosis of CIC in the past year <b>AND</b></li> <li>• No history of GI or bowel obstruction</li> </ul> <p><b>Non Preferred CIC Agents</b></p> <ul style="list-style-type: none"> <li>• Above CIC criteria <b>AND</b></li> <li>• 30 days of therapy with 2 preferred agent in the past 6 months <b>OR</b></li> <li>• 1 claim with the same agent in the past 105 days</li> </ul> <p><b><u>Irritable Bowel Syndrome – Constipation Dominant (IBS-C)</u></b> AMITIZA 8MCG, LINZESS 290 MCG, TRULANCE</p> <ul style="list-style-type: none"> <li>• Documented diagnosis of IBS-C in the past year <b>AND</b></li> <li>• No history of GI or bowel obstruction</li> </ul> <p><b><u>Opioid Induced Constipation (OIC)</u></b> AMITIZA 24MCG, MOVANTIK, RELISTOR, SYMPROIC</p> <p><b>All OIC Agents:</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of OIC in the past year <b>AND</b></li> <li>• 1 claim for an opioid in the past 30 days <b>AND</b></li> <li>• No history of GI or bowel obstruction <b>AND</b></li> <li>• Documented diagnosis of chronic pain in the past year</li> </ul>
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<b>IRRITABLE BOWEL SYNDROME DIARRHEA</b>			
	dicyclomine hyoscyamine VIBERZI (eluxadoline)	alosetron BENTYL (dicyclomine) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LOTRONEX (alosetron)	<p><b>Viberzi</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of Irritable Bowel Syndrome – Diarrhea Dominant (IBS-D) in the past year</li> </ul> <p><b>Lotronex</b></p> <ul style="list-style-type: none"> <li>• 1 claim for the same agent in the past 105 days <b>OR</b></li> <li>• <b>MANUAL PA</b> - All new patients require manual review.</li> </ul> <p><b>Xifaxan - (see Antibiotics, GI)</b></p>

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## SHORT BOWEL SYNDROME AND SELECTED GI AGENTS

FULYZAQ (crofelemer)  
GATTEX (teduglutide)  
MYTESI (crofelemer)  
NUTRESTORE POWDER PACK (glutamine)  
XERMELO (telotristat ethyl)  
ZORBTIVE (somatropin)

**Carcinoid Syndrome Agent**  
**XERMELO**

- 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 Zorbtive**

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

**Nutrestore - MANUAL PA**

## LEUKOTRIENE MODIFIERS SmartPA

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ACCOLATE (zafirlukast)  
montelukast granules  
montelukast tablets

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

**Minimum Age Limit**

- 12 years – Zyflo & Zyflo CR

**Non-Preferred Criteria**

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

**LIPOTROPICS, OTHER (NON-STATINS) SmartPA**

**BILE ACID SEQUESTRANTS**

cholestyramine  
colestipol

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

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

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

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			<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months</li> </ul>
<b>OMEGA-3 FATTY ACIDS</b>			
	LOVAZA (omega-3-acid ethyl esters)	VASCEPA (icosapent ethyl)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months</li> </ul>
<b>CHOLESTEROL ABSORPTION INHIBITORS</b>			
	ZETIA (ezetimibe)	ezetimibe	Zetia does not have to meet the trial of 1 statin or statin combination agent in the past year
<b>FIBRIC ACID DERIVATIVES</b>			
	fenofibrate nanocrystallized gemfibrozil	ANTARA (fenofibrate, micronized) fenofibrate 40mg tablet fenofibrate, micronized fenofibric acid FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRICOR (fenofibrate nanocrystallized) TRIGLIDE (fenofibrate) TRILIPIX (fenofibric acid)	<p><b>Fibric Acid Derivative Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different fibric acid derivatives in the past 6 months</li> </ul>
<b>MTP INHIBITOR</b>			
		JUXTAPID (lomitapide)	<a href="#"><u>MANUAL PA</u></a>

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APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR			
		KYNAMRO (mipomersen)	<a href="#">MANUAL PA</a>
NIACIN			
	niacin ER NIACOR (niacin)	NIASPAN (niacin)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred Non-statin Lipotropic agents in the past 6 months</li> </ul>
PCSK-9 INHIBITOR			
		PRALUENT (alirocumab) REPATHA (evolocumab)	<a href="#">MANUAL PA</a>
LIPOTROPICS, STATINS <small>SmartPA</small>			
STATINS			
	atorvastatin fluvastatin LESCOL (fluvastatin) LESCOL XL (fluvastatin) lovastatin pravastatin rosuvastatin simvastatin	ALTOPREV (lovastatin) CRESTOR (rosuvastatin) EZALLOR SPRINKLE (rosuvastatin) <sup>NR</sup> FLOLIPID (simvastatin) fluvastatin ER LIPITOR (atorvastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin) ZYPITAMAG (pitavastatin)	<b>Simvastatin 80mg</b> <ul style="list-style-type: none"> <li>• 12 months of therapy with simvastatin 80mg <b>AND</b></li> <li>• NO myopathy contraindication</li> </ul> <b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred statin or statin combination agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>

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STATIN COMBINATIONS		
	SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)	ADVICOR (lovastatin/niacin) atorvastatin/amlodipine CADUET (atorvastatin/amlodipine) ezetimibe/simvastatin LIPTRUZET (atorvastatin/ezetimibe)
<b>Non-Preferred Criteria</b>		
<ul style="list-style-type: none"> <li>• Have tried 2 different preferred statin or statin combination agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>		
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)
<b>Quantity Limits</b>		
• 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)
<b>Alprazolam ER CUMULATIVE quantity limit</b>		
• 31 tablets/31 days		
<b>Hydroxyzine hcl 10mg tablets</b>		
• 6-12 years - <i>Smart PA will automatically be issued for this age range</i>		

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### SUBLINGUAL ALLERGEN EXTRACT IMMUNOTHERAPY

GRASTEK  
ORALAIR  
RAGWITEK

### SUBLINGUAL NITROGLYCERIN

nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)
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### MOVEMENT DISORDER AGENTS SmartPA

INGREZZA (valbenazine)  
tetrabenazine

AUSTEDO (deutetrabenazine)  
XENAZINE (tetrabenazine)

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

### MULTIPLE SCLEROSIS AGENTS SmartPA

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AUBAGIO (teriflunomide)  
AVONEX (interferon beta-1a)  
AVONEX PEN (interferon beta-1a)  
BETASERON (interferon beta-1b)  
COPAXONE 20mg (glatiramer)  
GILENYA (fingolimod)  
REBIF (interferon beta-1a)  
REBIF REBIDOSE (interferon beta-1a)

AMPYRA (dalfampridine)  
COPAXONE 40mg (glatiramer)  
dalfampridine  
EXTAVIA (interferon beta-1b)  
glatiramer  
GLATOPA (glatiramer)  
MAVENCLAD (cladribine)  
MAYZENT (siponimod)  
OCREVUS (ocrelizumab)  
PLEGRIDY (interferon beta-1a)  
TECFIDERA (dimethyl fumarate)  
ZINBRYTA (daclizumab)

**All Agents**

- Documented diagnosis of multiple sclerosis

**Non-Preferred Criteria**

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

**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

ADVIL (ibuprofen)  
ANAPROX (naproxen)  
CAMBIA (diclofenac)  
CATAFLAM (diclofenac)  
DAYPRO (oxaprozin)  
etodolac cap  
etodolac tab SR  
FELDENE (piroxicam)  
FENORTHO (fenoprofen)  
fenoprofen

**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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	nabumetone naproxen 250mg and 500mg piroxicam sulindac	INDOCIN capsules, suspension & suppositories (indomethacin) indomethacin cap ER ketoprofen ER meclofenamate mefenamic acid NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) naproxen 275mg and 550mg NUPRIN (ibuprofen) oxaprozin PONSTEL (mefenamic acid) PROFENO (fenoprofen) SPRIX NASAL SPRAY (ketorolac) TIVORBEX (indomethacin) tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac) ZORVOLEX (diclofenac)	
<b>NSAID/GI PROTECTANT COMBINATIONS</b>			
		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred non-selective or NSAID/GI protectant combination agents in the past 6 months</li> </ul>
<b>COX II SELECTIVE</b>			

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meloxicam

CELEBREX (celecoxib)  
celecoxib  
MOBIC (meloxicam)  
NULOX (meloxicam)  
QMIIZ ODT (meloxicam)  
VIVLODEX (meloxicam)

**Non-Preferred Criteria – COX II**

- Documented diagnosis of Osteoarthritis, Rheumatoid Arthritis, Familial Adenomatous Polyposis, or Ankylosing Spondylitis **AND**
- 90 consecutive days on the requested agent in the past 105 days **OR**
- Have tried 1 preferred COX-II Selective and 1 preferred Non-Selective Agent **OR**
- Have tried 1 preferred COX-II Selective agent and a documented diagnosis of GI Bleed, GERD, PUD, GI Perforation, or Coagulation Disorder

## OPHTHALMIC ANTIBIOTICS

bacitracin/neomycin/gramicidin  
bacitracin/polymyxin  
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

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		NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin) (oxy-tcn/polymyx sul) OCUFLOX (ofloxacin) POLYTRIM (polymyxin/trimethoprim) sulfacetamide TOBREX drops (tobramycin) TOBREX ointment (tobramycin) VIGAMOX (moxifloxacin) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)
<b>ANTIBIOTIC STEROID COMBINATIONS</b>		
	neomycin/bacitracin/polymyxin/hc ointment neomycin/polymyxin/dexamethasone PRED-G (gentamicin/prednisolone) sulfacetamide/prednisolone TOBRADEX SUSPENSION/OINTMENT (tobramycin/dexamethasone) ZYLET (loteprednol/tobramycin)	BLEPHAMIDE (sulfacetamide/prednisolone) gatifloxacin/prednisolone MAXITROL(neomycin/polymyxin/dexamethasone) neomycin/polymyxin/gramicidin neomycin/polymyxin/hydrocortisone TOBRADEX ST SUSPENSION (tobramycin/dexamethasone) tobramycin/dexamethasone

**OPHTHALMIC ANTI-INFLAMMATORIES** SmartPA

	dexamethasone diclofenac DUREZOL (difluprednate) FLAREX (fluorometholone) fluorometholone flurbiprofen FML (fluorometholone)	ACULAR LS (ketorolac) ACUVAIL (ketorolac) BROMDAY (bromfenac) bromfenac BROMSITE (bromfenac) ILEVRO (nepafenac) INVELTYS (loteprednol etabonate)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>Have tried 2 different preferred agents in the past 6 months</li> </ul>
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FML FORTE (fluorometholone) FML SOP (fluorometholone) ketorolac MAXIDEX (dexamethasone) NEVANAC (nepafenac) prednisolone acetate prednisolone NA phosphate PRED MILD (prednisolone) VEXOL (rimexolone)	LOTEMAX (loteprednol) LOTEMAX SM (loteprednol) <sup>NR</sup> OCUFEN (flurbiprofen) OMNIPRED (prednisolone) PRED FORTE (prednisolone) PROLENSA (bromfenac) VOLTAREN (diclofenac)
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**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 LASTACAFT (alcaftadine) olopatadine 0.2% OPTIVAR (azelastine) PATADAY (olopatadine) PATANOL (olopatadine) PAZEO (olopatadine)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>
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**OPHTHALMIC, DRY EYE AGENTS**

RESTASIS droperette (cyclosporine)	CEQUA (cyclosporine 0.09%) RESTASIS Multidose (cyclosporine) XIIDRA (lifitegrast) <sup>Smart PA</sup>	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• 16 years – Restasis</li> <li>• 17 years – Xiidra</li> <li>• 18 years – Cequa</li> </ul>
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			<p><b>Quantity Limits</b></p> <ul style="list-style-type: none"> <li>• 5.5 mL/31 days – Restasis Multidose</li> <li>• 60 units/31 days – Cequa, Restasis droperette, Xiidra</li> </ul> <p><b>Non-Preferred Criteria:</b></p> <ul style="list-style-type: none"> <li>• History of 4 claims for Restasis in the past 6 months</li> </ul>	
<b>OPHTHALMIC, GLAUCOMA AGENTS <small>SmartPA</small></b>				
<b>BETA BLOCKERS</b>				
	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)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>	
<b>CARBONIC ANHYDRASE INHIBITORS</b>				
	dorzolamide	AZOPT (brinzolamide) TRUSOPT (dorzolamide)		
<b>COMBINATION AGENTS</b>				
	COMBIGAN (brimonidine/timolol) dorzolamide/timolol	COSOPT (dorzolamide/timolol) COSOPT PF(dorzolamide/timolol)		

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	SIMBRINZA (brinzolamide/brimonidine)	
<b>PARASYMPATHOMIMETICS</b>		
	pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)
<b>PROSTAGLANDIN ANALOGS</b>		
	latanoprost	bimatoprost LUMIGAN (bimatoprost) RESCULA (unoprostone) TRAVATAN Z (travoprost) travoprost XALATAN (latanoprost) XELPROS (lantanoprost) VYZULTA (latanoprostene bunod) ZIOPTAN (tafluprost)
<b>RHO KINASE INHIBITORS/COMBINATIONS</b>		
	RHOPRESSA (netarsudil) ROCKLATAN (netarsudil/latanoprost)	
<b>SYMPATHOMIMETICS</b>		
	ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine 0.2%	brimonidine 0.15% dipivefrin PROPINE (dipivefrin)

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## OPIATE DEPENDENCE TREATMENTS

DEPENDENCE		
	naltrexone tablets SUBOXONE FILM (buprenorphine/naloxone) <sup>SmartPA</sup>	buprenorphine tablets buprenorphine/naloxone film buprenorphine/naloxone tablets BUNAVAIL (buprenorphine/naloxone) LUCEMYRA (lofexidine) PROBUPHINE (buprenorphine) SUBLOCADE (buprenorphine) VIVITROL (naltrexone) ZUBSOLV (buprenorphine/naloxone)
		<p><b>Buprenorphine/Naloxone and buprenorphine:</b> <b>Suboxone</b></p> <ul style="list-style-type: none"> <li>Detailed buprenorphine/naloxone and buprenorphine provider summary found <a href="#">here</a></li> </ul> <p><b>Non-Preferred Criteria:</b></p> <ul style="list-style-type: none"> <li>Bunavail is preferred over Zubsolv and other generic forms of buprenorphine/naloxone</li> </ul> <p><b>Bunavail</b> <i>NOTE: Bunavail is not indicated for induction therapy</i></p> <ul style="list-style-type: none"> <li>History of Suboxone therapy within the past 6 months <b>OR</b></li> <li>History of Bunavail therapy within the past 3 months <b>AND</b></li> <li>All other buprenorphine/naloxone provider summary found <a href="#">here</a></li> </ul> <p><b>Probuphine, Sublocade, Vivitrol - MANUAL PA</b></p>
TREATMENT		
	naloxone injection NARCAN NASAL SPRAY (naloxone)	EVZIO (naloxone)

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OTIC ANTIBIOTICS		
	CIPRODEX (ciprofloxacin/dexamethasone) CIPRO HC (ciprofloxacin/hydrocortisone) <sup>Age Edit</sup> COLY-MYCIN S (colistin/neomycin/hydrocortisone) ofloxacin	ciprofloxacin CORTISPORIN-TC (colistin/neomycin/hydrocortisone) DERMOTIC (fluocinolone) neomycin/polymyxin/hydrocortisone OTIPRIO (ciprofloxacin) OTOVEL (ciprofloxacin/fluocinolone)
		<b>Maximum Age Limit</b> <ul style="list-style-type: none"> <li>• 9 years - Cipro HC</li> </ul>
PANCREATIC ENZYMES <sup>SmartPA</sup>		
	CREON (pancreatin) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) pancrelipase PERTZYE (pancrelipase) ULTRESA (pancrelipase) VIOKACE (pancrelipase)
		<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul>
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)	AURYXIA (ferric citrate) FOSRENOL (lanthanum) lanthanum

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sevelamer carbonate tablets

PHOSLO (calcium acetate)  
RENAGEL (sevelamer HCl)  
RENVELA (sevelamer carbonate)  
sevelamer carbonate powder packets  
VELPHORO (sucroferric oxyhydroxide)

## PLATELET AGGREGATION INHIBITORS SmartPA

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

dipyridamole/aspirin  
DURLAZA ER (aspirin)  
EFFIENT (prasugrel)  
omeprazole/asprin  
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)

DOPTELET (avatrombopag maleate)  
MULPLETA (lusutrombopag)  
NPLATE (romiplostim)  
RITUXAN (rituximab)

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		TAVALISSE (fostamatinib disodium)	
<b>PRENATAL VITAMINS</b>			
	COMPLETE NATAL DHA CONCEPT DHA Capsule PRENATA CHEWABLE Tablet PRENATAL PLUS Tablet PRENATAL VITAMIN PLUS LOW IRON Tablet PREPLUS Ca/Fe27/FA 1 Tablet TARON-C DHA Capsule TRICARE PRENATAL Tablet TRINATAL Rx 1 Tablet TRIVEEN-DUO DHA COMBO PACK	Products not listed here are assumed to be Non-Preferred.	
<b>PSEUDOBULBAR AFFECT AGENTS</b>			
		NUEDEXTA (dextromethorphan/quinidine)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• 90 consecutive days on the requested agent in the past 105 days <b>OR</b></li> <li>• Documented diagnosis for Pseudobulbar Affect</li> </ul>
<b>PULMONARY ANTIHYPERTENSIVES</b> <small>SmartPA</small>			
<b>ENDOTHELIN RECEPTOR ANTAGONIST</b>			
	TRACLEER (bosentan) Tablets	bosentan LETAIRIS (ambrisentan)* OPSUMIT (macitentan) TRACLEER (bosentan) Suspension	<b>All PAH Agents – Preferred and Non-Preferred</b> <ul style="list-style-type: none"> <li>• Documented diagnosis of pulmonary hypertension</li> </ul> <b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> </ul>

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PDE5's		
	sildenafil (generic Revatio)	<ul style="list-style-type: none"> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
	ADCIRCA (tadalafil) REVATIO (sildenafil)	<p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul> <p><b>Revatio suspension</b></p> <ul style="list-style-type: none"> <li>• &lt; 12 years of age <b>AND</b> documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation <b>OR</b> history of heart transplant <b>OR</b> 90 consecutive days on the requested agent in the past 105 days</li> </ul> <p><b>Revatio tablets</b></p> <ul style="list-style-type: none"> <li>• &lt; 1 year of age <b>AND</b> documented diagnosis of Pulmonary Hypertension, Patent Ductus Arteriosus, or Persistent Fetal Circulation <b>OR</b> 90 consecutive days on the requested agent in the past 105 days</li> <li>• &gt; 1 years of age <b>AND</b> Non-Preferred Criteria</li> </ul>

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PROSTACYCLINS			
	ORENITRAM ER (treprostinil)	TYVASO (treprostinil) VENTAVIS (iloprost)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
SELECTIVE PROSTACYCLIN RECEPTOR AGONISTS			
		UPTRAVI (selexipag)	<b>Non-Preferred Criteria</b> <ul style="list-style-type: none"> <li>• Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
SOLUBLE GUANYLATE CYCLASE STIMULATORS			
		ADEMPAS (riociguat)	<b>Adempas</b> <ul style="list-style-type: none"> <li>• Have tried 1 preferred PAH agent in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days <b>OR</b></li> <li>• <b>MANUAL PA</b> for PAH WHO Group 4</li> </ul>
ROSACEA TREATMENTS			
	metronidazole (cream, gel, lotion)	AVAR (sulfacetamide sodium/sulfur) FINACEA (azelaic acid) METROCREAM (metronidazole cream) METROGEL (metronidazole gel) METROLOTION (metronidazole lotion)	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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		MIRVASO (brimonidine) NORITATE (metronidazole) OVACE (sulfacetamide sodium) RHOFACE (oxymetazoline HCl) ROSULA (sodium sulfacetamide/sulfur) sodium sulfacetamide/sulfur (cleanser, pads, suspension) SOOLANTRA (ivermectin) SUMADAN(sodium sulfacetamide/sulfur wash) SUMAXIN(sodium sulfacetamide/sulfur pads) SUMAXIN TS(sodium sulfacetamide/sulfur suspension)	
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**SEDATIVE HYPNOTICS**

<b>BENZODIAZEPINES <span style="font-weight: normal;">SmartPA</span></b>			
	estazolam flurazepam temazepam (15mg and 30mg)	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) quazepam RESTORIL (temazepam) temazepam (7.5mg and 22.5mg) triazolam	Single source benzodiazepines and barbiturates are NOT covered – NO PA's will be issued for these drugs.  <b>MS DOM Opioid Initiative</b> <ul style="list-style-type: none"> <li>Concomitant use of Opioids and Benzodiazepines</li> </ul> <a href="#">Criteria details found here</a>  <b>Quantity Limits – CUMULATIVE</b> Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i> <ul style="list-style-type: none"> <li><b>31 units/31 days</b> - all strengths</li> </ul>

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OTHERS	SmartPA	
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)	<p><b>Triazolam – CUMULATIVE</b> Quantity limit per rolling days for all strengths</p> <ul style="list-style-type: none"> <li>• 10 units/31 days</li> <li>• 60 units/365 days</li> </ul> <p><b>Quantity Limits – CUMULATIVE</b> Quantity limit per rolling days for all strengths. <i>SmartPA will allow an early refill override for one dose or therapy change per year.</i></p> <ul style="list-style-type: none"> <li>• 31 units/31 days</li> <li>• 1 canister/31 days – Zolpimist &amp; male</li> <li>• 1 canister/62 days – Zolpimist &amp; female</li> </ul> <p><b>Gender and Dose Limits for zolpidem</b></p> <ul style="list-style-type: none"> <li>• <b>Female</b> - Ambien 5mg, Ambien CR 6.25mg, Intermezzo 1.75 mg</li> <li>• <b>Male</b> – all zolpidem strengths</li> </ul> <p><b>Non-Preferred Criteria</b></p> <ul style="list-style-type: none"> <li>• Have tried 2 different preferred agents in the past 6 months</li> </ul> <p><b>Hetlioz</b></p> <ul style="list-style-type: none"> <li>• Circadian rhythm sleep disorder <b>AND</b></li> <li>• Diagnosis indicating total blindness of the patient</li> </ul>

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## SELECT CONTRACEPTIVE PRODUCTS

### INJECTABLE CONTRACEPTIVES

medroxyprogesterone acetate IM

DEPO-PROVERA IM (medroxyprogesterone acetate)  
DEPO-SUBQ PROVERA 104 (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)

### Non-Preferred Criteria

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

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PHILITH (norethindrone/ethinyl estradiol)  
QUASENSE (levonorgestrel/ethinyl estradiol)  
SAFYRAL (ethinyl estradiol/drospirenone/levomefolate)  
SYEDA (ethinyl estradiol/drospirenone)  
TILIA FE (norethindrone/ethinyl estradiol/fe)  
TRI-LEGEST FE (norethindrone/ethinyl estradiol/fe)  
VESTURA (ethinyl estradiol/drospirenone)  
WYMZYA FE (norethindrone/ethinyl estradiol/fe)  
ZARAH (ethinyl estradiol/drospirenone)  
ZENCHENT FE (norethindrone/ethinyl estradiol/fe)  
ZEOSA (norethindrone/ethinyl estradiol/fe)

## SKELETAL MUSCLE RELAXANTS SmartPA

baclofen  
chlorzoxazone  
cyclobenzaprine 5mg, 10mg  
methocarbamol  
tizanidine tablets

AMRIX (cyclobenzaprine ER)  
carisoprodol  
carisoprodol compound  
cyclobenzaprine 7.5mg, 15mg  
cyclobenzaprine ER  
DANTRIUM (dantrolene)  
dantrolene  
FEXMID (cyclobenzaprine)  
FLEXERIL (cyclobenzaprine)  
LORZONE (chlorzoxazone)  
metaxalone  
NORGESIC FORTE (orphenadrine)<sup>NR</sup>  
orphenadrine

### 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**

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orphenadrine compound  
orphenadrine ER  
PARAFON FORTE DSC (chlorzoxazone)  
ROBAXIN (methocarbamol)  
SKELAXIN (metaxalone)  
SOMA (carisoprodol)  
tizanidine capsules  
ZANAFLEX (tizanidine)

- **Quantity Limits**
  - 18 tablets - to allow tapering off
  - 84 tablets/6 months

**Carisoprodol with codeine**  
[MANUAL PA](#)

## SMOKING DETERRENT

### NICOTINE TYPE

nicotine gum  
nicotine lozenge  
nicotine patch

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

### NON-NICOTINE TYPE

bupropion ER  
CHANTIX (varenicline)

ZYBAN (bupropion)

- Minimum Age Limit – Chantix**
- 18 years

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

## STEROIDS (Topical) SmartPA

### LOW POTENCY

CAPEX (fluocinolone)  
desonide

alclometasone  
DERMA-SMOOTHIE-FS (fluocinolone)

- Non-Preferred Criteria**
- Have tried 2 different preferred low potency agents in the past 6 months

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

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HALOG (halcinonide)  
KENALOG (triamcinolone)  
PEDIADERM TA (triamcinolone)  
SERNIVO (betamethasone dipropionate)  
TOPICORT (desoximetasone)  
TRIANEX (triamcinolone)  
VANOS (fluocinonide)

### VERY HIGH POTENCY

CLOBEX (clobetasol)  
clobetasol shampoo  
clobetasol propionate cream  
clobetasol propionate ointment  
halobetasol cream  
halobetasol ointment

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

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

## STIMULANTS AND RELATED AGENTS SmartPA

### SHORT-ACTING

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

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

### Minimum Age Limit

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

### Maximum Age Limit

- **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,**

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			<p>METHYLIN, PROCENTRA, RITALIN, ZENZEDI</p> <p><b>Non-Preferred Criteria narcolepsy:</b></p> <ul style="list-style-type: none"> <li>• Documented diagnosis of narcolepsy <b>AND</b></li> <li>• 30 days of therapy with preferred modafinil or armodafinil <b>AND</b></li> <li>• 1 different preferred Short Acting agent indicated for narcolepsy in the past 6 months <b>OR</b></li> <li>• 1 claim for a 30 day supply with the requested agent in the past 105 day</li> </ul>
<b>LONG-ACTING</b>			
	<p>amphetamine salt combination ER APTENSIO XR (methylphenidate) armodafinil FOCALIN XR (dexmethylphenidate) methylphenidate CD (generic Metadate CD) methylphenidate ER (generic Concerta) modafinil QUILLICHEW (methylphenidate) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine) VYVANSE CHEWABLE (lisdexamfetamine)</p>	<p>ADDERALL XR (amphetamine salt combination) ADZENYS XR ODT (amphetamine) ADZENYS ER SUSPENSION (amphetamine) CONCERTA (methylphenidate) COTEMPLA XR-ODT (methylphenidate) DAYTRANA (methylphenidate) DEXEDRINE (dextroamphetamine) dexmethylphenidate ER dextroamphetamine ER DYANAVEL XR (amphetamine) JORNAY PM (methylphenidate)<sup>NR</sup> methylphenidate ER Caps (generic Ritalin LA) methylphenidate ER Tabs (generic Ritalin SR) MYDAYIS (amphetamine salt combination) NUVIGIL (armodafinil)</p>	<p><b>Minimum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>6 years</b> – 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</li> <li>• <b>13 years</b> – Mydayis</li> <li>• <b>16 years</b> – Provigil</li> <li>• <b>18 years</b> – Nuvigil, Sunosi</li> </ul> <p><b>Maximum Age Limit</b></p> <ul style="list-style-type: none"> <li>• <b>18 years</b> – Cotempla XR ODT,</li> </ul>

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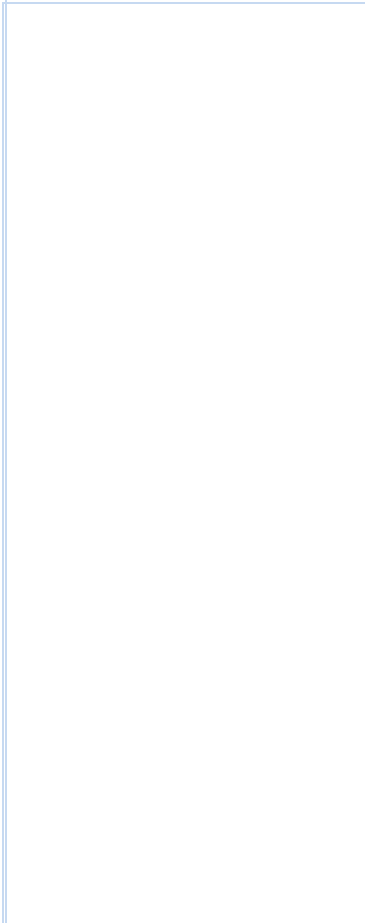


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PROVIGIL (modafinil)  
RELEXXI (methylphenidate)  
RITALIN LA (methylphenidate)  
RITALIN SR (methylphenidate)  
SUNOSI (solriamfetol)<sup>NR</sup>

Daytrana

**Quantity Limits**

Applicable quantity limit per rolling days

- **31 tablets/31 days** – Adderall XR, Adhansia XR, Adzenys XR ODT, Aptensio XR, Concerta 18, 27, & 54 mg, Cotelpla XR-ODT 8.6 mg, Daytrana, Dexedrine Spansule, Focalin XR, Jornay PM, Metadate CD, Methylin 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, Cotelpla XR-ODT 17.3 & 25.9 mg, Nuvigil 50mg
- **248 mL/31 days** – Dyanavel XR
- **372 mL/31 days** – Quillivant 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

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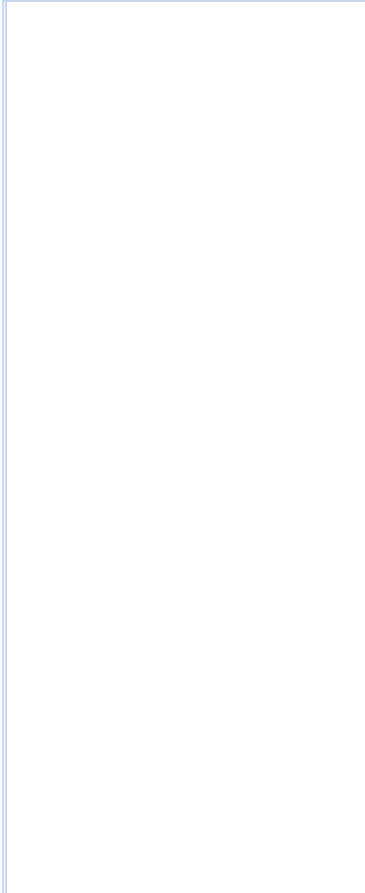


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- Acting agents in the past 6 months  
**OR**
  - 1 claim for a 30 day supply with the requested agent in the past 105 days
- Documented diagnosis of narcolepsy** – ADDERALL XR, APTENSIO XR, CONCERTA ER, DEXEDRINE, METADATE CD, METHYLIN ER, MYDAYIS, 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

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Version 2019.2  
Updated: 11-27-2019

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<b>NON-STIMULANTS</b>		
atomoxetine guanfacine ER <span style="color: red;">Step Edit</span>	clonidine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release) STRATTERA (atomoxetine) WAKIX ( pitolisant) <sup>NR</sup>	<p><b>Provigil</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of narcolepsy, obstructive sleep apnea, shift work sleep disorder, depression, sleep deprivation or Steinert Myotonic Dystrophy Syndrome</li> </ul> <p><b>Sunosi</b></p> <ul style="list-style-type: none"> <li>Documented diagnosis of narcolepsy or obstructive sleep apnea <b>AND</b></li> <li>30 days of therapy with preferred modafinil or armodafinil in the past 6 months</li> </ul> <p><b>Minimum Age Limit</b>  <b>6 years</b> – Intuniv, Kapvay, Strattera  <b>18 years</b> – Wakix</p> <p><b>Maximum Age Limit</b></p> <ul style="list-style-type: none"> <li><b>18 years</b> – Intuniv, Kapvay</li> <li><b>21 years</b> – diagnosis of ADD/ADHD is required for Strattera</li> </ul> <p><b>Quantity Limits</b>          Applicable <u>quantity limit</u> per rolling days</p> <ul style="list-style-type: none"> <li><b>31 tablets/31 days</b> – Intuniv, Strattera</li> <li><b>62/tablets/31 days</b> -- Wakix</li> <li><b>124 tablets/31 days</b> – Kapvay</li> </ul>

This is not an all-inclusive list of available covered drugs and includes only managed categories. Unless otherwise stated, the listing of a particular brand or generic name includes all dosage forms of that drug. NR indicates a new drug that has not yet been reviewed by the P&T Committee.

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

Drugs highlighted in yellow denote a change in PDL status.

An \* denotes existing users will be grandfathered; grandfathering is defined as approving a Non-Preferred agent for an existing user; all other changes will not qualify for grandfathering.

A # denotes existing users will NOT be grandfathered.

To search the PDL, press CTRL + F



# MISSISSIPPI DIVISION OF MEDICAID UNIVERSAL PREFERRED DRUG LIST

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- Intuniv**
- Have tried the short acting guanfacine in the past 6 months **OR**
  - 1 claim for a 30 day supply with guanfacine ER in the past 105 days
- Kapvay**
- Diagnosis for ADD or ADHD **AND**
  - Have tried 1 Short or Long Acting stimulant in the past 6 months **OR**
  - Have tried 1 preferred Non-Stimulant in the past 6 months **OR**
  - Have tried the short acting product in the past 6 months
- Wakix**
- Diagnosis of narcolepsy without cataplexy **AND**
  - 30 days of therapy with preferred modafinil or armodafinil in the past 6 months **OR**
  - Documented diagnosis of narcolepsy without cataplexy or substance abuse disorder

**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)

**Non-Preferred Agents**

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

**Demeclocycline**

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doxycycline monohydrate caps (75mg & 150mg)  
doxycycline monohydrate tabs  
DORYX (doxycycline hyclate)  
DYNACIN (minocycline)  
MINOCIN (minocycline)  
minocycline ER  
minocycline tabs  
MONODOX (doxycycline monohydrate)  
NUZYRA (omadacycline tosylate)<sup>NR</sup>  
OKEBO (doxycycline)  
ORACEA (doxycycline)  
SEYSARA (sarecycline)  
SOLODYN (minocycline)  
TARGADOX (doxycycline)  
VIBRAMYCIN cap/susp/syrup  
XIMINO (minocycline)

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

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

**ORAL**

APRISO (mesalamine)  
balsalazide  
DELZICOL (mesalamine)  
sulfasalazine

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

**Gender Limits**  
• Male - Giazio

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

**budesonide EC**

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		PENTASA 500mg (mesalamine) UCERIS (budesonide)	<ul style="list-style-type: none"> <li>• Documented diagnosis for Crohn's disease <b>OR</b></li> <li>• Documented diagnosis for Ulcerative Colitis <b>AND</b></li> <li>• 2 different preferred agents in the past 6 months <b>OR</b></li> <li>• 90 consecutive days on the requested agent in the past 105 days</li> </ul>
<b>RECTAL</b>			
	CANASA (mesalamine)	mesalamine ROWASA (mesalamine) SF-ROWASA (mesalamine) UCERIS Foam (budesonide)	

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